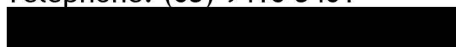**To: Royal Commission into Family Violence**

From: Project Respect

Contact:
Kathleen Maltzahn
Founding Director
Project Respect
PO Box 1323
Collingwood 3066
Telephone: (03) 9416 3401

Executive Summary

Family violence has particular and profound impacts on women who are (or have been) in the sex industry in Victoria. Family violence is perpetrated against women in the sex industry in the full range of ways it is perpetrated against women in the broader community, and evidence suggests women in the sex industry may experience family violence at higher rates than other women in the sex industry. In addition, men also perpetrate family violence against women who in the sex industry in seven specific and additional ways. These forms of violence frequently go unrecognised by police, specialist family violence services, and other parts of the family violence system, leaving women at heightened risk.

Women in the sex industry have a particular experience of family violence due to the following factors. They:

- are frequently subjected to a range of gender-based violence, including during their work in the sex industry, that compounds the family violence they experience, and they are disproportionately likely to have experienced violence as children.

- experience additional barriers to seeking help when they are subjected to family violence because of entrenched, persistent stigma and discrimination.

- experience high levels of family violence and other violence against women, but may be less likely to label these experiences as violence because they have been exposed to and have normalised violence in their childhood, in previous relationships and in the sex industry.

- experience family violence that relates to and is a part of other crimes, such as trafficking in women for marriage and for prostitution.

- also enter the sex industry as a consequence of family violence, including when they leave relationships with violent men, to gain access to an income.

Moreover, failing to address family and other male violence against women in the sex industry makes other women vulnerable to men's violence.

Policy and programs based on a broad understanding of men's violence against women and children in all its forms, across all sites, will be more effective in addressing the root causes of violence against women and in showing men that violence is unacceptable, whether in the family home, on the streets, in the workplace or elsewhere.

Specialist services are an intrinsic part of the Victorian family violence service provision. Project Respect is the leading agency addressing violence against women in the sex industry, including family violence. However, Project Respect is unable to meet the demand for support around family violence from women in the sex industry. With secure and adequate funding, Project Respect could provide expanded direct support to women in the sex industry experiencing family violence, community education for women in the sex industry around family and other male violence, secondary consultations to generalist services, and training and advocacy.

Recommendations to the Royal Commission:

1. Recognise women in the sex industry as a high-risk group and specific cohort.

2. Investigate family violence against women who are in the sex industry and the systemic failures that expose this group of women and their children to ongoing violence, in relation to child protection, corrections, courts, family violence specialist services, health services, legal services, police and immigration.

3. Recommend that the state, federal and local governments recognise women in the sex industry as a high-risk group and as a specific cohort, and recommend that local, state and federal government policy and programs identify and resource strategies to eliminate family and other male violence against women who are in the sex industry, including in prevention, early intervention and crisis responses.

4. Recommend that the Coroners Court conduct research into the mortality rates and causes of death of women who are in the sex industry.

5. Recommend that the state government conduct an audit of Victorian sex work laws, regulations, policies and programs to identify opportunities for reducing and preventing family and other violence against women, recognising the gendered nature of the sex industry and the link between gendered inequality and violence. Also recommend that the state government amend the Sex Work Act to make it an offence to willfully, knowingly or recklessly have sex with a trafficked person, or with other persons in the sex industry without their consent.

6. Recommend that the Commonwealth Government increase social security payments, including for supporting parents, to ensure women can live above the poverty line and thereby reducing the pressure to undertake prostitution to meet basic needs.

7. Recommend that family violence system services undertake training on working with women who are in the sex industry experiencing.

8. Recommend that local, state and federal governments provide affordable, accessible and safe housing.

9. Recommend that men's behaviour change programs address violence against women in the sex industry in their programs with family violence perpetrators.

10. Recommend that the Australian National Research Organisation for Women's Safety (ANROWS) investigate what measures, statistics and data about violence against women who are in the sex industry and their children should be included in the Victorian Family Violence Index, and how such measures, statistics and data can be collected while protecting the privacy and safety of women in the sex industry.

11. Recommend that local, state and federal governments adopt a policy framework that addresses the continuum of violence, aiming to eliminate men's violence against women in all its forms and settings. Local, state and federal governments should embed family violence policy and programs within this broad framework, rather than as a standalone policy.

12. Recommend that the state government recognise and fund Project Respect as a specialist agency addressing violence against women who are in the sex industry, including family violence, as a part of the Victorian family violence system.

CONTEXT FOR THIS SUBMISSION

1. Project Respect

Project Respect is a non-profit, feminist, community-based organisation that aims to empower and support women in the sex industry, including women trafficked to Australia.

For women in the sex industry, Project Respect is a safe place that offers complete support and a non-judgemental community. Unlike other support services, Project Respect is guided by the needs of women, placing no limits on the length or type of support offered.

In 2011-2012, we conducted outreach to 68 licensed brothels making a total of 200 visits, met 714 women and provided 1,359 hours of one-on-one counselling and support. In 2012-2013, we conducted outreach to 61 brothels making a total of 201 visits, met 496 women and provided 1,939 hours of one-on-one counselling and support. In addition, we provided weekly community lunches and two weekends away for women in their children.

Project Respect is currently funded through project grants from the Federal Attorney General's Department, local government, and philanthropic groups. We have no core funding, and currently have no state government funding.

2. Source material

This submission draws on information from several sources: from academic and other literature, from the experience of Project Respect staff, from Project Respect data and research, and, importantly, from the expert views of women in the sex industry who have experienced family violence. The expertise of women in the sex industry was sourced through three interviews conducted specifically for this submission (included as expert respondents in this submission) and information from research conducted by Kate Connett on stigma and Christie Heart on occupational health and safety in the Victorian sex industry. This is supplemented by examples from Project Respect's work with women.[1]

3. Concepts in and scope of this submission

Like family violence, the sex industry is deeply gendered. Internationally and in Victoria, while some women buy sexual services and some men sell sexual services, sexual services are, overwhelmingly, bought by men and sold by women (and at times children). Reflecting this, and the fact that Project Respect works with women in the sex industry, this submission will focus on the experiences of women who in the sex industry in relation to family violence.

When referring to women in the sex industry, we reference their experiences both within and outside the sex industry.

The sex industry includes a range of 'sexual services', including pornography, stripping, table-top dancing, and escort, street and brothel prostitution. This submission will focus on escort, street and brothel prostitution. However, there is

---

[1] Women's stories are de-identified.

significant overlap between this area and other parts of the sex industry, and the experiences of women subjected to family violence in all parts of the sex industry are under-researched and should be further investigated. In addition, both Project Respect and family violence specialist services report an increase in the use of and links between sexualised images of women, pornography and family violence (such as men who use violence threatening or choosing to expose sexualised images of their partners or ex-partners to third parties).

Project Respect recognises that not all women in the sex industry experience discrimination, violence or exploitation in the sex industry or outside it. However, based on our work with women, the testimony of women in the sex industry, and local and international research, we recognise that discrimination, violence and exploitation of women in the sex industry is significant, widespread and harmful. This submission reflects the pervasive and particular nature of discrimination, violence and exploitation experienced by women in the sex industry, and speaks to this reality.

We celebrate women's resilience, the choices they make in difficult circumstances, and the diversity of women's experiences. By addressing structural and systemic issues, even where doing so raises difficult and challenging issues, we aim to lessen the barriers to all women fully accessing their rights to safety, security and freedom.

The sex industry is an area of disagreement amongst feminists. The language used to describe the sex industry reflects this disagreement. A range of language is used in this submission; however, on the whole, the language reflects our view that the sex industry is harmful to many women in it, and is based upon and reinforces gendered inequality.

This submission does not talk in detail about the experience of the children of women in the sex industry. However, as we know, when other groups of women in the community face barriers to safety, their children suffer. Further research into the impact of family violence on the children of women in the sex industry is needed.

4. The sex industry in Victoria

There are currently approximately 89 licensed brothels in Victoria, and over 600 operator-owned sex businesses. There is no reliable, up-to-date estimate of how many women are involved in the sex industry in Victoria. Further research is needed to establish the scope and impact of the Victorian sex industry.

WOMEN IN THE SEX INDUSTRY AND FAMILY VIOLENCE

Project Respect considers that family violence has particular and profound impacts on women in the sex industry in Victoria. Men's family violence against women who are in the sex industry has unique characteristics. Systemic failures to recognise and respond to these unique characteristics intensify the harm of family violence to women who are in the sex industry. This submission describes the range of ways that family violence has particular and profound impacts on women in the sex industry.

1. Forms of family violence specific to women in the sex industry

Women in the sex industry tell us that men perpetrate family violence against them in seven specific and common ways, by:

- forcing their partner into the sex industry;

- not allowing their partner to leave the sex industry;

- taking their partner's earnings from the sex industry;

- disclosing or threatening to disclose that their partner or ex-partner has been in the sex industry to others, including to their children, other family members, friends, children's teachers or school, employers, the police, Child Protection, the Children's Court, the Magistrates Court, the Family Court and the Australian Taxation Office, with a view to discrediting and humiliating the woman;

- verbally/emotionally abusing their partner or ex-partner in terms of their involvement in the sex industry (eg calling them a whore or a slut);

- making accusations of infidelity or being sexually jealous; and

- coercing their partner into having unwanted sex or types of sex by accusing her of wanting to have sex with other men but not him.

Based on interviews by women in the sex industry, Project Respect's experience, and local and international research, these forms of family violence against women in the sex industry are common (Benoit et al, 2013; Panchanadeswaran, 2008; Ratinthorn et al, 2009; Warr and Pyett, 1999; Sanders, 2004).

Based on interviews with women in the sex industry and Project Respect's experience, these forms of family violence are often not recognised as family violence, including by specialist family violence services and police. This undermines a woman's ability to escape the violence and be confident the perpetrator will be held to account. (The impact of stigma and discrimination in this regard will be explored later in this submission.)

In addition to these seven specific forms, family violence is perpetrated against women who are in the sex industry in the full range of ways it is perpetrated against women in the broader community. International research indicates that women in the sex industry may experience rates of family violence higher than the general female community (El-Bassell et al, 2001; Argento et al, 2014; Hong et al, 2013; Ulibarri et al, 2010).

A recent global systematic review (Deering et al, 2014:44) indicates that lifetime prevalence rates of intimate partner violence among sex workers range from 4 to 73 percent.[2] El-Bassel et al (2001) found that 73 per cent of women in the sex industry in their New York City study had been subjected to physical or sexual intimate partner violence during their lifetime; 22 percent had experienced such violence in the previous year. Canadian research with 387 women in the sex industry found one fifth of the women experienced moderate or severe physical and/or sexual intimate partner violence in the previous six months (Argento et al, 2014). In a study of 1022 women in the sex industry in South West China, Hong et al (2013) found 58 per cent of respondents in stable relationships had experienced violence from their partners.[3]

Recommendations

1. Recognise women in the sex industry as a high-risk group and as a specific cohort.

2. Investigate family violence against women who are in the sex industry and the systemic failures that expose this group of women and their children to ongoing violence, in relation to child protection, corrections, courts, family violence services, health services, legal services, police and immigration

3. Recommend that the state, federal and local governments recognise women in the sex industry as a high-risk group and as a specific cohort, and recommend that local, state and federal government policy and programs identify and resource strategies to eliminate family and other male violence against women who are in the sex industry, including in prevention, early intervention and crisis responses.

Women's experiences of specific forms of family violence against women who are in the sex industry

> "When I wanted to claim child support for my daughter, I received an email from my ex in bold letters that if I would think of doing anything like that, it would not turn out to be a good thing for me. As my daughter doesn't know certain things, I feared that this will get out of control and I will have to face tough times because of that. Hence, I withdrew from claiming child support."
>
> *Expert respondent A*

> "[After telling him I was in the sex industry] he turned around and became abusive saying 'you have no morals'. [He then] rang up a few days later drunk asking me if I wanted to catch up".

---

[2] Deering et al (2014) undertook an analysis of studies that included details on workplace violence as well as those that considered intimate and other non-paying partners. They focused on studies that measured physical or sexual violence, and they only used peer-reviewed articles where correlates of violence in bivariate or multivariable analysis were examined.

[3] The appended 'Women in the Sex Industry and Family Violence' literature review explores prevalence rates of family violence against women in the sex industry in more detail. Unless otherwise noted, all academic research noted in this submission is further discussed and referenced in the appended 'Women in the Sex Industry and Family Violence' literature review. Our thanks to Project Respect volunteer Miranda Webster who prepared this document to inform this submission (appendix 1).

██████, *as told to Kate Connett, in 'Talking about Stigma: Women's Experiences of Stigma Related to Their Involvement in the Sex Industry' (2013)*

"When he found out that I was working, things got difficult then because he actually stopped working. There was this expectation that I was to make his wages plus my wages to keep the house running and that's when he became really abusive. Before that everything was fine."

'██████ *as told to Kate Connett, in 'Talking about Stigma'*

██████is from an ████████country. I met her when she was in a brothel and she was several months pregnant. Her partner was an ████████ man who psychologically and physically abused her. He had quit his job and forced her to go into the sex industry to make money. Because of her immigration status, she was not eligible for social security. Being pregnant, she could no longer be in the sex industry and relied on him financially. He worked on and off throughout her pregnancy and constantly punished her physically because she was not contributing any money to the household. She had a child and continued to live with him. Within a few weeks of her giving birth he sent her back to the sex industry. She became addicted to ice and eventually lost custody of her child due to neglect. He got custody.

Prepared by Shirley Woods, Strategic Advisor and former Outreach Coordinator

██████had been battered violently by her husband and father of her children for many years. He did not work and lived off her earnings from prostitution. One night I received a phone call from another woman who worked in the same brothel. She told me that ████ had turned up to work black and blue and with a split lip. ████was too afraid to go home but was worried about her children.

Project Respect was having a weekend away for women that weekend and asked her friend if she would take her in for that one night and bring her on the weekend away. She agreed. She was cared for over the weekend and made to feel safe. I assured her that we would go to court first thing Monday morning and start the process of getting her children back.

On Sunday, with nowhere to go, she phoned the (then) Women's Domestic Violence Crisis Line. The worker was asking her a lot of questions and proceeded to ask what they had fought about. ████ told her that they fought about her being in the sex industry, but didn't understand because he often made her go to work when they needed money. The worker said "well, that's not a very nice thing to do, why did you do that?" ████became very upset and handed me the phone. I advocated for her, and she was referred to a refuge.

We went to court the next day to seek an order to get her children back. The order was granted mainly due to a recording that ████had on her phone of her husband screaming at her and telling her that he was going to bury her alive. The order stated that the children should not be with their father.

I phoned her local police station and asked them to serve the Intervention Order and get the children. They informed me that they would serve the order next time they were out that way and said that they were not a babysitting service. I agreed

to take ▮ to the police station and wait. We waited three hours. ▮ was terrified that her partner would kill the children, as he had told her if he couldn't have the children, she wouldn't either. The police eventually came back to the police station with the children.

A police woman approached me. She told me that ▮ husband had told her that he had just found out that ▮ was in the sex industry and got angry. She said to me "Well, I certainly hope now that she has her children back, that she won't be doing that anymore."

I helped ▮ get a house, get her children into school, and a part-time job. Some months later her husband found her, and moved her interstate to isolate her from her new friends and other supports. I have not heard from her since.

Prepared by Shirley Woods, Strategic Advisor and former Outreach Coordinator

2. Context of prior and ongoing violence against women in the sex industry

For some women in the sex industry, family violence perpetrated by their partner or ex-partner is their first experience of gendered violence. For many women, it is part of an ongoing experience of violence, from intimate partners, sex industry clients and other men. For some, violence began when they were children.

For example, in 2011-2012, 50 per cent of the 714 women Project Respect spoke with said they had experienced sexual assault at some point in their lives (including as children) and 55 per cent said they had experienced or were experiencing family violence.

Given this context, for many women, family violence is experienced not as an isolated experience, but as part of ongoing and pervasive gender-based violence that creates significant fear, which may permeate their home, workplace and other sites, and which causes disease, disability and death. The pervasive, repeated and serious nature of family violence, and reinforcing and compounding forms of other male violence against women in the sex industry, suggests that women in the sex industry are particularly vulnerable to gender-based violence.

Local and international research indicates that many women in the sex industry have experienced a wide range of men's violence, starting when they were children (Argento et al, 2014; Hong et al, 2013; Ulibarri et al, 2010; Ratinthorn et al, 2009). In a study of 387 women in Vancounver, Canada, Argento et al (2014) found that 66.7 per cent of respondents reported physical and/or sexual abuse before the age of eighteen, and that this was higher among those who had experienced recent family violence (84.13 per cent vs 61.8 per cent). Ulibarri et al (2010), found respondents in a Mexican study of 300 women in the sex industry who reported experiencing intimate partner violence were significantly more likely to report having suffered emotional, physical or sexual abuse as a child than those who did not report intimate partner violence (67.6 per cent vs 45.6 per cent). Arguably, experience of violence as a child impacts upon women's experience of family violence.

Additionally, women in the sex industry experience a wide range of violence from sex industry 'clients'. Research by Vanwesenbeeck (1994) from the Netherlands, where there is a large legal sex industry, found that 70 per cent of women in

brothels had experienced verbal threats, 60 per cent physical assault and 40 per cent sexual violence.[4] Research by Farley (2003, cited in Powell and Nagy) of 854 people across nine countries, covering both illegal and legal prostitution, found that 71 per cent had been subjected to physical assaults and 62 per cent to sexual assault. Additionally, research finds that women report 'being concerned with robberies, non-negotiated sex acts, attempts to or actual removal of the condom, offensive language and harassment (rudeness or disruptive behaviour) or being financially ripped off (Sanders and Campbell, 2006; 2007).' According to Powell and Nagy (2014), 'the experiences of harassment and abuse of women in indoor prostitution appear to be almost a routine part of the job in the Australian context, and significantly more common experience than physical assault and rape. Indeed, "sex worker advocacy groups" in Australia and Victoria produce resources and provide support to workers encouraging them not to accept harassment, abuse or indeed sexual assault as "part of the job" (see for example RhED, 2002)'. For a minority of women, this violence includes sexual slavery (also known as trafficking for the purposes of prostitution), a profound and dangerous form of gender-based violence in the sex industry, with serious impacts on women. These forms of violence are exacerbated by brothel management practices that are exploitative or violent.

Some women in the sex industry are subjected to racialised violence. For example, Asian women are often assumed to be more passive and more willing to accept violent behaviour or have sex without a condom. These negative stereotypes mean they are at times subjected to more violence and discrimination. One of the reasons for trafficking in women for prostitution is to feed the demand for women from particular countries, who are seen to have particular, racialised attributes. Violence is particularly acute for trafficked women.

Prostitution has been described as an 'extremely dangerous profession' (Rekart, 2005). As with other forms and sites of violence, violence experienced by women in the sex industry has a serious health impact. Cwikel et al (2003) found 33 per cent of respondents had current health problems, ranging from stomach aches to sterility, back pain and fractures. According to Powell and Nagy (2014), 'the data illustrates that many women in indoor prostitution may be turning to drugs, alcohol and cigarettes in order to be able to keep performing their jobs.' US research published in *The American Journal of Epidemiology* (Potterat et al, 2004) on the overall and cause-specific mortality of 1,969 women in the sex industry in Colorado from 1967 to 1999 found that of 117 definite or probable deaths, the average age of death was 34. The leading cause of death was homicide (19 per cent), followed by drug ingestion (18 per cent), accidents (12 per cent) and alcohol-related causes (9 per cent). Based on this research, they found the 'workplace homicide rate for prostitutes' is '51 times that of the next most dangerous occupation for women, working in a liquor store'.

Women are often acutely aware of the dangers of being in the sex industry. According to Powell and Nagy, 'While actual violence may be comparatively lower inside brothels [than in street prostitution], researchers have pointed out that women in brothels feel that every interaction is inherently dangerous (Brents and Hausbeck, 2007; Murphy and Venkatesh, 2006, O'Doherty, 2011)'. Two of the three

---

[4] The information in this section of the submission comes from 'The Harms of Indoor Prostitution for Women: A Research Review' (2014), prepared for Project Respect by Dr Anastasia Powell and Dr Vicky Nagy (appendix 2).

expert respondents who were interviewed for this submission spoke of having sex with men who were later convicted of serious crimes that they had committed immediately prior to or after attending the brothel, including rape and murder.

Recommendations

4. Recommend that the Coroners Court conduct research into the mortality rates and causes of death of women who are in the sex industry.

5. Recommend that the state government conduct an audit of Victorian sex work laws, regulations, policies and programs to identify opportunities for reducing and preventing family and other violence against women, recognising the gendered nature of the sex industry and the link between gendered inequality and violence. Also recommend that the state government amend the Sex Work Act to make it an offence to willfully, knowingly or recklessly have sex with a trafficked person, or with other persons in the sex industry without their consent.

Women's experiences of pervasive and compounding violence

"'It's just what you put up with', says one brothel worker. 'If you don't like it, you leave. And if you see anything you shouldn't, you keep your mouth shut.'"

From 'Recommendations for Changes to the Prostitution Control Act 1994 and Other Sex Industry Related Matters', written by Christie Heart for Project Respect (2007).

