

**UNIVERSITY
OTĀGO**



Te Whare Wānanga o Ōtāgo

**The Impact of the
Prostitution Reform Act
on the Health and Safety Practices
of Sex Workers**

Report to the Prostitution Law Review Committee

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EXECUTIVE SUMMARY

The Prostitution Law Review Committee (PLRC) was set up to evaluate the Prostitution Reform Act (PRA) 2003. A number of tasks were identified in an evaluation framework, which was developed by the Crime and Justice Research Centre. This report will inform three of the four tasks identified in this evaluation framework.

A multi-methods research project was undertaken in five locations in New Zealand: Auckland, Christchurch, Wellington, Nelson and Napier. This study utilised a community-based participatory approach, with researchers from the University of Otago working in partnership with New Zealand Prostitutes' Collective (NZPC). Some comparisons were possible pre- and post-decriminalisation as the research partnership had carried out a similar study in Christchurch in 1999. Comparisons are therefore possible for this city but not for the other locations of the study. The study was implemented over a number of phases. The first phase of the study included some exploratory focus groups, which informed data collection in phases three and four of the study. This phase of the study has been reported on previously.

The second phase of the study was an estimation of the number of sex workers in the study locations. This phase of the study addressed task one identified in the evaluation framework.

- Greater than 50% of sex workers in Auckland, Christchurch, Wellington, Nelson and Hawkes Bay work in the managed sector, comprising brothel and escort workers.
- Over a third of sex workers in these locations work privately.
- About one tenth of sex workers work on the street.
- Christchurch data would suggest that there has been a move from the managed to the private sector following decriminalisation.

- The street sector in Christchurch has changed little since decriminalisation. The street sector in both Christchurch and Wellington has been stable in the 18 month time period of the research.
- The estimation of number of sex workers in the locations of the study indicates that the PRA has had no discernable impact on the number of people entering the sex industry.

The third phase of the study was a survey of 772 sex workers in Christchurch, Auckland, Wellington, Napier and Nelson. Random sampling was not done as it was considered that this would elicit a level of distrust amongst those selected to participate and the resultant response rate would be low, compromising the external validity of the sample. Purposive sampling was therefore used but steps were taken to represent the overall cultural make-up of the population within the sample:

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

An exclusion criterion for this study was that participants whose English was not sufficient to understand the questions without the aid of an interpreter, were excluded. There is therefore limited representation of Asian workers in New Zealand.

The majority of survey participants were New Zealand European, female, between the ages of 22 and 45 years, had entered the industry after the age of 18 years and had education levels of at least three to five years at the secondary school level, with many having tertiary level education. Nearly half of the participants reported having children. Most participants (67%) had been in the industry for longer than two years, with more than half reporting working prior to the implementation of the PRA in 2003. There were significant differences in personal characteristics identified across the different sectors and the different geographical locations of the study:

- Street-based workers were significantly more likely than managed or private workers to report some Maori ethnicity, identify as transgender, have started

working in the sex industry before the age of 18 years and to have lower levels of education. They were also more likely than participants in other sectors to have worked in the industry for more than 10 years.

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

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

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

The fourth phase of the study included in-depth interviews with 58 sex workers in the study locations, six Medical Officers of Health (Inspectors under the PRA), two sexual health promoters and an occupational health nurse employed by the Department of Labour. An analysis of the content of eleven submissions by Medical Officers of Health on proposed territorial local authority bylaws and district plan changes was also carried out.

The results from phases three and four of the study, which are pertinent to this report, are summarised below.

Entry into sex work

- Entry into sex work was predominantly for financial reasons:
 - 73% of survey participants needed money to pay for household expenses.
 - Financial incentives were more important to female sex workers than to male or transgender sex workers.
 - Nearly half of street-based, male and transgender sex workers had no other source of income.
 - Flexibility of working hours and financial benefits were advantageous in terms of child care arrangements.
- Entry into sex work was also influenced by social factors, especially for street-based and transgender sex workers:
 - More than half of street-based and transgender sex workers had friends in the industry prior to starting work in the sex industry.
 - Many participants were influenced by friends and family into entering the sex industry.
- Entry into sex work was also influenced by identity factors:
 - Many street-based and transgender sex workers thought sex workers looked like they were fun to be with and that the work looked exciting and glamorous.
 - Sex work was also identified by male and transgender sex workers as a way of exploring their sexuality.

- The decriminalisation of the sex industry did not play a great role in reports of entry into the sex industry.

Information at entry into sex work

- 62% of all survey participants reported sufficient information on starting sex work to keep them safe.
- Nearly half (47%) of surveyed street-based sex workers reported that they did not have enough information.
- 33% of surveyed street-based sex workers did not get any information when starting sex work.
- Co-workers were the most often cited source of information on starting sex work.
- Most managed workers received information from the manager or receptionist at their place of work.

Expected length of stay in the industry

- There was uncertainty as to how long participants expected to stay in the industry.
- Sex workers who had only been in the industry for a short period of time (less than one year), were more likely than long-term sex workers (in the industry for longer than one year) to report that they intended to stay in the industry for less than one year.

Reasons for staying in the sex industry

- Financial motives were key to staying in the sex industry:
 - 82% of survey participants remained in the industry to pay their household expenses.
- 83% of survey participants valued the flexible working hours.
- 42% of survey participants liked the company of other sex workers.
- 43% of surveyed street-based workers said that all their friends were in sex work.
- 39% of survey participants enjoyed the sex.

Payment for work, other than money

- Street-based workers were more likely than workers in other sectors to accept alternative forms of payment for sex.
- Street-based workers who had been in the industry for some time, stressed that they would only accept money for their services.

Benefits of working

- Few participants reported no benefits of working in the sex industry.
- The key benefits reported by participants were:
 - They had more money.
 - They had made new friends.
 - They had survived.
 - They enjoyed contact with the clients.
 - They valued their independence, the flexibility of the work and the camaraderie with other workers.
- Some disadvantages reported in the qualitative interviews included:
 - The continuing stigma of sex work and harassment by the general public.
 - Many participants talked of the physical and mental stress of the work.

Movement between sectors

- There was little movement between sectors reported in the survey for street-based and managed workers, but half of the private workers reported starting out working in the managed sector.
- Private workers reported moving into private work because it provided a safer working environment, where they could earn more and attract better clients.

Exit from the sex industry

- 51% of all survey participants had stopped working in the sex industry at least once and then returned.

- The main reasons for returning to the industry were financial, but participants also reported missing workplace friendships and wanting time-out from their families.
- Transgender sex workers had difficulty finding other forms of employment because of discrimination.

Access to health services

- 87% of all survey participants had a regular doctor but only half of these participants disclosed their occupation to their doctor.
- Few survey participants report non-attendance at sexual health check-ups, with most going to their own doctor, a sexual health centre or NZPC.
- In in-depth interviews, participants discussed not telling their doctor of their occupation because they thought that there was a stigma attached to sex work and also there was a fear that the knowledge of their occupation would affect their treatment for other health issues.
- There was little difference in disclosure of occupation to health professionals by Christchurch participants pre- and post-decriminalisation.

Experiences at work

- Managed and private sex workers were less likely, post-decriminalisation, to report that they felt pressured to accept a client when they did not want to than they were pre-decriminalisation.
- Managed sex workers were more likely post-decriminalisation to report having refused to do a client in the last 12 months than pre-decriminalisation. Many spoke in in-depth interviews of the support that they now had from management when it came to refusing to do certain clients.
- Street-based workers were more likely than managed or private sex workers to report refusal of a client to pay, having had money stolen by a client, having been physically assaulted by a client, having been threatened by a client with physical violence, having been held against their will and having been raped in the last 12 months.

- Few participants reported adverse incidents that had happened in the last 12 months to the police. Confidants for bad experiences were most frequently co-workers, NZPC, a friend, or for managed workers, the manager or receptionist at their place of work.
- Most participants reported getting information on bad clients from other sex workers, NZPC and for managed workers, the manager or receptionist at their place of work.
- Most participants reported always using condoms for vaginal and anal sex.
- Just over one tenth of survey participants reported not using protection at some time in the last 12 months for oral sex on the client and on them. Street-based workers were more likely than managed and private sex workers to report this and male sex workers were more likely than female and transgender sex workers to report unprotected oral sex.
- Female sex workers spoke of the lack of education on dental dams.
- Clients frequently requested sex without a condom. Street-based workers in the survey were the most likely sector to report this, yet in in-depth interviews, participants from all sectors spoke of the frequency of this request. Most survey participants reported telling clients that it was the law that they had to use condoms and over half reported refusing to do the job if the client persisted. Male sex workers were more likely than female and transgender sex workers to report doing the job but charging the client more.

Rights under the Act

- Over 90% of survey participants were aware that they had increased employment, OSH and legal rights under the PRA.
- Qualitative interviews revealed sex workers' perceptions that these increased rights:
 - Gave them greater powers of negotiation of safer sex with clients;
 - Gave them the right to refuse to do a client;
 - Protected them from violent attacks;
 - Were mentally enabling, allowing them to feel supported and safe.

- Some participants were still confused over what their rights were and how the PRA impacted on them.
- NZPC was the main source of information on rights.

Territorial Authorities and local bylaws under the PRA

- 19 out of 73 territorial authorities had bylaws made under the PRA (9/16 city councils and 10/57 district councils) and at least four other territorial authorities had made specific District Plan changes relating to signage or location of brothels
- In the study areas, four out of the six territorial authorities in the greater Auckland region and one out of the three authorities in greater Wellington had made bylaws. Christchurch City also had a bylaw, and both Napier and Nelson City Councils had district plan rules dealing with signage or location of brothels.
- Just over half of survey participants were aware of a bylaw in their area.
 - There was confusion of what these bylaws meant to many participants, but many reported that it had not impacted on their business.

Medical Officers of Health and public health services

- Medical Officers of Health and public health services have had a range of responses to the implementation of the PRA.
 - Most of their early involvement was in making submissions on proposed local bylaws and this had had variable impact.
 - Their statutory functions under the PRA had to be carried out within existing resources.
 - Almost all had taken a largely reactive approach, responding to complaints, rather than initiating an inspection regime.
 - Only one of the Medical Officers of Health interviewed had yet to deal with a complaint, though complaints had been infrequent.
 - Most complaints concerned either unsafe sex or unhygienic premises, sometimes both and almost all complainants were anonymous.
 - All were positive about their relationships with other regulatory agencies and the NZPC.

- All the Medical Officers of Health were comfortable with their role under the PRA and felt it was appropriate.
- Three Medical Officers of Health had delegated their role under the PRA to other public health workers.
- Most interviewees felt the implementation of the PRA had had a positive impact on health and safety on the sex industry though there were some reservations.

Occupational Safety and Health

- Most survey participants had seen the OSH guidelines and Ministry of Health pamphlets and found them useful and relevant.
 - There were some reports that the OSH guidelines handbook was too big.
 - The placement of posters in private and managed premises was sometimes described as problematic.
 - 18% of survey participants had experienced a work-related injury.
 - Most participants would report an injury to a GP, a sexual health centre, NZPC and, for managed workers, the manager or receptionist at their place of work.

Police

- The majority of survey participants (60%) thought that at least some police cared about their safety.
 - There were no significant differences in perception of police concern for sex workers' safety between Christchurch female participants in 2006 and the 1999 survey participants.
 - Over half of all survey participants who had been working prior to the enactment of the PRA, reported that police attitudes had changed for the better following decriminalisation of the industry.
 - Participants in qualitative interviews were positive about police and said that they were more likely post-decriminalisation to report a bad incident to them.

The conclusion of this report is that there have been many positive outcomes from the decriminalisation of the sex industry, but in some cases it is too soon to see many differences. There is little or no evidence that there have been negative consequences for the health and safety of sex workers post-decriminalisation.

1. BACKGROUND

1.1 Regulation of sex work in New Zealand prior to 2003

Prior to 2003, sex work in New Zealand was not illegal but all related activities were criminalised through the invocation of sections under a number of existing Acts. Section 26 of the Summary Offences Act 1991 made it an offence for a sex worker to offer sex for money in a public place. However, clients were not criminalised as it was not an offence to pay or to offer to pay for sex. This created a double standard in that a sex worker could be convicted of soliciting, incurring a criminal record, while in the eyes of the law, the client had committed no offence.

Section 147 of the Crimes Act (1961) made it an offence to keep or manage a brothel. If police raided brothels, the presence of safer sex literature and condoms could be used to contribute to a pattern of evidence to achieve conviction against operators of venues and sex workers. With the operation of brothels made illegal, brothel owners ran their businesses under the front of massage parlours, which were a legally permitted enterprise. The Massage Parlours Act 1978 provided for the licensing of massage parlour operators, but did not refer to the provision of commercial sexual services. Sex workers were vulnerable to coercive and exploitative practices by owners or managers of the businesses and had little recourse to the justice system. The Massage Parlours Act also prohibited the employment in parlours of individuals under the age of 18 years and people with drug or prostitution related criminal records.

The Crimes Act (section 148) also made it illegal to live off the earnings of the prostitution of another person, which meant that partners of sex workers could be committing an offence by being supported by their spouse. In addition, section 149 of the Crimes Act made it an offence for any person to procure sexual intercourse for another person.

This legislative approach, which criminalises the sex worker, draws heavily on moral ‘public nuisance’ discourses (Kantola & Squires, 2004) and is evident in policy debates in many western countries, including the United Kingdom and Canada. The regulations tend to increase the vulnerability of sex workers by driving them underground, where fear of detection and arrest override concerns for health and safety (Davis & Shaffer, 1994; Jordan, 2005). Criminalised sex workers have none of the rights accorded to workers in other occupations and therefore, they are open to coercion and exploitation by managers, pimps and clients. No health and safety guidelines govern working conditions and violence is a common occurrence in the lives of many sex workers, especially those working on the streets (Plumridge & Abel, 2001). They are often induced into performing sex acts that they are not willing to do and are coerced into unsafe sexual practices. There are also psychological consequences to criminalisation as the arrest process itself is humiliating and degrading, their occupation may have previously been unknown to family and friends and the stigma given to sex work can often have harmful psychological effects. The consequences of having a criminal record are far reaching. It may make it even more difficult for sex workers to exit the industry as they may not be able to find other employment. They also may have limitations put on travel and getting home or other loans (Davis & Shaffer, 1994).

1.2 Alternative regulatory approaches to sex work

There are a number of alternative regulatory approaches to the criminalisation of sex workers, which may take the form of criminalisation of the client, legalisation or decriminalisation.

1.2.1 Criminalisation of the client

Criminalisation of the client seeks to reduce the demand for sex work and in the process, either reduce or eliminate the sex industry altogether (Jordan, 2005). The radical feminist claim that prostitution is an institutionalised form of male violence towards all women

has been influential in policy debate in Sweden, where legislative changes have ensured that clients and not sex workers are criminalised (Hunter, 1991). Sweden has been unique in prohibiting the buying of sex and supporters of this stance have heralded Sweden as signalling to the world that sex work is not acceptable in a gender-equal society (Gould, 2001).

That this legislation was passed in 1998 and introduced on 1 January 1999 is due to a particularly strong women's movement in Sweden (Kulick, 2003; Svanstrom, 2006). Although a Commission set up in 1993 to investigate options for regulation had recommended both the criminalisation of the client and the sex worker, this stance was criticised by some experts and taken up by the media. It was claimed that such legislation would obscure the fact that sex work was about men's power over women and that punishing the sex workers would mean punishing the victims of sex work (Gould, 2001; Svanstrom, 2006). The argument that sex work was voluntarily chosen as a profession was totally rejected, with claims made that 'nobody willingly sells their body for money' and that women enter the industry either because of poverty, dependence on drugs or because they are trafficked (Gould, 2001). No input from sex workers or sex work organisations was sought in any of the debates informing the legislation (Gould, 2001; Kulick, 2003).

Although many groups in Sweden who opposed criminalisation¹ put forward arguments that such legislation would drive the sex industry underground, leading to an increase in violence, unsafe sex practices and exploitation of sex workers, proponents claimed that much of the industry was already underground and the law would decrease the demand for paid sexual services. There were also arguments that there would be complications in implementing the law. As sex with a sex worker was not illegal, but the purchasing or attempt to purchase a 'temporary sexual relation' was, it would be a difficult action to

¹ Groups opposing the criminalisation of the client were the National Board of Police, the National Social Welfare Board, the Attorney General, and the National Courts Administration (Kulick, 2003).

prove if both parties denied it (Kulick, 2003). Indeed, since the law has been in force, very few offences have reached the courts (Kulick, 2003).

The legislation had an immediate effect of reducing the number of workers on the streets of Stockholm and Gothenburg, but numbers have since started to increase (Kilvington et al., 2001). Government reports evaluating the law have all concluded that there has been no significant drop in numbers of sex workers (Kulick, 2003). Commentators have proposed that the initial reduction in number of workers seen on the street did not mean that the number of sex workers had decreased, but that they had chosen less visible ways of making contact with clients (Kilvington et al., 2001). This posed a number of threats to sex workers' health and safety by driving the industry underground where they were vulnerable to exploitation and abuse and less easily accessed by health and social workers.

1.2.2 Legalisation

It is not with the purpose of reducing harm to sex workers that legalisation of the sex industry is often advocated for but, drawing on moral rhetoric, to control the industry by keeping it limited to certain areas where it will not offend the wider population (Arnot, 2002; Davis & Shaffer, 1994). Some states of Australia, including Victoria, Queensland and South Australia have legalised sex work. Legalisation permits sex work in certain forms, but is usually heavily regulated, through the licensing of sex workers and sex work establishments within zoned areas (Jordan, 2005). In addition, sex workers are often required to have regular health checks to be eligible to retain their license (Scambler & Scambler, 1995). This system has failed in many instances because, as municipalities have complete control over the granting or refusing of licenses, the number of legal brothels and sex workers has been greatly limited (Jordan, 2005; Lewis & Maticka-Tyndale, 2000b). This has seen the burgeoning of an illegal sector as those sex workers who are not able to find employment in a legal establishment resort to working illegally.

In 1994, Victoria legislated through the Prostitution Control Act to legalise escort services and licensed brothels while continuing to criminalise all other forms of sex work.

Local municipalities were given control over the licensing of brothels. Licensing has been limited to certain areas and to a very few businesses in these areas, resulting in a shortage of employment for sex workers (Arnot, 2002). This has forced many sex workers to operate illegally. Because of the shortage of legal work, brothel owners have exploited their workers and this has resulted in poor working conditions for those sex workers who wish to work legally (Arnot, 2002). Workers are subject to petty fines, unreasonable cuts of all client fees and coercion to provide services that they do not want to provide. The illegal sector is, thus, increasing in Victoria and these workers are subject to increased harassment from police and clients (Davis & Shaffer, 1994). Legalisation has failed to remove the stigma of sex work and workers are still reluctant to lay charges against clients who commit a crime against them for fear that they will not be believed (Arnot, 2002).

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

1.2.3 Decriminalisation

Decriminalisation aims to respond to sex work with standard laws and remove social exclusion which makes sex workers subject to exploitation (West, 2000). It encompasses the complete removal of the laws governing sex work and sex work-related offences. The sex work industry then becomes subject to the same controls and regulations as those under which other businesses operate (Jordan, 2005). Decriminalisation is seen by many researchers, public health professionals, liberal feminists and others as the only way to

protect the human rights of sex workers and minimise the amount of harm incurred by their occupation.

In New South Wales (NSW), aspects of sex work were decriminalised in 1995 through amendments to the Disorderly Houses Act (1943) (Scott, 2003). Decriminalisation was two-tiered in that non-street or private sex work was decriminalised, yet street-based work remained criminalised (Scott, 2003). In this way, the NSW Government sought to erase the more visible sectors of the sex industry which they characterised as constituting a danger to the community and a public nuisance. The private sector was not unregulated, however, and licensing of brothels was required by local councils. Applications for licensing outside of designated zones have been successfully blocked by councils, which has meant that many sex workers operating from small ‘cottage’ operations have been operating illegally (SWOP, 2003). Such a two-tiered system has necessarily resulted in a legal and an illegal sector of the sex industry with few gains made in harm minimisation.

1.3 Prostitution Reform Act 2003

The recognition of the harm done to sex workers by criminalising them provided the impetus for law reform in New Zealand and a bill was drafted by New Zealand Prostitutes’ Collective (NZPC), the Young Women’s Christian Association of Aotearoa – New Zealand, some legal volunteers and some Members of Parliament, most notably Maurice Williamson and Katherine O’Regan, who were strong advocates for reform. The Bill was then taken up by Tim Barnett, the Christchurch Central MP, and introduced into Parliament on 21 September 2000 as a private member’s bill. It was placed into the private members’ ballot box and on 11 October 2000 was drawn out and spoken to in Parliament on 8 November 2000. In his first reading speech, Tim Barnett thanked the people involved in developing the Bill for their dedication. He pointed out to the assembled MPs that:

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

(Barnett, 2000)

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

1.3.1 Purposes and content

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

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

- a) safeguards the human rights of sex workers and protects them from exploitation;*
- b) promotes the welfare and occupational health and safety of sex workers;*
- c) is conducive to public health;*
- d) prohibits the use in prostitution of persons under 18 years of age;*
- e) implements certain other related reforms (PRA 2003).*

Following the enactment of the Prostitution Reform Act (PRA), the sex industry must operate under the same health and safety rules as any other New Zealand industry. The Department of Labour’s Occupational Safety and Health (OSH) developed guidelines intended for sex industry owner/operators, the self-employed, employers, managers and workers (Department of Labour, 2004). These guidelines included information on the

roles and responsibilities for all of the above mentioned groups under the PRA and the Health and Safety in Employment Act 1992. They also outlined requirements for sex worker health, workplace amenities and psychosocial factors, such as security and safety from violence, alcohol, drugs, smoking in the workplace, complaints, employee participation and workplace documents.

Operators of businesses under the new law are required to adopt and promote safer sex practices by taking all reasonable steps to ensure that their workers (and clients) are given health information, use 'prophylactic sheaths of other appropriate barriers' and minimise the risk of acquiring or transmitting sexually transmitted infections (section 8). Under section 9, sex workers and clients are also compelled to take all reasonable steps to ensure that they use adequate protection during penetrative sex and minimise the risk of acquiring or transmitting a sexually transmitted infection.

Restrictions are placed on advertising for commercial sexual services, including advertisements on radio and television, cinemas and in the print media (with the exception of the classified advertisements section). A person who does place an advertisement in any of these media, or authorises it, is liable on summary conviction to a fine not exceeding \$50,000 for a body corporate or not exceeding \$10,000 for any other case. Regulation of signage of commercial sexual services is delegated to territorial authorities to make bylaws for their districts. Territorial authorities can also regulate the location of brothels through bylaws. Resource consents may be required for land use relating to sex work businesses in some council areas in accordance with their district plans.

Sections 16-18 provided further protection for sex workers. Under section 16, it is an offence, with a penalty of up to 14 years imprisonment, for anyone to induce or compel another person to provide sexual services, or claim any earnings derived from sex work. The Act (under section 17) also provides for the right of refusal to provide commercial sexual services and consent can be withdrawn at any stage in the transaction. Refusal to

work as a sex worker also does not affect any entitlements to a benefit under the Social Security Act 1964 or the Injury, Prevention, Rehabilitation, and Compensation Act 2001.

Section 19 of the PRA deals with the application of the Immigration Act 1987, stipulating that no permit be granted to a non-resident who provides, or intends to provide, commercial sexual services, or who intends to operate or invest in a commercial sexual business.

Prohibitions are placed on people who assist anyone under the age of 18 years in providing sexual services, anyone who receives earnings from such services, or anyone who contracts someone under the age of 18 years for commercial sexual services (sections 20-22). The Act allows for a prison term of up to 7 years for anyone contravening these sections and stipulates that no person under the age of 18 years can be charged as a party to the offence.

Other sections of the Act deal with powers of entry to inspect compliance with health and safety requirements and powers of entry for police. Sections 34-41 deal specifically with operator certificates: every operator of a sex work business is required to hold a certificate, which is granted by the Registrar of the Auckland District Court.

1.3.2 Proposal for evaluation

A review of the operation of the Act within three to five years and the establishment of a Review Committee were legislated for under sections 42-46 of the PRA. In the second reading of the Bill in Parliament, Tim Barnett highlighted the lack of rigorous research on the efficacy of decriminalisation:

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

(Barnett, 2003).

The Prostitution Law Review Committee appointed by the Minister of Justice consists of 11 members. The Crime and Justice Research Centre was contracted by the Ministry of Justice to develop an evaluation framework to address the four main review tasks:

- Task 1 To assess the impact of the Act on the number of persons working as sex workers in New Zealand;
- Task 2 To assess the nature and adequacy of means available to assist persons to avoid or cease working as sex workers;
- Task 3 To consider whether the ‘system of certification’ is effective or could be improved, whether any other agency or agencies could or should administer it, and whether a system is needed for identifying the location of businesses of prostitution;
- Task 4 To review the operation of the Act since its commencement (Crime and Justice Research Centre, 2005).

Our research addresses many of the tasks identified by the Crime and Justice Research Centre:

Task 1 Our research provides an enumeration of sex workers in the three major centres where sex work takes place in New Zealand, namely Auckland, Christchurch and Wellington. In addition, an estimation of the number of workers in two smaller rural areas in which the research was carried out, Hawkes Bay and Nelson, is provided. An estimation of all sectors of the industry was done in February/March 2006. Another estimation of Christchurch street-based workers was done in May 2006, to provide comparison with a previous estimation done prior to decriminalisation in May 1999. A further estimation of the number of street-based workers in Auckland, Christchurch and Wellington was carried out in June 2007.

Task 2 Our research has quantitative and qualitative findings about whether sex workers have had a break from the industry, the reasons they had a break and their

reasons for returning to the industry. In addition, qualitative interviews address some difficulties sex workers may face in exiting the industry.

Task 3 This task is not addressed by our research.

Task 4 Our research addresses sex workers' perceptions of the impact of territorial authorities' response to the PRA through interview and survey data. Some analysis is provided of the effectiveness of the health and safety provisions of the PRA and perceptions of changes in the work related experiences of sex workers following decriminalisation.

The research done to inform this report was carried out in a number of phases. The first phase included exploratory focus groups with sex workers, New Zealand Prostitutes' Collective (NZPC) staff and associates, as well as outreach workers. These focus groups informed the development of the data collection tools in phases three and four of the study.

The second phase of the study was an estimation of the number of sex workers in the locations in which the study took place, namely Christchurch, Auckland, Wellington, Hawkes Bay and Nelson. This phase is reported on in Section 2 of this report. The estimations informed the sampling procedures utilised in phases three and four of the study.

The third phase was a survey of sex workers in the different locations of the study and the fourth phase included in-depth interviews with a sample of sex workers in these locations. In addition, in-depth interviews were carried out with Medical Officers of Health (appointed as Inspectors under the Act), or their delegates, in all the study locations and three other centres. The content and outcomes of submissions made by Medical Officers of Health on proposed territorial authority bylaws or changes to district plans were also reviewed. The survey and interview data will be presented in Sections 5, 6 and 7 of this report and the analysis of submissions in Section 7.

2. ESTIMATION OF NUMBERS

2.1 Introduction

This Section describes the process undertaken to estimate the number of sex workers working in the sex industry in the three main centres in which sex work takes place in New Zealand, namely, Christchurch, Auckland and Wellington. Two smaller rural areas, Nelson and the Hawkes Bay, were also included in the estimation.

Gaining an accurate estimation of the number of workers in the sex industry is a difficult task, in part because they constitute a marginalised population. Although the industry is now decriminalised in New Zealand, the preliminary focus groups conducted in this research project found that there are still suggestions of continuing stigmatisation of sex workers, which impacts on the likelihood of disclosure of their occupation (Weir et al., 2006). Sex work is also a transitory occupation, with sex workers transiting in and out of the industry, some remaining for only a short period of time and others entering and exiting the industry a number of times over a long period. It is, however, important that best estimates are made as to effectively deliver services to this section of the population and cater for their varying needs, there needs to be an understanding of the size and make-up of the industry. As has been well documented, the sex worker population is not homogenous and there are issues which are more pertinent to certain sectors than others (O'Connor et al., 1996; Plumridge & Abel, 2001). Much attention has been focussed by researchers, public commentators, politicians and others on the street sector, as it represents the most visible proportion of the sex industry, yet in most countries it represents only around a tenth of the industry (Hubbard, 2004; Scambler, 1997; Weitzer, 2005). It is important to have an understanding of the size of the different sectors when doing research with this population as all sectors need to be well represented within the research.

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

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

The Ministry of Justice undertook research to assess the nature and extent of the sex industry in New Zealand at the time of the Prostitution Reform Act (PRA) 2003 (Prostitution Law Review Committee, 2005). They utilised two separate data sources. The first data source was a telephone survey of police staff in all areas of the 12 New Zealand Police Districts, requesting their information and insight into the industry. The second data source was NZPC, who conducted an audit of numbers of advertisements for commercial sexual services in Wellington and Auckland.

The estimates from the police source identified a total of 5,932 sex workers in the areas canvassed. Workers in massage parlours made up the majority of sex workers (44%), followed by private workers (24%), street-based workers (11%) and rap/escort² and escort workers (10%) (Prostitution Law Review Committee, 2005). The total number of workers from all sectors was estimated as 3,390 workers in Auckland, 400 workers in Wellington and 528 in Canterbury (Prostitution Law Review Committee, 2005). The NZPC data source reported 151 advertisements for commercial sexual services in Wellington and 469 in Auckland. They estimated that 50-70% of sex workers in Auckland and Wellington worked in massage parlours, 20% in escort agencies and 10% on the street or privately.

² Rap/escort parlours were businesses operative prior to decriminalisation, which offered in-house services but were not legally permitted to offer massages (Prostitution Law Review Committee, 2005).

The Prostitution Law Review Committee (PLRC) highlighted in their report that most existing estimations of the size of the industry have limitations (Prostitution Law Review Committee, 2005). The limitations of the police survey are numerous and were recognised by the PLRC. Massage parlour workers were required under the Massage Parlours Act 1978 to provide their name to the proprietors of a parlour, to be held on a register of names. Police uplifted these names and recorded them on a register. They gathered other names, including those of private workers and street-based workers. Private worker's names they obtained by imposing systems on newspapers, requiring them to see proof of police registration before accepting advertisements. Some newspapers refused to do this and continued publishing advertisements, whilst others stopped published adult entertainment adverts. The Police obtained the names of street-based workers by asking them directly. The resultant register was cumulative and names were not removed when workers exited the industry. As the industry is acknowledged as being a particularly transitory one, with people regularly entering and exiting the industry, the cumulative register would have been large. Any estimates of the size of the industry from that data source would, thus, be an overestimation. The PLRC also identified that police in the different areas canvassed differed in their reported knowledge of the industry in their areas, with some providing more accurate figures than others.

The audit of advertisements conducted by NZPC also had its limitations. Advertisements represented both businesses, where a number of people might be working, and private workers, who also might work collectively from the same premises (Prostitution Law Review Committee, 2005). NZPC stated that such private workers would usually advertise separately, but there is potential in this method of estimation to underestimate the number of workers.

2.3 Methods of estimation in 2006

In this study, an estimation of numbers of sex workers was carried out in the February/March period of 2006 in Christchurch, Wellington, Auckland, Nelson and Hawkes Bay. A map of New Zealand is provided in Figure 1.

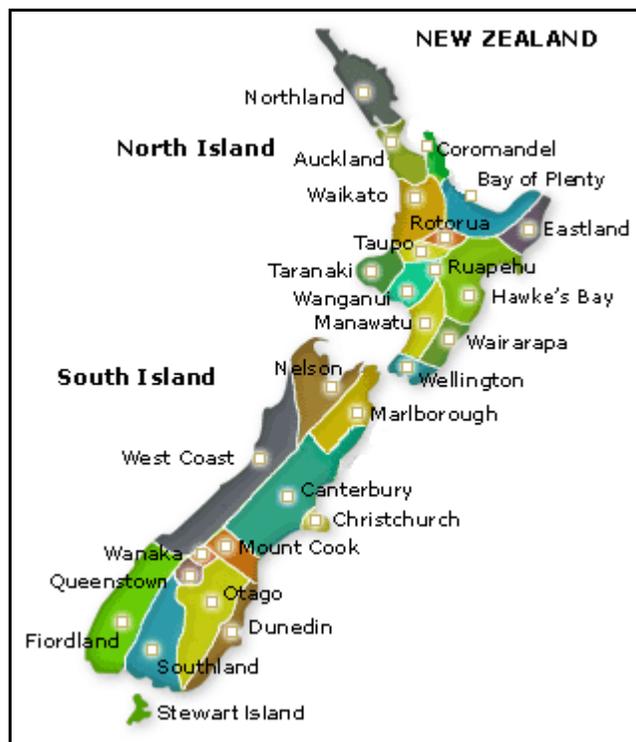


Figure 1 Map of New Zealand (Statistics New Zealand)

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

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

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

NZPC outreach workers visit brothels regularly to distribute safe sex supplies and educational information and to talk to new workers. Numbers of workers within each brothel and escort agency were collected by the outreach workers during these visits. Businesses, which had no affiliation with NZPC, were contacted and asked to provide information on the number of workers employed in their establishments. In some cases, businesses may have overstated the number of workers in their business, whilst others may have understated.

Numbers of workers working privately were estimated through systematic study of advertisements in the 'Escort' or 'Adult Information' columns of the local daily and community newspapers for a two week period in February. In addition, recognised commercial sex sites on the internet, where sex workers were known to advertise, were examined for all regions. Some private workers work alone and others work together in small groups from the same premises. They do, however, most often advertise separately using their own phone numbers. Phone numbers and names were entered onto a database and sorted to reduce duplicate counting for people advertising under different names or

using multiple phone numbers. These numbers were then called to confirm whether the person was still working or whether they had additional adverts under different names or numbers. Numerous calls were made at different times of day if there was no response in an attempt to verify that the person was still actively working in the industry.

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

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

2.4 Results of the estimation

Numbers of workers were collated within three different sectors of the industry. Brothel workers and escort workers were categorised together as both have a system of management in place. This sector will be referred to in this report as the managed sector.

Private workers were defined as those workers who either worked privately on their own or who worked with others from shared premises. The third group was the street sector.

Table 2.1 Estimation of numbers of sex workers in five areas of New Zealand in February/March 2006

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

* Estimation of Auckland street-based workers is likely to be an underestimation.

Estimations within the different locations of the research would suggest that previous figures were an overestimation. The number of sex workers in Auckland was half that estimated at the time of decriminalisation (1,513 vs 3,390). Wellington (377 vs 400) and Christchurch (392 vs 528³) also had fewer numbers than were reported in the PLRC (2005) report. However, comparisons between the Christchurch estimations done in 1999 and this study suggest that numbers may have increased slightly from 375 in 1999 to 392 workers in the 2006 estimation. This is the only city where comparisons are meaningful as the methods of estimation were identical. Hawkes Bay was estimated to have 74 sex workers, with the majority located in Napier, and Nelson was estimated to have 40 sex workers. The NZPC had provided previous rough estimates for these areas as 100 in Hawkes Bay and 50 in Nelson (NZPC – personal communication, October 2005).

The estimation of private workers in Christchurch was adjusted from 196 to 90. Despite numerous attempts, 106 private workers, who had advertised their services, were unable to be contacted and verified as still working. It is unlikely that they would be actively working, as if they were not contactable by the research team, it would be unlikely that clients would be able to contact them. It is likely that the over-estimation of private

³ It should be noted that the PLRC estimate was for the larger Canterbury area, including South Canterbury, which was excluded from this study's estimation.

workers in Christchurch was due to outdated advertisements on the internet. Christchurch had the highest proportion of internet-only advertising in New Zealand. This could be linked to procedures for advertising, set in place by the Christchurch Press. Prior to the implementation of the PRA in 2003, the Press required the name, phone numbers and proof of police registration of all private workers wishing to advertise for clients. Following decriminalisation, they still required personal details as well as photo identification. Consequently, many workers chose to advertise solely on the internet (NZPC – personal communication, April 2007). Therefore, although 196 workers were estimated to be working privately in Christchurch, only 90 were confirmed as still working. NZPC suggest that this is the most likely figure according to their knowledge of the industry in that city.

The majority of workers (1,293) over the five centres of estimation were working in the managed sector (See Table 2.1). In Auckland, 57% of sex workers worked in this sector, 51% in Christchurch and 50% in Wellington. The private sector was smaller in Christchurch (23%) than in either Auckland (36%) or Wellington (37%). In the smaller towns, the majority of sex workers worked privately and there were no street-based workers. In total, only 11% of the sex workers in the five centres worked on the street. As a proportion of sex workers, street-based work represented 7% of the industry in Auckland, while in Wellington it represented 13% and in Christchurch 26%.

As a proportion of the population, the ratio of sex workers to population numbers in Auckland was 1:898; in Christchurch the ratio was 1:919; Wellington was 1:1232; Nelson was 1:1158 and Hawkes Bay was 1:2026. These ratios were calculated using 2006 population estimates (Statistics New Zealand, 2006)⁴. The regional population estimates included only the areas in which the estimates of sex workers took place.