"There was this guy who would turn up and just lie down like a dead fish and then I would do my thing to him and he would just leave. Then a friend and I saw in the newspaper that this guy turned out to be a serial killer. And then I said, 'I saw him three weeks ago', and she said 'Yes, I've seen him too, he was a regular here'."

Expert respondent C

"One woman who started work at a legally registered massage parlour was taken into a private room by the licensee and told to give him a blow job (oral sex without a condom) in order to keep her job. She did as he asked because she needed the work, and was too intimidated to say no. She later learned this was a common occurrence."

From 'Recommendations for Changes to the Prostitution Control Act 1994 and Other Sex Industry Related Matters', written by Christie Heart for Project Respect (2007).

███████ is a woman in her early ██. She was referred to Project Respect by a friend after the birth of her youngest child, and we have worked with her for approximately four years.

███████ came to Australia from ████ on a prospective marriage visa. Once she was in Australia, her husband perpetrated sexual, physical, financial and verbal abuse against her; she was forced to work in her husband's business, do all the household work and serve her husband. Her eldest child, from a previous marriage, joined her in Australia, however once her husband became violent, she sent her child home.

After two occasions when the physical violence was particularly severe, she contacted the police, who referred her to In Touch. In Touch helped her with immigration issues and refuge accommodation.

After she left the refuge, she had no ongoing accommodation. ███████ believed she was ineligible for Centrelink and had no source of income, limited work experience and limited English. She began working in a brothel.

She experienced a range of violence in the brothel from clients and brothel management. The brothel managers introduced her to illicit drugs. She believed this was so she would work longer shifts. She developed a drug addiction. She became homeless at this time, and began living at the brothel, which meant that she worked longer hours than she had previously.

She later met a new partner, and they had a child together, and Project Respect met ███████ shortly after. After being homeless (including living in a caravan park), Project Respect helped ███████, her partner and child access private rental, and assisted ███████ to successfully apply for a Centrelink benefit.

███████ new partner is verbally violent. ███████ provided the stable financial support in the family, as aside from occasionally selling illicit drugs, her partner does not have paid work. Her partner tells ███████ that if she left him, Child Protection would remove her child as she has worked in the sex industry and taken illicit drugs.

Project Respect continues to provide support to ███████, including material aid, housing advice and referrals, legal referrals, and emotional support, advocacy, community connectedness and peer support activities. We have supported ███████ to achieve her aim of buying a car, linked her in with English classes and attended a range of appointments with her. ███████ has attended Project Respect community lunches and weekends away, and values the peer support and community connectedness. We visit her regularly, although her partner tries to stop these visits.

Prepared by Lena Sivasailam-Pilcher, Community Development/Outreach Worker, Project Respect

Project Respect met ███████ during outreach to a licensed brothel (as part of a project funded by the state government – the funding has since ceased). She grew up in ████. She was orphaned as a child, and later married and had a child. Her husband was violent, and subsequently took her child and left the relationship. ███████ worked in a factory, where she met people who told her they could find her work in Australia where the wages would be better. She paid tens of thousands in dollars to traffickers who said they would organise a visa, travel, accommodation and a job as a waitress in a nightclub.

She came to Australia, was taken by the traffickers from the airport to an apartment and raped. She was forced to do prostitution against her will to pay her debt. She was held in sex slavery for some time, and was prostituted in a range of brothels. During that time, she twice became pregnant, and a woman working in one of the brothels helped her get an abortion. She experienced ongoing violence from customers, but was scared that if she complained she would get into trouble.

After about a year, the traffickers organised an expensive apartment in her name, and released her from their control. She had an expensive lease in her name, and so continued in the sex industry. She befriended a woman from her country who she later moved in with. Around this time, she met Project Respect during Outreach (part of a state-government funded project – funding has since ceased for this project). She asked for help with her visa as it was due to expire the following day.

When she explained her situation, Project Respect suspected that she had been trafficked, and later confirmed that this was so. We helped her submit a visa application, the migration agent paid for her application fee, we referred her to a specialist slavery legal service, and she gained a visa. We referred her to the Australian Federal Police Human Trafficking Unit, and she was placed on the Human Trafficking Program for an assessment period of 45 days. However, as the police decided they would not pursue a criminal case against the traffickers, she was not able to stay on the program beyond this period. She was left without housing or financial support other than working in the sex industry (which she said she hated).

Project Respect referred her to and accompanied her to health services and linked her in with education, including English classes. We provided her with information about her rights in the sex industry. ████████ joined community lunches and weekends away.

████████ housemate had a boyfriend who had been in prison. Upon leaving prison, he came to live with the two women. He had previously organised for his girlfriend to work in the sex industry, and began arranging brothels for ████████ to work in, in Melbourne and interstate. He was verbally violent, made threats against the two women, did not contribute financially to household costs, regularly asked for money, and ran up a debt on ████████ credit card without her knowledge. She reported to Project Respect that she experienced ongoing violence from customers, and was being stalked.

She eventually left Victoria to escape, and has stayed in contact with Project Respect. Project Respect has linked her in with mental health and other services interstate, helped her access educational opportunities, and provides moral support through phone calls. She is happy to be rebuilding her life.

Prepared by Lena Sivasailam-Pilcher, Community Development/Outreach Worker, Project Respect

3. Context of compounding disadvantage

The sex industry is a catchment area for women who experience violence, exploitation and disadvantage. Women's experience of violence while they are in the sex industry, including family violence, is frequently compounded by discrimination and disadvantage and the complex impacts these create.

For example, in 2011-2012, 77 per cent of the 714 women Project Respect spoke with were experiencing housing stress (with 23 per cent of the women being homeless) and 36 per cent said they gambled excessively. Additionally, from our work with women, we know a large number of women have mental health issues and issues with drug and alcohol. We observe a disproportionate number of women

in the sex industry were wards of the state as children and/or are former prisoners. Many women are single mothers, which means that they often experience financial stress.

In an Australian survey, Perkins and Lovejoy (1996) found 60 per cent of surveyed women in the sex industry reported feeling stressed, 28 per cent reported chronic fatigue, 33 per cent reported emotional anxieties, 36 per cent reported depression, 20 per cent reported feelings of isolation, and 31 per cent reported loss of sexual pleasure.[5] As a consequence, according to Powell and Nagy (2014), women in the sex industry in Australia were 'less likely to be satisfied or completely satisfied with their homes, their employment conditions, their financial situations, how safe they felt, how connected they felt with their communities, their health, the neighbourhoods which they inhabited or how satisfied they were with life overall (Bilardi et al, 2010)'.

In addition to these forms of disadvantage, significant numbers of women in the sex industry experience poverty, both as a push factor leading them into the sex industry and while they are in the sex industry. This is in contrast to the community view that women in the sex industry make a great deal of 'easy' money. According to Powell and Nagy, 'In comparison to Australian working women generally, women in brothels were more likely to be unable to pay their utilities in the past 12 months (25% vs 13%), pay their mortgage or rent on time (36% vs 7%), went without meals (11% vs 3%), asked friends or family for financial help (37% vs 15%) and sought out welfare benefits (15% vs 2%) (Bilardi, 2010).'

Many of these factors are likely to exacerbate the impact of family violence, and create barriers to women escaping violence and seeking support to access safety.

Many women in the sex industry are newly arrived in Australia. For these women, their visa status can create difficulties, including when seeking refuge accommodation or when trying to leave a man who uses violence against them. For some women, visa restrictions mean they cannot get a job in other industries, but find brothels will employ them without a working visa. Other women are not eligible for social security, or do not know they are eligible.

Recommendations

6. Recommend that the Commonwealth Government increase social security payments, including for supporting parents, to ensure women can live above the poverty line and thereby reducing the pressure to undertake prostitution to meet basic needs.

Women's experiences of compounding disadvantage and discrimination

"When you are in the industry you do get hurt so many times. You are sore and bruised and you can't really look for anything for a few weeks. I would save up enough money and stop and look around for something that I can live on. By the time you are well again, you go back because you've run out of money."

Expert respondent C

---

[5] Powell, A. and Nagy V. (2014). *The Harms of Indoor Prostitution on Women: A Research Review.* Background paper prepared for *Project Respect*, Melbourne.

███ is in her early thirties. She was homeless and sleeping in a brothel when she met a Project Respect outreach worker and we began working with her. (This was part of a project funded by the state government. This funding has since ceased.)

███ is separated from her ex-partner, with whom she has one small child. Her ex-partner perpetrated verbal, physical and sexual assault against her, including gang raping her with his friends.

███ has professional qualifications, and has worked in her full-time industry as well as in the sex industry, to support her family. She had left the sex industry prior, but returned to it when she left her partner, and subsequently lost her other job. ███ says she developed a drug addiction when she returned to the sex industry, and has experiences a range of mental illness including severe anxiety, panic attacks, depression and bulimia. She lost custody of her son, and has been trying unrelentingly to get him back.

███ started a new relationship, and was subjected to violence from her new partner. Project Respect supported her to report the violence to the police and secure an intervention order against the perpetrator.

Project Respect helped ███ secure short-term emergency housing, and apply for public housing. She secured public housing with space for her son to join her, should she regain custody. Project Respect helped her with a removalist and referrals to organisations that provided furniture and whitegoods. We have supported ███ to access financial support through Centrelink, and provided a range of material aid (food, clothes, furniture). ███ has subsequently left the sex industry. We have helped her link in with a range of mental health, drug and legal services, material aid, and, at her request, accompanied her to appointments, as well as providing her with ongoing emotional support.

Prepared by Lena Sivasailam-Pilcher, Community Development/Outreach Worker, Project Respect

4. Stigma and discrimination based on being in the sex industry

Many women in the sex industry experiencing family violence (and other violence, exploitation or disadvantage) face particular barriers to accessing help. They experience and fear being treated differently and more harshly, including by services intended to help women experiencing family violence. This includes family violence services, lawyers, courts, Child Protection, police and health practitioners. At times discrimination is significant, and the consequences are dangerous. However, even where women do not experience discrimination, fear stops many women from accessing help. This in turn means that family violence against women is underreported.

One of the positive changes brought about by decriminalisation of prostitution in many parts of Australia has been the challenge to the stigmatisation of women in the sex industry. However, stigma has not been eradicated. A study (Groves et al, 2008) of 97 women in the sex industry in licensed brothels found that 47 per cent were worried about community attitudes to prostitution. Focus groups conducted with a small group of women in the sex industry by Begum et al (2013) found that the women 'agreed that despite the legalisation of sex work, there had not been an improvement in society's perception of their work'. Respondents felt that they were forced to live a 'double life' and were forced to lie to family and friends

about their job (Begum et al, 2013). Sanders (2004) found that 52 of 55 women in the sex industry surveyed kept their work secret from some or all people in their private lives. Stigma is globally linked to difficulty accessing health services (Lazarus et al, 2012; Basnyat, 2012).

Many women in the sex industry feel that they must lie about or hide important details of their life from family and friends. This makes them more vulnerable. Women tell Project Respect that they have withdrawn from relationships, leading to social isolation. While this may result in women being more vulnerable to family violence (as perpetrators may identify them as easier targets), it also means that women in the sex industry experiencing family violence may have fewer social supports to access.

Recommendation

7. Recommend that services in the family violence system undertake training on working with women who are in the sex industry.

Women's experiences of stigmatisation, discrimination and isolation

"[It's] traumatising to have to lie to people. You want to connect with people like everybody else. You want to make friends, you want to be just a normal person. A little question like 'So what have you been doing?' or 'Where have you been working?' And all those absolutely average, normal questions become traumatizing and if you want to protect yourself you have to lie and then the isolation comes in because you're protecting your lies so you can't let anybody know you. And that is such a horrible thing. It's very uncomfortable to have to be hiding who you are".

███, *as told to Kate Connett, in 'Talking about Stigma'.*

"When I was in the industry I started to suffer depression. It was the constant lying for me. Lying to family, lying to my partner. I started to struggle with that. I would just close up [because] I didn't know how to come out. I didn't know how to say [that] I had a rough client or I was raped last night".

███, *as told to Kate Connett, in 'Talking about Stigma'.*

[In response to the question, did you seek help when you experienced family violence?]

"No, I have never [did]. Because I always feared being judged. I didn't really know whom I could talk to or explain my problems to. It was hard for me."

Expert respondent B

A notification was made by an unknown person to Child Protection in relation to ███, a Project Respect client. ███ has several children, and is pregnant. Project Respect believed that ███ was an engaged and protective mother, and that her children were well cared for. Sally was linked in with a range of services, and actively sought and engaged with appropriate services.

Project Respect rang and spoke with Child Protection at ███ request, as ███ was scared that her children would be removed by Child Protection over the weekend. The Child Protection worker stated that the children could be removed because ███ was engaged in prostitution. The Project Respect staff member

explained that prostitution was legal in Victoria. The Child Protection worker then said that ███ pregnancy was evidence that she was behaving irresponsibly, implying that she had been having unprotected sex as a sex worker, and that this could be grounds for her children being removed. Project Respect explained (with ████ consent) that her pregnancy was a result of having been raped by a client, not as a result of agreeing to unprotected sex. The Child Protection worker then said that if ███ did not have counselling about the rape, the children could be removed because █████ trauma could impact on the children — implying that ████ was not acting responsibly in relation to the assault she had experienced. The Project Respect worker suggested that ███ had agency in deciding if she wanted counselling at that point, and that counselling would be most useful if it was chosen rather than imposed. The Child Protection worker asserted again that ████ must have counselling, that she could and should be compelled to do so, and that not to have counselling would impact on her children adversely. ████ was in fact receiving counselling at that time.)

The Child Protection worker had not met ████ and no assessment had been made of the children's situation at this point.

Prepared by Kathleen Maltzahn, Founding Director, Project Respect

5. Barriers to recognising violence

Many women in the sex industry have prior experiences of men's violence, as children and as adults. For some women, this violence means they are deeply aware of the negative impact of violence, and work hard to avoid being subjected to violence. However, vigilance is not always enough to protect them.

For other women, the pervasiveness of violence may impact on women's identification of violence. This in turn impacts on (and is impacted upon by) violence experienced in relationships. There are many reasons women may not identify violence. For some, it may be so common that it is unremarkable. Some women tell Project Respect there was no point acknowledging their experience as violence when they saw no way out of it.

This may mean that women in the sex industry experiencing family (and other violence) are less likely to access services, and so are at greater risk of being subjected to ongoing and escalating violence. Further research is needed to explore this issue in the Australian context.

Women's experiences of the barriers to recognising violence

"I have seen my parents live in abusive situations. From my experiences of violence, somebody physically hurting me was never acceptable to me. Maybe it was because of the things I had seen in my childhood that I decided that I will not let anyone harm me physically. However, I was seeing this guy who gambled away everything we had. When I discovered this, it was too late. He had gambled all my money and I was left with nothing. We had this thing that he was in charge of managing finances. And I was shocked to know that all my money was gone one day."

Expert respondent A

[In response to the question, do women see violence as 'part of the job'?]

"Yes, most definitely. They wouldn't even recognize it as a violent situation and would hardly ever talk about it. They are forced to do something they are not comfortable doing in certain cases. They are left bruised and sore many times. They don't talk about it though; they might just end up saying that a particular client was rough."

Expert respondent C

[In response to the question, what are the similarities and differences between the way the women look at violence within the sex industry and outside the industry?]

"It is a part of your job … I didn't even realise after several years. I was having trouble breathing before I went into a booking. I thought, 'Aww… I am suffering from asthma or something'. I would go up the stairs for a booking and I couldn't breathe and then I would get into the booking and I would switch into the acting mode. And all of a sudden I could breathe — I realized that it was the fear about what I would have to walk into.

Expert respondent C

6. Family violence as a pathway to the sex industry

Project Respect has worked with many women who entered the sex industry for the first time when they left a relationship with a violent man. There is clear evidence that family violence impacts negatively on most women's financial situation. Additionally, welfare benefits leave women below the poverty line, and can take time to access, particularly if women are not aware that they can access family violence crisis payments from Centrelink. For women with children, finding employment that allows them to work school-friendly hours can be difficult. Many women lack qualifications for other roles, or find their confidence and self-esteem is so eroded that they do not believe they can do other roles. In this context, the sex industry can be a woman's best option — it does not require qualifications or prior experience, it does not require references, it provides an immediate income and it allows women to work child-friendly hours. In the context of an abusive relationship, it can be an important escape pathway for women, by providing an income.

However, for women who have already experienced family violence, this can expose them to further violence and trauma. Additionally, in the absence of adequate exit programs for women in the sex industry (Powell and Nagy, 2014), women entering the sex industry to escape family violence can find themselves trapped. Murphy and Vankatesh (2006, cited in Powell and Nagy, 2014) find that 'the longer women are involved in brothel prostitution (legal or illegal) the more their opportunity to exit diminishes because "the organisation of indoor sex work affects the ability of women to formulate social relationships that help them to exit the trade".'

One recent development of concern is the increased number of women in the sex industry who stay in brothels because they are homeless. The impact of the housing crisis on women leaving men who use violence is well documented. This can have a particular impact on women in the sex industry, who commonly lack

pay slips to prove they can afford rent and who face discrimination if they disclose that they work in the sex industry. As a result of the housing crisis, many women sleep in the brothel in which they work. While living at the brothel provides an immediate solution to the problem of homelessness, it frequently leads to other problems for women. Brothels commonly expect the woman to work until the brothel closes (which can be 6am), women are woken to service clients if there are not enough women available, and women can be reluctant to refuse clients or sexual acts because they fear being evicted. Project Respect estimates that up to half the brothels we conduct outreach to have women living in them.

Recommendation

8. Recommend that local, state and federal governments provide affordable, accessible and safe housing.

Women's experiences of the family violence leading to work in the sex industry

█████ is in her late █████████ who came to Australia on an intended spouse visa. As soon as she arrived in Australia he began verbally, psychologically and sexually abusing her.

After several months left him and moved in with another woman from her country. ████ had no money and was desperate. Her housemate was in the sex industry and introduced ████ to it.

████ began dating a brothel client and fell pregnant to him. He also psychologically and verbally abused her and she left him too. She lived in a brothel until she was heavily pregnant. This is when I met her. I helped her get accommodation and assisted her with gathering the necessary items for the impending birth of her child. By this time she was dating another man who had been a client. He also verbally and psychologically abused her. We discussed the fact that the way he was treating her was a form of abuse. She understood but believed his angry outbursts were her fault. She became pregnant. One day I visited and she broke down and told me that he had beaten her, nearly to death. She had black and purple bruises the size of saucers on her buttocks where he had kicked her. She said that most of the hits were to the head. She was holding his child when he first hit her and hit the baby while hitting her. She managed to get the baby back in the cot before he continued. In the week following the incident ████ tried to hang herself but fortunately was not successful. She is now receiving counselling.

████ child who was a toddler at the time witnessed everything. Her child is now kindergarten age and still doesn't talk.

Through the process of reporting to police and an intervention order being sought, her partner was picked up and deported not long after, as it was established that he was here unlawfully. He continues to phone her from overseas.

Prepared by Project Respect Strategic Advisor and former Outreach Coordinator, Shirley Woods

7. Violence against women in the sex industry as an enabler of violence against other women

The previous sections have focused on addressing safety for women in the sex industry. This section will explore why addressing violence against women in the sex industry is necessary to ensure the safety of all women.

As research and the experiences above show, there are inadequate sanctions against men who are violent to women who are in the sex industry. However, attitudes that enable violence against one group are unlikely to be confined to just that group. Violence tolerated against one group of women undermines the safety of all women. Tom Meagher has made the link between murderer and rapist Adrian Bailey raping several women doing street prostitution with impunity, and Bailey's subsequent murder of Jill Meagher. Meagher writes that when Bailey was asked why he raped the women, he stated 'I paid for her, I can do what I want with her' (Herald Sun, 2015).

While there is limited research on men who purchase sexual services (Powell and Nagy, 2014, Hoigard and Finstad, 1992), recent research explores links between men's attitudes to violence and purchase to sexual services.

US research with 2135 respondents in a shelter for victims of family violence found that violent men who used pornography or strip clubs were more likely to use marital rape, other sexual violence and stalking, and more likely to use controlling behaviour, compared to violent men who were not known to access the sex industry (Simmons et al, 2008).

A United Nations multi-country study (Fulu et al, 2013) of over 10,000 men and over 3,000 women in the Asia Pacific found an association between men's violence against women and having sex with a sex worker. The report states that 'having sex with a sex worker or transactional sex was generally found to be associated with depression, alcohol and drug abuse, gang involvement, gender-inequitable attitudes and having experienced homophobia or sexual violence', and that 'Practices stemming from gender inequality and dominant ideals of manhood were associated with partner violence perpetration, such as gender inequitable attitudes, controlling behaviours, having multiple sexual partners and having had sex with a sex worker'. The study found that men 'who had ever had sex with a sex worker or transactional sex were three times more likely to have perpetrated non-partner rape', and that 'Researchers have argued that these behaviours do not express mere sex seeking so much as they stem from ideas about masculinity that emphasise heterosexual performance and domination over women.'

This research that the sex industry may be both a site for reinforcing gender inequitable attitudes as well as showing men that they will not be held accountable for violence when it is against women in the sex industry. This undermines wider efforts to encourage gender equitable attitudes in men and to show them that they will be held accountable for violence against women.

Recommendation

9. Recommend that men's behaviour change programs address violence against women in the sex industry in their programs with perpetrators of family violence.