If the estimated numbers in Christchurch are compared to those collected in 1999 using identical methods, it is apparent that there has been little change in numbers of sex

⁴ Population estimate for Auckland (1,358,100); Christchurch (360,400); Wellington (464,600); Hawkes Bay (149,900); and Nelson (46,300).

workers in that city. A total of 392 workers were estimated in 2006 compared to 375 in 1999 (See Table 2.2). There is little difference in numbers on the street. Prior to decriminalisation, Christchurch had a higher proportion of street-based workers than other centres in New Zealand. This remains unchanged following decriminalisation. As a proportion of the sex industry in Christchurch in 1999, street-based workers comprised 28% compared to 26% in 2006.

Table 2.2 Estimations of sex workers in Christchurch in May 1999 and February 2006

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

In February 2006, a total of 77 workers were seen on the streets in Christchurch. A further 23 were included in the count as they were known to outreach workers but had not been seen during the observational period⁵. This resulted in a total of 100 estimated street-based workers. In May 2006, 72 workers were seen in the observational period and this only included 4 of the people not seen but included in the February estimation. Therefore, 19 people included (but not seen) in the estimation of street-based workers in Christchurch in February were still not seen in May. Thirty four workers were seen in February but not in May and 29 people were seen in May but not observed in February. This highlights the transitory nature of street-based work, with many exiting and entering the industry within the space of three months.

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

⁵ Outreach workers had included street workers not seen on the street in the estimation period in 1999, thus making comparisons possible. The inclusion of unseen but known street workers was also done in Wellington but not in Auckland.

on the street. In May, the minimum temperature recorded was -0.6°C and the maximum 18.3°C , with an average of 10°C (Burwood Weather Station, 2006) and 72 street-based workers were seen.

There does appear to have been a trend of movement from the managed sector to the private sector. In 1999, the managed sector comprised 62% of the sex worker population in Christchurch and the private sector 10%. The comparable figures in 2006 were 51% and 23% respectively. These differences were significant with workers in Christchurch less likely to be working in the managed sector in 2006 (RR: 0.82; 95% CI: 0.72-0.93) and more likely to be working in the private sector (RR: 2.36; 95% CI: 1.64-3.38) than in 1999⁶.

2.5 Re-estimation of the sex industry in the five locations of the study

A second estimate of the size of the sex industry in the locations of the study was carried out in 2007 (see Table 2.3). Following the 2006 estimation, street outreach workers in Auckland, Wellington and Christchurch developed databases, listing every recording of a sex worker on the streets. In so doing, these cities have now built up a comprehensive list of who is working on the streets and these names are only removed when they confirm that somebody is no longer working or has relocated to another city. Thus, accurate figures of numbers of street-based workers are now available. Not all are seen on the street every week.

Christchurch's list of street-based workers as at June 2007 consists of 121 street-based workers, although in any given fortnight only 70-77 workers are noted by outreach workers as working. In June 2007, a two week period of estimation of numbers was 73 workers. In February 2006, 77 street-based workers were seen and in May 2006, 72 street-based workers were seen in the estimation weeks. The numbers of street-based workers in this city is stable, with little difference between summer and winter recording. The number of street-based workers is also comparable to pre-decriminalisation

⁶ Relative risk (RR) estimates the magnitude of the association.

estimations done in May 1999. Although street-based workers may enter and exit the industry periodically, the overall number appears to be constant. Similarly, the number of private and managed workers in Christchurch in October 2007 was comparable to February 2006 numbers. Eighty-nine private workers and 192 managed workers were estimated in 2007 compared to 90 and 202 respectively in 2006.

Table 2.3 Re-estimation of numbers of sex workers in five areas of New Zealand in June-October 2007

	Total workers	Private workers	Street workers	Managed workers
Auckland	1451	476	230	745
Christchurch	402	89	121	192
Wellington	389	121	44	224
Hawkes Bay	65	28	0	37
Nelson	25	17	0	8
TOTAL	2332	731	395	1206

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

As mentioned previously, the original count done in Auckland is an under-estimation of the number of street-based workers in that city. The outreach workers involved in the count did not conduct the count in the same manner as the Wellington and Christchurch workers. They failed to draw up a list of all known street-based workers, including the workers who were not seen, but known to be working, in the final count for the estimation period of February/March 2006. Following this estimation, outreach workers began compiling a list of all street-based workers. In June 2007, this list comprised 230 street-based workers, a considerable increase from the 106 identified in the 2006 estimation period. Twenty one of the 230 workers on the Auckland list were seen very rarely on the street. Much of this discrepancy can be attributed to the non-inclusion of the street-based workers not seen on the street in the 2006 estimate. The outreach workers, however, noted that they had seen an influx of sex workers on the street in the

six to eight months prior to June 2007. Of the 230 street-based workers on the Auckland database, 86 had begun work within the last 12 months and 144 had been working for longer than a year. Numbers of private and managed sex workers changed little from the 2006 estimate, with slightly fewer recorded in each sector in the 2007 estimate.

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

2.6 Summary

More than half the number of sex workers in the areas studied worked within the managed sector of brothels and escort agencies. Over a third of sex workers worked privately, either from their own home or with other private workers from shared premises. Only one tenth of all sex workers worked on the street and this proportion is consistent with previous estimates. The street sector appears to be stable, with comparable numbers on the street to estimates done prior to decriminalisation. Little change is apparent between estimates done at different times of the year. The database of street-based workers, which NZPC outreach workers have developed, will be a very useful tool for monitoring street-based worker numbers over time. The estimate of Auckland street-based worker numbers in June 2007 does not indicate a rapid growth in numbers of street-based workers. Estimation procedures in February/March 2006 were not comparable to Wellington and Christchurch and these were subsequently adapted. In Christchurch and Wellington it is apparent that numbers on the street over the 17 month period from February 2006 to June 2007 are stable and in Christchurch, street-based worker numbers are comparable to pre-decriminalisation estimations. This estimation,

therefore, would indicate that the Prostitution Reform Act (2003) has had little impact on the number of people working in the sex industry.

3. STUDY METHODOLOGY

3.1 Community-based participatory research

Hidden or marginalised populations are those populations who are disadvantaged and who tend to be excluded from the social rights enjoyed by other residents (Beiser & Stewart, 2005; Romero et al., 2003). Because these populations are hard to reach, they are often termed ‘invisible’ populations (Liamputtong, 2007). Sex workers, the homeless, immigrants, indigenous populations, gays and lesbians, the mentally ill and illicit drug users, amongst many other groups, are often seen as invisible or hidden populations. These populations share three common characteristics. Firstly, there are no sampling frames and thus, the size of the population is unknown. Secondly, members of hidden populations are often stigmatised and marginalised from the rest of society. Thirdly, members are distrustful of outsiders and often unwilling to participate in research (Benoit et al., 2005; Liamputtong, 2007). All of these characteristics pose problems for traditional research methods, which are ineffective when doing research with hidden populations and raise a number of ethical problems, risks and challenges (Romero et al., 2003).

Traditional research methods located in the positivist paradigm most often serve to strengthen inequality (Cancian, 1992; Liamputtong, 2007; O'Neill, 1996). They take an “outside expert” approach which often leads to community interventions which are disappointing (Minkler & Wallerstein, 2003). Their concepts and findings represent the perspective of elite groups, are accessible primarily to experts and devalue personal experiences and everyday knowledge held by non-elite people (Cancian, 1992). Such research methodologies involve researchers identifying particular ‘problems’ within communities or populations, posing research questions, making decisions on research methods to be utilised in the collection and analysing of data and developing interventions or recommendations for the alleviation of the ‘problem’. Members of the

research population participate as subjects in the research and have little influence on the research process and the reports and publications produced by the research (Lewis & Maticka-Tyndale, 2000a). In many instances the ‘problem’ as seen from the perspective of the researcher differs from the community perspective and it is of little wonder, therefore, that resultant interventions have little success. The goal of researchers is to conduct methodologically rigorous research and to contribute to a body of knowledge. However, as Lewis and Maticka-Tyndale (2000a) maintain, members of marginalised populations are rarely interested in contributing to dominant institutions in society; their interests and agendas are more centred on survival. Survival for such populations may depend on keeping the very strategies that researchers are interested in secret from society (Lewis & Maticka-Tyndale, 2000a).

Internationally, there is increasing interest in developing innovative, multi-methodological approaches to explore hidden or marginalised populations, which enable a fine-grained analysis of the social lives of these populations (Romero et al., 2003). Approaches which are finding increasing popularity for researching marginalised populations are ones which are collaborative and truly “*community based*” (Benoit et al., 2005; Minkler & Wallerstein, 2003). These approaches require a shift in the purpose of doing research from merely amassing knowledge for the use of academic and policy audiences, to a purpose which will be beneficial to the populations or communities involved and encourage social change (Lewis & Maticka-Tyndale, 2000a).

Community-based participatory research (CBPR) is a partnership approach, which is especially beneficial to marginalised populations, whose perspectives are not well represented in traditional research processes. CBPR involves an active and ongoing partnership between the researchers and the community at all stages of the research process with the aim to improve public health. Through the direct involvement of the participants in the research process, there is a power sharing which means that participants are less likely to be exploited in the research relationship (Liamputtong, 2007).

Traditional researchers are often uneasy with methodologies which give control of research to untrained participants, arguing that this does not constitute “good” research and compromises scientific rigor. There are strong arguments, however, that these methodologies do produce scientifically rigorous research without sacrificing community participation (Allison & Rootman, 1996; Cancian, 1992; Denner et al., 1999). Less control over the research does not necessarily equate to less scientific rigor. What is required is more time, patience and ability to negotiate with community partners (Allison & Rootman, 1996). By building relationships with community groups and working in partnership, research is more likely to reflect the perspectives of marginalised populations. Partnerships help to bridge cultural, ethnic and social class divides that often prevent the incorporation of participants’ perspectives in research (Denner et al., 1999).

This research was conducted by public health researchers from the University of Otago, Christchurch, in partnership with the New Zealand Prostitutes’ Collective (NZPC). The relationship between the NZPC and the University is a long-standing one, dating back to the early 1990s. The entire process of the research, from the identification of research questions, to the development of the data collection tools, the collection of data, write-up and dissemination of the research results has been done as a partnership.

The study was funded by the Health Research Council of New Zealand and received additional funding from the Ministry of Justice. Ethical approval was granted for the study by the Multi-region Ethics Committee.

3.2 Questionnaire design

It is important to involve research partners in the design of research tools, such as surveys or interview guides. Local knowledge ensures that the questions posed are relevant and appropriate and the language used is pertinent to the target audience (Lewis & Maticka-

Tyndale, 2000a). The starting point for the development of the questionnaire was the questionnaire used in a study done in 1999, looking at the health and safety of Christchurch female sex workers. This was adapted in consultation with NZPC and the Ministry of Justice, with some questions left unchanged to make comparisons possible pre- and post-decriminalisation. Other questions were adapted to provide clearer wording and more options for response. Focus group discussions had been conducted in Phase one of the study, with sex workers, NZPC staff, outreach workers and NZPC associates, exploring issues with the implementation of the PRA on the health and safety practices of sex workers. These focus groups had identified areas that needed additional questioning and this prompted the development and inclusion of new questions.

Ethnicity data was collected using the question from the 2001 Census. This question is based on self-identification and an individual can belong to more than one ethnic group.

Training was provided for research assistants from NZPC in Auckland, Christchurch and Wellington in the delivery of the questionnaire. These research assistants provided training to other staff members and outreach workers of NZPC within their branches. The questionnaire was then piloted within the three centres with a view to assessing both the appropriateness of the questions and the interviewing techniques of the interviewers. There were a total of 15 pilot interviews completed, five in each centre. Some final, minor changes were made to the questionnaire after the piloting exercise.

The final questionnaire consisted of 68 questions with a number of sub-questions.

3.3 The Quantitative Sample

It is very difficult to gain a statistically representative sample of marginalised populations, such as sex workers (Lewis & Maticka-Tyndale, 2000a). One of the characteristics of a marginalised population is that there is no adequate sampling frame (Benoit et al., 2005; Heckathorn et al., 2001; Liamputtong, 2007; Romero et al., 2003).

This makes random sampling impossible and purposive sampling is more likely to be used when researching populations like sex workers (Benoit et al., 2005). Although this study had estimated the number of workers in the geographical locations of the study and it may have been possible to attempt to randomly select individuals on the street, private workers and brothels, the disadvantages of doing so outweighed the advantages. After careful discussion, it was decided that random sampling would elicit a level of distrust among those selected to participate and the response rate would likely be very low, thus compromising the external validity of the study. This study, therefore, did not random sample, but there was still a need to represent the overall cultural make-up of the population within the sample (Berg, 1999). There are strategies that can be employed to increase the likelihood of reflecting the diversity of the sex industry. A robust estimate of the size of the sex industry within the locations of the research, as well as the gender and sector make-up of the workers within each location, allowed informed sampling within each micro-grouping. Having community partners with an in-depth knowledge of the industry in each location also improved the likelihood of gaining access to the diversity of sex workers.

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

Different sampling strategies were undertaken in the different locations of the research. In Christchurch, as many participants as could be recruited into the study were sampled. The study done in Christchurch prior to decriminalisation employed this sampling strategy and in order to make comparisons possible in that city pre- and post-decriminalisation, a similar strategy had to be used. As there are fewer male and transgender workers than female workers, and fewer street-based workers than workers operating from indoor venues, all male, transgender and street-based workers who could be identified in all the locations of the study were invited to take part in the survey. This was done in order to make meaningful comparisons between sectors and gender. As Napier and Nelson have smaller numbers of workers, this method of sampling was employed in these locations to enable the investigation of any significant differences between small town and big city workers. Although it would have been beneficial to the study to sample female private and managed workers in Auckland and Wellington in a similar way, financial constraints and the logistics of recruiting sufficient NZPC staff to conduct the interviews within a relatively short timeframe, meant that it was only possible to sample a proportion of these populations. In Auckland, we aimed to sample 315 of the female private and managed sectors, which represented 25% of this population. In Wellington, where the sex worker population is smaller than in Auckland, we aimed to recruit 120 participants, which represented 42% of the population of female private and managed workers. It was estimated that this would yield an overall sample of 1,000 participants.

3.4 Quantitative data collection

Recruitment of participants into the study is more readily accomplished when working in partnership with relevant community organisations, making use of peer interviewers. By doing so, participants are more likely to provide reliable information. Community partners can vouch for the trustworthiness of the researchers and the relevance of the study, which works to benefit the research (Lewis & Maticka-Tyndale, 2000a). Once

trust has been established with initial participants, snowballing of additional participants is more easily achieved (Lewis & Maticka-Tyndale, 2000a).

Information sheets were provided to all participants giving details of the study. Participants were reimbursed with a cash payment of \$15. The questionnaire took between 35-45 minutes to complete. Questionnaires were delivered face-to-face by a trained peer interviewer. The locations in which the interviews took place varied. Sex workers who accessed NZPC were asked to participate in an interview when they accessed one of the branches. If the time was not appropriate, they were asked to return at a more convenient time. Interviewers approached brothel workers through their routine outreach visits and several interviews took place in the lounges of brothels. Brothels which were not affiliated to NZPC, were telephoned and brothel managers asked to relay information about the study to their workers. Several brothels placed flyers with details about the study and contact details on their notice boards. Private workers were telephoned and asked to come into NZPC branches to participate in the interview or were offered the possibility of an interviewer coming to their home. Street outreach workers approached street-based workers on the street. Many completed the questionnaire at nearby cafés, in the interviewers' parked cars and others went back to NZPC offices with the interviewers. Street-based participants included those who had previous contact with NZPC and those who had not.

In the smaller towns of Nelson and Napier, interviewers from Christchurch and Wellington travelled to the respective locations to undertake the interviews. These interviews either took place in participants' place of work, their homes or in the interviewers' motel rooms.

3.5 Quantitative analysis

Data was entered into EpiInfo version 3.3.2 by a data entry specialist. The number of variables in the questionnaire exceeded the maximum that EpiInfo could cater for and therefore, data was entered into four separate files. One hundred questionnaires were randomly selected using a random selection programme (RANDSAMP, T. McLennan) and all entries within these questionnaires were checked for accuracy. Of a total of 33,100 non-text variables (331 entries per questionnaire), there were 92 wrong entries, giving an error rate of 2.78%. Thirty-five percent of the questionnaires had at least one data entry error. This was deemed unacceptably high and a check was therefore completed of all variables in all questionnaires and corrections made.

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

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

between the means of pairs, is to see if these means overlap by more than three times the larger standard error (Wolfe & Hanley, 2002).

Ethnicity data collected was prioritised. Participants recording more than one ethnic identification, were classified to one ethnicity using the priority scale Maori, Pacific, Other, New Zealand European. This process ensures that the total number of responses equals the total population. There are recognised weaknesses in following this procedure as it detracts from the concept of self-identification. However, for the purposes of this report this process was utilised as there may be a diversity of readership and a total response output may be difficult to interpret.

3.6 The Qualitative Samples

3.6.1 *Sex worker sample*

The qualitative phase of this study included one-on-one in-depth interviews. Sex workers were sampled purposively, using maximum variability sampling, within all the locations of the study. This method of sampling provides for information-rich cases to be included in the study and captures the diversity of the industry within the final sample (Hansen, 2006). This strategy is useful for identifying common patterns which cut across the diversity of the sample and also allows for exploration of the differences (Patton, 1990). Potential participants were approached either through telephone calls or when outreach workers accessed them in NZPC offices, brothels, escort agencies, streets or private homes. Attention was given to gaining participation of male, transgender, street, brothel, escort and private workers as well as small town and big city workers. Potential participants who had no affiliation to NZPC were contacted to try to reflect the diversity of the industry within the sample.

3.6.2 *Regulatory officer sample*

Nine regulatory officers were sampled purposively from different areas of New Zealand. They were identified by Cheryl Brunton, a principal investigator on this research project. Dr Brunton is Medical Officer of Health for the West Coast of the South Island and was a

member of the Ministry of Health's Prostitution Reform Working Group. She made an initial approach to Medical Officers of Health at their national meeting in May 2006 to identify which of them undertook the role of inspector of brothels in their respective districts. She then invited the Medical Officers of Health from each of the quantitative study locations to participate. In Christchurch, two sexual health promoters who carried out the Inspector of Brothels role on behalf of the Medical Officer of Health and an occupational health officer from the Department of Labour were also invited to participate.

3.6.3 Sample of public health submissions on territorial authority bylaws

Existing territorial authority bylaws under the PRA 2003, or district plan rules regulating location and/or signage of brothels, were identified through territorial authority websites (a complete list of which was obtained from Local Government New Zealand's website www.lgnz.co.nz). The websites were searched for an index of bylaws and these in turn were scanned for bylaw titles including the words/phrases 'prostitution', 'brothels' or 'commercial sex premises'. In addition, the websites were searched electronically using their embedded search engines and the same three words/phrases as search terms. Dr Brunton then contacted the Medical Officer of Health in each of the districts with bylaws or relevant district plan rules by email, asking if they had made a submission on the bylaw or plan change and requesting a copy of their submission if they had done so

3.7 Qualitative data collection

3.7.1 Sex worker data collection

A semi-structured interview guide was developed following analysis of the focus group discussions. Participants were provided with information sheets and written or oral consent was taken to participate in the study. Each participant was reimbursed with \$30 cash in appreciation of their time. The interviews lasted between 30 - 120 minutes, with the average interview taking an hour to complete.

Interviewers were staff members of NZPC. Two interviewers were trained in Christchurch, two in Wellington and one in Auckland. These interviewers conducted all the in-depth interviews. All interviews were audio-recorded and transcribed to word accuracy.

3.7.2 Regulatory officer data collection

A semi-structured interview guide was developed following discussion at the national Medical Officers of Health meeting in May 2006. Interviewees were asked about a range of topics, including: their experience of proposed territorial authority bylaws, their roles as inspectors of brothels under the PRA, their relationships with regulatory officers from other agencies in relation to implementing the PRA, how they dealt with complaints, and their views on the effectiveness of the Act. Two in-depth interviews were conducted by Dr Brunton in face-to-face meetings in Christchurch: one with the two sexual health promoters who carried out the Inspector role on behalf of the local Medical Officer of Health and the other with an occupational health officer from the Department of Labour. Six other interviews were conducted over the telephone with Medical Officers of Health in various parts of the country. All interviews were audio-recorded and transcribed to word accuracy.

3.7.3 Sampling of public health submissions on territorial authority bylaws

Copies of 19 bylaws and four relevant district plan rules identified by search of territorial authority websites (see 3.6.3) were either downloaded from these websites or obtained in hard copy. Copies of eleven public health submissions were obtained from Medical Officers of Health, including those from each of the main study locations.

3.8 Qualitative analysis

The 58 interviews with sex workers and eight interviews with regulatory officers were digitally recorded and transcribed to word accuracy. Thematic analysis was undertaken for the purpose of this report. Thematic analysis is ‘a method for identifying, analysing

and reporting patterns (themes) within data' (Braun & Clarke, 2006) p.79. There are divergent understandings of what constitutes good thematic analysis (Holloway & Todres, 2003) as it is a flexible method that allows for a wide range of analytic options (Braun & Clarke, 2006). The thematic analysis undertaken for this report is a straightforward approach, and one that is utilised in qualitative evaluation research (Spencer et al., 2003). Transcripts were read and reread and data sets were developed by cutting and pasting relevant quotations by participants around a range of subject areas pertinent to the tasks identified by the evaluation framework (refer to Section 1), for example, knowledge of sex workers rights under the PRA, safer sex practices, attitudes to the police and reasons for entry into the sex work industry. Each data set was analysed, identifying themes, or patterned responses or meaning within the data set, in relation to the tasks identified by the evaluation framework. The authors were also attentive to contradictions and differences in participants' talk. Qualitative material is presented in the report in analytic sets that blend participants' talk around topic areas pertinent to the tasks identified in the evaluation framework with a degree of conceptual focus (Ball et al., 2000).

The texts of territorial authority bylaws, district plan changes and submissions on these from Medical Officers of Health were also subject to a similar process of analysis. The interviews with Medical Officers of Health also encouraged participants to talk about any involvement they had had with territorial authorities in the implementation of the PRA, including reasons for making, or not making submissions.

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

4. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE SURVEY AND QUALITATIVE SAMPLES

4.1 Introduction

This section provides a description of both the survey and the qualitative samples in this study. The survey sample section (section 4.2) begins by reviewing the sampling strategy used in the study, before discussing the survey response rate. The sampling strategy has the potential to introduce bias to the study, which was corrected by utilising weights to adjust for differences in sampling rates and response rates in the different sectors and geographical locations of the study. A detailed discussion of this precedes a description of the location and percentage of survey participants in each sector of the industry. The personal characteristics of the participants, including ethnic identification, gender, and age, age of entry into sex work, education, parenthood and activities outside of the sex industry are then discussed, looking at differences between sectors and between geographical locations of the study. Information on the length of time the participants had been working in the sex industry and whether they had worked prior to decriminalisation is provided. A short discussion is given on the differences in demographic characteristics between ethnic groups. The quantitative sample description concludes with a comparison between the Christchurch female study participants and the participants in the 1999 survey of Christchurch female sex workers. As this study makes some comparisons pre- and post-decriminalisation by comparing this study's data with the 1999 study, it is necessary to carefully consider the characteristics of the samples at each point in time.

A short discussion is provided at the end of the section (section 4.3), which gives a brief description of the qualitative samples.

4.2 Survey Sample

As discussed in the Methodology section, the recruitment of participants for the survey sample differed by geographical location, as well as by gender and sector of the industry. As the street sector constitutes the smallest sector of the sex industry, and there are fewer transgender and male workers than female workers in the industry, everyone in these sections of the population was eligible for inclusion into the study. All sex workers in the smaller towns of Nelson and Napier were also eligible for inclusion for the same reasons. In addition, so that sensible comparisons could be made to a study done in Christchurch in 1999, where as many sex workers as possible were approached to take part in the study, a similar sampling method was employed in that city.

In summary, it was planned to approach as many transgender, male, street, Napier, Nelson and Christchurch sex workers as possible to participate in the survey. However, for reasons discussed in the Methodology section only a proportion of the Auckland and Wellington female private and managed population were sampled.

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

4.2.1 Response rate and weighting

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

rate in certain sectors and also could account for the recruitment of more participants in other sectors than were originally estimated, as was the case for Christchurch female private workers (see Table 4.1 for response rates). As discussed in Section 2: Estimating the size of the sex industry, the Auckland 2006 estimate of street-based workers was an under-estimate, given that the number of street-based workers who were not seen during the period of the estimation was not included in the final count. To account for this under-estimation, the number of street-based workers in Auckland was adjusted. The outreach workers had compiled a database of 230 street-based workers in Auckland in June 2007. This count would not be accurate for 2006 however, as there may have been a number of real changes during the intervening 16 months. The 2007 count revealed that 86 of the 230 street-based workers in Auckland were new and 144 had been working for over a year. In Christchurch, there were 121 street-based workers on the database in 2007 and 73 were seen in the two week estimation period. This gives a ratio of 1.66. If this ratio is applied to the Auckland 2006 estimation and the number of street-based workers seen during the estimation period (106) is multiplied by 1.66, we could estimate that there were around 176 street-based workers in Auckland at that time.

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

Asian sex workers were underrepresented in the final sample. There were a large number of Asian private workers whose English was insufficient to understand the questionnaire and the same was true for managed participants in some of the Asian brothels. Asian

workers and some Asian operators were also suspicious of the research and in most cases, even when their English was sufficiently good, refused to take part in the survey. Although many Asian brothel owners did not allow access to workers on their premises, a few did and so there was some participation by Asian workers.

Table 4.1 Sampling plan, response rates and weights for different sectors of the sex worker population

	Estimated number in population	Number planned for sample	Number obtained	Response rate [†]	Weight [‡]
Male Workers*	211	211	48	0.23	4.40
Transgender Street Workers*	90	90	74	0.82	1.22
Transgender Private/Managed Workers	62	62	19	0.31	3.26
Christchurch Female Street Workers	86	86	77	0.90	1.12
Christchurch Female Managed Workers	202	202	100	0.50	2.02
Christchurch Female Private Workers	42	42	47	1.12	0.89
Auckland Female Street Workers*	104	104	33	0.32	3.15
Auckland Female Managed Workers	823	206	179	0.85	4.60
Auckland Female Private Workers	434	109	50	0.46	8.68
Wellington Female Street Workers	16	16	6	0.38	2.67
Wellington Female Managed Workers	190	80	67	0.84	2.84
Wellington Female Private Workers	97	41	34	0.82	2.85
Nelson and Napier Female Workers	108	108	38	0.35	2.84

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

[‡] Weight = number estimated/number obtained. This takes account of intentional differences in selection plus non-response (see section 4.2.2).

* Estimated numbers adjusted for under-estimation of Auckland street-based workers.

In Auckland, 10 of the estimated 76 brothels and two brothels in both Christchurch (20 brothels in total) and Wellington (15 brothels in total) refused to allow interviewers onto their premises to administer the survey to sex workers working in their establishments. Some of the sex workers from these businesses did go into NZPC offices to participate in the survey. However, in Christchurch, there was a disappointing response rate recorded

for female managed workers. This may be attributable to poorer recruitment of participants in this sector by interviewers.

The proportion of female street-based workers in Auckland and Wellington who participated in the study was lower than proposed (32% and 38% respectively). The low response rate is not attributable to refusals as there were very few outright refusals to participate by street-based workers. Interviewers in these locations, however, may have been less vigilant in their recruitment of female street-based workers, putting more time into recruiting managed and private workers.

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

The final sample had good coverage of the variety of sex workers in the five locations, consisting of sex workers who had previous contact with NZPC, as well as participants who had had no contact with NZPC prior to the research. Although the majority of participants indicated that they attended NZPC drop-in centres in Auckland, Wellington and Christchurch, around one third in Christchurch and Auckland indicated that they did not (see Table 4.2). It is possible that Wellington would have more coverage of the variety of workers in that city as the Wellington NZPC Branch is also the National Branch of the NZPC and would have a higher profile in that city.

Table 4.2 Percentage of participants accessing NZPC in Auckland, Christchurch and Wellington

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

Frequency missing responses to the question on attendance at NZPC drop-in centres = 16

4.2.2 Location and sector of participants

A total of 772 questionnaires were completed across the five locations of the study (see Table 4.3). In Auckland, 333 questionnaires were completed, representing 22% of the estimated population of sex workers in that city. In Christchurch, the proportion of the estimated population who participated was 63%, in Wellington 40%, in Hawkes Bay 31% and in Nelson 48%. Different venues for sex work were then collapsed into a street sector, a managed indoor sector (comprising brothel and escort workers) and a private indoor sector (comprising workers who worked privately on their own or from shared premises or other venues such as bars) (see Table 4.4). This distinction was made to provide comparisons between workers who work under a system of management and those who do not, as the literature proposes that the dynamics of work in the different sectors impact differentially on the health and safety experiences of sex workers.

Table 4.3 Numbers of survey participants in each location by sector

Location	Total No. in Survey	Street	Managed Indoor		Private Indoor		
			Brothel	Escort	Private on own	Private shared	Other
Auckland	333	78	178	2	42	31	2
Christchurch	246	92	91	9	27	24	2
Wellington	151	31	54	15	32	12	8
Napier	23	0	15	0	5	1	2
Nelson	19	0	10	3	5	1	0
Total	772	201	348	29	111	69	14

Table 4.4 Location and numbers of street, managed and private workers

Location	Total No. in Survey	Street	Managed Indoor	Private Indoor
Auckland	333	78	180	75
Christchurch	246	92	100	53
Wellington	151	31	69	52
Napier	23	0	15	8
Nelson	19	0	13	6
Total	772	201	377	194

The different sampling strategies within the different geographical locations of the study, as well as the different strategies used to sample different sectors and genders, can produce biased estimates. Disproportionate sampling and inequalities in the selection frame and procedures create unequal selection probabilities and are corrected by weights inverse to those probabilities (Kish, 1965). Weighting of a sample to a known population distribution will adjust for differences in sampling rates and will also adjust for the difference in response rate of different sectors of the industry (Kalton, 1983). Unequal weights were applied to control for bias. However, although bias is controlled, the unequal weights also increase imprecision through increasing the standard error of the estimates. Therefore, SAS Survey Procedures were used, as these use weights for point estimates and also take into account weights for standard errors. Weights were calculated by dividing the estimated numbers of workers within each gender/sector/city category by the number of survey participants in each category (see Table 4.1).

Table 4.5 gives details of the weighted percentages of participants, with standard errors, within the different sectors in the geographical locations of the study. Weights for transgender street workers, Auckland female street workers and male workers were adjusted, using the calculation described on page 55, to account for the underestimation of Auckland street-based workers.

Table 4.5 Location and weighted percentages of street, managed and private workers[†]

Location	Distribution across locations	Distribution across sectors for each location		
	Total in Survey % (s.e.)	Street % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)
Auckland	63.0 (1.9)	12.7 (1.6)	53.3 (3.0)	34.0 (3.1)
Christchurch	15.3 (1.1)	27.7 (2.7)	53.6 (3.4)	18.7 (2.9)
Wellington	16.6 (1.4)	12.7 (2.4)	49.7 (4.3)	37.6 (4.2)
Napier	2.8 (0.6)	0	63.1 (10.4)	36.9 (10.4)
Nelson	2.3 (0.5)	0	66.5 (11.1)	33.5 (11.1)
Total	100.0	14.3 (1.2)	53.3 (2.1)	32.4 (2.2)

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

4.2.3 Personal characteristics of survey participants

Table 4.6 presents the comparisons across the different sectors of the sex worker population in personal characteristics, including ethnicity, gender, age, age at entry into the sex industry, education, whether they had children or not and whether they were involved in other activities outside of the sex industry.

Table 4.6 Personal characteristics of survey participants by sector[†]

	Total N=772 % (s.e.)	Street Workers N=201 % (s.e.)	Managed Indoor N=378 % (s.e.)	Private Indoor N=191 % (s.e.)	Comparison across sectors
Ethnicity: (N=763)					
Maori	31.7 (1.9)	63.9 (3.8)	27.9 (2.5)	23.8 (3.7)	$\chi^2 = 200.2$ df=6 p<0.0001
NZ European	50.7 (2.1)	21.5 (3.2)	54.5 (2.7)	57.5 (4.4)	
Pacific Island	5.1 (0.9)	9.4 (2.2)	5.1 (1.2)	3.0 (1.4)	
Other	12.5 (1.5)	5.2 (1.8)	12.5 (1.9)	15.7 (3.4)	
Gender: (N=772)					For % females:
Male	8.5 (1.2)	16.2 (3.9)	1.7 (0.7)	16.5 (2.9)	$\chi^2 = 358.6$ df =2 p<0.0001
Female	85.3 (1.4)	58.3 (4.0)	98.3 (0.7)	75.7 (3.3)	
Transgender	6.2 (0.7)	25.5 (2.9)	0	7.8 (1.8)	
Age at time of study: (N=771)					
< 18 years	1.3 (0.3)	6.1 (1.6)	0.4 (0.3)	0.7 (0.6)	$\chi^2 = 223.4$ df=8 p<0.0001
18-21 years	17.4 (1.5)	18.7 (3.0)	22.5 (2.3)	8.4 (2.5)	
22-29 years	33.2 (2.0)	30.2 (3.8)	39.0 (2.7)	25.0 (3.9)	
30-45 years	38.9 (2.1)	33.9 (3.9)	33.5 (2.6)	50.1 (4.4)	
> 45 years	9.2 (1.3)	11.1 (2.7)	4.6 (1.1)	15.8 (3.3)	
Age at entry into sex work: (N=771)					
< 16 years	9.0 (1.1)	29.4 (3.8)	3.9 (1.1)	8.3 (1.9)	$\chi^2 = 443.2$ df=10 p<0.0001
16-17 years	9.3 (1.1)	26.6 (3.7)	5.7 (1.1)	7.6 (2.3)	
18-21 years	35.6 (2.0)	29.7 (3.7)	42.3 (2.7)	27.1 (4.0)	
22-29 years	27.1 (1.9)	9.8 (2.2)	32.3 (2.5)	26.3 (3.9)	
30-45 years	16.8 (1.7)	3.6 (1.4)	14.2 (1.9)	26.7 (4.0)	
>45 years	2.2 (0.7)	0.9 (0.9)	1.6 (0.7)	4.0 (1.7)	
Education: (N=766)					
Primary	2.1 (0.5)	3.2 (1.2)	2.1 (0.8)	1.5 (0.8)	$\chi^2 = 101.2$ df=6 p<0.0001
Secondary (1-2 yrs)	19.5 (1.6)	36.6 (4.0)	16.6 (2.0)	16.6 (3.1)	
Secondary (3-5 yrs)	41.1 (2.1)	42.6 (4.0)	39.1 (2.7)	43.9 (4.4)	
Tertiary	37.3 (2.1)	17.6 (3.3)	42.2 (2.7)	38.0 (4.4)	
Children (N=764)					
Yes	46.7 (2.1)	39.7 (4.1)	52.1 (2.7)	40.9 (4.4)	$\chi^2 = 25.6$ df=2 p<0.0001
No	53.3 (2.1)	60.3 (4.1)	47.9 (2.7)	59.1 (4.4)	
Activities outside of the sex industry: (multiple possible)					df=2
No other work (N=684)	31.4 (2.1)	49.9 (4.2)	25.9 (2.5)	31.3 (4.3)	$\chi^2 = 56.4$; p<0.0001 $\chi^2 = 10.2$; p=0.006 $\chi^2 = 22.7$; p<0.0001 $\chi^2 = 5.3$; p=0.07 $\chi^2 = 2.1$; p=0.4 $\chi^2 = 20.0$; p<0.0001 $\chi^2 = 1.8$; p=0.4
Studying (N=709)	27.9 (2.0)	19.6 (3.5)	30.0 (2.6)	28.2 (4.3)	
Paid work part-time (N=711)	27.6 (2.0)	16.3 (3.4)	27.5 (2.6)	32.7 (4.3)	
Paid work full-time (N=694)	9.1 (1.3)	6.5 (2.0)	10.5 (1.8)	8.0 (2.3)	
Training courses (N=698)	11.6 (1.4)	10.9 (3.0)	12.6 (1.9)	10.2 (2.7)	
Caregiving (N=713)	30.9 (2.0)	22.6 (3.6)	35.2 (2.7)	27.4 (4.1)	
Volunteer work (N=689)	13.8 (1.5)	15.0 (3.2)	12.8 (2.0)	15.0 (3.2)	

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

Ethnicity, gender, age and age at entry into sex work by sector Overall, half the sample population were New Zealand European, with a further third reporting Maori ethnicity. The majority of participants were female, between the ages of 22 and 45 years and had entered the sex industry between the ages of 18 and 29 years. There were significant differences between the different sectors. Unlike the other sectors, the managed sector was almost solely female. The street-based participants were more likely than managed or private workers to report some Maori ethnicity. They were also more likely than other workers to report being transgender, being under the age of 18 years and over half reported starting sex work before the age of 18 years. Only forty-one survey participants reported starting sex work after the enactment of the PRA when they were under the age of 18 years. Thirty-one of these 41 participants started work on the streets, eight in the managed sector and two in the private sector. Private workers were older than either managed or street-based workers and were more likely than the other sectors to report only starting to work in the sex industry after the age of 30 years.