OTHER ISSUES

There is limited up-to-date research of family and other violence against women who are in the sex industry, and limited data about the interaction of women in the sex industry with the family violence service sector. This reflects both the specific issues affecting women in the sex industry, and the wider problem with data about family violence in Victoria. Accurate data about the experience of women in the sex industry and research about the systemic barriers to women's safety are crucial in eliminating violence. However, there are particular sensitivities when collecting information about women in the sex industry, given the stigma and discrimination women experience.

Recommendation

10. Recommend that the Australian National Research Organisation for Women's Safety (ANROWS) investigate what measures, statistics and data about violence against women who are in the sex industry should be included in the Victorian Family Violence Index, and how such measures, statistics and data can be collected while protecting the privacy and safety of women in the sex industry. ANROWS should also consult with Project Respect, women in the sex industry, and other relevant organisations to identify the barriers to collecting data about violence against women who are in the sex industry.

USEFUL CONCEPTS

Continuum of violence

Family violence can be understood as part of a continuum of violence against women. Kelly (1987, 1988) argues that violence against women exists as a continuum of behaviours in which all forms of gender-based violence, abuse and harassment are linked. Kelly states that all types of violation are connected by 'the basic common character … that men use a variety of forms of abuse, coercion and force in order to control women' (Kelly, 1987). The 'range of abuse, coercion and force that women experience' and the pervasive nature of violence that impacts many (or perhaps most) women must be acknowledged (Kelly, 1987, Fileborn, 2013). Kelly (2015) highlights how 'everyday intimate intrusions' that women suffer, such as sexual harassment and street harassment, tell women that they do not have the same right to be in public spaces as men. Different forms of violence 'shade into' one another and limit the participation of women in society. Different forms of violence come from the same root causes: gender inequality and the belief that men are superior to women. Family violence does not happen in isolation from other forms of men's violence against women, and will not be adequately addressed unless other forms and sites of men's violence against women are tackled.

Work to stop family violence cannot succeed without strong messages that men's violence against non-family members (such as colleagues, employees or strangers in the streets) and in non-family settings (such as the workplace, public places and the sex industry) is illegitimate and illegal. While men continue to believe that some women, in some settings, are 'fair game', gender equality will be undermined, as the enabling attitudes that allow men's violence against women will not be consistently challenged.

Policy and programs on men's violence against women in Victoria and Australia focus on family violence, with some limited focus on sexual assault outside relationships. This reflects the pervasive nature of family violence. However, other forms of violence, such as workplace harassment and street harassment, are arguably just as prevalent. Other forms of violence, such as trafficking, are arguably just as serious and damaging. Given this, a policy framework that addresses the full range of men's violence against women and children, across a broad range of sites and settings, will be most effective in eradicating family violence and the gendered inequality that fuels family violence.

The United Nations has adopted an expansive definition of violence against women which recognises the continuum of gender-based violence. The 1993 UN *Declaration on the Elimination of Violence against Women* defines, under article 1, violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'. Article 2 states that violence against women should be understood to encompass but not be limited to the following:

- physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

- physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; and

- physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Recommendation

11. Recommend that local, state and federal governments adopt a policy framework that addresses the continuum of violence, aiming to eliminate men's violence against women in all its forms and settings. Local, state and federal governments should embed family violence policy and programs within this broad framework, rather than as a standalone policy.

Specialist services

The intersectional nature of violence and its disproportionate impact upon certain groups due to marginalisation and oppression must be recognised (Sokoloff and Dupont, 2005). Research demonstrates the need for specialist services for particular sections of the community (Donnelly et al, 2004; Hunter, 2006; Hovane, 2007; FVPLS Victoria, 2010; InTouch, 2010).

The role of specialist family violence services is recognised within the Victorian family violence system. In addition, specialist services for particular groups are recognised as a key part of the service system. This includes organisations such as Women with Disabilities Victoria, InTouch and the Aboriginal Family Violence Legal and Prevention Service. Groups such as these improve the service system by providing direct support to women from high risk groups and specific cohorts, providing secondary consultations to other organisations, conducting training to

improve the capacity of mainstream organisations to respond to the specific groups, providing policy input and conducting advocacy.

As outlined above, women in the sex industry face forms of family violence specific to them, are disproportionately likely to experience prior and ongoing violence, are disproportionately likely to face additional disadvantage, encounter additional barriers to seeking help due to stigma and discrimination, may face barriers to recognising violence and may enter the sex industry because of family violence. These factors are poorly understood by the family violence service sector.

Project Respect has seventeen years' experience working with women in the sex industry, with a particular focus on violence and exploitation. Project Respect provides outreach to brothels, one-on-one counselling and support, access to essential services and a caring, non-judgemental community. This includes support, counselling, material aid, advocacy and referrals, in relation to family violence, trafficking, other violence, mental and physical health, legal issues including immigration, housing, drugs and alcohol, financial issues, child protection and parenting and employment and education.

Project Respect is funded primarily by the federal government, local government, philanthropic organisations and individual donors. Project Respect has no core funding, and currently has no state government funding. If better resourced, Project Respect could expand support to women in the sex industry who experience family violence and help build the capacity building to the family violence service sector to improve access for women.

Recommendation

12. Recommend that the state government recognise and fund Project Respect as a specialist agency addressing violence against women who are in the sex industry, including family violence, as a part of the Victorian family violence system.

Appendix 1

Acknowledgements

This submission is possible due to the work of Project Respect clients, volunteers, staff and Committee of Management. Particular thanks to the expert respondents who participated in interviews, volunteers Lisa Ashton and Priya Prabhu who oversaw the submission development including conducting interviews, Allana Smith, Manda Malekin, Miranda Webster and Hoe-Me Nguyen who conducted literature reviews, and to the other members of our volunteer team including Shasta Stevic.

In addition, this submission draws heavily on the work of Kate Connett, in 'Talking about Stigma: Women's Experiences of Stigma Related to Their Involvement in the Sex Industry', Dr Anastasia Powell and Dr Vicky Nagy, in 'The Harms of Indoor Prostitution for Women: A Research Review' and Miranda Webster in her literature review 'Women in the Sex Industry and Family Violence'.

Appendix 2

'Family Violence and Sex Work' literature review, by Miranda Webster (2015).

Appendix 3

Dr Anastasia Powell and Dr Vicky Nagy, in 'The Harms of Indoor Prostitution for Women: A Research Review' (2013).

Family violence and sex work

Defining family violence and causes

In Victoria, the *Family Violence Protection Act 2008* (Vic) defines "family violence" to include behaviour by a person towards a family member that is physically or sexually abusive, emotionally or psychologically abusive, economically abusive, threatening, coercive, or in any other way controls or dominates the family member and causes that family member to feel fear for their safety or wellbeing or that of another person. The definition also includes behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to above.

Although the Victorian definition of family violence is gender-neutral, violence that occurs within the family context is generally committed by men, and it is women and children who largely suffer from such violence. Studies on violence committed by male partners against women suggest that men who feel powerless and who desire greater power are at greater risk of committing violence. Ulibarri et al (2010:319) noted that when male-perpetrated violence occurs in the context of a romantic relationship, this violence is often used as "a means of establishing, asserting, or protecting men's power" within the context of the relationship. This relationship power can be threatened by a woman's economic status (e.g., higher education or a higher paying job) or other forms of power and control such as decision-making dominance (Ulibarri et al, 2010:319). Male partners who lack socio-economic resources (eg, income, education, communication skills), either generally or in relation to their partner, are more likely to resort to violence to assert control (particularly where alcohol is involved) (Holtzworth-Munroe et al, 1997; Makara-Studzinska and Katarzyna, 2007; Gleason, 1997). Holding traditional sex role expectations regarding the behaviour of women is also linked to violence, particularly more severe forms of violence against women (Holtzworth-Munroe et al, 1997; Makara-Studzinska and Katarzyna, 2007).

While it is clear that family violence is "gendered", and that such violence affects people across class, nationality and religious lines, research also demonstrates that family violence (and other forms of violence) is more likely to be experienced by certain groups of people and that they may be more severely impacted by such violence. Other forms of inequality and oppression, such as racism, ethnocentrism, class privilege and heterosexism, can intersect with gender oppression to increase the risk of, and influence the experience of, family violence (Sokoloff and Dupont, 2005:39). "Intersectionalities" colour the meaning and nature of family violence, "how it is experienced by self and responded to by others, how personal and social consequences are represented, and how and whether escape and safety can be obtained" (Bograd, 1999:276; Sokoloff and Dupont, 2005:43). For example, as discussed further below, sex workers are stigmatised by society due to negative attitudes surrounding sex work and this stigma can be a factor in family violence, as well as providing a barrier to accessing assistance and health care following violence, and to reporting abuse.

Family violence experienced by sex workers

It is clear that many sex workers experience higher levels of violence than the general population. While most of the research on violence against sex workers has focused on violence at the hands of clients and law enforcement officials, there is research that suggests that sex workers may also experience high levels of intimate partner violence (IPV). A recent global systematic review (Deering et al, 2014:44), indicated that lifetime prevalence rates of IPV among sex workers were estimated to range from 4 to 73 percent.[1] Moreover, El-Bassel et al's study on the prevalence of physical and sexual abuse by intimate and commercial partners among street-based sex workers in New York city found that 73 percent of female sex workers with intimate partners had experienced physical or sexual violence from an

---

[1] Deering et al (2014) undertook an analysis of studies that included details on workplace violence as well as those that considered intimate and other non-paying partners. They focused on studies that measured physical or sexual violence, and they only used peer-reviewed articles where correlates of violence in bivariate or multivariable analysis were examined.

intimate partner during their lifetime and 22 percent had experienced physical or sexual abuse from an intimate partner in the past year (2001:45).[2]

Studies conducted in Canada (Argento et al, 2014), China (Hong et al, 2013), Mexico (Ulibarri et al, 2010) and India (Deering et al, 2013) have looked at intimate partner violence experienced by sex workers. These studies have generally been conducted in the context of HIV prevention (Argento et al, 2014; Ulibarri et al, 2010; Deering et al, 2013), due to the association between IPV and HIV risk (and the fact that sex workers are considered a "bridge" population who may transmit HIV to the general population (Ullibarri, 2010:318-19)). Other studies have also touched upon intimate partner violence while addressing violence against sex workers more generally (Ratinthorn et al, 2009), HIV risks faced by sex workers (Panchanadeswaran et al, 2008; El-Bassel et al, 2001), and intimate relationships of sex workers (Benoit et al, 2013).[3] However, overall, research that considers sex worker experiences of family violence is very limited.

Argento et al (2014) evaluated the prevalence and correlates of intimate partner violence among street and off-street female (including transgender, male-to-female) sex workers over two years. They used data from 387 sex workers from Vancouver, Canada, who reported having at least one male intimate partner (a non-commercial sexual male partner) in the past six months. One-fifth of the women reported experiencing moderate or severe physical and/or sexual IPV in the last six months.[4] The majority (66.7 percent) of the sex workers reported physical and/or sexual abuse before age 18, and this was found to be higher among those who had experienced recent IPV in comparison to those who had not (84.3 percent vs 61.8 percent). Partner-level factors that were positively correlated to recent physical or sexual IPV through both bivariate and multivariate analyses included economic dependence of the male intimate partner on the sex worker and the sex worker sourcing drugs from an intimate partner (Argento et al, 2014:3–4). Other factors that were positively correlated using bivariate analyses included drug use by the sex worker (non-injection drug use or injection drug use), drug use by the intimate partner (non-injection drug use or injection drug use), and the intimate partner had other sex partners (Argento et al, 2014:3).

Hong et al (2013) measured "partner violence" (physical, sexual and emotional abuse) and psychosocial distress among female sex workers in Southwest China by administering a

---

[2] In this study, data was analysed from 106 sex workers interviewed. The correlates of abuse by intimate partners were not explored in this study because not enough women had a regular sexual partner at the time of the study (45 of 106 reported an intimate partner).

[3] Some research uses "partner violence" to include commercial sex clients, which has created some confusion in the literature on violence against sex workers.

[4] The recent intimate partner violence in Argento et al's study was measured using an abridged version of the WHO standardised IPV Scale Version 9.9, which covers physical, sexual and emotional abuse—however, unfortunately, the emotional violence component was not included in this study. The outcome measure was "moderate or severe physical and/or sexual violence by any male intimate (non- commercial) partner in the last six months" and this was time-updated at each follow-up visit (Argento et al, 2014:3). Physical violence measured as "moderate" involved a "yes" response to one or more of "slapped or thrown something; pushed or shoved" and "severe" violence involved a "yes" response to one or more of "hit with a fist; kicked, dragged or beaten up; choked or burnt; threatened to use or used a gun or other weapon". Sexual IPV included ''yes'' responses to one or more of the following: "forced to have sex against will, having sex out of fear, and forced to perform degrading or humiliating sexual acts".

3

cross-sectional survey among 1022 female sex workers recruited from nine different types of commercial sex venues (including the streets).[5] This study measured violence by stable (non-commercial) partners as well as clients.[6] 743 of the 1022 reported having stable partners (Hong et al, 2013: 3). Among female sex workers who had stable partners, 58 percent (430 out of 743) had ever experienced violence from their stable partners. Partner violence from stable partners was "significantly associated with ethnic minority and rural residency, having less than middle school education, and living with stable partners" (Hong et al, 2013:5).

Ulibarri et al (2010) examined prevalence and correlates of IPV among female sex workers in Tijuana and Ciudad Juarez, two large Mexico–U.S. border cities in which HIV prevalence was increasing. The participants were 300 female sex workers with a current spouse or a steady partner. Approximately one third of the sex workers (105/300) had experienced IPV in the past six months (measured as any emotional, physical or sexual abuse) (Ulibarri et al, 2010:321). The sex workers who reported experiencing IPV were significantly more likely to report having suffered abuse (emotional, physical or sexual) as a child than those who did not report IPV (67.6 percent vs 45.6 percent, respectively). In terms of relationship and partner characteristics, sex workers who reported experiencing IPV in past six months were significantly more likely to have a spouse/steady partner who had injected illegal drugs and who had sex with another partner while in the current relationship. HIV prevalence was also significantly higher among sex workers who reported IPV than among those did not experience IPV. Furthermore, a history of child abuse was independently associated with IPV, and having a partner who had sex with someone else was independently associated with more than twofold increased odds of IPV (Ulibarri et al, 2010:322).

Deering et al (2013) analysed violence against female sex workers perpetrated by their clients and their main intimate or other non-paying partner in three districts of Karnataka in Southern India, and examined the relationship between violence and inconsistent condom use. They found that only 3.7 percent (42) of the total sample (1255) experienced intimate partner violence (physical or sexual) (Deering et al, 2013:170). As only 688 reported having a non-paying partner, that meant that 6.1 percent of the partnered female sex workers had experienced IPV. Deering et al (2013) noted that the dramatic difference in the prevalence of violence by intimate partners of female sex workers in this study compared to a national study of the general population of women in India (3.7 percent compared with 37 percent) could be due to the much broader definition of violence in the national survey as well as the fact that the high rates of "everyday" and institutionalised occupational violence (e.g. by clients, pimps, the public and the police) may mean that "these women in particular may not interpret acts of violence by intimate partners as violence" (Deering et al, 2013:172).

Other studies have provided some interesting data on IPV experienced by sex workers that is briefly worth noting. Benoit et al's (2013) study on the intimate partnerships of HIV positive

---

[5] Hong et al acknowledged that they may have "over-sampled" sex workers working in higher income commercial sex venues as women in lower levels of the commercial sex hierarchy were less visible (2013:5).

[6] The "partner violence" measured in Hong et al's study covered three dimensions: physical violence (e.g., slapped you or threw something at you that could hurt you; pushed you or shoved you or pulled your hair; kicked you; dragged you or beat you up), sexual violence (e.g., forced you into intercourse; inserted something into your genitals), and psychological abuse (e.g., belittled or humiliated you in front of others; threatened to hurt you or someone you care about). PV from stable (non-commercial) partners also included additional items, for example, "ignoring you for a long time, threat of separating you from your children or terminating your pregnancy, and restriction of your freedom" (Hong et al, 2013:5).

sex workers in Kibera, Kenya, found that women reported abuse by current and former intimate partners,[7] with one interviewee in this study mentioning that her current partner used her involvement in sex work to guilt her into doing what he wanted, including having unwanted sex. Panchanadeswaran et al's study (2008:109-10) on street-based sex workers' vulnerability to HIV from clients and intimate partners in Chennai, India, noted that sexual jealousy (due to sex work) and constant suspicions of infidelity often led to violent episodes from intimate partners ("I have to take care of my children so I took this profession. Now he fights with me and hits me saying that I go out for sex"). Ratinthorn et al's (2009:260) research on violence against sex workers in Thailand also highlighted psychological violence and verbal abuse referring to the woman's work as a sex worker ("he said … I guessed you did it until you became out of shape").

Circumstances leading to IPV against sex workers

The quantitative studies on IPV experienced by various sex worker populations suggest that this form of violence is more likely in the following circumstances:

- the sex worker has experienced abuse as a child (Argento et al, 2014; Ulibarri et al, 2010);

- the sex worker is socio-economically disadvantaged or from a marginalised community (e.g. low education levels, being a member of an ethnic minority) (Hong et al, 2013);

- the sex worker has a partner who is financially dependent (Argento et al, 2014);

- the sex worker lives with their partner (Hong et al, 2013);

- the sex worker has a partner who injects illegal drugs (Ulibarri et al, 2010);

- the sex worker sources drugs from their partner (Argento et al, 2014);

- the sex worker has a partner who has had sex with someone else while in the current relationship (Ulibarri et al, 2010; Argento et al, 2014).

IPV experienced by street-based sex workers

The studies on IPV experienced by sex workers have not examined whether there are differences between IPV experienced by street-based workers and that experienced by off-street sex workers. However, it is possible that street-based sex workers may be more at risk of experiencing family violence while working in the sex industry due to increased vulnerabilities and socio-economic factors (Sieb et al, 2009).

Sieb et al's (2009) Australian study on the health of female sex workers from three sectors of Queensland's sex industry (licensed brothel workers, sole operators and illegal sex workers) found that illegal (mainly street-based workers) were four times more likely to report poor

---

[7] Benoit et al highlighted that participants who were not currently in an intimate relationship were more likely to report that their past partner had been abusive, including reporting experiences of "physical and sexual violence, emotional abuse, poor treatment of their children by their partner and violence connected to the dissolution of the relationship". Cultural factors and stigma surrounding partner violence may prevent women reporting IPV from a current partner, particularly in an interview context.

mental health. The increased levels of poor mental health among illegal sex workers were generally associated with more negative experiences before and after entering the sex industry (Sieb et al, 2009). For example, illegal sex workers were more likely to report having suffered sexual abuse during childhood and having injected drugs during their lifetime, and over half of the illegal sex workers reported being raped or physically assaulted by a client in the past year compared with only 3 percent of brothel-based sex workers and 15 percent of private sex workers (Sieb et al, 2009:475).

Indeed, international research suggests that street-based sex workers experience much higher rates of violence while engaging in sex work (O'Doherty, 2011; Plumridge and Abel, 2001; Church et al, 2001; Jeal and Salisbury, 2007), and this is supported by the Australian research on workplace violence against sex workers (Prior, Hubbard and Birch, 2013; Harcourt et al, 2001).[8] For example, Prior, Hubbard and Birch's (2013) analysis of "Ugly Mug" reports which detailed 333 reported incidents of sex worker victimization in New South Wales suggested that street-based work has a higher victimization rate than other modes of working, including escort work, work in commercial premises, and private work. They also found that street-based workers have a greater tendency to experience multiple crime acts per incident (Prior, Hubbard and Birch, 2013:580).

It is possible that due to a "normalisation" of violence, and those patterns of disadvantage seen in illegal sex workers but not in other sex industry sectors, that street-based workers may be more likely to experience family violence and not have the socio-economic resources to seek assistance or to leave an abusive relationship. Argento et al (2014:4) noted that power dynamics within the intimate relationships of drug-using women often favour traditional gender roles where men "exert significant control over the relationship" (Argento et al, 2014:4). Additionally, they highlighted that the "normalisation" of physical, sexual and emotional violence among drug-using women in street environments "makes these populations particularly vulnerable, especially where economic dependence and drug sharing occurs within sexual partnerships" (Argento et al, 2014:5).

IPV experienced by CALD sex workers

Another factor that has not been addressed by the literature is whether sex workers who are migrants or from culturally and linguistically diverse (CALD) backgrounds are more likely to experience IPV. Due to the intersectional impact of violence, it is possible that these sex workers may be at higher risk of family violence due to violation of cultural norms by engaging in sex work, and increased vulnerability due to language barriers, a lack of familiarity with the Australian legal system or a possible fear of police.

Sex-work-specific IPV

Many sex workers are single[9] and many of those who do have partners will hide the nature of their work from them (Sanders, 2004:561). It is arguable that, with the exception of street-

---

[8] NSW studies determined that violence against street-based sex workers was most likely to occur when providing sexual services in a client's vehicle (Prior, Hubbard and Birch, 2013:579; Harcourt et al, 2001:87).