Education and children by sector Very few participants reported only a primary school level education, with the majority reporting three to five years of secondary school education or tertiary education⁷. Street-based workers were, however, more likely to report lower levels of education than either managed or private workers. Nearly half of all participants reported having children, with more managed workers than private workers and street-based workers reporting having at least one child.

Activities outside of the sex industry by sector There was missing data for the question on activities outside of the sex industry as there were multiple options and interviewers sometimes only ticked the options that participants responded to. Table 4.6 presents the activities queried, with the number of valid responses to each option. Less than one third of participants reported no other work outside of the sex industry. Over a

⁷ The question on education clarified tertiary education as being university, Waananga or other tertiary level education. Waananga are predominantly Maori institutions, which offer degree status courses. However, some smaller Waananga offer short courses or workshops, which some participants may have interpreted as tertiary level education.

quarter of all participants reported working part-time in paid work and a similar proportion reported that they were studying at the time of interview. Street-based workers were more likely than managed or private workers to report not having any other work outside of sex work.

Table 4.7 presents the personal characteristics of participants by geographical location of the study. Because comparisons were being made over five geographic areas, data was sparse in some categories. In addition, confidentiality in the smaller towns would be compromised, as in some categories only one or two people were identified. Therefore, data for the towns of Napier and Nelson were combined. As some data was still sparse across the four geographical areas, some variable options with small numbers were combined, such as age at entry into sex work, where 30-45 years and >45 years were combined and education, where primary and secondary (1-2 years) were combined.

Ethnicity and gender by geographic location Christchurch had a higher proportion of New Zealand European sex workers than Auckland and Wellington ($\chi^2=70.7$; $df=6$; $p<0.0001$). There were no Pacific or transgender participants in Nelson and Napier and so these towns were excluded from significance tests. There were significant differences between Christchurch, Wellington and Auckland in gender distribution of the sample ($\chi^2=52.8$; $df=4$; $p<0.0001$). The proportion of male and transgender participants was higher in the Wellington sample than either Auckland or Christchurch.

Table 4.7 Personal characteristics of survey participants by geographic location[†]

	Auckland N=333 % (s.e.)	Christchurch N=246 % (s.e.)	Wellington N=151 % (s.e.)	Napier/Nelson N=42 % (s.e.)	Comparison across cities
Ethnicity: (N=771)					Comparisons for the three cities of Auckland, Christchurch and Wellington presented in the text
Maori	33.5 (2.7)	29.2 (3.1)	28.1 (3.7)	29.6 (7.2)	
NZ European	46.1 (3.0)	62.7 (3.3)	53.8 (4.2)	61.3 (7.6)	
Pacific Island	5.0 (1.2)	3.5 (1.1)	8.0 (2.3)	0	
Other	15.4 (2.3)	4.6 (1.4)	10.1 (2.6)	9.1 (4.3)	
Gender: (N=772)					Comparisons for the three cities of Auckland, Christchurch and Wellington presented in the text
Male	7.1 (1.4)	5.8 (2.5)	15.0 (3.6)	14.0 (6.3)	
Female	87.6 (1.6)	87.6 (2.9)	74.1 (3.9)	86.0 (6.3)	
Transgender	5.3 (0.9)	6.6 (1.7)	10.9 (2.0)	0	
Age at time of study: (N=771)					Comparisons for the three cities of Auckland, Christchurch and Wellington presented in the text
< 18 years	0.4 (0.3)	5.0 (1.5)	1.7 (1.0)	0	
18-21 years	17.1 (2.2)	22.4 (2.8)	17.2 (3.1)	6.8 (3.8)	
22-29 years	33.5 (2.8)	31.6 (3.3)	34.2 (4.0)	31.7 (7.1)	
30-45 years	39.1 (3.0)	35.5 (3.3)	37.4 (4.2)	51.2 (7.8)	
> 45 years	9.9 (1.9)	5.5 (1.5)	9.5 (2.5)	10.3 (5.0)	
Age at entry into sex work: (N=771)					$\chi^2 = 81.3$ df=12 p<0.0001
< 16 years	8.5 (1.4)	9.1 (2.0)	11.3 (2.8)	6.8 (3.8)	
16-17 years	7.3 (1.5)	16.1 (2.5)	11.7 (2.6)	6.8 (3.8)	
18-21 years	35.0 (2.8)	36.9 (3.4)	37.5 (4.1)	31.9 (7.4)	
22-29 years	28.1 (2.7)	25.7 (3.0)	26.9 (3.8)	20.4 (6.1)	
30+ years	21.1 (2.6)	12.2 (2.2)	12.6 (2.8)	34.1 (7.5)	
Education: (N=766)					$\chi^2 = 92.7$ df=6 p<0.0001
Primary / Secondary (1-2 yrs)	18.1 (2.2)	31.4 (3.1)	21.4 (3.5)	34.2 (7.5)	
Secondary (3-5 yrs)	44.3 (3.0)	41.6 (3.5)	28.9 (3.8)	40.9 (7.7)	
Tertiary	37.6 (2.9)	27.0 (3.2)	49.7 (4.3)	24.9 (6.6)	
Children (N=764)					$\chi^2 = 73.4$ df=3 p<0.0001
Yes	47.0 (3.0)	53.8 (3.5)	32.1 (4.0)	69.3 (7.2)	
No	53.0 (3.0)	46.2 (3.5)	67.9 (4.0)	30.7 (7.2)	
Activities outside of the sex industry: (multiple possible)					df=3 $\chi^2 = 37.5$; p<0.0001 $\chi^2 = 13.5$; p=0.004 $\chi^2 = 25.8$; p<0.0001 $\chi^2 = 11.0$; p=0.01 $\chi^2 = 16.1$; p=0.001 $\chi^2 = 19.4$; p=0.0002 $\chi^2 = 18.1$; p=0.0004
No other work (N=684)	28.1 (2.8)	44.1 (3.7)	30.0 (4.1)	39.8 (8.0)	
Studying (N=709)	28.8 (3.0)	22.6 (3.0)	32.4 (4.2)	20.4 (6.1)	
Paid work part-time (N=711)	29.1 (2.9)	19.5 (2.8)	33.1 (4.3)	17.9 (6.2)	
Paid work full-time (N=694)	9.7 (1.8)	6.1 (1.9)	11.6 (2.9)	4.5 (3.1)	
Training courses (N=698)	10.0 (1.9)	14.6 (2.6)	16.0 (3.4)	6.8 (3.8)	
Caregiving (N=713)	28.5 (2.8)	39.8 (3.4)	29.5 (4.1)	35.2 (7.4)	
Volunteer work (N=689)	13.3 (2.2)	11.2 (2.3)	20.3 (3.7)	9.1 (4.3)	

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

Age and age at entry by geographical location The age distribution of the sample was also different between the three main cities ($\chi^2 = 69.7$; $df=8$; $p<0.0001$). The Christchurch participants were slightly younger than the Wellington or Auckland sample. The participants from the smaller towns of Napier and Nelson were more likely to report being older than the participants in the larger cities and were also more likely than their city counterparts to report starting sex work after the age of 30 years. Christchurch and Wellington participants were more likely to report starting sex work before the age of 18 years than participants in Auckland or Nelson/Napier. Of the 41 participants who reported starting in the sex industry after the enactment of the PRA when they were under the age of 18 years, 25 were working in Christchurch, eight in Auckland, seven in Wellington and one in Nelson.

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

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

Length of time in the industry by sector and geographic location Table 4.8 presents the data for length of time in the sex industry by sector. Two thirds of the participants in this study had been in the industry for longer than two years. Street-based workers were the most likely to report being in the industry for longer than 10 years and managed workers were the least likely. Three quarters of street-based workers reported having started working prior to the enactment of the PRA in 2003. There was little difference in percentages of participants starting work prior to the PRA between the three main cities (see Table 4.9). Napier/Nelson participants were more likely than the city participants to

report having worked in the industry for longer than five years and, therefore to have been working prior to decriminalisation of the sex industry.

Table 4.8 Length of time in sex work by sector[†]

	Total N=772 % (s.e.)	Street Workers N=201 % (s.e.)	Managed Indoor N=378 % (s.e.)	Private Indoor N=191 % (s.e.)	Comparison across sectors
Length of time in industry: (N=689)					
< 6 months	10.9 (1.4)	5.3 (1.4)	14.1 (1.9)	8.0 (2.8)	$\chi^2 =186.7$ df=10 p<0.0001
6 – 11 months	9.0 (1.2)	5.0 (1.9)	12.8 (1.9)	4.5 (1.6)	
12 – 23 months	13.0 (1.6)	5.5 (1.8)	13.8 (2.0)	14.8 (3.4)	
2 – 4 years	23.0 (2.0)	11.8 (2.8)	25.1 (2.5)	24.2 (4.1)	
5 – 9 years	20.3 (1.7)	25.6 (3.9)	19.4 (2.2)	19.6 (3.5)	
10+ years	23.8 (1.9)	46.8 (4.5)	14.8 (2.0)	28.9 (4.0)	
Working prior to PRA: (N=760)					
Yes	57.9 (2.1)	75.7 (3.3)	49.8 (2.7)	63.1 (4.4)	$\chi^2 =71.8$ df=2 p<0.0001
No	42.1 (2.1)	24.3 (3.3)	50.2 (2.7)	36.9 (4.4)	

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

Table 4.9 Length of time in sex work by geographic location[†]

	Auckland N=333 % (s.e.)	Christchurch N=246 % (s.e.)	Wellington N=151 % (s.e.)	Napier/Nelson N=42 % (s.e.)	Comparison across cities
Length of time in industry: (N=689)					
< 6 months	10.5 (2.0)	15.3 (2.6)	10.6 (2.7)	4.6 (3.2)	$\chi^2 =62.7$ df=15 p<0.0001
6 – 11 months	7.5 (1.6)	10.8 (2.4)	13.1 (3.1)	9.3 (4.4)	
12 – 23 months	14.1 (2.3)	9.4 (2.3)	14.3 (3.2)	7.0 (3.9)	
2 – 4 years	25.2 (2.8)	21.0 (3.0)	17.0 (3.4)	20.8 (6.3)	
5 – 9 years	18.9 (2.4)	22.7 (3.1)	18.5 (3.6)	35.0 (7.6)	
10+ years	23.8 (2.6)	20.8 (2.9)	26.5 (4.1)	23.3 (6.9)	
Working prior to PRA: (N=760)					
Yes	57.2 (3.0)	55.4 (3.5)	57.6 (4.3)	74.5 (6.7)	$\chi^2 =16.6$ df=3 p=0.0009
No	42.8 (3.0)	44.6 (3.5)	42.4 (4.3)	25.5 (6.7)	

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

Gender, age and education by ethnicity Table 4.10 provides the data for personal characteristics of the participants by ethnic identification. The majority of New Zealand European workers were female, were between the ages of 22 and 45 years, had started sex work after the age of 18 years and had secondary school level education of at least 3

years or more or some tertiary education. Maori and Pacific participants were significantly more likely than New Zealand European and Other⁸ ethnicities to identify as transgender. They were also significantly more likely than New Zealand European and Other ethnic groups to be 18-21 years of age at the time of interview and to have started working prior to the age of 18 years. More than half of participants from Other and Pacific ethnicities reported having tertiary level education, while approximately a third of New Zealand European and Maori participants reported this level of education.

Table 4.10 Demographics by ethnicity[†]

	Maori N=265 % (s.e.)	NZ European N=384 % (s.e.)	Pacific N=45 % (s.e.)	Other N=76 % (s.e.)	Comparison across ethnicities
Gender: (N=770)					
Female	76.9 (2.8)	90.5 (1.7)	74.0 (6.9)	89.8 (3.2)	$\chi^2 = 116.0$ df=6 p<0.0001
Male	11.3 (2.4)	7.7 (1.6)	10.6 (5.8)	4.3 (2.4)	
Transgender	11.8 (1.7)	1.8 (0.6)	15.4 (4.6)	5.9 (2.1)	
Age at time of study: (N=771)					
< 18 years	1.5 (0.6)	1.2 (0.5)	1.9 (1.4)	0.8 (0.5)	$\chi^2 = 45.9$ df=12 p<0.0001
18-21 years	20.7 (2.8)	15.4 (2.0)	23.9 (8.0)	14.4 (4.6)	
22-29 years	32.0 (3.4)	31.6 (2.8)	45.7 (8.7)	37.9 (6.3)	
30-45 years	36.1 (3.5)	41.3 (3.0)	22.4 (7.1)	43.3 (6.6)	
> 45 years	9.7 (2.2)	10.5 (2.1)	6.1 (3.3)	3.6 (2.2)	
Age at entry into sex work: (N=770)					
< 16 years	16.4 (2.4)	5.0 (1.2)	16.0 (6.0)	3.7 (1.9)	$\chi^2 = 135.4$ df=12 p<0.0001
16-17 years	12.7 (2.1)	6.7 (1.4)	15.7 (5.6)	8.9 (3.7)	
18-21 years	37.5 (3.5)	36.7 (2.8)	35.0 (8.6)	26.6 (6.0)	
22-29 years	20.5 (3.0)	29.4 (2.7)	24.9 (7.5)	34.7 (6.2)	
30+ years	12.9 (2.8)	22.2 (2.7)	8.4 (5.1)	26.1 (5.8)	
Education: (N=766)					
Primary	3.0 (1.1)	1.0 (0.5)	4.7 (3.8)	2.9 (1.9)	$\chi^2 = 110.3$ df=9 p<0.0001
Secondary (1-2 yrs)	25.0 (3.0)	19.8 (2.3)	13.3 (4.4)	5.9 (2.7)	
Secondary (3-5 yrs)	42.4 (3.6)	43.7 (3.0)	26.7 (7.7)	33.2 (6.4)	
Tertiary	29.6 (3.3)	35.5 (2.9)	55.3 (8.5)	58.0 (6.6)	

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

⁸ Other ethnicity includes Asian, German, Russian, Australian, South African, South American, American etc.

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

As comparisons will be made between this study and the study done in Christchurch prior to decriminalisation, it is necessary to examine the personal characteristics of the two samples. In 1999, the Christchurch study only included female workers and therefore, comparisons will be made between that sample and the participants in this study who identified as female and worked in Christchurch. As similar sampling procedures were carried out in both the 2006 Christchurch study and the 1999 study, and the 1999 sample was not weighted, the analyses comparing the two samples will be on the unweighted 2006 Christchurch female sample.

The samples did not differ greatly between the two studies (see Table 4.11). There were more street-based workers as a proportion of the sample and slightly fewer managed workers in the 2006 study than in the 1999 study. There were also more Maori participants in the 2006 study than in 1999. Age of participants, age of entry into sex work and education levels were very similar in both samples.

Table 4.11 Demographic comparisons between 1999 and 2006

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

Table 4.12 provides a demographic breakdown across sectors in the 1999 and 2006 Christchurch female survey populations. As there were few Pacific Island participants in Christchurch, ethnicities were collapsed to include Pacific in the category of Other ethnicities. Compared to the 1999 sample, the 2006 sample is similar in many ways, yet there are some marked differences. In 1999, there were fewer participants on the streets identifying as being from an Other ethnicity compared to 2006. There was a concurrent decrease in participants from Other ethnicities working in the private sector in 2006 compared to 1999. Another key difference was in age of participants, where more street-based workers and fewer managed workers in 2006 identified as being between the ages of 22 and 29 years than in 1999. There were also more women entering street-based work at the age of 22-29 years in 2006 in proportion to other sectors than in 1999. Education levels differed little between the two samples.

**Table 4.12 Demographic characteristics across each sector in 1999 and 2006
Christchurch female sex worker samples**

Christchurch 1999 Sample	Total N=303	Street N=78 %	Managed N=168 %	Private N=57 %	Comparison across sectors
Ethnicity:					
Maori	57	30.8	16.7	8.8	$\chi^2= 14.8$ df=4 p=0.005
NZ European	221	66.7	72.6	82.5	
Other	25	2.6	10.7	8.8	
Age:					
<22 years	88	60.3	20.8	10.5	$\chi^2= 68.1$ df=4 p<0.0001
22 – 29 years	116	19.2	50.0	29.8	
30 + years	99	20.5	29.2	59.6	
Age at entry:					
<22 years	180	84.6	57.1	31.6	$\chi^2= 43.1$ df=4 p<0.0001
22 – 29 years	73	10.3	27.4	33.3	
30 + years	50	5.1	15.5	35.1	
Education:					
Primary / secondary (1-2 yrs)	89	53.8	21.4	19.6	$\chi^2= 35.9$ df=4 p<0.0001
Secondary (3-5 yrs)	128	37.2	44.6	42.9	
Tertiary	85	9.0	33.9	37.5	
Christchurch Female 2006 Sample	Total N=224	Street N=77 %	Managed N=100 %	Private N=47 %	Comparison across sectors
Ethnicity:					
Maori	64	42.9	22.0	19.2	$\chi^2= 15.0$ df=4 p=0.005
NZ European	141	46.8	69.0	76.6	
Other	19	10.3	9.0	4.2	
Age:					
<22 years	68	44.2	26.0	17.0	$\chi^2= 13.9$ df=4 p=0.008
22 – 29 years	65	27.3	31.0	27.7	
30 + years	91	28.5	43.0	55.3	
Age at entry:					
<22 years	134	77.6	57.0	38.3	$\chi^2= 20.2$ df=4 p=0.0005
22 – 29 years	59	17.1	27.0	40.4	
30 + years	30	5.3	16.0	21.3	
Education:					
Primary / secondary (1-2 yrs)	81	60.5	23.0	25.5	$\chi^2= 40.9$ df=4 p<0.0001
Secondary (3-5 yrs)	86	35.5	38.0	44.7	
Tertiary	56	4.0	39.0	29.8	

4.2.5 Summary of description of survey sample

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

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

The majority of participants were New Zealand European, female, between the ages of 22 and 45 years, had entered the industry after the age of 18 years and had education levels of at least three to five years at the secondary school level, with many indicating they have tertiary level education. Nearly half of the participants reported having children. Most participants (67.1%) had been in the industry for longer than two years, with more than half reporting working prior to the implementation of the PRA in 2003. There were, however, significant differences in personal characteristics identified across the different sectors and the different geographical locations of the study:

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

- Wellington participants were less likely than other participants to have children and were more likely to have tertiary education, be involved in study and to work part-time outside the sex industry.
- Participants in the smaller towns of Napier and Nelson were more likely than other participants to be older and to have entered the industry at an older age. They were also more likely than their city counterparts to report having worked for more than five years.

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

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

4.3 Qualitative Samples

4.3.1 Sex worker sample

Fifty eight qualitative interviews were undertaken for the qualitative phase of the study. Twenty-one sex workers were interviewed in Christchurch, 14 in Auckland, 15 in Wellington, five in Nelson and three in Napier. Overall 11 transgender, 2 male and 45 females took part in this phase of the study. Although many participants had worked in various sectors of the industry, 15 participants at the time of interview worked in the private sector, 25 in the managed sector and 18 in the street sector. Nine participants had begun working in the sex industry after the enactment of the PRA (2003), with 49 having entered before decriminalisation. The average length of time in the industry for this cohort was 12 years. Participants' length of time in the industry ranged from 5 months to over 40 years.