[9] Some sex workers manage the emotion burden of sex work by using sex only as a money-making tool and by refusing to engage in private sexual relationships while working in the sex industry (Sanders, 2004:567). In Sanders' (2004) study of female sex workers in Britain, ten out of 55 participants in the study "decided to abolish private sexual relations while they were involved in prostitution in order to prevent emotions in their professional world colliding with those in their private world".

based sex workers, those sex workers who have not told their family or partner about their engagement in sex work are no more likely to experience family violence than other members of the community. Women (and men) working in the sex industry are likely to experience family violence in much the same way as other people in the community, but they may face additional vulnerabilities such as partner sexual jealousy and the stigma associated with selling sex. This stigma may be directly used by a perpetrator as a form of abuse (e.g. calling the sex worker a "slut" or "whore", or threatening to tell family members or friends about the sex work). Additionally, as sexual exclusivity is often highly valued within intimate relationships, intimate partners of sex workers may struggle with notions of infidelity and trust within the context of sex work (Warr and Pyett, 1999:291; Sanders, 2004:567).[10] Studies have suggested that intimate partners of sex workers may be jealous of clients (Warr and Pyett, 1999:291; Sanders, 2004:567), and this may facilitate intimate partner violence.

The data from qualitative studies suggests the following:

- the fact that a woman engages in sex work may be a factor that fuels IPV (or may be used to justify IPV), as violence may be connected to sexual jealousy (Panchanadeswaran et al, 2008);

- the fact that a woman engages in sex work may be used to facilitate abuse (e.g. used to achieve compliance with non-consensual activity) (Benoit et al, 2013); and

- the engagement in sex work may be directly used by a perpetrator as a form of abuse, such as by using sex-worker-related insults (Ratinthorn et al, 2009).

The stigma associated with sex work may also prevent a sex worker from seeking assistance from domestic violence services or the police due to perceived stigma surrounding sex work or previous bad experiences with healthcare services or law enforcement officials (see further below in discussion of stigma). Additionally, family violence may also trap sex workers into continuing to work in the sex industry, as a controlling partner may force a sex worker to work to support them financially. Also, family violence can be a pathway into the sex industry, as sex work may be used as a means of survival after leaving a violent partner.

Stigma and sex work

Due to double standards regarding gender and sexuality, female sex workers are particularly stigmatized for having a "spoiled identity" and not being a "good woman" (Ratinthorn et al, 2009:251; Vanwesenbeeck, 2013:14). That is, female sex workers are seen as violating norms of femininity and female sexual modesty through their sale of sex (Vanwesenbeeck, 2013:14; Hong et al, 2013:6). In contrast, male sex workers who work with male clients have traditionally experienced a "double stigma" within mainstream society: the stigma of

---

[10] In Sanders' (2004) study, female sex workers explained that intimate relationships often failed because "male romantic partners could not separate out the different forms of sexual behaviour". One worker noted "Men can't take it, they are jealous, or want to take your money, and they can't see the difference [in the types of sex] so they bring it all back on you" (Sanders, 2004:567). In McLean's (2012:75) study of male sex workers in Melbourne, "many interviewees were unwilling or uninterested in pursuing a relationship while sex working for several reasons, including not wishing to 'put someone else through that', out of fear of jealousy issues, and … feeling it would contravene their ideals of monogamy in relationships".

homosexuality and the stigma of commercial sex (Vanwesenbeeck, 2013:14; MacPhail et al, 2015:485; Browne and Minichiello, 1996:87; Morrison and Whitehead, 2005:170). Both female and male sex workers may also be affected by the perception within the community that sex workers spread HIV and sexually transmitted diseases (Begum et al, 2013:86; Scambler and Paoli, 2008:1853; Robillard, 2010:529; Lazarus et al, 2012:140).

Research on sex work and stigma has been conducted in many countries such as the US (Morrison and Whitehead, 2007; Koken et al, 2004), Canada (Lazarus et al, 2012), India (Liu et al, 2011), Hong Kong (Wong, Holroyd, and Bingham 2011), Bolivia (Robillard, 2010), the UK, Thailand and India (Scambler and Paoli, 2008) and Brazil (Murray et al, 2010). Sex work stigma has also been raised in various other studies looking at violence and other health risks experienced by sex workers.

"Felt" and "enacted" stigma experienced by sex workers

Scambler and Paoli (2008:1850) have distinguished between stigma that is "enacted" (discrimination by others) and "felt" (an internalized sense of shame and a fear of being discriminated against). It has been argued that male sex workers may be less affected by "felt" stigma than female sex workers because male sex work can be understood within traditional perspectives of masculinity and male sexuality (Browne and Minichiello, 1996:88; Vanwesenbeeck, 2013:14). A study of male sex workers in Australia conducted by Browne and Minichiello (1996:90) found that these sex workers deflected "the stigma of sex work away from themselves by using an occupational perspective that associated sex work with masculinity, sexual prowess, work, career, and entrepreneurship". Participants in this study believed that being able to capitalise on personal resources in order to make money was "an acceptable and legitimate way in which to prove one's masculinity and worth to society" (Browne and Minichiello, 1996:90). That is, male sex workers may manage "felt" stigma by framing their sex work within an occupational framework (Browne and Minichiello, 1996; Koken et al, 2004:27; Morrison and Whitehead, 2005:175; McLean, 2012:74).

However, female sex workers may also manage "felt" stigma by conceptualising what they do as a "legitimate" form of work. Basnyat's (2014) study of street-based sex workers in Nepal found that women endured the stigma associated with their work by perceiving it as a legitimate occupation that allowed them to provide for their family and to ensure economic freedom.

Additionally, research suggests various other "stigma resistance" tactics may be employed by sex workers. One study of male escorts who advertise on the internet found that the financial rewards associated with sex work helped individuals maintain a positive identity (Koken et al, 2004:27), and that the framing of sex work as an "altruistic or helping profession" seemed to help many of the male sex workers combat "felt" stigma (Koken et al, 2004:26). Other research suggests that sex workers may avoid shame regarding their work by distinguishing themselves from others engaging in "lower" forms of sex work, such as street work or unsafe sex (e.g. sex without a condom) (Sanders, 2004; Morrison and Whitehead, 2005). For example, Sanders' (2004:563) study of 55 female sex workers in Britain highlighted that "a moral hierarchy existed which placed sex workers outside the community if they did not comply with the rules [regarding safe sex]"—one interviewee commented "the girls are getting more degrading. I see me as a worker and them as dirty prostitutes". Also, gay male escorts in two Canadian studies (Morrison and Whitehead, 2005; Morrison and Whitehead, 2007) perceived escorts as professionals (in contrast to street workers) and highlighted their

personal agency by emphasizing that, unlike street workers, they did not need to "work for drugs" (Morrison and Whitehead, 2005:176; Morrison and Whitehead, 2007:208).

McLean (2013:13) has suggested that the use of websites which are used by gay men and men who have sex with men for the purposes of casual and commercial sex has "normalised" the exchange of cash for intimacy—as any male patronizing such websites "may be constructed as a sex worker".[11] However, this possible normalisation of sex work within a certain section of the gay community has not removed the stigma within mainstream society which is associated with working in the sex industry (nor has it removed homophobic attitudes) (McLean, 2012; McLean, 2013).[12] Male sex workers must often, like female sex workers, manage dual identities in order to prevent "enacted" stigma from harming them or their families (McLean, 2012; Koken et al, 2004:17).

There is much research on managing stigma (see, eg, Koken et al, 2004; Morrison and Whitehead, 2005, McLean, 2012). Vanwesenbeeck (2013:15) notes that in these studies "the management of double lives and cognitive strategies of rationalization, minimization, and legitimization prevail, for men as well as for women. … Stigma calls for heavy-duty identity management and careful organization of one's social life." Due to fears about community attitudes regarding sex work, sex workers often do not tell people outside the industry about their job and this has significant impacts on their lives (Quadara, 2008:2; Begum et al, 2013:95; Groves et al, 2008:394; Sanders, 2004:568; Morrison and Whitehead, 2007:212-14).

Stigma experienced by Victorian sex workers

In Victoria, sex work is legal in licenced brothels and when conducted through escort agencies or as private escorts, but sex work that is street-based or conducted in unlicensed brothels remains unlawful (Crofts et al, 2012; Groves et al, 2008:393). While some research suggests that the legalisation of certain sex work in Victoria has improved the health and safety of those working in the legalised sex industry (Harcourt et al, 2010; Lee et al, 2005), stigma does not appear to have disappeared in the Victorian context. A survey of 97 female sex workers in licensed brothels in Victoria by Groves et al (2008) found that 47 percent of the women were worried about community attitudes to sex work. In particular, women were worried about their families finding out about their occupation and were concerned "both about hurting family members and being rejected by them" (Groves et al, 2008:394).

Begum et al (2013) conducted focus groups with 14 female sex workers who were working in legalised brothels in Victoria. Begum et al (2013:89) found that the women "agreed that despite the legalisation of sex work, there had not been an improvement in society's perception of their work". The participants in the study believed that they could not put "sex work" in their CVs due to the existing social stigma around this kind of work (Begum et al, 2013:92). Also, they felt that they were forced to live a "double life" and were forced to lie to family and friends about their job (Begum et al, 2013:95). Begum et al (2013:96) noted that

---

[11] Additionally, a recent study on Australian male sex workers who advertise their sexual services online suggested that "male sex work has been normalised in recent decades, shifting from a stigmatised activity for both the sex worker and client, to something which represents… an everyday object of consumption" (MacPhail et al, 2015:486).

[12] Male street sex workers experience harassment and attacks by groups of homophobic males, and this is one of the reasons that advertising their sex work online is more desirable for male sex workers than working in other sectors of the sex industry (McLean, 2013:4,9).

the participants felt that people outside the sex industry would judge them for their work and that revealing their profession could significantly damage intimate partner or family relationships.

Both the Begum et al (2013) and Groves et al (2008) studies are consistent with international research that highlights that the burden of "identity management" may be higher than the management of health risks or preventing work-related violence, particularly in the sectors of the sex industry that are off-street (Sanders, 2004:558; Koken et al, 2004:17; Brewis & Linstead, 2000; Sanders, 2002; McLean, 2012). Sieb et al (2009:473) note that sex work can involve extensive "emotional labour expenditure" coupled with "complex role delineation associated with secrecy and stigma". The idea that sex workers are required to maintain a "double life" in order to avoid "enacted" stigma is raised in various studies across jurisdictions (Sanders, 2004:571). In Sanders' (2004:568) study, 52 of 55 female sex workers kept their work secret from some or all people in their private lives.

Access to health services

The existence of sex work stigma may have an impact on a sex workers' willingness to access family violence services or other health services following a family violence incident. It is possible that "felt" stigma may create barriers to seeking assistance, while "enacted" stigma may impede the quality of a sex worker's access to health care or similar services, and prevent a sex worker asking for help in the future. The experience of stigma is globally linked to difficulty accessing health services (Lazarus et al, 2012; Basnyat, 2012) and failure to participate in necessary health intervention programs such as for HIV/AIDS prevention (Murray et al, 2010; Scambler and Paoli, 2008).

For example, street-based female sex workers in Kathmandu, Nepal, noted the discrimination female sex workers faced from healthcare service providers and how it prevented them from seeking treatment (Basnyat, 2014:1045). As well as a fear of negative attitudes from healthcare staff, sex workers were also reluctant to attend health centres that specifically focused on sex workers because this could reveal their occupation and lead to further stigma and discrimination: "We are afraid of who will see us, maybe a family or a friend, and find out about what we do. We are also afraid of what others will say. Maybe someone will say you have a disease, which is why you went there, so tomorrow there is no client" (Basnyat, 2014:1048).

Additionally, a Canadian study of 252 street-based female sex workers found that 55.9 percent reported occupational sex work stigma (defined as hiding sex work occupational status from family, friends and/or community) and that occupational stigma was significantly and independently associated with increased barriers to health access in the previous six months, irrespective of individual demographics, social and work environment factors (Lazarus et al, 2012: 144-5). However, Lazarus et al (2012) noted that these findings may not be generalizable to male sex workers or sex workers in other parts of the sex industry. Stigma has a particular impact on access to healthcare services for street-based sex workers, with one Florida-based study noting that street-based sex workers were often stigmatised due to involvement in sex work, poor hygiene, appearance and drug use (Kurtz et al, 2005:355).

Other links between family violence and the sex industry

One recent study has found that "participation in prostitution" (as a client or a sex worker) was associated with a significantly increased chance of perpetrating domestic violence. Zeglin (2014) examined the relationship between participation in prostitution and familial relationships through the public-use data of Wave IV of the US National Longitudinal Survey of Adolescent Health data (a random selection of 5114 participants out of the full Wave IV sample).[13] Two of the measures included in the NLSAH survey were the frequency of being a victim of various domestic violence behaviours in the last year of their relationship with their current or most recent partner, and the frequency of perpetrating the same behaviours listed in the victim of domestic violence measure. Out of a total of 5114 participants, 4331 participants completed both the participation in prostitution (PIP) measure and the victim of domestic violence (VDV) measure, and 4339 participants completed both the PIP measure and the perpetrator of domestic violence (PDV) measure.

The unadjusted model of the relationship between PIP and VDV was significant—individuals who had participated in prostitution in the last year were 2.56 times more likely than those who had not participated in prostitution to report being a victim of domestic violence in the last year of their current or most recent relationship; however, when adjusting for individual-specific (e.g. education level, child abuse history, employment status) and relationship-specific factors (e.g. relationship length and commitment level), PIP and VDV were no longer significantly associated (Zeglin, 2014:54-5).

In contrast, participation in prostitution remained a significant predictor of perpetration of domestic violence when adjusting for all controls. The unadjusted model suggested that individuals who paid for or had been paid for sex in the last year were 3.04 times more likely to report perpetrating domestic violence than those who had not been involved with sex work (Zeglin, 2014:55). Even when adjusting for individual-specific and relationship-specific factors, individuals who paid for or had been paid for sex in the last year were 2.59 times more likely than those who had not to report perpetration of domestic violence.

In regards to being a victim of domestic violence, Zeglin (2014:58) observed that the results suggest that "an individual can participate in prostitution without automatically opening up oneself to an increased chance of domestic violence", but future research should examine the relationship between PIP and VDV for sex workers and for clients separately. Zeglin (2014:58) highlighted that women generally report higher frequencies of domestic violence (DV) victimisation than men, but that the results of his studies were not in accordance with this. His study suggested that being male was a risk factor for victimisation. (Other risk factors were being non-White, having a history of child abuse, less than college educated, being less than fully committed to one's partner and reporting lower chances that the relationship would be permanent.) Zeglin (2014:58) highlighted that women are more likely to report in socially desirable ways and do not wish to respond in a way that may reflect poorly on their partner. This is a particular limitation of studies which ask women about violence experienced by a current partner. Indeed, Heyman and Schlee (1997) found that both men and women were likely to underreport the presence of male-to-female aggression within

---

[13] Survey respondents were asked to indicate how frequently they "paid for or have been paid for sex" in the last year; 83.8 percent indicated that they had not participated in prostitution, 1.7 percent indicated a frequency of at least once in the past year, and 14.5 percent failed to answer and were therefore removed from the analysis.

a marital relationship, with men likely to substantially underreport their own use of severe aggression.

In regards to being a perpetrator of DV, Zeglin (2014:58) suggested that "individuals participating in prostitution—wherein power and control are evidenced themes—may be more likely to recapitulate those dynamics in their intimate relationships". Alternatively, he suggested that the result may be related to an increased level of sensation-seeking, as some research has linked increased sensation-seeking to perpetration of domestic violence and other research has linked sex workers and their clients with increased sensation-seeking.

There are various limitations to this study that must be addressed in future research. Zeglin (2014) noted that the study's findings are "difficult to generalize" considering that all participants were between the ages of 25 and 34. Other limitations included the fact that the relationship between PIP and the frequency of DV could not be assessed (ordinal DV measures were collapsed into a dichotomous measure), and the links between PIP and the different forms of DV could not be examined as all forms of DV were combined into a single measure. Zeglin (2014:59) noted that varying types of DV may be more or less associated with PIP than others, such as controlling behaviours (as examined in relation to consumption of pornography and strip clubs by Simmons et al (2008), discussed further below).

Sex workers as perpetrators of family violence

Zeglin's (2014) study indicated that higher odds of perpetration of domestic violence are associated with (a) participation in prostitution, either as a sex worker or a client, (b) being female, (c) being non-White, (d) having a history of child abuse, and (e) being less than fully committed to one's partner. Despite the limitations of this study, these results are worth noting. Zeglin (2014:59) suggests that, as an oppressed (or socially marginalised) group, sex workers may seek to gain some amount of control in their lives within their domestic relationships—Zeglin views this as "displaced anger". This analysis may be more relevant to the more punitive US context where sex work is criminalised and can result in fines and incarceration for both sex workers and their clients.

Another explanation is that the normalisation of violence (from experiences of violence while engaging in sex work or abuse as a child) and the consequent possibility of a "cycle of violence" (in which the abused becomes an abuser) may lead sex workers to act in an abusive manner within intimate relationships. While child abuse was used as an independent variable in Zeglin's study, other experiences of violence were not.

Clients as perpetrators of family violence

Kurtz et al (2004:358) noted that "there is a lack of evidence suggesting that men who purchase services from sex workers differ significantly from men in the general population in their attitudes and beliefs". The research on clients of sex workers is limited, and the data that does exist largely suggests that clients do not differ from the average male in their values and attitudes towards women and violence (Joseph and Black, 2012:490).

Monto and Hotaling (2001) found that rape myth acceptance levels among clients of female street-based sex workers were relatively low, although a small number expressed high levels; they concluded that clients are no more likely to endorse rape myths than other samples of men. Although few clients in the sample reported participation in sexual violence, those who did were much higher in rape myth acceptance. Also, they found that men who were regular clients of sex workers, especially visiting once a week or more, were more likely to endorse

12

rape myths (Monto and Hotaling, 2001:288). In Monto and McRee's (2005) study, they found that clients of female street-based sex workers were less likely to be married or happily married, with repeat clients much less likely to be married and if married, unhappily so. Repeat clients were also more likely to be generally unhappy than non-clients, and they expressed greater sexual liberalism than non-client men, had more sexual partners, and reported greater participation in all aspects of the sex industry (e.g. bought pornography). However, while Monto and McRee (2005:527) commented that "it does indicate that customers differ in meaningful ways from men in general", they emphasised that the differences between clients and non-clients were small.

One South African study (Jewkes et al, 2012) found that those men who had sex with a sex worker had higher rates of perpetrating physical IPV than those who had not; however, this study was conducted in a social context in which the "traditional" view of marriage where men took on a "provider" role was connected to male sexual entitlement to women's bodies, and high rates of IPV within this sample of men appeared to be linked to patriarchal views not specific to participation in the sex industry. [14] Jewkes et al (2012) examined how being a "provider" in a relationship and having sex with a sex worker was linked to participation in crime and violence. The results of this study found that generally men who either had had sex with a sex worker or had a "provider" relationship, but had not done both, were very similar in terms of violence towards women and other crime (e.g. IPV, reported rape and owning a weapon)—their attitudes and behaviours would be viewed as "normal" for South African men. [15] However, men who were "providers" and had also bought sex from a sex worker were more violent (higher rates of IPV and rape).

A US study has also linked increased use of controlling behaviour by perpetrators of IPV to the use of other sectors of the sex industry, pornography and strip clubs. Simmons et al (2008) surveyed 2135 female residents of an IPV shelter regarding their abuser's use of pornography and strip clubs and the abuser's use of controlling behaviours in the relationship. The results indicated that abusive men who use the pornography or strip clubs were more likely to use sexual violence, marital rape, and stalking when compared to those violent men who do not use those aspects of the sex industry (Simmons et al, 2008:413). [16] The study also found that male domestic violence offenders who use pornography and strip clubs use more controlling behaviours than male domestic violence offenders who do not (Simmons et al, 2008:414). Simmons et al highlighted the need for more research in this area (including information from the perpetrator rather than simply victim reports).

---

[14] The study found that 57 percent of those men who were in a provider relationship as well as having had sex with a sex worker reported more than one incident of physical IPV; 40 percent of men who had had sex with a sex worker but were not in a provider relationship had also been violent towards an intimate partner on multiple occasions (Jewkes et al, 2012:5). However, 35 percent of men in a provider relationship who had not had sex with a sex worker also reported more than one incident of physical IPV. In comparison, only 14 percent of the men who were neither in a provider relationship nor had had sex with a sex worker reported more than one episode of physical IPV.

[15] Those men who had engaged a sex worker were, however, much more likely to have been a gang member or have used illicit drugs in the last year (Jewkes et al, 2012:6).

[16] This is consistent with research that suggests that men who view pornography are more likely to use sexual violence within intimate partner relationships than those who do not watch pornography (Shope, 2004).

Some studies have also looked at the differences between clients of sex workers. For example, Xantidis and McCabe (2000) conducted an Australian study on the motivations of men using the services of female sex workers in Melbourne brothels and identified two distinct subgroups of clients within their sample. One group was characterized high sensation-seeking, and appeared motivated to visit sex workers due to a need for novelty and variety in sexual encounters. In contrast, the other group was characterized by low social–sexual effectiveness, and appeared motivated to visit sex workers due to an interpersonal need for intimacy. Preston and Brown-Hart (2005) also found that there were racial and ethnic differences in US clients' motivations for seeing sex workers as well as in their acceptance of rape myths. They concluded that a perception that women bring sexual violence on themselves may be reflective of (and a symbolic reaction to) the difficult relationships that the data suggested certain racial and ethnic groups of men may experience with women (Preston and Brown-Hart, 2005:64).