4.3.2 Regulatory officer sample

Nine regulatory officers were interviewed, five males and four females. The Medical Officers of Health from Auckland, Hamilton, Napier, Wellington, Nelson and Dunedin took part, along with two sexual health promoters working under the delegation of the Christchurch Medical Officer of Health. All these participants are experienced practitioners with ten or more year's experience in their respective roles and all had been involved in implementation of the PRA (2003) since its inception. While all health districts have at least one regulatory officer (usually the Medical Officer) who takes responsibility for work related to the PRA, only a few staff (based in regional offices) from the Department of Labour are directly involved in this work. As is the case with Medical Officers of Health, their role under the PRA is only a very small part of their responsibilities. An occupational health officer was also interviewed for the study. He is also an experienced officer who has been involved in implementing the PRA from its inception.

4.3.3 Sample of public health submissions on territorial authority bylaws

Twenty one out of New Zealand's 73 territorial authorities were found to have made bylaws under the PRA (2003), and an additional three had identifiable district plan rules regulating location and/or signage of commercial sex premises. Nine out of the sixteen (56%) city councils had enacted bylaws as had 10 out of the 57 (17.5%) district councils. One bylaw had subsequently been rescinded (Timaru District Council) and another had been the subject of a legal challenge which resulted in some of its clauses being quashed (Christchurch City Council). A total of eleven submissions were made by Medical Officers of Health on bylaws or district plan changes in their districts.

5. ENTRY INTO SEX WORK, MOVEMENT BETWEEN SECTORS AND EXIT FROM THE INDUSTRY

5.1 Introduction

Section 5.2.1 discusses the reasons sex workers give for entering the sex industry, looking at financial, social, identity and legal incentives as reported by the participants in the survey and qualitative interviews. Information on how sex workers can keep themselves safe is variable on entry into sex work and this is discussed in section 5.2.2. The length of time sex workers expect to spend in the industry can vary and this will be explored in section 5.2.3, as well as the rationales given for staying in the industry (section 5.2.4). In most cases, sex workers accept payment only in the form of money, but some sex workers do accept other forms of payment. Section 5.2.5 explores whether different sectors or workers in different geographic locations are more or less likely to take alternative imbursements. The participants in both the survey and the qualitative interviews articulated a number of benefits, as well as some disadvantages, of working in the sex industry and these are discussed in section 5.2.6.

Section 5.3 then goes on to look at movement within the industry, and whether it is movement between different sectors of the industry, or movement within sectors to different places of work. Participants also reported on the reasons behind their movement of place of work. A discussion is provided in section 5.4 on breaks in working, which are reported by many participants. Some of these breaks are short ones, while other breaks are for longer than two years. Participants talked of the reasons for breaks, their reasons for returning to the industry and what would make it difficult and what would make it easier to leave the industry.

It is a limitation of cross-sectional studies that they provide a snapshot of a particular situation at one point in time. All the sex workers in this study were current sex workers

and two thirds of survey participants had been working for longer than two years; 23% for longer than 10 years (see Section 4). Only 20% of survey participants had been working for less than one year. A cross-sectional survey study would almost invariably capture more long-term than short-term workers. This may introduce bias in reporting of reasons for entry into the sex industry, as people who have entered for only a short period may have different motives for working than people who remain in the industry for a long time. Other researchers, such as Vanwesenbeeck, have highlighted concerns with using questionnaire data to investigate motivations for people entering the sex industry (Vanwesenbeeck, 2001). It is not possible to illuminate the context in which this decision is made within such a format. Few studies have investigated in-depth the motivations behind the entry into sex work. It is a strength of this study that in-depth interviews have been done in addition to the survey so that a discussion of the contextual aspects of entry into sex work can accompany the quantitative findings.

It is also a limitation of this study that all the participants were currently working in the sex industry; therefore, a discussion on successful exiting strategies is not possible. Many sex workers enter and leave the industry a number of times before finally exiting completely (Benoit & Millar, 2001; Dalla, 2006). Half the survey participants in this study had exited for a period, yet all had returned. A longitudinal cohort study, following a group of sex workers over a number of years, potentially from entry through to exit and beyond, would provide the most valuable information on motivations for entry as well as successful exiting strategies. This study does provide important information in these areas through utilising both survey and in-depth interview data, but the reader should bear in mind the limitations mentioned.

5.2 Entry into sex work

5.2.1 Reasons for entry into sex work

5.2.1.1 Financial influences

Overall, participants in the survey reported reasons for entry into sex work as principally financial (see Table 5.1). Over 90% of participants reported that they started working for the money, with almost three quarters indicating that they needed money to pay for household expenses and 61.5% wanting money to pay for their social lives. Over half of participants wanted to save, which was significantly more likely to be reported by managed and private workers than street-based workers. Managed workers were more likely than participants in other sectors to need money to support their children or family. Half of the street-based worker participants said that they had no other source of income and nearly one third were unable to access either parental or government support in the form of a benefit.

The qualitative data on entry into the sex work sector supported the findings from the quantitative data. Most of the participants described starting sex work for financial reasons, including paying for household bills, to pay off debt and to save.

... it was basically the money, 'cause I'd had a split up, I split up from my husband, so I was here on my own. Split up from my husband. And um I was working... so I had to do so many hours a week to make so much, and it's fucking hard work. And I thought, "I need to do another job that is not as physically hard, but it's good money." And then I saw that ad and I thought, "Okay, I'll try that." And yeah, one night a week, I made two week's wages in one night. You know, and I said, "Wake up," you know.

Maureen, Street, Female, Auckland

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

Marge, Managed, Female, Auckland

I looked into a secondary job to get my car and the tax is just so ridiculous. I couldn't get my car, you know. I was like going to be hitting a brick wall like for my

secondary job. So my friend said, "What about seeing about becoming a working lady and see how you go. So I went to see some parlours first in town here and didn't want me. So that's when I looked in the paper and found this private house and went to work there. So yeah.

Liz, Private and Managed, Female, Auckland

Table 5.1 Reasons for entry into sex work in each sector[†]

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

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

Some participants who worked in the managed or private sector described choosing to enter the sex work industry because of the flexibility and financial benefits it provided around both child care arrangements and the pursuit of hobbies or interests. Many of these participants expressed wanting to be self reliant and not dependant on a government benefit.

I always intended on going back to work after having baby. I didn't want to be on benefit. I don't want to be reliant on the government, and a lot of jobs don't offer the kind of finances that I want...I want to spoil my child.

Diane, Managed, Female, Christchurch

I went onto the benefit, and um I really wanted to be doing something, 'cause I like to make my own money. I don't like to get money for nothing. So I was looking through the paper and - with my two girls... and saw this ad, "Fantasy phone line" and I said, "Oh look at that, 'Fantasy phone calls'", and my daughter said, "Go on, mum, ring it, cause you'd be good at that, cause you talk about it all the time." (Laugh)

Petal, Private, Female, Christchurch

Analysis of the survey data revealed that sex workers who started working in the sex industry prior to the age of 18 years (35.0%), were significantly more likely than sex workers who were over the age of 18 years at the start of sex work (9.5%) to report that they could not get the benefit or parental support ($\chi^2=155.1$; $df=1$; $p<0.0001$). This was supported by the qualitative data:

I found out I could survive that way, 'cause I was so young when I started. I was too young for the dole, I had no experience for a job... Um 14. It just happened by itself. It just, you know, it just all unfolded by itself.

Paul, Private, Male, Auckland

Money. No, no benefit then really...Oh there was a benefit, but one didn't know how to, 'cause one had left home... I just saw, I saw one person like me, and um, "Yeah, I can get some money like this. Oh yeah, okay then." And just, yeah.

Bev, Street, Transgender, Auckland

Well um at that time I wasn't receiving any income, so um one of my friends offered to take me, you know, offered me, there was a way for me to make some money. So um yeah, she took me to the street and that's how I found out how to make money so I could survive.

Toni, Street, Female, Wellington

When I was 14 I started living on the streets, and then I thought, oh, you know, I can't support myself any other way apart from, you know, giving out my body. And

so when I lost my virginity when I was 15, that's when I started working on the streets, yeah. Um it was more friends that were working on the streets and I heard about it and so I thought, "Oh yeah, money, heaps of drugs and, yeah, alcohol, and, yay, party."

Sally, Street, Female, Christchurch

Half of street-based workers in the survey indicated that they started sex work to support their alcohol or drug use (see Table 5.1).

There were significant differences in motivations for entry into sex work between female, male and transgender workers (see Table 5.2). Female sex workers in the survey reported entering the sex industry predominantly for financial reasons. They were more likely than both male and transgender workers to report that they wanted to save up for something or support children or families, but less likely to report not having any other source of income at the start of sex work. Male participants, however, were more likely than both transgender and female participants to report that they were unable to get a benefit or parental support and were also more likely to report using the money to support their drug or alcohol use. There was no talk in the qualitative interviews of gang involvement or coercion.

Table 5.2 Reasons for entry into sex work by gender[†]

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

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

5.2.1.2 *Social influences* Street-based workers in the survey were more likely than participants in other sectors to have been influenced by others in their decision to enter the industry (see Table 5.1). More than half of the street-based workers in the survey reported that they started working because they had a friend in the industry and a fifth were minding a friend on the street when they were asked to join the industry. Male and transgender sex workers reported social influences as having been an important factor in their entry into sex work (see Table 5.2). They were more likely than female participants to report that they had a friend in the industry at the time or that they were

minding a friend when they were asked to join. Many participants in the in-depth interviews described being influenced by others including friends and family members in their decision to enter the industry.

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

Joyce, Street, Female, Christchurch

Okay, um my mother worked. Um she's been a sex worker for um (.) well ever since I've ever, well, yeah, I think she's always been one, and I didn't find out till I was 14. And I thought well if my mum can do it, it must be okay. So therefore then I started doing it, because mum never told me, you know, not to do it and it was wrong and I shouldn't be doing it. So I just really followed in her footsteps...She's she's really happy because I was taking home money.

Joan, Street, Female, Christchurch

Actually um (.) it was through a friend who owned a parlour And that's how I came to, yeah, I'm a bit of a nandy-pandy and I don't think I would have just sort of would have gone into it, but I had a friend who owned one and so I was just like um curious.

Pat, Managed, Female, Christchurch

There were only a small proportion of street-based workers (8.1%) in the survey who indicated that they had been made to work, yet they were more likely than participants in other sectors to report this. There was a significant difference in reporting of being made to work between young and older workers. Participants who were under the age of 18 years when they started sex work were more likely (9.5%) to report being made to work by someone than were participants (2.5%) who were over the age of 18 years at the start of sex work ($\chi^2=44.7$; $df=1$; $p<0.0001$). Only one of the participants in the qualitative interviews discussed being made to work:

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

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

Joyce, Street, Female, Christchurch

5.2.1.3 *Identity influences*

The image of sex work was also an important reason for entering the industry for many participants. A quarter of survey participants thought that the work looked exciting and glamorous and a fifth also reported that sex workers looked like they were fun to be with (see Table 5.1). This was especially the case for participants who worked on the streets. Half of all survey participants were also curious about the industry prior to entering.

Many participants in the qualitative cohort described being interested in sex work as an occupation because it seemed exciting and that it provided them with an occupation in which they could explore their own sexuality.

When I was managing um and met the dominatrix, it was really interesting, and quite intricate in regards to the B & D and the psychology behind it and I found that quite intriguing um and just wanted to know more about it.

Becky, Managed, Female, Auckland

I developed um a fascination with history, and of course being a woman, you tend to look at the woman's side of history. And a huge part of that, for many years that was the only job that women could really do and earn a decent living. Now there were other jobs they could do, but they couldn't really earn that much. So of course I started researching the history of that and found I got slightly more and more obsessed, and yeah, definitely about 4 years of laying my hands on anything I could about it, reading everything in the library, the Internet...So I've just sort of kept going and I've got my goals, I want a house and I want to travel, and in this society you need money to do that. And this job pays a lot better than a lot of other jobs that are out there for women my age or just people my age in general. So you know, why not, I'm a consenting adult of you know, over age. What's the problem?

Sheila, Managed, Female, Auckland

For sex, that was purely the reason and I can get paid for it instead of just, you know, with the girls out there giving it for free. I thought I could make money as well as have pleasure.

Dee, Managed, Female, Wellington

Um to be honest, it was just curiosity that sort of got me into the sex work. Um I used, I used to stay with um a friend of mine and she was also a sex worker, and there were 4 of us at that time. And my friend and the other 2 used to come out and go sex work, and I had to sort of just stay home and be kind of like Cinderella. But every time they used to come home, they used to be smiling, happy, and have a lot to talk about, and I felt like I was missing out on something. So I just sort of, yeah, jumped out on the motorway one night with um another friend, who didn't stay with us, but she was also staying at where I was staying, and yeah, hitched into town with her and that's where it all started.

Kyra, Managed, Female, Wellington

Identity influences, such as the perception that sex work was exciting and glamorous, sex workers looked like they were fun to be with and that they were curious were also reported more often by male and transgender sex workers than female sex workers (see Table 5.2). Male and transgender participants were also significantly more likely than female participants to report that they entered the sex industry because they were exploring their sexuality.

Sex work provided transgender participants with an important connection to their culture and identity. In in-depth interviews, many transgender participants discussed experiencing discrimination when seeking employment and how sex work was one of a limited number of career options available to them. Entering the sex work profession was described as significant for meeting other transgender people and learning and experiencing transgender culture/identity.

It was mainly through friends. It was, it was just, it was excitement, it was um something different. We were only young, it was pocket money, you know, yeah. Um (.) I think it was part of being different, yeah. It was, I mean, yeah, we were just a whole group of us... Um the the getting from the clients some sort of validation of being transsexual.

Dora, Street, Transgender, Auckland

Initially when I first did it, it was um out of curiosity, like as um back in the early '70's when I first went to Auckland to live...It was purely out of curiosity cause everyone else that, all my other friends, they did it. I was the only odd ball out at that time... for me being a sex worker, it was more, more about returning to my roots, I suppose...And still keeping in touch with people, like like-minded and like myself, yeah.

Georgia, Street and Managed, Transgender, Wellington

5.2.1.4 *Legislative influences*

A quarter of survey participants said that one of the reasons they entered the industry was because it was not against the law (see Table 5.1). As some participants had entered the industry subsequent to the enactment of the PRA in 2003, whilst others had been working for a longer time, there were predictable differences in reporting of this between long-term and short-term sex workers. Participants who entered the sex industry within the previous two years to the date of the survey were significantly more likely (41%) than participants who had been working between two and four years (30%) and participants who had been working for longer than four years (15%) to report entering the sex industry because it was not against the law ($\chi^2=70.3$ d.f=2; $p<0.0001$).

Few participants in the qualitative interviews described choosing to enter the sex industry because it was not against the law. The financial benefits and flexibility sex work provided were described as more important reasons for entering the industry. Those that had entered the industry after 2003 did describe how they were aware that sex work was decriminalised and that they had rights, but the legislation was not cited as a major reason for entering the industry.

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

Jenny, Managed, Female, Wellington

Well it is legally for us a job...So you know, my opinion on it is now, now that the laws have changed, it is for us, it's a professional job and I don't see any bad things about it, cause you know, everyone in life goes through that stage where they go through so much.

Joan, Street, Female, Christchurch

5.2.1.5 *Comparisons with Christchurch 1999 Study*

The 1999 Christchurch study also asked reasons for entering the sex industry, but gave fewer options than the 2006 study. The only options provided in 1999 were: household

expenses, social life/going out/luxuries, saving up, education, kids, made to work by somebody and to support drug use. In addition, participants in 1999 were only required to tick one option, whereas in 2006, multiple options could be selected. The most reported response participants in 1999 gave as the main use of their money on entry into sex work was for paying household expenses (43% of managed and private workers and 33% of street-based workers) (Plumridge & Abel, 2000b). More Christchurch female sex workers in 2006 were likely to report entering the sex industry to pay household expenses (81% of managed and private workers and 71% of street-based workers), but a similar proportion of street-based workers in 2006 (34%) to 1999 (38%) reported needing the money to pay for drugs. Caution should be taken, however, in drawing comparisons as multiple options were possible in 2006 and only the main reason for entry into the industry was requested in 1999. Percentages for all options would, therefore, be higher in 2006 than in 1999.

5.2.2 Information at entry into sex work

On starting sex work, the majority of all survey participants reported that they got useful information and advice about work from co-workers (see Table 5.3). Managed workers also reported getting information from their employers. NZPC was cited by 44.1% of participants as being a source of advice on starting in the industry. Street-based workers were significantly more likely than private or managed participants to cite friends and family as providing information at the start of sex work. A third of street-based workers, however, said that they had got advice from nobody when they started working. Almost two thirds of participants said that they had received enough advice and information when they started working to keep themselves safe. Managed workers were significantly more likely than street-based or private participants to report that they had enough information.

Table 5.3 Information at start of sex work by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Sources of information when starting sex work:						
Nobody (N=620)	18.4 (1.8)	33.4 (4.1)	14.6 (2.2)	17.1 (3.9)	41.9	<0.0001
Client (N=577)	20.4 (2.0)	23.6 (4.6)	19.8 (2.5)	20.3 (4.2)	1.3	0.5
Co-workers (N=606)	83.5 (1.7)	78.5 (4.1)	85.7 (2.1)	81.5 (3.7)	8.3	0.2
Films/books (N=575)	17.1 (1.8)	19.0 (4.2)	17.6 (2.3)	15.7 (3.4)	1.3	0.5
Friends/family (N=595)	21.9 (1.9)	41.6 (4.9)	20.2 (2.4)	17.2 (3.5)	53.3	<0.0001
Employer (N=582)	40.1 (2.3)	14.0 (4.1)	52.8 (3.1)	27.3 (4.3)	133.3	<0.0001
Receptionist/Manager (N=595)	57.1 (2.4)	11.2 (3.6)	79.0 (2.4)	33.5 (4.7)	418.9	<0.0001
NZPC (N=672)	44.1 (2.3)	44.4 (4.5)	41.5 (2.8)	48.6 (4.8)	6.9	0.03
Internet (N=572)	7.6 (1.3)	10.9 (3.5)	5.6 (1.4)	9.8 (3.0)	10.7	0.005
Was enough information given at the start of sex work to keep safe: (N=742)						
Yes	61.5 (2.1)	53.4 (4.2)	65.8 (2.6)	58.0 (4.5)	18.7	<0.0001
No	38.5 (2.1)	46.6 (4.2)	34.2 (2.6)	42.0 (4.5)		

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

In the qualitative interviews, managed workers described diverse experiences of receiving information at entry into sex work. Some described having received little information, whilst others had received much useful information, especially from their co-workers and employers. Some participants described actively searching for information themselves, such as visiting various brothels, NZPC and researching the internet.