Joseph and Black (2012) also distinguished between the types of men who buy sex, by using binary logistic regression analysis.[17] Joseph and Black (2012) constructed two models of masculinity for male clients of street-based sex workers, "consumer masculinity" and "fragile masculinity", and examined how they differed in their acceptance of rape myths (attitudes and beliefs that support the act of rape against women) and their tendency to commit sexual assault.[18] The clients with high scores on the "Fragile Masculinity scale" were men who perceived sex with sex workers as their only opportunity for sexual interaction with women, as they believed themselves to be unattractive to the opposite sex.[19] The clients with high scores on the "Consumer Masculinity scale" were men who viewed sex as a commodity; they wanted to have sex with a variety of partners and without relationship responsibilities.[20]

Joseph and Black (2012:499) highlighted that most men in their sample "did not exhibit support for rape myths, nor did they report having committed sexual assault in the past. Support for rape myths and sexual assault is generally low across the men patronizing street prostitutes". However, those men in the sample who *do* support rape myths and have committed sexual assault "tend to be heavily concentrated in the fragile masculinities

---

[17] However, Joseph and Black (2012:493) observed that "these two categories—consumer and fragile masculinities—are not mutually exclusive"—there was, in fact, a weak correlation between the two types of masculinities, but the categories remain distinct in that they have differing effects on the dependent variables and were also differentially associated with the independent variables.

[18] They used the anonymous survey responses of 1,180 men from four US cities who were forced to attend "John diversion program" following arrest and conviction of offences of prostitution for trying to hire a sex worker.

[19] The Fragile Masculinity scale included the following indicators: (1) respondent has difficulty meeting women; (2) respondent states that he feels that most women find him unattractive; and (3) respondent states that he is shy and awkward with women.

[20] The Consumer Masculinity scale included the following: (1) respondent prefers prostitution to a relationship; (2) respondent likes to have a variety of partners; (3) respondent does not want relationship responsibilities; (4) respondent has no time for a relationship.

14

category".[21] Therefore, "men with insecure and unsupported masculine identities are more likely to believe in rape myths and to have committed sexual assault in the past. Moreover, these data show that the lack of a full-time job contributes heavily to men's association with fragile masculinity, a pattern also supported by the literature on masculinities" (Joseph and Black (2012:499-500).

Studies such as those by Xantidis and McCabe (2000) and Joseph and Black (2012) indicate that clients of sex workers are not all the same; they buy sex for different reasons and have different attitudes towards women and they vary in how they relate to women. Some types of clients may be more violent than others and pose a danger to their intimate partners as well as to sex workers.

Sex worker-responsive and sex worker-specific family violence services

International and Australian research suggests that sex workers are a diverse group whose experiences vary considerably, particularly according to the location of their sex work (street-based or off-street), whether they are single while engaging in sex work and whether they have told their intimate partner, friends or family about their work. Although economic necessity is generally the primary motivation for engaging in sex work, Quadara (2008:3-4) notes that "there is a diversity of life circumstances shaping this motivation": women often enter sex work due to child-care responsibilities or to supplement family income, or to earn money following relationship breakdown; young people may start engage in sex work for survival after leaving home or leaving state care; drug use may influence entry into the sex industry; and students are, increasingly, engaging in sex work as a way of supporting themselves through university.

Factors indicating need for targeted family violence service provision for sex workers

However, despite individual differences, the research suggests that sex workers constitute a group that require targeted family violence service provision due to the following factors:

- many sex workers have vulnerabilities that make them more likely to experience family violence, e.g. a history of child abuse (Sieb et al, 2009);

- family violence may have a more significant impact upon those sex workers who have prior experiences of violence as the effects of violence may be "compounded" (Matthews, 2015:92)—many sex workers have experienced violence in the context of their work (particularly street-based workers, and predominantly violence by clients) (Prior, Hubbard and Birch, 2013; Sieb et al, 2009), and a significant number of sex workers have experienced child abuse;

---

[21] Joseph and Black (2012) found that lower education levels are associated with fragile masculinities, whereas higher education levels are associated with consumer masculinities. Men who are not currently working full-time are more likely to exhibit a fragile masculinity. Fragile masculinities has the strongest effect on sexual assault; the only other significant factor is being separated from one's partner. Fragile masculinities is also associated with rape myth support; this association is stronger than it is for sexual assault. In contrast, consumer masculinities is not significantly associated with either sexual assault or rape myth support.

- sex workers may experience sex-worker-specific forms of family violence, such as verbal abuse related to sex industry work, threats of telling others about the sex work, or forcing a person continue to engage in sex work;

- sex workers may be less likely to seek assistance from family violence or healthcare services due to fear of sex work stigma (particularly when accessing services in person rather than through telephone contact);

- sex workers may be also less likely to report violence due to the following factors: a belief that the violence is not serious enough (possibly due to a normalisation of violence), a fear of having children taken away due to being a "bad mother", or a fear of negative attitudes from police (due to sex work stigma and historical police discrimination against sex workers particularly in rape cases); and

- sex workers may be at greater risk of being a perpetrator of family violence (possibly due to the same vulnerabilities that make them more susceptible to being a victim of family violence) (Zeglin, 2014).

In order to appropriately respond to the needs of sex workers, it is essential that, first, mainstream family violence organisations are aware of the issues particular to people working in the sex industry and, secondly, organisations which work with sex workers receive sufficient funding so as to be able to provide adequate services responding to family violence.

Sex-worker-responsive mainstream service provision

It is particularly important that mainstream service providers are made aware that there appears to be a distinct difference between the experiences of violence and the health needs of street-based sex workers compared to other sex workers. Street-based workers often have characteristics which are associated with a higher risk of family violence from an intimate partner, such as drug use and being a victim of child abuse.

Street-based sex workers are more vulnerable than off-street sex workers due to the following factors:

- they are more likely to have experienced violence while engaging in sex work than off-street sex workers (Prior, Hubbard and Birch, 2013; Harcourt et al, 2001; O'Doherty, 2011; Plumridge and Abel, 2001; Church et al, 2001; Jeal and Salisbury, 2007), particularly in the past year (Seib et al, 2009);

- they are more likely to have been abused as a child, particularly sexually abused (Seib et al, 2009; Jeal and Salisbury, 2007);

- they are more likely to have a history of injecting drug use (Seib et al, 2009; Harcourt et al, 2001; Jeal and Salisbury, 2007) and have used illegal drugs in the past six months (Church et al, 2001);

- they have lower levels of education (Plumridge and Abel, 2001; Jeal and Salisbury, 2007);

- they are more likely to have mental health issues (when factors such as child abuse, a history of drug use, and workplace violence are not adjusted for) (Seib et al, 2009); and

16

- they are more likely to have partners with drug or alcohol dependency problems (Jeal and Salisbury, 2007).

However, it is also important that the vulnerabilities of off-street sex workers are not forgotten. Many sex workers are mothers (Groves et al, 2008; Plumridge and Abel, 2001; Harcourt et al, 2001; Jeal and Salisbury, 2007; Sanders and Campbell, 2007). Groves et al's (2008) study of 97 women working in licensed Victorian brothels found that slightly more than half had children. Being a mother can provide an additional vulnerability for sex workers who experience family violence. Studies have found that a common reason given by female IPV victims for not reporting violence to the police was a fear that their children would be taken away and a fear of being labelled a "bad mother" (Novisky and Peralta, 2015:68; Wolf et al, 2003:126; Rivett and Kelly, 2006:228).

Additionally, many sex workers (both street and off-street) have experienced child abuse. Seib et al's (2009) Queensland study found that nearly half of licensed brothel workers and private workers had experienced unwanted sexual activity before the age of 16, while more than 80 percent of illegal sex workers reported unwanted sexual activity as a child. Prior experiences of violence may intensify the effects of family violence and influence reactions to abuse.

Mainstream service providers also need to be aware of sex work stigma. Staff should be made aware of prejudices they may hold against sex workers and ensure that this does not impact the quality of their service provision. It is recommended that female sex workers be included within Domestic Violence Victoria's (2006) *Code of Practice for Specialist Family Violence Services for Women and Children* as a group who share particular backgrounds or particular characteristics.

Sex-worker-specific family violence services

Targeted family violence services should be provided by organisations that have specialist knowledge of the sex industry in Victoria, and that understand the risk factors specific to sex workers and are sensitive to sex-worker-specific forms of violence, as well as having an understanding of the needs of family violence victims generally.

There is a clear need for crisis services and counselling to be provided for particular sections of the community by targeted family violence services (Donnelly et al, 2005; Hunter, 2006:747; Hovane, 2007; FVPLS Victoria, 2010:33–5, 41–4; InTouch, 2010). Like Indigenous women and women from CALD communities experiencing family violence, sex workers constitute a group that requires services that are appropriate and sensitive to their unique needs. The intersectional nature of violence and its disproportionate impact upon certain social groups due to marginalisation and oppression must be recognised (Sokoloff and Dupont, 2005).

It is acknowledged that some sex workers have expressed reluctance regarding visiting sex worker-specific health services, due to fears regarding being seen by someone they know and being identified as a sex worker (McLean, 2012:77). This is most likely to be a deterrent for off-street workers as their work is largely invisible. However, Harcourt et al (2001:88) noted that "street sex workers are unlikely to attend a clinical service unless they are specifically targeted". Therefore, it is important that any sex-worker-specific family violence service engages in outreach to brothels and street-based workers. Also, such a service should have a telephone-based information service for sex workers so that they can seek assistance over the telephone rather than in person if stigma-related fear or other barriers to access are an issue.

Organisations, such as Project Respect, which are best placed to provide specialist family violence services to sex workers, need to be provided with sufficient government funding to carry out their work effectively.

Family violence as part of a continuum of violence

Family violence can be viewed as part of a continuum of violence against women. In order to adequately tackle the problem of family violence, violence against women must be addressed more broadly. As Kelly (1987, 1988) has argued in relation to sexual violence, violence against women exists as a continuum of behaviours in which all forms of violence, abuse and harassment are interlinked; all types of violation are connected by "the basic common character … that men use a variety of forms of abuse, coercion and force in order to control women" (Kelly, 1987:48).

The "range of abuse, coercion and force that women experience" and the pervasive nature of violence that impacts many (or perhaps most) women must be acknowledged (Kelly, 1987:48; Fileborn, 2013:10). Kelly (2015) has highlighted that we must not forget the "everyday intimate intrusions" that women suffer, such as sexual harassment and street harassment, which tell women that they do not have the same right to be in public spaces as men. Different forms of violence "shade into" one another and limit the participation of women in society. Violence against women is both a cause of, and a consequence of, gender inequality (Kelly, 2015).

An expansive definition of violence against women, which recognises the continuum of gender-based violence, has been adopted by the UN. The UN's 1993 *Declaration on the Elimination of Violence against Women* defines, under article 1, violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

The UN *Declaration on the Elimination of Violence against Women* elaborates, under article 2, that violence against women should be understood to encompass, but not be limited to, the following:

- physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

- physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; and

- physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

The UN *Declaration on the Elimination of Violence against Women* requires States to punish acts of violence against women perpetuated by the State or private persons, as well as exercising "due diligence" to prevent and investigate such violence. Article 4 provides that

States should pursue a policy of eliminating violence against women by all appropriate means and without delay.

This UN Declaration is not legally binding upon Australia. However, Australia is a party to the *Convention on the Elimination of Discrimination against Women*, and the Committee on the Elimination of Discrimination against Women (CEDAW) has made it clear that although violence against women is not explicitly referred to in that Convention, several articles require State parties to act to protect women against violence of any kind (CEDAW, 1990:75). This is because CEDAW (1992: para 6) views violence against women as a form of gender-based discrimination, that is, violence that is directed against women because they are women or which disproportionately affects women. Other conventions that Australia has signed, such as the *International Covenant on Civil and Political Rights*, also require the State to take action in relation to violence against women (Human Rights Committee, 2000:para 11).

In order to reduce the prevalence of family violence, and to adhere to Australia's human rights obligations, the Victorian Government (and also the Federal Government) needs to ensure that violence against women in all its forms is adequately addressed.

Reference List

Aboriginal Family Violence Prevention and Legal Service Victoria ("FVPLS Victoria") (2010), *Strengthening on-the-ground service provision for Aboriginal and Torres Strait Islander victims/survivors of family violence and sexual assault in Victoria*, <http://www.fvpls.org/images/files/FVPLS%20Policy%20Paper%202.pdf>.

Argento, E, Muldoon, KA, Duff, P, Simo, A, Deering, KN & Shannon, K (2014). "High prevalence and partner correlates of physical and sexual violence by intimate partners among street and off-street sex workers", *PLoS ONE*, 9(7): e102129.

Basnyat, I (2014). "Lived experiences of street-based female sex workers in Kathmandu: Implications for health intervention strategies", *Culture, Health & Sexuality*, 9:1040–1051.

Begum, S, Hocking, JS, Groves, J, Fairley, CK & Keogh, LA (2013). "Sex workers talk about sex work: Six contradictory characteristics of legalised sex work in Melbourne, Australia", *Culture, Health & Sexuality*, 15(1):85–100.

Benoit, C, Roth, E, Hallgrimsdottir, H, Jansson, M, Ngugi, E & Sharpe, K (2013). "Benefits and constraints of intimate partnerships for HIV positive sex workers in Kibera, Kenya", *International Journal for Equity in Health*, 12: 76.

Bograd, M (1999). "Strengthening domestic violence theories: Intersections of race, class, sexual orientation, and gender", *Journal of Marital and Family Therapy*, 25: 275-289.

Brewis, J & Linstead, S (2000). "'The worst thing is the screwing' (1): Consumption and the management of identity in sex work", *Gender, Work and Organization*, 7(2), 84–97.

Browne, J & Minichiello, V (1996). "The social and work context of commercial sex work between men: A research note", *Australian and New Zealand Journal of Sociology*, 32: 86–92.

Church, S, Henderson, M, Barnard, M & Hart, G (2001). "Violence by clients towards female prostitutes in different work settings: Questionnaire survey", *British Medical Journal*, 322:524–525.

Committee on the Elimination of Discrimination against Women ("CEDAW"), *Report of the Committee on the Elimination of Discrimination against Women*, UN GAOR, 44th sess, UN Doc A/44/38 (13 February 1990).

CEDAW, *Violence against women: Committee on the Elimination of Discrimination against Women, General Recommendation No 19*, A/47/38 (1992).

Convention on the Elimination of all Forms of Discrimination against Women, opened for signature 18 December 1979, 1249 UNTS 13 (entered into force 3 September 1981).

Crofts, P, Maher, J, Pickering, S & Prior, J (2012). "Ambivalent regulation: The sexual services industries in NSW and Victoria – Sex work as work, or as a special category?" *Current Issues in Criminal Justice*: 393–412.

Deering, KN, Bhattacharjee, P, Mohan, HL, Bradley, J, Shannon, K, Boily, M, Ramesh, BM, Isac, S, Moses, S & Blanchard, J (2013). "Violence and HIV risk among female sex workers in Southern India", *Sex Transmitted Diseases*, 40: 168–174.

Deering, K, Amin, A, Shoveller, J, Nesbitt, A, Garcia-Moreno, C, Duff, P, Argento, E & Shannon, K (2014). "A systematic review of the correlates of violence against sex workers", *American Journal of Public Health*, 104:e42-54.

Domestic Violence Victoria (2006). *Code of practice for specialist family violence services for women and children*, <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0003/580908/code-of-practice-domestic-violence-vic-2006.pdf>.

Donnelly, DA, Cook, KJ, van Ausdale, D & Foley, L (2005). "White privilege, color blindness and services to battered women", *Violence Against Women*, 11(1):6-37.

El-Bassel, N, Witte SS, Wada, T, Gilbert, L & Wallace, J (2001). "Correlates of partner violence among female street-based sex workers: Substance abuse, history of childhood abuse, and HIV risks", *AIDs Patient Care and STDs*, 15:41–51.

Fileborn, B. (2013). "Conceptual understandings and prevalence of sexual harassment and street harassment", Australian Centre for the Study of Sexual Assault, *ACSSA resource sheet*.

Gleason, WJ (1997). "Psychological and social dysfunctions in battering men", *Aggression and Violent Behavior*, 2(1):43-52.

Groves, J, Newton, DC, Chen, MY, Hocking, J, Bradshaw, CS & Fairley, CK (2008). "Sex workers working within a legalised industry: Their side of the story", *Sexually Transmitted Infections*, 84: 393–4.

Harcourt, C, van Beek, I, Helslop, J, McMahon, M & Donovan, B (2001). "The health and welfare needs of female and transgender street sex workers in New South Wales", *Australian and New Zealand Journal of Public Health*, 25:84–9.

Harcourt, C, O'Connor, J, Egger, S, Fairley, CK, Wand, H, Chen, MY, Marshall, L, Kaldor, JM & Donovan, B (2010). "The Decriminalisation of Prostitution is Associated with Better Coverage of Health Promotion Programs for Sex Workers", *Australian and New Zealand Journal of Public Health*, 34(5): 482–6.

Heyman, RE & Schlee, KA (1997). "Toward a better estimate of the prevalence of partner abuse: Adjusting rates based on the sensitivity of the conflict tactics scale", *Journal of Family Psychology*, 11:332–338.

Holtzworth-Munroe, A, Bates, L, Smutzler, N & Sandin, E (1997). "A brief review of the research on husband violence — Part 1: Maritally violent versus nonviolent men", *Aggression and Violent Behavior*, 2(1):65-99.

Hong, Y, Zhang, C, Li, X, Liu, W& Zhou, Y (2013). "Partner violence and psychosocial distress among female sex workers in China", *PLoS ONE*, 8(4): e62290.

Hovane, V (2007). "White privilege and the fiction of colour blindness: Implications for best practice standards for Aboriginal victims of family violence", Australian Domestic and Family Violence Clearinghouse, <http://www.austdvclearinghouse.unsw.edu.au/Other_%20publications/Hovane.pdf>.

21

Human Rights Committee, *General comment no 28: Equality of rights between men and women (article 3)*, CCPR/C/21/Rev.1/Add.10 (2000).

Hunter, R (2006). "Narratives of domestic violence", *Sydney Law Review*, 28: 733-76.

International Covenant on Civil and Political Rights, opened for signature 16 December 1966, 999 UNTS 171 (entered into force 23 March 1976).

InTouch Inc. Multicultural Centre Against Family Violence ("InTouch") (2010). "*I lived in fear because I knew nothing": Barriers to the justice system faced by CALD women experiencing family violence*, <http://intouch.asn.au/wp-content/uploads/2010/11/LegalBarriersReport.pdf>.

Jeal, N & Salisbury, C (2007). "Health needs and service use of parlour-based prostitutes compared with street-based prostitutes: A cross-sectional survey", *BJOG: An International Journal of Obstetrics and Gynaecology*, 114: 875–881.

Jewkes, R, Morrell, R, Sikweyiya, Y, Dunkle, K & Penn-Kekana, L (2012). "Men, prostitution and the provider role: Understanding the intersections of economic exchange, sex, crime and violence in South Africa", *PLoS ONE*, 7(7): e40821.

Joseph, L & Black, P (2012). "Who's the man? Fragile masculinities, consumer masculinities, and the profiles of sex work clients", *Men and Masculinities*, 15(5):486-506.

Kelly, L (1987). "The continuum of sexual violence", in J Hanmer & M Maynard (eds), *Women, Violence and Social Control*. Atlantic Highlands, NJ: Humanities Press International (pp. 46-60).

Kelly, L (1988). *Surviving sexual violence*. Cambridge: Polity Press.

Kelly, L (2015). "Re-visiting the continuum of sexual violence in the 21st century", Australia's National Research Organisation for Women's Safety (ANROWS) public lecture, Adelaide, South Australia, 13 February 2015

<https://www.youtube.com/watch?v=y4RlVuZK8XM>.

Koken, JA, Bimbi, D S, Parsons, J T & Halkitis, P N (2004). "The experience of stigma in the lives of male Internet escorts", *Journal of Psychology and Human Sexuality*, 16(1), 13–32.

Kurtz, S P, Surratt, HL, Inciardi, J A, Kiley, M C (2004). "Sex work and 'date' violence", *Violence Against Women*, 10(4):357-385.

Kurtz, SP, Surratt, HL, Kiley, MC & Inciardi, JA (2005). "Barriers to health and social services for street-based sex workers", *Journal of Health Care for the Poor and Underserved* 16: 345–61.

Lazarus, L, Deering, KN, Nabess, R, Gibson, K, Tyndall, MW & Shannon, K (2012). "Occupational stigma as a primary barrier to health care for street-based sex workers in Canada", *Culture, Health & Sexuality*, 14(2): 139–50.

Lee, DM, Binger, A, Hocking, J & Fairley, CK (2005). "The incidence of sexually transmitted infections among frequently screened sex workers in a decriminalized and regulated system in Melbourne", *Sexually Transmitted Infections*, 81: 434–6.

Liu, S-H, Srikrishnan, A, Zelaya, CE, Solomon, S, Celentano, DD & Sherman, SG (2011). "Measuring perceived stigma in female sex workers in Chennai, India", *AIDS Care*, 23(5): 619–27.

Makara-Studzinska, M & Katarzyna, G (2007). "Intimate partner violence by men abusing and non-abusing alcohol in Poland", *International Journal of Environmental Research and Public Health*, 4(1): 76-80.

Matthews, R (2015). "Female prostitution and victimization: A realist analysis", *International Review of Victimology*, 21(1):85–100.

McLean, A (2012) "New realm, new problems? Stigma, dissociation and isolation in online male sex work", *Gay and Lesbian Issues and Psychology Review*, 8(2): 70–81.

McLean, A (2013). "'You can do it from your sofa': The increasing popularity of the internet as a working site among male sex workers in Melbourne", *Journal of Sociology*, 1–16.

Monto, M A & Hotaling, N (2001). "Predictors of rape myth acceptance among male clients of female street prostitutes", *Violence Against Women*, 7: 275-293.

Monto, M A & McRee, N (2005). "A comparison of the male customers of female street prostitutes with national samples of men", *International Journal of Offender Therapy and Comparative Criminology*, 49:505–29.

Morrison, T G & Whitehead, B W (2005). "Strategies of stigma resistance among Canadian gay-identified sex workers", *Journal of Psychology and Human Sexuality*, 17: 169–179.

Morrison, T G & Whitehead, BW (2007). "'Nobody's ever going to make a fag *Pretty Woman*': Stigma awareness and the putative effects of stigma among a sample of Canadian male sex workers", *Journal of Homosexuality*, 53:201–17.

Murray, LR, Lippman, SA, Donini, AA & Kerrigan, D (2010). "'She's a professional like anyone else': Social identity among Brazilian sex workers", *Culture, Health & Sexuality* 12: 293–306.

Novisky, M A & Peralta, RL (2015). "When women tell: Intimate partner violence and the factors related to police notification", *Violence Against Women*, 21(1):65–86.

O'Doherty, T (2011). "Victimization in off-street sex industry work", *Violence Against Women*, 17(7):944–963.

Panchanadeswaran, S, Johnson, SC, Sivaram, S, Srikrishnan, AK, Latkin, C, Bentley, ME, Solomon, S, Go, VF & Celentano, D (2008). "Intimate partner violence is as important as client violence in increasing street-based female sex workers' vulnerability to HIV in India", *International Journal on Drug Policy*, 19: 106–112.

Plumridge, L & 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: 78–85.

Preston, P & Brown-Hart, AD (2005). "John court: Comparison of characteristics, sexual behavior and sexual attitudes of clients of prostitutes", *Journal of Ethnicity in Criminal Justice*, 3:49–68.

Prior, J, Hubbard, P & Birch, P (2013). "Sex worker victimization, modes of working, and location in New South Wales, Australia: A geography of victimization", *Journal of Sex Research*, 50(6):574–86.

Quadara, A (2008). *Sex workers and sexual assault in Australia: Prevalence, risk and safety*. Australian Centre for the Study of Sexual Assault: *Issues*, 8: 1–42.

Ratinthorn, A, Meleis, A & Sindhu, S (2009). "Trapped in circle of threats: Violence against sex workers in Thailand", *Health Care for Women International*, 30: 249–69.

Rivett, M & Kelly, S (2006). "From awareness to practice: Children, domestic violence, and child welfare", *Child Abuse Review*, 15:224–242.

Robillard, C (2010). "Honourable *senoras*, liminal *campesinas* and the shameful other: Re-defining femininities in Bolivia", *Culture, Health & Sexuality*, 12: 529–42.

Sanders, T (2002). "The condom as psychological barrier: Female sex workers and emotional management", *Feminism & Psychology*, 12:561–566.

Sanders, T (2004). "A continuum of risk? The management of health, physical and emotional risks by female sex workers", *Sociology of Health and Illness*, 26(5): 557–74.

Sanders, T & Campbell, R (2007). "Designing out vulnerability, building in respect: Violence, safety and sex work policy", *British Journal of Sociology*, 58:1–19.

Scambler, G & 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 & Medicine*, 66: 1848–62.

Seib, C, Fischer, J & Najman, JM (2009). "The health of female sex workers from three industry sectors in Queensland, Australia", *Social Science & Medicine*, 68: 473–8.

Shope, JH (2004). "When words are not enough: The search for the effect of pornography on abused women", *Violence Against Women*, 10:56–72.

Simmons, CA, Lehmann, P & Collier-Tenison, S (2008). "Linking male use of the sex industry to controlling behaviors in violent relationships: An exploratory analysis", *Violence Against Women*, 14: 406–417.

Sokoloff, NJ & Dupont, I (2005). "Domestic violence at the intersections of race, class, and gender", *Violence against Women*, 11(1):38–64.

Ulibarri, MD, Strathdee, SA, Lozada, R, Magis-Rodriguez, C, Amaro H, O'Campo, P, & Patterson, TL (2010). "Intimate partner violence among female sex workers in two Mexico-U.S. border cities: Partner characteristics and HIV risk-behaviors as correlates of abuse", *Psychological Trauma*, 2: 318–325.

United Nations, *Declaration on the Elimination of Violence Against Women*, GA Res 48/104, UN GAOR, 48th sess, 85th plen mtg, UN Doc A/Res/48/104 (1993).

Vanwesenbeeck, I (2013). "Prostitution push and pull: Male and female perspectives", *Journal of Sex Research*, 50(1):11–16.

Warr, DJ & Pyett, PM (1999). "Difficult relations: sex work, love and intimacy", *Sociology of Health and Illness*, 21: 290–309.

Wolf, ME, Ly, U, Hobart, MA & Kernic, MA (2003). "Barriers to seeking police help for intimate partner violence", *Journal of Family Violence*, 18:121-129.

Wong, WCW, Holroyd, E & Bingham, A (2011). "Stigma and sex work from the perspective of female sex workers in Hong Kong", *Sociology of Health and Illness*, 33(1):50–65.

Xantidis, L & McCabe, MP (2000). "Personality characteristics of Male Clients of Female Commercial Sex Workers in Australia", *Archives of Sexual Behaviour*, 29:165–176.

Zeglin, R (2014). "Participation in prostitution: Associated outcomes within familial relationships", *Sex Research and Social Policy*, 11:50–62.

The Harms of Indoor Prostitution for Women: A Research Review

Prepared for Project Respect
by
Dr Anastasia Powell and Dr Vicky Nagy

RMIT University

This paper was prepared for Project Respect. The authors acknowledge the diverse range of terms used in this sector and, where possible, have endeavoured to use consistent language (other than direct quotes from other research). However, the language used may not always be consistent with language preferred by Project Respect.

Introduction and Scope

Prostitution is an 'extremely dangerous profession' (Rekart, 2005). Not often are careers labelled dangerous, especially not those carried out in an urban environment. Some governments across the Western World, including in the Australian context Victoria, New South Wales and Queensland, have either decriminalised or legalised brothel-based prostitution and implemented policies to minimise the potential health 'risks' of the sex industry. Indeed, as argued by Farley (2004, 1090) and other scholars internationally, 'support for legalized prostitution comes from many who believe that legalization will decrease the harm of prostitution'.

Feminist scholars have been debating the issue of prostitution from increasingly diametrically opposed positions for several decades. As Coy notes there are currently two contested layers amongst feminist scholars; the first is 'whether prostitution is harmful for the bodily integrity and autonomy of women who sell sex, or harms are created by the conditions in which prostitution operates' and the second is what it means to commodify women's bodies (2012, 1). According to radical feminists, prostitution is an institution which is based on sexual domination and the continued oppression of women; indeed regardless of whether prostitution is legalised in a given state or country, radical feminists argue that the 'lack of choice and harm are...intrinsic to prostitution, [and thus] prostitution is not seen as conceptually separate from trafficking' (Havelková, 2011, 67).

Of opposite persuasion are liberal feminists who conceptualise prostitution as sex work, and place emphasis on the agency of women who choose to enter, and/or remain in prostitution. According to this argument the 'sex worker' 'sells alienable labor power' and the belief is that 'the inherent problem is not in the nature of sex work but rather with the conditions that such work exists in today' (Havelková, 2011, 64). Unlike radical feminists, liberal feminists, or those who are proponents of

'sex-work', have also differentiated between voluntary and involuntary prostitution, and advocate criminalisation only of involuntary prostitution i.e. punishment for those who traffic women. Although the two sides have their differences, both agree that 'criminalization and stigmatization of women involved in prostitution intensifies harm and discrimination' (Coy, 2012, 1). Both sides also have a 'critical respect' for the decisions made by women in prostitution (Coy, 2012, 3). As Coy argues though, the 'consequence of the focus on agency are that structural gender inequalities are made invisible, and men's demand for women in prostitution is accepted as inevitable' (2012, 7).

Between the two schools of thought Havelková has identified further issues which continue to divide the debate on prostitution: 1) whether prostitution is free choice and is an expression of agency or done through coercion; 2) what is being sold? A service or the self?; 3) what are the harms of prostitution? Is it repressive laws or the act of prostitution that contain the harm?; 4) should there be a distinction between voluntary and involuntary prostitution? 6) what policies should be created? Should these be informed by those who feel it is free choice or by the experience of mostly marginalised women in the sex industry who have had their stories extracted by qualitative research; and 7) what should be the legal response? Should it be decriminalised, legalised, or should clients be criminalised? (2011, 56). As Havelková argues this divide in feminist writings has not been transcended yet and is an area which could be further researched (2011, 56). Both sides also agree that there are dangers to the women working in prostitution: often physical, but also emotional and psychological damages can be inflicted (Coy, 2012; Havelková, 2011).

Yet, despite the legalisation of brothels in Victoria (and thus the legitimisation of this as a type of work), prostitution arguably remains a dangerous activity for those who are engaged in it. The danger is often more than physical. The threats to the health and safety of women and men in this industry are the reason why many wish to exit prostitution. This research review will present the findings of a

systematic literature search into brothel prostitution, in Australia and abroad, and discuss the harms experienced in brothels, and what exit programmes are available for those who wish to leave prostitution behind. While many men are in various forms of prostitution, it is an extremely gendered 'occupation' where women significantly outnumber men. Thus this literature review will foremost be concerned with harms experienced by women in the indoor sex industry and their exiting strategies.

As Havelková notes 'the distribution of men and women in the positions of buyers and sellers makes prostitution an extremely sex-segregated field where the demand is overwhelmingly created by men and the supply by women' (2011, 56). Before tackling the issues of the forms of violence against women in prostitution, we will discuss the role that men play in the sex trade as purchasers/ consumers, demand for women, awareness of the women's experiences, attitudes they have towards women in prostitution and the general sexual double-standard. Often discussions about prostitution omit men from the debate even though the involvement of men is central to the perpetuation of the sex trade, whether in legal or illegal forms. As this section will discuss men who frequent brothels commonly fall within what can be considered the "average" man in their own communities. This has led researchers to argue that the question shouldn't be why do men visit women in prostitution but rather why *more* men *don't* want to visit prostitutes (Monto, 2004; Høigård and Finstad, 1992).

In this literature review we argue that harms experienced by women in the sex industry can take many forms. Harm includes physical violence (beatings, rape, attempted rape, physical traumas etc.), emotional and psychological harms, and detrimental impacts on the general health of the individual. We have included this broader concept of harm in part to illustrate the extensive range of trauma that women in brothels are exposed to, partly because all these forms of violence can have far-reaching effects that may not be immediately noticeable, and because these forms of abuse would not be tolerated in other work environments. This literature

4

review does not focus on street prostitution. This is partly due to the amount of research that has gone into street prostitution, which is considerably more than that into brothel or other indoor prostitution, and partly because in Victoria this form of prostitution is illegal. Our focus has been on legal prostitution and the effects that this has on women's health, and how they may be able to exit prostitution. Australian research is limited and because of this we have also investigated what international research tells us also about women in brothels experiences of harm, their health concerns and future plans.

The data selected includes published and unpublished sources. We have also directed our attention to research focusing on women in brothels and exit programmes that move beyond the usual focus of HIV/AIDS and STI prevention. While this is one possible threat to the health of women in brothels, as we discuss below, the research evidence suggests that rates of sexually transmitted disease or infections are low among those in prostitution and comparatively less of a health concern than other risks in the 'workplace'. In addition, scholars internationally have presented compelling research for why governments, health and other aid agencies, owners and managers of brothels and women themselves should also focus on other detrimental health aspects of the sex industry.

A key concern in any research regarding the sex industry and the experiences of women is to strike an appropriate balance between acknowledging the very real dangers and harms that women can experience in the industry, as well as the agency of individual women and their right to make choices about their lives; rights that women in the sex industry in particular have routinely been denied through legal intervention and regulation. It is important to recognise that women's experiences of different aspects of the sex industry are diverse; many women report positive experiences of prostitution as an industry that provides them with financial independence, and flexibility of working hours around children, study, and other commitments that they could not easily find in other forms of work. Moreover, some women experience a high level of personal control over the clients they accept and

the nature of work they will or will not engage in; and report positively on the conditions of their working environment. Nonetheless, there are also many women in the sex industry (both indoors and outdoors) who report experiencing physical violence, sexual assault and harassment; concerns regarding mental health; occupational health and safety; and sexual health. In addition, some women are actively seeking support to leave the sex industry and gain skills to assist them in finding alternative work. It is the intention of this literature review to do justice to the diversity of these experiences.

How Men Figure in the Issue of Prostitution

Australian adult males' habits regarding visiting women involved in brothel or street prostitution is currently under researched. However, there have been recent reviews into men visiting women in prostitution in other countries, especially the United Kingdom, Norway, Sweden and the United States. As Høigård and Finstad note, 'research on customers is rare' and this is often because 'customers are well-hidden, faceless and nameless' (1992, 25). Of course, men figure in the sex industry not only as customers but also as pimps, brothel owners, and traffickers of women into prostitution. In this section we will consider the 'clients' of women in prostitution as well as the role men play as pimps, especially with regards to violence against women working in prostitution. Høigård and Finstad state that while 'a few pimps use violence. But it is without doubt customers who are responsible for most of the violence against prostitutes' (1992, 57).

Studies about 'clients' are few and far-between. They often contain only a small sample, cannot be generalised, are not qualitative, and don't probe into the attitudes that men who visit prostitutes have about women or the awareness of women's experiences. The limited studies that do exist seem to suggest that men who seek out women in prostitution are very similar to men who do not (Høigård and Finstad, 1992; Monto, 2004; Earle and Sharp, 2007; Sullivan and Simon, 1998; Campbell,

6

1998). However, as a Norwegian study of 74 men in 1985 found, it is habitual buyers of sexual services who appear to be sustaining the industry (Høigård and Finstad, 1992). Of the 74 men interviewed, 10% of the men had bought sex three times or less; 50 percent had bought sex on twenty to fifty occasions, and one-third of all the men claimed to have bought sex on more than fifty occasions (Høigård and Finstad, 1992, 28). Likewise in the United States, call girls noted 49% of the time that their most recent clients were "regulars" or a repeat customer rather than someone completely unknown to them (Lever and Dolnick, 2000 cited in Monto, 2004). Monto discusses that there are differences between experienced and inexperienced buyers of women in prostitution (2004). While according to Monto's research one-fifth or one-sixth of men in the United States have paid for sexual services, 'men in the youngest cohort...were much less likely than their older counterparts to indicate that their first sexual experience had been with a prostitute' (2004, 169). Experienced users of women in prostitution (men who had bought sexual services at numerous occasions) were more likely to have had more partners, partaken in more sexual activity, be part of less happy marriages, have more sexually liberated attitudes and somewhat higher pornography use than inexperienced users (Monto, 2004, 169). In the UK it is stated that the rate of men who use women in prostitution for sexual services is much higher in London (nearly 9%) than elsewhere in the UK (4.3%) (Earle and Sharp, 2007, 3). Other research has also indicated that 10% of older men within the 45-59 age bracket have visited women in prostitution (Earle and Sharp, 2007, 3). While within China details about how many visit women in prostitution is scarce, research by Zheng (2006) appears to indicate that it is financially stable business men and government officials who wish to impress male friends with sexual prowess amongst women who fuel the underground sex industry.

So which men are more likely to solicit sexual services from women working in prostitution? Høigård and Finstad have identified four groups of men: sailors (from sea- faring nations), married men, single men, and a group labelled "opportunistic" regardless of their marital status (1992, 29). Monto states that 'customers come

from diverse backgrounds, participate in a range of sexual activities and have a wide variety of motivations for seeking out prostitutes' (2004, 165). All research agrees that the majority of clients or customers are employed (Høigård and Finstad, 1992; Monto, 2004; earle and Sharp, 2007; Campbell, 1998; Sullivan and Simon, 1998). In the Norwegian studies in 1984 and 1985 which surveyed over 500 men, 'the Norwegian customer study saw few traces of married customers who wanted to keep their wives "pure"' (Høigård and Finstad, 1992, 32). Across studies the main motivators for seeking out women in prostitution identified were: loneliness (especially for sailors), problems establishing and maintaining meaningful relationships with women (especially amongst single men), intimacy (amongst married men), wives or partners were unwilling or unable to perform certain sexual acts, an attraction to certain physical characteristics, the excitement from planning to find a woman in prostitution, no commitment necessary, and less risky than an extramarital affair (Høigård and Finstad, 1992; Monto, 2004; Earle and Sharp, 2007; Campbell, 1998; Järrinen, 1993). Regardless of the motivation, Høigård and Finstad argue that 'prostitution is about men's sexuality' (1992, 93). As Prienr and Taksdal argue 'the customer role is a masculine role, regardless of whether the service he is ordering is to hit or to be hit. It is his desires that are in the center, it is his desires that dictate her behaviour' (cited in Høigård and Finstad, 1992, 96).

Very few men surveyed or interviewed express any knowledge of or interest in the experiences of women working in prostitution or the role that men as clients have in the difference of power between themselves and the women they visit. Differences in class, financial situation or race are unnoted (Høigård and Finstad, 1992, 30). The authors note that 'several realise that prostitution is a question of poverty. However, none of them mention their own position in relation to these women' (Høigård and Finstad, 1992, 30). Some clients may also believe that the women working in prostitution are sexually satisfied by them. As Monto states 'customers...work to maintain a sense that the prostitutes they visit not only freely choose prostitution but also enjoy their sexual contact with clients' (2004, 162). In another study, Earle and Sharp studied the comments made by men on a website called PunterNet.com. This website allows clients to post reviews about women in prostitution, share their

experiences and insights about various women and post warnings if they feel that services have not been delivered (2007). A recurring theme of positive appraisals and comments about the women was whether the woman in question enjoyed selling sex. Earle and Sharp argue that this 'approach serves to perpetuate and reinforce the concept of sex work as either normal sex or ordinary work, rather than as a form of abuse...since it is necessary to reinforce the idea of paying for sex as an acceptable hobby, rather than something shameful and which cause harm' (2007, 73). The authors also note that the stories posted by men on this website show that giving sexual pleasure is important to the men, not out of a desire to please the women but to highlight how good he is at sex (2007, 74). If a woman seemed to enjoy sex then she was more likely to be recommended to other users (2007, 75). That previous academic research is divided on whether women in prostitution actually enjoy any of the sexual encounters indicates that many of the clients seem to be unaware of what the women they visit are genuinely feeling or thinking about the encounter.

Although the trafficking of women and children to be sold into prostitution is a large and well-publicised issue within the European Union, some British men who visit brothels, massage parlours and street districts known for prostitution while on stag parties are either unaware of the issue of human trafficking or do not care about whether the women they are buying services from have been coerced into selling sex. An investigative report done by the BBC reported the sentiments of men who were on "sex-tourist" stag parties. As one client stated after discovering that many women in Amsterdam were trafficked (and admitted he would still see more women during his stay) "I don't agree with it [trafficking of women] but at the end of the day its just what happens, like, you can't do anything about it. You're just here to have fun and do things you won't get away with back home' (Boazman, Jan. 14 2010). In another instance, upon seeing the women presented to the stag party group, a British man reported " 'My initial feeling was they had just been brought out of the cupboard, and they've just been released from the shackles and marched out to then have an hour with someone.' He told me half of the group had seen

9

enough at that point left. The other half stayed" (Boazman, Jan. 14 2010). Monto's research has found a 'strong correlation between frequency of prostitution use and this measure of conceiving of sex as a commodity' (2004, 173). Jarvinen also notes that 'a minority of men had a decidedly business-like attitude towards prostitution: they viewed buying sex as a smart and non-committal transaction, which they neither wanted nor expected to develop into a more complicated relationship' (1993, 149). Campbell's (1998) research also underlines the sentiment held by many men that buying sex from a woman was more convenient and a good business transaction.

This correlation between sex as a commodity is an indicator, according to Monto, of whether men become violent towards women in prostitution. As Monto writes 'commodification [is]...associated with rape myth acceptance, attraction to violent sexuality, and a failure to use condoms when with prostitutes' (2004, 174). Monto further states that a 'particular orientation toward sexuality, rather than the act of visiting prostitutes, may be associated with some of the violence faced by prostitutes' (2007, 174). Giusta et al highlight how rape myth acceptance amongst clients is an indicator of their tendency to commit violence against women (2008, 47). According to these authors, empirical data can show correlations between a predictor for violent sexuality and that 'it might indicate that one of the motivations when clients approach the sex workers is the attraction to violence, which can be satisfied through buying sex with sex workers' (2008, 51). In comparison, Earle and Sharp found that at least amongst the online community there are clear moral boundaries 'which define this community... . Violence against women is...clearly proscribed' (2007, 28). In the data we have consulted, none of the male interviewees mention any violence against the women they have frequented (not only physical violence, but also sexual, or lack of condom use). Likewise they do not mention noticing any signs of violence against the women in prostitution. Whether they are aware of it happening or not is not clear from the surveys or answers in interviews.