Some of them (friends) were really informative and showed me the sex workers books and you know, because I was curious. This one particular worker book, she um had to go hassle one of the receptionists to find it... It was one supplied by NZPC.

Vicky, Managed, Female, Wellington

No, no, they had nothing. They had nothing, they had nothing on STDs anywhere. They had no information about NZPC. They sold all their girls the condoms. They didn't tell any of the - none of the girls even knew that there was NZPC.

Jenny, Managed, Female, Wellington.

She (the manager) spoke to me for 3 hours. It was like a sensory overload almost, because I was trying to remember all the stuff. Once I got into the room it was just, it was so easy.

Vicky, Managed, Female, Wellington

Anything that hasn't been advised to me, I have gone and sought myself either through NZPC or Sexual Health Centre or, you know. Or if I wanted to know something, I looked it up on the Internet. You know, if I wasn't sure of something.

Dianne, Managed, Female, Christchurch

5.2.3 Expected length of stay in the sex industry

Survey participants were asked how long they expected to stay in the sex industry. There were significant differences between new entrants and participants who had been in the industry for longer than a year. Only 20.9% of survey participants (N=142) had worked in the industry for less than a year, but these participants were more likely than the longer-term participants to report that they expected to stay in the industry for less than a year (see Table 5.4). Short-term workers were also significantly less likely than long-term workers to report that they would be in the industry for longer than five years. Almost a third of participants were unsure of how long they would be working in the industry, with longer-term participants more likely than short-term participants to indicate that they did not know how much longer they would be working.

Most of the participants in the qualitative interviews also expressed some uncertainty about their expected length of stay in the industry. Younger participants who worked in the managed sector tended to describe working to a plan, such as working to save to go overseas. These plans varied in length:

I think 25 (years old) about max...in about 5 years... cause it will be good to get heaps of savings and then by the time I'm 25 be able to put it for a house or something...Really, cause I've just been partying. That was like last year and now and now it's like it's been a year, I think I don't want to do this forever.

Caroline, Managed, Female, Christchurch

Table 5.4 Expected length of stay in the sex industry by years of working in the industry[†].

	Years of working in sex industry			Comparison across years of work
	Total N=759 % (s.e.)	<1 year N=76 % (s.e.)	>1 year N=683 % (s.e.)	
Expected length of stay in sex industry:				$\chi^2 = 98.0$ df=4 p<0.0001
<1 year	20.9 (1.7)	48.4 (6.8)	17.8 (1.7)	
1-2 years	21.7 (1.8)	15.2 (5.1)	22.5 (1.9)	
3-5 years	12.7 (1.5)	13.1 (5.4)	12.6 (1.6)	
>5 years	15.0 (1.5)	2.4 (1.9)	16.4 (1.7)	
Don't know	29.7 (1.9)	20.9 (4.7)	30.7 (2.0)	
Total	100.0	100.0	100.0	

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

Few street-based workers discussed how long they would remain in the sex industry. Street-based workers who did discuss this described leaving when they could ‘turn their life around’, such as when they could get on a drug rehabilitation programme.

So then (on entering a drug rehabilitation programme) I will be quitting, because I'm just at that point where I need to turn my life around, and I know I can do it, because I'm just, you know, I've had enough and I want to do it. I want to make changes. I can't do that if I'm still working, you know.

Joan, Street, Female, Christchurch

Transgender participants described having no expected length of stay in the industry.

If I want to (leave) I will, when I don't, I won't. I mean if I'm there and I'm able, I might, you know. And yeah, so it's always been like that.

Dora, Street, Transgender, Auckland.

Older, more experienced participants also discussed uncertainty about expected length of stay in the industry. Many discussed getting older and not wanting to ‘be in the industry forever,’ however few had specific ideas about how long they intended to stay in the industry.

I sort of think I'll leave when if I complete a PhD and become a lecturer...I would probably keep working cause I've got debts at the moment. Yeah, I think I'll probably keep doing it for a bit longer. It's quite good having a full time job and then working a couple of evenings a week.

Brenda, Private, Female, Wellington

Yeah, like I'm really, I'm getting to a stage now, I'm 34, it's like I'm not young and (.) dumb or – I'm just so much more aware of things that it's actually hard for me to do the job now. It's quite a bit of a struggle mentally... like mentally I'm able to handle the job better than when I was younger, because I don't need the drugs to do it or, you know, I actually, I can't actually do the job on drugs or anything. I have to be straight. I can actually mentally handle it now.

Mandy, Managed, Female, Nelson

5.2.4 Reasons for staying in the sex industry

Table 5.5 presents the survey data on reasons for staying in the sex industry. Similar to reasons for entry into the industry, financial motives remained the key factor for survey participants in all sectors. Over a third of all participants (39%) reported that they remained in sex work because they enjoyed the sex and street-based workers were the most likely sector to report this. Socially, more than 40% of street-based workers also reported that all their friends were in the industry and nearly half of all managed and street-based workers indicated that sex workers were friendly and fun to be with. Sex work as a job option was also valued by more than 80% of the participants because of its flexible working hours. A quarter of all survey participants did not want to do any other work. Street-based workers were more likely than managed or private workers to report that they did not know what else to do, that they could not get help to leave and they did not know how to leave.

Table 5.5 Reasons for staying in the sex industry in each sector[†]

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

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

5.2.5 Payment for sex work

The street sector survey participants were significantly more likely than the managed and private sector to accept all other options for payment for work other than money (see Table 5.6). More than 50% reported accepting drugs and over a fifth accepted alcohol for work. A fifth of street-based workers also reported exchanging their services for shelter or a place to stay. There were significant differences in acceptance of other forms of

payment for service for street-based workers in the different geographical locations (see Table 5.7). Auckland street-based workers were more likely than street-based workers in Christchurch and Wellington to accept all other forms of payment for services in addition to money. It should be noted, however, that the standard errors are large given small numbers. However, most notably, 69.9% of Auckland street-based workers would accept payment in the form of drugs compared to 35.4% of Christchurch and 43.2% of Wellington street-based workers.

Table 5.6 Payment for services in each sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Money (N=764)	99.9 (0.1)	100.0 (0)	100.0 (0)	99.6 (0.4)		
Food (N=701)	4.1 (0.8)	16.5 (3.5)	0.7 (0.5)	3.9 (1.4)	143.2	<0.0001
Alcohol (N=701)	5.6 (0.9)	22.9 (3.8)	2.0 (0.8)	3.2 (1.3)	187.3	<0.0001
Drugs (N=707)	14.6 (1.4)	55.4 (4.1)	4.0 (1.1)	12.3 (2.5)	532.4	<0.0001
Place to stay/shelter (N=700)	5.1 (0.9)	19.1 (3.7)	0.7 (0.4)	5.5 (1.7)	180.2	<0.0001
Paying off debt (N=701)	4.7 (0.9)	9.4 (2.6)	2.8 (1.0)	5.8 (1.8)	24.4	<0.0001
Barter (N=700)	7.5 (1.2)	16.8 (3.6)	1.7 (0.7)	12.5 (2.9)	100.0	<0.0001

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

Table 5.7 Payment for services for street workers in Auckland, Christchurch and Wellington[†]

	Auckland Street N=72 % (s.e.)	Christchurch Street N=92 % (s.e.)	Wellington Street N=28 % (s.e.)	Comparison across sectors (df=2)
Food	22.1 (5.9)	12.9 (3.5)	2.7 (2.6)	$\chi^2 = 13.2$; $p = 0.001$
Alcohol	27.6 (6.2)	16.1 (3.8)	19.6 (9.3)	$\chi^2 = 4.2$; $p = 0.1$
Drugs	69.9 (5.9)	35.4 (5.0)	43.2 (10.3)	$\chi^2 = 31.1$; $p < 0.0001$
Place to stay/shelter	28.4 (6.3)	11.9 (3.4)	0	$\chi^2 = 3.9$; $p = 0.05$ (for Christchurch/Auckland)
Paying off debt	13.6 (4.5)	6.5 (2.6)	0	$\chi^2 = 2.6$; $p = 0.1$ (for Christchurch/Auckland)
Barter	21.0 (5.7)	7.6 (2.8)	20.7 (10.1)	$\chi^2 = 7.1$; $p = 0.03$

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

In qualitative interviews, street-based workers did discuss experiences of accepting payments other than money for sex work. Most of these experiences tended to occur when participants were young and new to the sex industry, unsure of what payment to accept. Older workers were concerned about under-cutting the going rate and creating unfair competition. Participants who had worked for a longer period of time in the street sector were all keen to stress that they consistently demanded money for sex, refusing other payments for sex.

My first time I was perfect. Well I thought I was, but then they asked how much I wanted and that's where I got all confused...Well I was 14. A packet of cigarettes was the best I could get at the time...And I thought I was the best one in town.

Tania, Street, Transgender, Christchurch

... because a lot of the younger girls out there cause trouble, ripping off clients, doing cheap jobs, which makes us ones, that have been out there for years that stick to our prices, lose out on work.

Sarah, Street, Female, Christchurch

5.2.6 Benefits and disadvantages of working in the sex industry

Very few participants reported that they had not benefited in some way from working in the sex industry (see Table 5.8). The main benefits indicated by the survey participants were the fact that they had survived, made new friends and made more money through working in the sex industry. In terms of long term financial security, street-based workers were significantly less likely than managed or private workers to report that they had managed to save, had achieved a better lifestyle, had more assets, had more money, had been able to travel and had paid debts. For street-based workers, survival was a key benefit of working in the industry and 96.9% of street-based participants reported this. Many participants from all sectors, but especially the private sector, enjoyed the contact that they had with most clients as well as the sex.

Table 5.8 Perceived benefits of sex work by sector[†]

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

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

In the qualitative interviews, participants all discussed benefits they experienced from working in the sex industry. These benefits included having flexibility and freedom in their workplace, learning new workplace skills, meeting a variety of people and experiencing a sense of belonging.

Participants who worked in the private sector and on the streets described having independence and the ability to be one's 'own boss' as positive features of the industry. Those who worked in the street sector described the camaraderie of workers as a major benefit of working.

Love it, I love it. I love meeting the people, I love doing what I do, I love like, you know, to me it's, oh some girls it may be just for money. With me it's not, it's money, yes, but I work for myself, which I love. Money, independence, um (.) meeting a variety of people. Like for me, like I have from young to quite old, so I have a variety of people. And working, like working part-time in a parlour, I get to meet other girls.

Liz, Private and Managed, Female, Auckland

It's completely flexible. Um like if I don't want to work (.) it's completely flexible, if I don't want to work, I don't have to put the phone on. I can choose to put an ad in, not to put an ad in. Um I don't have any employees, I don't have a boss, so it's just up to me.

Brenda, Private, Female, Wellington

Um I think it's the um independence. Like you know your ability – well I'm talking from a street perspective - it's your ability to choose. I mean you don't have to hop in a car with a guy. You don't have to do a job. You can tell him to piss off, you know. Um it's (.) um the adventure, I suppose, the excitement of not knowing what's going to happen that night. It's a bit of that. Um there's the money, which um can be good...I mean you work how long you want to work. I mean you can go out do a job, pop around to the bar, have a dance, you know, um go and see someone, have a chat and go back to work or something, you know. I mean it's just lots of freedom, yeah.

Dora, Street, Transgender, Auckland

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

Sally, Street, Female, Christchurch

...feeling like you belong somewhere. Like most of the girls out there have had similar lifestyle...you just have that bond, which um, yeah, like a lot of people don't, yeah can't see or don't know what they've been through. People are too quick to judge these days. Like they're not bad people and (.) you know, we're not all rebels.

Sandy, Street, Female, Christchurch

Participants who worked in the managed sector described many benefits of working in the sex industry including the flexibility it provided around childcare commitments, the ability to acquire new skills such as in management and book keeping, the ability to save money, meet people and make friends.

For me I think it's a great weekend job to buy my house faster, and afford the little luxuries that I've come to enjoy. Um and I think it's a job that you need to think about a bit before you go into it, and if you go into it, to go into it um (.) mentally prepared, because a lot of girls are brought up with, "Oh sex is between two loving people," and all that sort of thing. And it can be, but even outside of work, it's not always like that. Um and (.)

Sheila, Managed, Female, Auckland

The hours and although you can get (?) off every now and again, the flexibility of the industry is what's kept me in it, especially as a mother.

Karen, Managed, Female, Christchurch

Well the good things is um meeting new people with different nationalities, um and yes, of course, you make money, which is good. Um the bad things is when you get real bad guys or drunks, which are not very nice. But otherwise, no, it's pretty good.

Hilda, Managed, Female, Napier

Participants also described some of the negative aspects of working in the sex industry. Descriptions of the negative aspects included continuing stigma and harassment from the general public to street-based workers, safety issues for all sex workers, the health consequences of shift work and inequitable work environments experienced by some in the managed sector. Some participants also discussed the temptations of activities on the fringes of the sex industry such as drugs and alcohol.

Oh let me see, the negative, I guess, would be um (.) patience, um waiting for customers on quiet nights, and you get tired, and you have to stay in the premises, um the places I've worked. Most of them, not some of them, there are some places that were more easy going... sometimes there are arseholes, I guess. You know, you get - see most of my customers have been real um, I suppose, sweethearts, honeys, you know, get real nice guys, and I suppose that outweighs the guys that aren't so nice.

Dee, Managed, Female, Wellington

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

Marge, Managed, Female, Auckland

The wear and tear on your body. Um looking after yourself so you don't burn out and stuff, mentally and physically and spiritually, I guess, and being yourself throughout that whole time.

Becky, Managed, Female, Auckland

Yeah, um sometimes the elements, like it could be cold. Like I didn't really work much in winter, cause you can't really look sexy in a big, you know, overcoat or anything, yeah. Um (.) sometimes the (.) yeah, mainly standing around a bit if it's a quiet night. Um up in Auckland, up here in Auckland I found it can be a bit scary feeling... yeah, and oh and the public sometimes. Like guys cruising past yelling and screaming. Um I know that for a while in Wellington it went through a really bad stage of people throwing eggs from their cars, um people throwing bottles...sometimes the um clients might be drunk or something, you know, you get that, a little bit of that. Um a downside too is the drugs, sometimes there's a lot of drugs around, it can be a temptation.

Dora, Street, Transgender, Auckland

Some participants were keen to stress the active role of the sex worker to work professionally, be 'strong willed' such as avoiding drug taking and alcohol use at work. These participants discussed the need to maintain one's health, such as by not overworking and having interests outside of work. This focus on health and wellbeing could dissipate many of the negative aspects of the profession.

I think it's a good job if you can do it alcohol free, if you can do it for the right reasons. If you have a family and you were wanting to enable the family to have a better lifestyle, um private schools yeah. It can be good, and it can be a rewarding

industry, but you do tend to meet some low lifes along the way...But if you're strong willed and just say 'no', then you're home and hosed.

Becky, Managed, Female, Auckland

I think it's great if you use it in the right way. If you abuse it, then it's not going to be great...Um abusing it is if you go out there to pay your drug fix, to get drugs and alcohol. Um good things are for your kids. You know, I mean I know one woman out there, she basically worked so that her kids could go on a school camping trip. I mean that I have no problem with, but to, you know, have someone who's basically like wanting just to get a high or a quick fix, I mean that's disgusting. I think that's abusing the job.

Terri, Street, Transgender, Christchurch

Um (.) I don't really think that there are good things or bad things about it. I think that it's fairly much, it's (.) I think of it now as a fairly normal job. It doesn't, I know other people think of it as abnormal or unusual. Um but for me I'm so used to this now. It doesn't, it doesn't really have that much of an effect. I've learnt to deal with um not – well I've started not to overwork, only doing a few clients in one day. Pacing myself and not getting stressed out by the clients I do see. Um I don't think that there are – for myself there are no bad points to doing this at all.

Jack, Private, Male, Wellington

5.3 Movement between sectors of the industry

The majority of street-based workers and managed workers in the survey had not moved sectors during the course of their time in the sex industry, with 78.8% of street-based workers starting work on the streets and 92.3% of managed workers starting in the managed sector (see Table 5.9). Half of surveyed private workers had, however, begun their work in the sex industry in the managed sector.

Table 5.9 Sector of original employment by sector of current employment in the sex industry[†]

	Started work			Comparison across sectors
	Street Sector % (s.e.)	Managed Sector % (s.e.)	Private Sector % (s.e.)	
Working now:				
Street Workers (N=203)	78.8 (3.6)	18.4 (3.4)	2.8 (1.6)	$\chi^2 = 1415.1$ df=4 p<0.0001
Managed Workers (N=376)	3.9 (1.0)	92.3 (1.4)	3.8 (1.0)	
Private Workers (N=180)	11.5 (2.3)	49.3 (4.6)	39.2 (4.5)	

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

Table 5.10 Reasons for movement from one place of work to another[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	P
I'm still working in the same place I started in (N=685)	45.1 (2.2)	70.1 (4.2)	47.6 (2.9)	29.0 (4.4)	112.3	<0.0001
Reasons for movement for participants who reported that they were no longer in their original place of work:						
Thought I could earn more in a new place (N=364)	49.8 (3.1)	46.9 (9.1)	44.6 (3.8)	56.7 (5.4)	15.1	0.0005
More control over work practices and/or choice of client in new place (N=369)	67.2 (2.8)	78.8 (6.1)	52.2 (3.9)	82.8 (4.1)	117.8	<0.0001
Safer environment in new place (N=361)	53.5 (3.1)	44.5 (8.7)	48.4 (3.9)	61.1 (5.4)	17.4	0.0002
More or better clients in new place (N=362)	54.2 (3.1)	52.4 (8.7)	48.8 (3.8)	61.1 (5.3)	15.7	0.0004
Friends in new place (N=367)	35.6 (2.8)	47.7 (8.7)	40.8 (3.8)	27.0 (4.6)	27.2	<0.0001
Invited to work elsewhere (N=361)	24.6 (2.5)	35.0 (8.1)	28.3 (3.5)	18.2 (3.8)	20.3	<0.0001

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

Workers in the street sector were less likely than those in the private and managed sectors to have moved place of work (see Table 5.10). Place of work is different to sector in that managed workers may have moved from one brothel to another and street-based workers may have moved from one block on the street (or one city) to another. Private workers may have moved between different shared premises or to working totally independently. Most private workers, who had moved place of work, indicated that they had moved because they had more control over their work practices and/or choice of client (see

Table 5.10). They were also more likely than managed and street-based workers to report moving place of work because they could earn more, they felt it would be a safer environment and they would attract more and better clients. This was further explored in qualitative interviews:

I worked at, I worked at one parlour in the town, city here for 6 weeks. But it cost me money to work there, being a large lady, so um the clientele wasn't basically for me...Um so I left there. I went back to just doing private work again.