Other instigators of violence against women in prostitution are pimps. A pimp is described as 'one who controls the actions and lives off the proceeds of one or

more women who work the streets' (Williamson and Cluse-Tolar, 2002, 1074). For many women working on the streets, pimps are very much a part of the scene of prostitution. According to a study by Giobbe in 1993, 53% of women entered street prostitution with a pimp, and 80% have been involved with a pimp over time (qtd. In Williamson and Cluse- Tolar, 2002, 1075). Pimps are not only a group of men who are violent towards women but also a group of men who financially benefit from the work of women working in prostitution on the streets. As Williamson and Cluse-Tolar note 'control of prostituted women by pimps involves understanding the "wants" of these women and controlling those wants through the use of threats, intimidation and violence' (2002, 1075). Many women who sell sex on the streets are required to hand over their earnings to their pimps, who in turn decide what the woman may wear, how she must behave, who she must accept as a client and may only provide her with a small amount of money at any given time to prevent her leaving his "stable". This 'power and control pimps maintain over women in their stable is akin to that used in abusive relationships' (Williamson and Cluse-Tolar, 2002, 1089). Again this research is not Australia specific, and thus deducing the situation in Australia, or specifically Victoria, concerning pimps and the individuals who stand to make the most out of a woman working in prostitution is difficult. In the following sections the focus shifts to male violence against women, specifically the different forms that violence takes against women's bodies and minds.

Physical Violence, Sexual Assault and Harassment

International Perspective

The international research literature indicates that 'indoor' forms of prostitution (in legal and illegal brothels, as escorts, or exotic dancing) may be comparatively safer environments for women than any form of outdoor environment (Murphy and Venkanesh, 2006; Sanders and Campbell, 2007; Church, 2001, Brents and Hausbeck, 2005, O'Doherty, 2011). Street prostitution is the most

11

dangerous for women and as such it is perhaps unsurprising that much research has focused on the harms of prostitution in this context. It cannot go unnoticed however, that street prostitution is also the most visible, and thus elicits a disproportionate level of public interest and research focus as compared to the generally hidden prostitution that takes place indoors. Yet, the international research evidence demonstrates that while there are features of outdoor work that exacerbate the risks for women (such as isolation and lack of security); brothel and escort prostitution still involve harms for many women which should not be ignored simply because they take place behind closed doors.

While indoor prostitution is generally considered safer than outdoor, women's experiences of physical and sexual violence are not insignificant. For example, 48% of women working in illegal brothels in New York City have stated that they were forced to so something by a client that didn't want to, and 43% stated that they had been threatened with physical violence or actually beaten (Murphy and Venkatesh, 2006). Nemoto et al (2003) reported that in their study 62% of Asian women in San Francisco massage parlors had experienced physical assault by clients. Similarly, in research conducted in the UK it was discovered that from a sample group of 135 women, 40 women had experienced violence in indoor prostitution (Sanders and Campbell, 2007). Another UK based evaluation of the 'working' conditions of women in prostitution found that of the 125 women interviewed, who all worked indoors, 60 had experienced violence over the course of their time in the sex industry, and of those 60, 32 had experienced physical violence in the past six months alone (Church, 2001). Twenty-one women out of this sample had also experienced attempted rape; however, overall only 11 women felt that they could report the violence that had been committed against them (Church, 2001). In contrast, women in legalised brothels in Nevada, reported low levels of violence being committed against them, however the research also found that the "fear of violence is very much a part of the culture of prostitution" (Brents and Hausbeck 2007, 287); with women undertaking a diversity of strategies to manage the risk of violence and their personal safety.

Outside of the US and UK, the experiences of women in brothels are likewise highly affected by physical and sexual violence. For example, research by Vanwesenbeeck (1994), of the experiences of those in the Netherlands where there is an extensive legal sex industry, indicates that 70% of women had experienced verbal threats; 60% had experienced physical assault; and 40% had experienced sexual violence. Meanwhile in a cross-national study of 854 people in the sex industry across nine countries, Farley et al (2003) found that 71% had experienced physical assaults; 62% had experienced sexual assault; and 89% reported that they wanted to leave the sex industry but had little economic options available to them. In research about the experience of Finnish women in prostitution, 19 out of 26 women interviewed reported to having been exposed to violence. Some had been kidnapped, beaten, held hostage or threatened with violence. One woman by the name of Ester reported that 'there is violence every week down there. I was locked up myself for three days one time. I was raped and beaten. I got a black eye and my eye swelled up' (Høigård and Finstad, 1992, 59). Another woman named Mona said that she 'was locked in a cellar for two days'; and another named Inga notes that 'there is a lot of violence. The newspapers write too little about it' (Høigård and Finstad, 1992, 59).

Numerous managers, brothel owners and women themselves, according to Brents and Hausbeck, (2007) argue that brothel sare safe and in the interests of women in the sex industry. As the researchers note though 'one could argue that protection for prostitutes is extended when and where it coincides with the primary goal of brothel owners: profit' (2007, 277). Whereas women in brothels may be safer than those women outdoors, women may only receive the protection of the establishment when it is in the interests of the brothel owner not necessarily in the interests of the individual woman.

While actual violence may be comparatively lower inside brothels, researchers have pointed out that women in brothels feel that every interaction is inherently dangerous (Brents and Hausbeck, 2007; Murphy and Venkatesh, 2006, O'Doherty,

2011). Moreover women invest a lot into personally monitoring and strategies for managing the ever-present risk of violence against them.

When questioned on how they minimise danger on the job, those in indoor prostitution in New York City stated that they relied largely on gut instinct (27%); as Murphy and Venkatesh noted, using gut instincts as their means of protection indicates that women in prostitution indoors may have a false sense of security in their environment (2006, 140). Some women, however, stated that after accepting a call from a potential client they would try to run background checks based on the information the client had provided (Murphy and Venkatesh, 2006). Other interviewees noted that they either met outside their apartment buildings, in hotels, give the client's details to friends and ask their friend to come and check up on them after a predetermined period, or take self- defense lessons (Murphy and Venkatesh, 2006). Women in the legal brothels of Nevada also noted that they relied on owners, managers or the other women to give them protection if a client became unruly, and some had taken self-defense classes (Brents and Hausbeck, 2007).

Brents and Hausbeck (2007) further outline the sort of precautions taken in legal brothels to protect women. Many of the brothels in their study had intercoms in the rooms where managers and owners could listen in on the negotiation of the price and service between the client and the woman. In instances where the men become aggressive or violent (either because they disagree with the service offered or wish to have their money back) there were people who could step in and protect the woman. Panic buttons were also placed into each room for circumstances where the woman feels threatened she can call for help. But as one woman noted 'panic buttons are a joke... usually they're across the room, but if you can get across the room you can get out the door' (Brents and Hausbeck, 2007, 280). Some brothels offered intercoms in the rooms of the women but as one woman pointed out 'here they have baby monitors, but they're not always listening...they're a real false sense of security' (Brents and Hausbeck, 2007, 279). Brents and Hausbeck note that:

14

most everyone recognized that the real mechanisms for protection are working in a setting that allows constant public scrutiny of the behaviour of the customer before the actual paid party, that makes client anonymity and easy exit difficult and that provides a houseful of people just a flimsy door away from the prostitute-john interaction and exchange (2007, 281)

Often women relied on one another to fight off attackers. One woman interviewed by Brents and Hausbeck expalined that 'there's nothing worse in this world than getting beat up by a bunch of angry hookers...cause they use stiletto heels and anything they can get their hands on...and they will beat the dude all the way out to the gate' (2007, 283). Other women in illegal brothels report using management of the environment to protect themselves; through the installation or awareness of where CCTV is located, hiring receptionists, keeping on footwear if a getaway needs to be made, and using sexual acts and positions by which they can monitor their environments continually (Sanders and Campbell, 2007). These measures attempt to protect the women in both legal and illegal brothels, but it does underline how dangerous it can be that these are the conditions under which some form of physical protection can be offered regardless of whether the 'work' is legal or not.

For other women involved in indoor prostitution physical violence or rape are not necessarily the most common forms of violence experienced. Many women in the indoor sex industry report being concerned with robberies, non-negotiated sex acts, attempts to or actual removal of the condom, offensive language and harassment (rudeness or disruptive behaviour) or being financially ripped off (Sanders and Campbell, 2006;2007). As Sanders and Campbell found in their research of women in UK brothels , a lot of the women felt that in scenarios where non-negotiated sex acts had been committed the men had felt entitled to the women's body because it had been bought; others still felt that offensive behaviour and language further stigmatised their job and led to negative feelings about the what they were doing for money. In instances where men removed condoms during sexual acts, women reported feeling like they had just been raped (Sanders and

15

Campbell, 2007). Constantly seeing danger in every interaction and feeling unsafe in the work environment leads to various health complaints such as emotional exhaustion and depersonalization (Spice, 2007). Spice (2007) states that these complaints are linked to coercion, violence, negative social reactions, lack of control with clients and inadequate support from managers.

Importantly, research indicates that legalized or decriminalized, particularly brothel based, prostitution cannot be assumed to be significantly better for women than street based prostitution. Farley et al (2003) report that 59% of women in the German sex industry surveyed did not think legalization had made them any safer from experiences of physical and sexual assault. Similarly, a study by Valera et al (2001) in Washington D.C. found that 50% of women in the sex industry surveyed did not feel legalization had made them safer. These views of these women reflect the previous data that suggest that physical assault; sexual violence, harassment and abuse, are experienced by women in both indoor and outdoor prostitution whether it is legal and regulated or not. Actual rates of violence appear to vary across countries studied, disproportionately affect poorer women, and women from marginalised ethnic or migrant communities, as well as indigenous women (see Farley, 2004 for a review).

The Situation in Australia

Data from Australian research is somewhat limited due there being only a small number of projects that have attempted to investigate violence against women in the legalised/decriminalised brothels of NSW, Victoria and Queensland. Since the 1990s Queensland and Victoria have legalised prostitution (which they refer to as sex work) taking place within licensed brothels, while NSW has legalised all prostitution and is proposing the introduction of a licensing system for brothels (New South Wales Government, 2011). As Sullivan states:

Australia's liberalizing prostitution laws were intended to contain highly

16

visible and expanding brothel and street prostitution trade; lessen the impact of prostitution on communities; prevent any criminal involvement; protect against sex trafficking; protect against the sexual exploitation of children and protect the sexual health of people in prostitution and buyers; and prevent violence (2012, 142).

That legal brothels area comparatively safer environment in which to perform sexual services is supported by some Australian research data (Perkins and Lovejoy, 1996; Groves et al, 2008; Seib et al, 2009). However women in legal prostitution in Australia also report significant concerns regarding violence. For example, Harris et al (2011) found that client violence, in the experience of the nine women interviewed, was linked to alcohol use. As Harris et al state 'drug and alcohol use, whether by clients or the workers themselves, appears to have compounded all other kinds of risk associated with sex work, including violence and health problems' (2011, 395). Furthermore, that 'the public stigma of sex work constituted a major risk for the women, and sometimes led to physical violence' (Harris et al, 2011, 392).

Women in the indoor sex industry as in escort or within brothels were interviewed and filled out questionnaires for Perkins and Lovejoy's (1996) research. A total of 242 women were involved in the survey taken around Sydney. Overall, women in escort reported more positive outcomes than those in brothels on measures of health as well as lower levels of being victims of violence. Of the 124 women in brothels surveyed only 9 had been victims of physical violence while at work, and 8 had been raped (Perkins and Lovejoy, 1996, 515). Seib et al's research into the health of women in legal prostitution in Queensland similarly found that of the 102 women, 3% had been raped or physically assaulted by a client in the previous 12 months (2009). However, many of these women reported experiencing other harassing or abusive behaviour on a day-to-day basis with clients. Some women had been stalked (53.2%), received nuisance phone calls (21%), been harassed without violence (21%), had been threatened (12.1%), or been robbed

(8%) (Perkins and Lovejoy, 1996). Thus the experiences of harassment and abuse of women in indoor prostitution appear to be almost a routine part of the job in the Australian context, and significantly more common experience than physical assault and rape. Indeed, 'sex worker advocacy groups' in Australia and Victoria produce resources and provide support to workers encouraging them not to accept harassment, abuse or indeed sexual assault as 'part of the job' (see for example, RhED, 2002).

Psychological, Occupational and Sexual Health

International Perspective

International research suggests that prostitution can lead to feelings of isolation for women and that and often they reported having various psychological and mental health concerns. Social stigmatisation, feeling isolated from friends and family, inability to connect with friends and family due to being in prostitution, being single- parents and the behaviour of clients and often law enforcement agencies leads to these feelings of isolation, and can negatively impact women who have psychological health concerns (Murphy and Venkatesh, 2006; Spice, 2007; Sanders and Campbell, 2007; Church, 2001; Cwikel et al; 2003; Rekart, 2005; O'Doherty, 2011). Prostitution in brothels has low rates of drug use in comparison to street prostitution, however, research also suggests that women often turn to drugs and alcohol to deal with feelings of social exclusion and mental health. For example, Cwikel et al (2003) found that of their research sample of 55 women in Israeli brothels, 21% were taking some form of prescription medication (excluding oral contraceptives), 96% were smokers, 24% had problems with alcohol, and 17% of women had symptoms of PTSD. Rekart (2005) cites similar figures, and Church (2001) in their larger sample of 125 women found that 99 were taking tranquilisers and 50 smoked cannabis. The data illustrates that many women in indoor prostitution may be turning to drugs, alcohol and cigarettes in order to be able to

keep performing their jobs.

As legalised brothels are in the minority world-wide rather than the majority, there is a dearth of research comparing the situation of those in legal brothels and examining the impacts of their environment on their health. But the research conducted at illegal brothels can pinpoint the sort of problems that those in the legal sex industry may also experience. For instance, Cwikel et al found that 33% of the women they interviewed had current health problems. The problems these women noted included frequent stomach aches (from not eating properly), dry skin (from frequent showers after clients have left), and sterility (caused by repeated abortions). Other health concerns they had included: fractures, problems with vision, head injuries, dental problems, and high/low blood pressure. Forty-two per cent complained of back pain, 27% of breast pain, hand pain appeared in 25% of the women, 15% had mouth pain, and numbness in the hands and back occurred in 17% and 19% respectively (Cwikel et al, 2003). These health problems have also been noted in research about the health of Dutch women in legal brothels (as cited by Spice, 2007), and other musculoskeletal disorders and physical ailments have been listed by Alexander (1998) and Seib et al (2003) for women in legal and illegal brothels. Some of these health problems are caused by inappropriate footwear (high heels being worn for long periods of time), bad beds, activities performed on/ with clients, prior assaults or violence, or poor sleep patterns and food intake. Other health problems are linked with drug and alcohol dependency. As Rekart states 'progress of occupational health and safety could be hampered by owner or manager disinterest and so-called one-hazard approach, focusing exclusively on STIs and HIV/AIDS' (2005, 2129). In legalised brothels where condom use is mandatory there are far lower levels of STIs and HIV/AIDs than in criminalised brothels or in street prostitution. However, as this section has illustrated, there is violence being inflicted on women working in brothels- physical and sexual violence, psychological damage, and there are women suffering severe health complications.

The Situation in Australia

Both women interviewed in Sydney and Queensland reported that they also had to regularly deal with customers who objected to condom use. Of the women in Perkins and Lovejoy's (1996) study, 9.7% had clients who objected to condom use, while Seib et al found that 64% of the women surveyed in Queensland had clients who sometimes offered them extra money for sexual services without a condom, and 18% were all or most of the time offered the extra money (2009). This illustrates how the women constantly have to deal with the threat of STIs, HIV/AIDs due to clients who do not have the health and safety of the sex worker in mind at all. As Sullivan states, research indicates that sexually transmitted diseases are recorded only in low levels in Victorian brothels, however '"workers in *both the licensed and unlicensed sector* would offer unsafe sex for the right price" and some reported that demand was rising for sexual activity without condoms' (2012, 152). This in turn could lead to increased health risks for women in brothels.

Women in Victorian brothels are concerned about STIs (Bilardi et al, 2011); Grove et al found that 53 of the 97 women sampled were concerned about contracting a STI from prostitution (2008), while Bilardi et al found that 65% of women of the 85 surveyed had concerns about sexually transmitted diseases (2011). While no women were reported to have HIV in Pyett et al's study into the health of women in Victorian brothels, one in five of the women reported that they had had an STI while working (1996). Pyett et al reported that 'the major risk practices identified were injecting drug use and condom non-use with non-paying partners' (1996, 89). Women also mitigated risk of infection by inspecting clients for STIs with 68% answering that they always checked clients for STIs- if a client was found to be infected, 64% of women would refuse service (Pyett et al, 1996). Therefore while the women may take precautions within the brothel to limit infection with STIs, there was a risk of contracting an STI from an intimate partner, especially if the partner was a drug user and shared their needles with the woman. However, the data is 16 years out of date and new research conducted into the rate of STIs,

20

HIV/AIDs in Victorian brothels should be undertaken to assess the current situation.

Perkins and Lovejoy (1996) also surveyed women in the sex industry about the strategies they pursued to improve their health and wellbeing. Of the 124 women, 41.9% exercised regularly, but only 33.9% maintained a healthy diet or kept pets, and only 35.5% had a hobby with which to relax. The researchers concluded that 'these [unhealthy lifestyle], and other problems, including the industrial tensions, means that brothel work is more likely than call girls' operations to impair the health of the women involved' (Perkins and Lovejoy, 1996, 516). As with all the above mentioned international research into violence against women in brothels, Australian studies have supported the argument that brothel prostitution is detrimental to the physical and psychological health of women. Health problems reported by women in Perkins and Lovejoy's (1996) study includes stress (60.5% reported suffering it), chronic fatigue (28.2%), emotional anxieties (33.1%), depression (36.3%), feelings of isolation (20.2%), loss of sexual pleasure (31.5%), bad diet (54%) and a lack of exercise (30.6%) (1996). In addition, Seib et al (2009) reported that 18.6% of women in licensed brothels in Queensland had mental health problems. Meanwhile, Harris et al (2011, 395) found that the use of alcohol and marijuana for women in the sex industry 'as a leisure practice appears to have mitigated the mental health risk of sex work'. However, there is no data about whether the women who report psychological issues had those issues prior to entering the sex industry or if it developed during their time within the sex industry. Overall, there is very limited data available on the health and welfare of women in brothels in Australia, but the data that exists indicates that women in Australia suffer similar forms and levels of violence in prostitution as women abroad. The research currently is limited in the age of the data collected, the number of women interviewed in each study constitutes a small sample, and the fact that there is limited research into the health and wellbeing of women in brothels and suffering from various acts of violence on their person. In the following section we will discuss the research literature in Australia and internationally for women who wish

to leave the harms of the sex industry behind and take up other forms of work.

Exiting Brothel Prostitution

International Perspective

Most women, internationally and in Australia, enter prostitution due to economic constraints and the promise of "easy" money. But many find that they are incapable of leaving due to a variety of reasons, quite often economical. As Murphy and Venkatesh (2006, 143) note the longer that women are involved with brothel prostitution (legal or illegal) the more their opportunity to exit diminishes because 'the organisation of indoor sex work affects the ability of women to formulate social relationships that help them to exit the trade'. Reasons for not being able to exit the sex industry include financial constraints, the stigma of prostitution, the need for flexible workplaces, drug use and lack of education (Oselin, 2008; Murphy and Venkatesh, 2006; Cusick et al, 2011; Groves et al, 2008; Sullivan, 2007). First we will outline what international research has discovered about methods and motivations for exiting prostitution and secondly present findings from Australian research into this topic.

As Oselin notes 'existing research all cite prostitution-helping organizations as primary pathways that enable female prostitutes to exit prostitution' (2008, 2). Sanders (2007), Cusick et al (2011), Baker et al (2010), and Spice (2007) all agree that formal agencies are required to help get women out of the sex industry. As Matthews notes 'the damaged, disorganised and dependent nature of many of the women who currently work on the streets in Britain and elsewhere, together with the various pressures which maintain women in prostitution, mean that the majority of the women who work on the street and who want to leave prostitution require some form of external support' (2008, 83). They all also point out that the individual must want change in their lives. Ultimately, it is important that services

22

and programs work to enhance women's agency and capacity to make decisions about their lives; which may include assisting women to develop additional skill sets, job application and interview skills, secure and stable housing, as well as access to financial advice and planning.

Sanders details the process that is required to be undergone in order to leave the sex industry. As Sanders notes 'what we know about how women leave the sex industry is patchy, largely based on the street market, and rarely the focus of research' (2007, 75). What is known about exiting strategies is usually known by outreach projects and is about how women exit street prostitution. Traditionally these outreach programmes have 'assisted women to make changes in their lives, and those professionals working closely with individuals are aware of the trapping factors of poverty, lifestyle, poor access to appropriate services, and the emotional and identity anxieties that accompany stopping sex work' (Sanders, 2007, 76). As Cusick et al note, government initiatives in the UK for getting women out of prostitution has focused on drug rehabilitation projects with the leaving of the sex industry as a secondary or even tertiary goal. The government policy outline in the *Coordinated Prostitution Strategy* (2006) does little to address the differences between the needs of women in street and brothel prostitution, and tries to create a one-size-fits-all strategy that is foremost concerned with combating drug use (Cusick et al, 2010). Because relatively little is known about women in indoor prostitution in contrast to those in street prostitution, as Cusick et al argue, the shift from health promotion to specific, blanket exit strategies 'may mean foisting unwanted and unpopular exiting services on already hard to access indoor...sex workers who ...exit sex work without intervention and exit problematic drug use without a desire to exit sex work' (2010, 153). Thus exiting programmes and strategies need to be specific to the needs of certain groups of women in brothels. As Spice states, the majority of welfare groups and organisations, focus on harm prevention (especially of HIV/AIDS) rather than on exiting, so there is space for the development of projects and groups targeting those in indoor prostitution and supporting them to exit the industry. Spice also agrees that there is a need for

'recognition ...to the heterogeneity and differing needs of this population in order to be able to target interventions appropriately' (2007, 324). Harm reduction has become the focus of many support agencies where 'the harm reduction model tends to take a non-judgmental approach and maintain that the individuals' decision to enter prostitution should be respected, and that the role of intervention is to reduce some of the negative consequences for involvement with prostitution' (Matthews, 2008, 83). However, harm reduction does not aid women exiting prostitution and may in fact aid in its continuation through an approach that mitigates consequences rather than offer educational, career or accommodation support- 'by providing condoms, lubricants, health checks, limiting violence from clients and the like, [harm reduction] generally turn[s] a blind eye too issues of coercion and exploitation' (Matthews, 2008, 85). As Matthews notes 'the violence perpetrated by pimps and partners is not normally addressed in this harm reduction approach' (2008, 84).

Most women who have been interviewed have stated that legitimate employment seems like a step down from their current position *vis-à-vis* wages, flexibility and autonomy (Murphy and Venkatesh, 2006; Cusick et al, 2010; Sanders, 2007; Carson and Edwards, 2011). Although women do express a desire to leave the sex industry behind it is often due to wanting to raise children or because they feel vulnerable to the violence that is part of their work (Murphy and Venkatesh, 2006). However, access to housing, training, education and other forms of employment are often absent for women who have been in the sex industry As part of a broader social initiative 'Sweden provides funding and support for women to leave prostitution, including access to housing, counseling, education and job training' (Carson and Edwards, 2011, 73). This is in contrast to the UK model where there is often no temporary sources of funding (Cusick et al, 2010), and one which has a "responsibilisation" agenda which 'has influenced how individual sex workers are expected to take control of their involvement in sex work; otherwise, the criminal justice system will be the mechanism through which women are "supported" out of sex work' (Sanders, 2007, 76). However, the process of exiting the sex industry is often a long and hard road for many women to take, and few women exit the

industry quickly and without re-entry (Baker et al, 2010; Sanders, 2007; Cusick et al, 2010). As Sanders argues 'the structural, political, cultural and legal factors, as well as cognitive transformations and agency, are key determinants in trapping women into sex work' (2007, 77). Criminalising the exit process (if not completed quickly enough or within one step) as well as a lack of governmental and formal agency support will prevent women from exiting prostitution. Cusick et al suggest that a 'national strategy should be supporting the development of holistic needs-based services of which exiting support is one important element' (2010, 154). All researchers agree that support projects for women in the sex industry need more than just intermittent funding and require this funding in order to 'provide good practice in service provision, including the provision of exit support' (Cusick et al, 2010, 154).

However, Høigård and Finstad state that although prostitution is not necessarily viewed in the Western world as a place where happy, independent women wish to work, 'women in prostitution are still seen as "undeserving" when compared to many other needy groups. If abandoned to traditional social services, the women would be pushed to the back of the line' (1992, 197). It is necessary for social services and government agencies to overcome the inherent negative stereotypes of women in prostitution and not split women's groups and issues into categories such as "deserving" and "undeserving" of support. In order to highlight the need for continued support to exiting programmes Høigård and Finstad suggest a campaign of increased visibility of the issues facing women in prostitution. As the authors note 'knowledge about sex- related violence is unpleasant knowledge. Battering, rape, incest, prostitution- and the prolific existence of this phenomena- provide an unpalatable message about men's continued dominance over women' (1992, 196). The politicalisation of the issue, increased mass media utilisation and more public debates are suggested as the way in which to highlight the issue of violence against women in prostitution. In contrast, Monto (2004) suggests that the education of men about the situation facing many women in prostitution is necessary. Educating men about how their involvement in buying sexual services

causes harm to women is recommended: 'although it is likely that most customers never engage in violent behaviour toward prostitutes, they do contribute to the perpetuation of a system that leaves women vulnerable to violence' (2004, 177). Monto recommends that policies (especially governmental and legal ones) 'continue to target customers rather than relying solely on the arrests of prostitutes' (2004, 182). In this, Monto is suggesting that the Swedish response to prostitution offers the most possibilities for achieving gender equality.

Under Swedish policy it is illegal to buy sexual services however it is not illegal for a woman (or man) to be involved in prostitution. In Sweden 'prostitution is regarded as an aspect of male violence against women and children. The underlying rationale to reverse a legalisation approach was that prostitution, like all forms of violence against women, constitutes a barrier to gender equality' (Bindel and Kelly, 2003, 24). This approach to prostitution has since 1999 led to a drop in street-prostitution by more than two-thirds; prior to the law being enacted there were some 350-400 women involved in street prostitution in Stockholm (Bindel and Kelly, 2003, 25). Concurrently to enacting this law the Swedish government has invested in drug and alcohol rehabilitation programmes. As Bindel and Kelly argue 'the Swedish model offers an opportunity to tackle prostitution and its associated problems at the root, rather than relying on piecemeal initiatives...[and] evidence from NGOs has shown that the new law and resources provided to those in prostitution have served as an incentive for some to exit' (2003, 27).

Sanders' findings of exiting strategies and possibilities found that women in indoor prostitution often moved on to better jobs than those in street prostitution when provided with incentives, opportunities and formal help. Some of the women interviews had moved on to office work, counseling, graphic design, teaching, researching, social services and tertiary education (Sanders, 2007). Sanders identified four reasons and exit strategies that women involved in brothels will leave: reactionary routes (violent attack, personal change in situation, fear of increased violence and hostility, pregnancy) which are often transitory; gradual

26

planning (leaving permanently but taking several years to achieve, financial planning, retiring from prostitution after a "career" in it, fear of not being taken care of by the state in the future, real sense of wanting legitimate work); natural progression (getting older, new plans needed to be made); "yo-yo pattern" (trapped by the industry, psychological stress requiring a "time out") (Sanders, 2007). Baker et al concur with Sanders after examining other models for exiting prostitution that have been presented by researchers (2010). Rather than expecting women to leave the sex industry in one move without long term support from government or other agencies, Baker et all suggest an Integrated Model with six steps. The first stage is immersion, that is the stage where women have not yet contemplated leaving the industry; the second stage is awareness comprising of visceral awareness (realising that things are changing in the environment and within the individual) and conscious awareness (when the woman acknowledges her feelings); the third stage is deliberate preparation (where formal and informal support is sought, however actual behavioural change may not be initiated); the fourth stage is initial exit (when both formal and informal resources are utilitised and action is initiated); the fifth stage is re-entry which may only happen in circumstances when behavioural change has not happened fully in the fourth stage; and the final stage is final exit (when an ex-role is created). As this illustrates it is not possible to create one plan or initiative to help women exit the sex industry, but rather organisations and government policies need to be fluid and understand what differences shape the experiences of women in brothels and support women in their decisions and goals in order to facilitate final exit.

Exiting Brothel Prostitution in Australia

As internationally, women in licensed brothels in Victoria choose this line of work overwhelmingly because they need money. Bilardi et al have found that 69% of women entered brothel prostitution in Victoria because they needed funds (2010), while Groves et al noted that 54 women out of their sample of 97 entered for this

reason (2008). However, the financial constraints on women were not because of alcohol or drug dependency (as often found with street prostitution). As Groves et al note 'like many other women, these women are pursuing further education or training, supporting families, or striving to reach financial goals' (2008, 394). Bilardi et al also found that 37% of women they interviewed were studying towards a qualification (2010). For many of these women their highest education level prior to this study was secondary school. Some women were studying for Advanced Diplomas (8%), Bachelor Degrees (25%), Graduate certificates or diplomas (3%) and Postgraduate degrees (5%) (Bilardi et al, 2010). While these women may be working towards gaining qualifications, many have expressed a desire to leave the industry. Groves et al (2008) note that 33% of their sample had completed university education and a further 12% were currently undertaking further education.

Groves et al (2008) have further found that women would like to leave the sex industry but only if opportunities were given for them to retrain. Forty-seven out of 97 women stated that they would like to leave the industry and 53 out of this sample that the 'opportunity to retrain in mainstream employment would provide them with an option to leave' (2010, 394). Similarly, Bilardi et al have found that in the sex industry women's job and life satisfaction is much lower than in comparison to mainstream Australian women workers. In comparison to Australian working women generally, women in brothels were more likely to be unable to pay their utility bills in the past 12 months (25% vs. 13%), pay their mortgage or rent on time (36% vs. 7%), went without meals (11% vs 3%), asked friends or family for financial help (37% vs 15%) and sought out welfare benefits (15% vs 2%) (Bilardi, 2010, 120). Women were also less likely to be satisfied or completely satisfied with their homes, their employment conditions, their financial situations, how safe they felt, how connected they felt with their communities, their health, the neighbourhoods which they inhabited or how satisfied they were with life overall (Bilardi et al, 2010, 120). In contrast Groves et al concluded that while many of the women would like to leave the industry, 'many of these women do not express a

desire to leave the sex industry' on a more immediate term (2008, 394). While the women were less satisfied with their work (in Bilardi et al's research), the authors note that 'given that women on average were significantly more financially stressed than the average Australian community, it is unlikely that they will move into other work unless it is more financially rewarding than sex work' (Bilardi et al, 2010, 121). Bindel and Kelly (2003) argue that: as legitimacy increases the support of exit programmes will decrease, and it is clear that few if any services are provided for women in the off-street sector, despite over two thirds of it being illegal, and research revealing continued elements of coercion and control. Their report reveals that the promised exit and support strategies never materialized in the Australian context, despite receiving some political support and being implemented elsewhere internationally (Bindel and Kelly, 2003, 19).

As the above discussion illustrates women in Victorian brothels are not a homogenous group. Quite a large group of women have had formal secondary and tertiary education, they are often working to pay for the welfare of their children and families, yet can also be in severe financial difficulties that do not affect Australian women working in other legitimate industries. The research also illustrates that many women would wish to exit the brothels , however, they believe they would not have the formal support available to them if they wished to do so. As Carson and Edwards argue in their examination of Victorian versus Swedish public policy on prostitution, the state of Victoria needs to support women in the sex industry to what is currently available in Sweden. As the authors argue workplace and welfare reforms that support women exiting the industry will aid a 'decrease [in] stigma and harm' and are 'more likely to be enacted in a state with a robust welfare and pro-labour ideology (such as Sweden)' (2011, 85). State government research has acknowledged that current support for women seeking an exit from prostitution is limited and as Sullivan states 'Policy documents acknowledge that women's ability to move out of prostitution is restricted the longer they stay in the industry partly due to .. stigma' (2012, 154). Policy documents have also recommended extra funding for exit programmes, and have recognised that

prostitution as work 'ensures that many women are not in a position to develop skills that would make them more widely employable, despite policy recommendations to increase programs that enable women to leave prostitution for other employment options (Sullivan, 2012, 154).

Research into how or why women are exiting brothels in Victoria or Australia is limited, as is research into what policies and support is required for women in brothels in order to help them transition into other forms of legal employment. Bilardi et al, and Groves et al have only accessed a very small sample of women in the legal sex industry in Victoria, and even then their results (which indicate a large percentage of women with secondary and tertiary education or training) may be skewed. Clearly Victorian policy documents, such as the *Improving the Regulation of the Sex Industry and Supporting Sex Workers Who Want to Move On* (State of Victoria, 2007), have not been followed through with as current research indicates that women inbrothels in Victoria have been left without formal, governmental support (Sullivan, 2012; Carson and Edwards, 2011). Long term policies, such as those enacted by Sweden, are more beneficial for women seeking to exit the sex industry than temporary funding and support, or in extreme cases criminalisation of those women who do not move on

Conclusion

As this literature review has discussed, brothel prostitution (legal and illegal) is currently under researched, both in terms of the violence that is committed against the women and the policies currently in place to aid the exiting of women into other legitimate forms of labour. We have demonstrated that the harms against women in brothels are not only physical violence, such as in the form of assault and rape, but also includes harm in the form of the mental and emotional wellbeing of these women, as well as health impacts on their bodies. Some women do use alcohol, legal and illegal drugs to cope with the stresses of prostitution, and also lead unhealthy lifestyles which impact on their general wellbeing. Exit programmes are currently

30

underfunded in Victoria, and it is necessary for government and formal support groups to identify the needs of women in brothels as being distinct from women in the sex industry, especially street prostitution.

Reference List

Alexander, P. (1998) Sex Work and Health: A Question of Safety in the Workplace. *JAMWA*, Volume 53, (No. 2), pp. 77-82

Baker, L. & R. Dalla, C.Williamson (2010) Exiting Prostitution: An Integrated Model. *Violence Against Women.* 16 (5): 579-600

Bilardi, J. & A. Miller, J. Hocking, L. Keogh, R. Cummings, M. Chen, C. Bradshaw, C. Fairley (2011) The Job Satisfaction of Female Sex Workers Working in Licensed Brothels in Victoria, Australia. *Journal of Sexual Medicine.* 8: 116-122

Bindel, J & L. Kelly (2003) *A Critical Examination of Responses to Prostitution in Four Countries: Victoria, Australia; Ireland; the Netherlands; and Sweden*. Child and Woman Abuse Studies Unit, London Metropolitan University

Boazman, S. (Jan. 14 2010). "Stag parties fuel sex trafficking" available at: *BBC News* http://news.bbc.co.uk/2/hi/europe/8457172.stm. Accessed on 4 April 2014.

Brents, B. G & K. Hausbeck (2005) Violence and Legalized Brothel Prostitution in Nevada: Examining Safety, Risk, and Prostitution Policy. *Journal of Interpersonal Violence.* 20: 270- 295

Campbell, R (1998) Invisible Men: Making visible Male Clients of Female Prostitutes in Merseyside. Ed. J. Elias et al, *Prostitution.* New York: Prometheus Books. 155-171

Carson, L. & K. Edwards (2011) Prostitution and Sex Trafficking: What are the Problems Represented to be? A Discursive Analysis of Law and Policy in Sweden and Victoria, Australia. *The Australian Feminist Law Journal.* 34: 63-87

Cusick, L. & B. Brooks-Gordon, R. Campbell, F. Edgar (Apr. 2011) 'Exiting' drug use and sex work: Career paths, interventions and government strategy targets. *Drugs: education, prevention and policy.* 18 (2): 145-156

Church, S & M. Henderson, M. Barnard, G. Hart (Mar. 2001) Violence by clients

towards female prostitutes in different work settings: questionnaire survey. *British Medical Journal.* 322 (7285): 524-525

Coy, M (ed.)(2012) Introduction: *Prostitution, Harm and Gender Inequality.* In. *Prostitution, Harm, and Gender Inequality: Theory, Research, and Policy*. Farnham: Ashgate.

Cwikel, J. & K. Ilan, B. Chudakov (2003) Women brothel workers and occupational health risks. *Journal of Epidemiol Community Health.* 57: 809-815

Earle, S & K. Sharp (2007) *Sex in Cyberspace: Men Who Pay For Sex.* Aldershot: Ashgate

Farley, M & A. Cotton, J. Lynne, S. Zumbeck, F. Spiwak, M.E. Reyes et al (2003) Prostitution and Trafficking in 9 Countries: Update on Violence and Posttraumatic Stress Disorder. *Journal of Trauma Practice.* 2 (3/4): 33-74

Farley, M (Oct. 2004) "Bad for the Body, Bad for the Heart": Prostitution Harms Women Even if Legalized or Decriminalized. *Violence Against Women.* 10 (10): 1087- 1125

Giusta, M, M. Di Tommaso & S. Strøm (2008) *Sex Markets: A Denied Industry*. Abingdon: Routledge

Groves, J. & D.C Newton, M.Y Chen, J. Hocking, C.S Bradshaw, C.K Fairley (2008) Sex workers working within a legalised industry: their side of the story. *Sexually Transmitted Infections.* 84: 393-394

Harris, C & S. Yiannikas (2008) The Queen v. Tang (Case Studies) *Australian International Law Journal*: 253-265

Harris, M & P. Nilan, E. Kirby (2011) Risk and Risk Management for Australian Sex Workers. *Qualitative Health Research.* 21 (3): 386-398

Havelková, B (2011) Using Gender Equality Analysis to Improve the Wellbeing of Prostitutes. *Cardozo Journal of Law & Gender.* 55- 90

Høigård, B & L. Finstad (1992) *Backstreets: Prostitution, Money and Love*. Cambridge: Polity Press

Järvinen, M (1993) *Of Vice and Women. Shades of Prostitution.* Oslo: Scandinavian University Press.

Matthews, R (2008) *Prostitution, Politics and Policy.* Abingdon: Routledge-Cavendish

Monto, M (2004) Female Prostitution, Customers, and Violence. *Violence Against Women.* 10: 160-188

Murphy, A & S. Venkatesh (2006) Vice Careers: The Changing Contours of Sex Work in New York City. *Qualitative Sociology.* 29 (2): 129-154

Nemoto, T & M. Iwamoto, S. Wong, M. N. Le, D. Operario (Dec. 2004) Social Factors Related to Risk for Violence and Sexually Transmitted Infections/HIV Among Asian Massage Parlor Workers in San Francisco. *AIDS and Behavior.* 8 (4): 475-483

O'Doherty, T (2011) Criminalisation and Off-Street Sex Work in Canada. *Canadian Journal of Criminology and Criminal Justice.* 217- 245

Oselin, S (2008) Unhooked? An Analysis of Role Exiting Among Prostitutes in Prostitution-Helping Organizations. Unpublished PhD Thesis. University of California, Irvine.

Perkins, R. & F. Lovejoy (1996) Healthy and unhealthy life styles of female brothel workers and call girls (private sex workers) in Sydney. *Australian and New Zealand Journal of Public Health.* 20 (5): 512-516

Pyett, P. M & .r. Haste, J. Snow (1996) Risk practices for HIV infection and other STDs amongst female prostitutes working in legalized brothels. *AIDS Care: Pyschological and Socio-Medical Aspects of AIDS/HIV.* 8 (1): 85-94

Rekart, M (2005) Sex-work harm reduction. *Lancet.* 366: 2123-2134

RhED (2002) *Power.* St. Kilda, Victoria: Resourcing Health and Education. Online.

Roth, L. (Nov. 2011) Regulations of brothels: an update. *E-brief.* 15. NSW Parliamentary Library Research Service: 1-15

Sanders, T & R. Campbell (2007) Designing out vulnerability, building in respect: violence, safety and sex work policy. *The British Journal of Sociology.* 58 (1): 1-19

Sanders, T (Feb. 2007) No room for a regulated market? The implications of the co-ordinated prostitution strategy for the indoor sex industries. *Community Safety Journal.* 6 (1): 34- 44

Sanders, T. (2007) Becoming an Ex-Sex Worker: Making Transitions Out of a Deviant Career. *Feminist Criminology.* 2: 74-95

Seib, C. & J. Fischer, J. Najman (2009) The health of female sex workers from three industry sectors in Queensland, Australia. *Social Science & Medicine.* 68: 473-478

Spice, W. (2007) Management of sex workers and other high-risk groups. *Occupational Medicine.* 57: 322-328

State Government of Victoria (2007) *Improving the Regulation of the Sex ndustry and Supportng Sex Workers Who Want to Move On: A Report by the Prostitution Control Act Ministerial Advisory Committee*

Sullivan, B (Apr. 2008) Working in the Sex Industry in Australia: The Reorganisation of Sex Work in Queensland in the Wake of Law Reform. *Labour & Industry.* 18 (3): 73-92

Sullivan, E & W. Simon (1998) The Client: A Social, Psychological, and Behavioural Look at the Unseen Patron of Prostitution. In. J. Elias et al, *Prostitution.* New York: Prometheus Books. 134-154

Sullivan, M.L (2012) Legitimizing Prostitution: Critical Reflections on Policies in Australia. In M.Coy *Prostitution, Harm and Gender Inequality: Theory, Research, and Policy.* Farnham: Ashgate. 141-158

UK Home Office (2006) *A Coordinated Prostitution Strategy*

Valera, R.J & R. G Sawyer, G.R Schiraldi (2001) Perceived health needs of inner-city street prostitutes: A preliminary study. *American Journal of Health Behavior.* 25: 50-60

Vanwesenbeeck, I (1994) *Prostitutes' Well-Being and Risk.* Amsterdam: VU University Press

Williamson, C & T. Cluse-Tolar (2002) Pimp-Controlled Prostitution: Still an Integral Part of Street Life. *Violence Against Women.* 8: 1074- 1091

Zheng, T. (2006) Cool Masculinity: male clients' sex consumption and business alliance in urban China's sex industry. *Journal of Contemporary China.* 15 (46): 161-182