Liz, Private and Managed, Female, Auckland

Yeah, I mean private at least is a lot better because um you don't feel like you're, you've got a boss keeping tabs on you.

Philippa, Private, Female, Auckland

But here my favourite will have had to have been working from home, that's the truth...Totally private...Discrete, you know, and all that. No threat of the Police...I hate being answerable to other people.

Paul, Private, Male, Auckland

Participants who moved from the managed sector to the street sector described the positive features of their choice, including the ability to choose one's clients, when to work, to not have to pay fees to managers and to be paid in cash.

Um well if we had to talk about parlours, um the fact that you actually have to pay someone first, like you've got a boss, is not good. To me that's not good, because it's you that's doing the job, not them. You're paying for a room, that basically you shouldn't have to. And the fact that clients have to pay a door fee even before they walk in, and especially if like the client decides that he just wants a massage and nothing else, you basically still have to pay for the room that you've used, yet you've got no money out of it...So I mean it's taking money away from you, and I think that's just unfair...Um privately, you can't call the shots. You can basically give your details to the client over the phone, but you don't know who you're going to get at the door. That's the problem. At least on the street you can virtually see the person. They're there in person, you can see if they're on something or, you know, if they're hesitant or they look suspicious, then, yeah. So that's like the big difference between those.

Terri, Street, Transgender, Christchurch

Um well the last parlour I worked at... it was competition. I mean I was on, you know, I'd do the 4 to 12 shift and then the 12 to 8. Um too many girls, I mean I could say that there's lots of girls out here, but I mean at least out here you know if a car pulls up, you know it's a cash job. Whereas, up there you can do a massage and it's not cash.

Janine, Street, Female, Christchurch

Well in parlours you're a lot safer. Um yeah, but with working in parlours I find that, you know, I mean it's not as good a money, cause they take fees off you, as well as plus you've got your clothing, your belongs, all that risk of being stolen from the other girls. And also you have to get along with a group of girls, which you might not like in particular. And with the street you can go out there, you can make a quick couple of hundred or whatever, and you can go home. Like I just go out to my corner, do my work, don't really bother with many of the girls, unless they're ones I've known for years, and then go home. And I don't have to get along with people, or worry about – well I do have to worry about being ripped off, but not just from the girls, you know.

Sally, Street, Female, Christchurch

Participants who had worked exclusively in the managed sector described this sector to be safer and better organised.

to me private, street, just doesn't appeal to me, um because of the whole security safety issues. Um you know, I like being in a parlour because it is safe. Um yeah, sure, you don't make as much, they take a big cut, but that's the price you pay, you know, for your health and life, yeah.

Virginia, Managed, Female, Auckland

5.4 Exit from the industry

Half of the participants in the survey indicated that they had taken a break from the industry at least once since the start of sex work (see Table 5.11). Private workers were more likely to report having had a break than street-based or managed workers. The majority of participants who reported having a break, either stopped for a short time of between one and six months or tended to have a break for longer than two years (see Table 5.12).

Table 5.11 Breaks from sex work in each sector[†]

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

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

Table 5.12 Length of break from sex work taken by workers who reported a break in each sector[†]

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

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

The most frequent reason survey participants gave for taking a break was because of a new relationship, where participants either did not want the partner to know that they worked, or where their partner did not want them to work any longer. Another commonly articulated reason was because of children, either because of pregnancy or because of wanting to take time off to raise children. Street-based workers were especially likely to give this reason, with around a quarter of street-based workers who had had a break reporting this. The other most often cited reasons were because they wanted, or had received, employment in a straight job or because of holiday or travel, especially for private and managed workers, but less so for street-based workers.

In in-depth interviews, participants discussed burn-out and simply being tired of the job as reasons for taking a break:

Um I stopped working because I just, I reached that time when, "Agh, I don't want to do this any more. I'd rather clean. And I'll generate the extra by cleaning and I'll do some studying." And I felt it probably had a bit of a conflict of interest with what I, where I was working as well at the time. Um I'm a social worker, and you know, I was a sex worker and I was doing another job as well working with um single parents, and I felt, "Yeah, I'm not doing this. It's probably not really, you know, that sort of moral or ethical that I'm doing this. So okay, no sex work."

Pat, Managed, Female, Christchurch

Well let's put it like this, you have to have a break, because when you're looking at it, your work and sex work, if you start 24/7 you're just going to run yourself ragged. That's when the trouble starts. You want more of this, more of that, and let me tell you this, I know 'cause I've been there. I've always wanted things.

Tania, Street, Transgender, Christchurch

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

Virginia, Managed, Female, Auckland

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

Becky, Managed, Female, Auckland

By far the most commonly reported reason for returning to the industry after a break was for economic reasons. Sixty-seven percent of all survey participants who had been on a break returned because they needed the money. Half of the survey participants reported that the money was the thing they missed most when not working, with another one fifth reporting the loss of camaraderie or the company of their fellow workers as a key factor. Private workers were less likely (11%) than street-based (24%) or managed workers (25%) to report the latter. Street-based workers (14%) and private workers (22%) were more likely than managed workers (7%) to report not missing anything while they were on a break. The in-depth interview data supported these findings:

Like we had the best of everything. Money just never, we didn't think about money, and for the last 7 months that's all I've been thinking about is that money. It's like I haven't had that money at all. And then like when it comes really hard and when we have arguments and fight with me and my partner, well the guy that was now my partner, I'm like off to the (inaudible) off to the road to work.

Sally, Street, Female, Christchurch

Many described taking time out of sex work due to being in committed relationships or when they were pregnant and had children. Participants who had child care commitments also described re-entering sex work for time out from home and the importance of their workplace friendships.

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

Hilda, Managed, Female, Napier

Some participants were keen to express that they choose to have breaks and re-enter the industry:

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

Josie, Private, Female, Napier

Some street-based workers described coming back to sex work for drugs.

About 6 months to 12 months, um and I've also had breaks when I've had my children...Um I think mainly the reasons I've got back into it is drugs.

Janine, Street, Female, Christchurch

um during this 5-year patch, 3 years prior to that um I was in an 8-year relationship and that fell apart, and I lost my children. I started drinking and then I, once I lost my children and my house, everything, I started using drugs again. That's what's brought me back out to the street after 5 years of being away.

Sally, Street, Female, Christchurch

Transgender sex workers discussed the difficulties they faced finding employment other than sex work, some refusing to go on a government benefit.

Mmm, yeah, many a times, but, yeah, I keep coming back. I mean cause I've got no – I mean, I mean cause there's no other income for me. I mean I don't get a benefit...I could go on a benefit, but I mean I'm just being stubborn. I mean I refuse to, yeah, and mmm. Yeah.

Ellen, Street, Transgender, Auckland

Oh I wish I could have. If I could find a really good job, I would leave in a second, that wouldn't, like I said, discriminate me for what I am and be acceptive of like I am an employee, I'm not a trans-gendered person who they have to keep looking at funny. Yeah, I'm there to do the work. I will do the work and respect what's been given to me or been told to me. But don't just keep looking at me as like, "Oh she's a trans-gender," you know...I've been in so many jobs and you just hear it, you know. Um (.) and it's just like I'm there just to work, you know, pay my bills and leave. I'm not there to basically put what I am on show or display for everybody, so yeah.

Terri, Street, Transgender, Christchurch

Um some of the reasons, because I'm in relationships, um or I try to start a new life. I try and get a job and try and get off the street, but you know, it's, for a trans-gender person, it's hard to a) get a job, and b) be accepted into society for who you are, because you're always going to be discriminated for both those things.

Terri, Street, Transgender, Christchurch

Money was the factor that was cited by most survey and in-depth interview participants as making it difficult to leave the industry. The availability of readily available money was something that 68% of survey participants reported would make staying away from

the industry a challenge. They discussed ways of making it easier to leave, which included the availability of good, well paid jobs, with a higher minimum wage and equal opportunities. Thirty-four percent of participants reported that this would make leaving the sex industry easier with a further 17% citing the need for financial security or a win in the lottery.

5.5 Discussion

5.5.1 *Entering the sex industry*

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

"... a sex worker can apply for a job in one day, work that night, and make enough money to pay a bill the next day. There is no substitute for this in our society, and until we acknowledge the unique economic need sex work fulfils, and acknowledge money as a motivation for working in the sex industry, there can be no useful approach to solve any of the problems in and around the sex industry"

(Weldon, 2006) (p.14).

Economics does play a key role in entry to the sex industry and the use sex workers make of their money is explanatory in their entry and continuation of sex work (Benoit & Millar, 2001; McKeganey, 2006; O'Neill & Campbell, 2006; Willman-Navarro, 2006). O'Neill and others maintain that many enter the industry in response to poverty, which highlights the need to be aware of changes in society, such as the unemployment benefit,

employment rates, taxes and economic recession, which increase the likelihood of people entering the sex industry (English Collective of Prostitutes, 1997; O'Neill, 1997). Financial influences were the key motivational factors in the entry into the sex industry for participants in this study. Household expenses were the most often reported use of money earned from sex work. This was also the main use of money on entry into sex work reported in the 1999 survey of Christchurch female sex workers (Plumridge & Abel, 2000b). The female participants in the 2006 study were more likely than the male and transgender participants to report financial incentives as the main reason for entering the industry and were less likely to report identity and social factors. The most important financial incentive for female workers was to pay for household expenses, but also they were more likely than male and transgender workers to report needing the money to support children or family.

The majority of participants in the sex industry are women, and women are more likely to be in part-time work and low status, low earning positions (O'Neill, 1997; Scambler & Scambler, 1997). The rise in single parent families has placed women at an economic disadvantage. In Britain in the 1990s, it was argued that the increasing feminisation of poverty was brought about by economic, employment and welfare policies, “and the failure of social policies to fundamentally address the needs of the single female head of household” (O'Neill, 1997; Scambler & Scambler, 1997) p.4. Many participants in this study highlighted the need for straight jobs with a higher minimum wage and equal opportunities. Greater flexibility in working hours for women with children was also an attraction for working in the sex industry and this flexibility is not common in other forms of employment.

Transgender workers sometimes have few options for careers outside of the sex industry because of discrimination against the way they dress and act (Worth, 2000). Heather Worth's (2000) study of transgender workers on Karangahape Road (K Road) in Auckland, New Zealand, revealed that there were strong economic reasons for transgender people to enter the sex industry. Participants in that study argued that they would rather be doing other work, but they were unable to get other employment and they

could not survive on the unemployment benefit. All were from socio-economically disadvantaged homes and had left school and home at an early age, often precipitated by the way they were treated because of their gender identity.

This study found that financial influences were important for transgender participants' entry into sex work, but in addition, over half of transgender participants entered the industry because they were curious about the industry, they thought that it looked exciting and glamorous, that sex workers looked like they were fun to be with and also over half had friends in the industry. The qualitative interviews revealed that, as Worth (2000) had found, the non-acceptance in society of transgender people creates a situation where they find acceptance and a family-like atmosphere in street-based work.

Young people in sex work are an especially vulnerable group. Many young people do not identify as sex workers but do exchange sex for money, drugs, accommodation or other 'favours' (Pearce, 2006). Some young people are disengaged from their family and receive no financial support from their parents and are unable to get government assistance in the form of a benefit as they are under the age of 18 years. For many, starting work in the sex industry is a survival choice. Some of the young street-based workers in this study reported that on entering the industry, they did not have information on what to charge and would often trade sex for some needed commodity. Similar to transgender sex workers, young sex workers found a sense of belonging and family in working with friends on the street.

5.5.2 Exiting the sex industry

Exiting the industry has been described as a process, which often involves numerous exit/re-entry cycles (Benoit & Millar, 2001; Dalla, 2006). Many of the participants in both the survey and qualitative interviews in this study had left the industry for a period of time and returned. As other researchers (Benoit & Millar, 2001) have found, the majority of participants returned to the sex industry because of economic necessity, but a number of participants missed the intrinsic feeling of belonging that they got from working in the industry.

It is important to note that not all experiences in sex work are bad and that exiting the industry also means losing some of the perceived benefits gained from the work. Few participants in this study and the previous 1999 study of Christchurch sex workers (Plumridge & Abel, 2000b) reported no benefit accrued from sex work. Both of these studies found that money was the key benefit cited by participants. However, more than 80% of participants in all sectors reported making new friends as a benefit of working in the industry. Other studies have also noted the sense of belonging and feeling of camaraderie some workers experienced from working in the sex industry and the loss of this when exiting the industry can be detrimental to staying exited (Benoit & Millar, 2001). As many of the participants in this study discussed, the stigmatisation that they experienced, either because of their gender identity, or because of being a sex worker, placed them in a position of being an outsider in society. The acceptance, camaraderie and family-like atmosphere that they found in the sex industry, was seen as an attraction of working in the industry. Social support is an important determinant of health. Sanders identified that 'indoor' sex work attracts "high-trusting relationships" (p.110) characterised by much social support between workers (Sanders, 2006). On the other hand, she argued that "pimps, drug use and sporadic customers" engender "low-trusting relationships" among street-based workers. This was not evident from the findings of this study, where street-based workers were just as likely as managed and private workers to report friendships and enjoying the contact and sex with clients. These perceived gains may make exiting the industry problematic.

5.6 Summary

Entry into sex work

- Entry into sex work was predominantly for financial reasons:
 - 73% of participants needed money to pay for household expenses

- Financial incentives were more important to female sex workers than to male or transgender sex workers
- Nearly half of street-based, male and transgender sex workers had no other source of income
- Flexibility of working hours and financial benefits were advantageous in terms of child care arrangements
- Entry into sex work was also influenced by social factors, especially for street-based and transgender sex workers:
 - More than half of street-based and transgender sex workers had friends in the industry prior to starting work in the sex industry
 - Many participants were influenced by friends and family into entering the sex industry
- Entry into sex work was also influenced by identity factors:
 - Many street-based and transgender sex workers thought sex workers looked like they were fun to be with and that the work looked exciting and glamorous
 - Sex work was also identified by male and transgender sex workers as a way of exploring their sexuality
- The decriminalisation of the sex industry did not play a great role in reports of entry into the sex industry.

Information at entry into sex work

- 62% of all survey participants reported sufficient information on starting sex work to keep themselves safe
- Nearly half (47%) of surveyed street-based workers reported that they did not have enough information
- 33% of surveyed street-based workers did not get any information when starting sex work
- Co-workers were the most often cited source of information on starting sex work
- Most managed workers received information from the manager or reception at their place of work

Expected length of stay in the industry

- There was uncertainty in how long participants expected to stay in the industry
- Sex workers who had only been in the industry for a short period of time, were more likely than long-term sex workers to report that they intended to stay in the industry for less than one year

Reasons for staying in the sex industry

- Financial motives were key to staying in the sex industry
 - 82% of survey participants remained in the industry to pay their household expenses
- 83% of survey participants valued the flexible working hours
- 42% of survey participants liked the company of other sex workers
- 43% of surveyed street-based workers said that all their friends were in sex work
- 39% of survey participants enjoyed the sex

Payment for work, other than money

- Street-based workers were more likely than workers in other sectors to accept alternative forms of payment for sex
- Street-based workers who had been in the industry for some time, stressed that they would only accept money for their services

Benefits of working

- Few participants reported no benefits of working in the sex industry
- The key benefits reported by participants were:
 - They had more money
 - They had made new friends
 - They had survived
 - They enjoyed contact with the clients
 - They valued their independence, the flexibility of the work and the camaraderie with other workers

- Some disadvantages reported in the qualitative interviews included:
 - The continuing stigma of sex work and harassment by the general public
 - Many participants talked of the physical and mental stress of the work

Movement between sectors

- There was little movement between sectors reported in the survey for street-based and managed workers, but half of the private workers reported starting out working in the managed sector
- Private workers reported moving into private work because it provided a safer working environment, where they could earn more and attract better clients

Exit from the sex industry

- 51% of all survey participants had stopped working in the sex industry at least once and then returned
- The main reasons for returning to the industry were financial, but participants also reported missing workplace friendships and wanting time-out from their families
- Transgender sex workers had difficulty finding other forms of employment because of discrimination

6. HEALTH AND SAFETY OF SEX WORKERS

6.1 Introduction

Section 6.2 discusses the access to health services by sex workers and whether these have changed since the sex industry was decriminalised. The ability of sex workers to refuse to accept a client and their experience of violence, abuse or other adverse events in the 12 months prior to interview is presented, which will provide some indication of the work experiences of sex workers post-decriminalisation (see Section 6.3). Also discussed are the people or organisations which are most frequently accessed by the participants in this study when they have had an adverse experience. This Section concludes with section 6.4, which discusses the safer sex practices of the participants and the strategies cited for ensuring that their clients do use condoms.

6.2 Access to Health Services

The majority of survey participants reported having their own doctor (see Table 6.1). However, only half of the participants who reported having a doctor indicated that they told him/her that they were sex workers. Street-based workers were the most likely sector to report their occupation to their doctors with managed workers the least likely. Most participants indicated that they accessed their GP for their general health needs as well as their sexual health needs. There were few participants who reported that they did not go for sexual health check-ups, with managed workers the least likely of all participants to report this. There were no significant differences in access to services between the Christchurch females in the sample in 2006 and the Christchurch female sex workers in the 1999 study.

Table 6.1 Participants' access to health services by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
Participants having a regular doctor (N=767)	86.9 (1.4)	80.9 (3.1)	88.1 (1.8)	87.6 (3.0)	$\chi^2 = 10.1$ df=2 p=0.006
Participants who have a regular doctor informing doctor of occupation (N=653)	53.9 (2.3)	69.2 (4.3)	49.7 (2.9)	54.6 (4.8)	$\chi^2 = 27.9$ df=2 p<0.0001
Services accessed for general health needs:					
Own GP (N=753)	91.8 (1.2)	85.4 (2.8)	93.8 (1.4)	91.4 (2.6)	$\chi^2 = 19.3$; df =2; p<0.0001
NZPC (N=696)	17.7 (1.6)	31.8 (4.2)	14.8 (2.0)	16.2 (3.3)	$\chi^2 = 41.3$; df =2; p<0.0001
Youth organisation (N=680)	1.5 (0.4)	5.8 (1.5)	0.8 (0.4)	0.9 (0.7)	$\chi^2 = 49.8$; df =2; p<0.0001
Social worker (N=686)	3.0 (0.6)	9.1 (2.6)	2.0 (0.8)	1.9 (0.9)	$\chi^2 = 47.1$; df =2; p<0.0001
Counsellor (N=687)	9.1 (1.2)	14.9 (3.1)	7.9 (1.4)	8.6 (2.2)	$\chi^2 = 14.3$; df =2; p=0.0008
Physiotherapist (N=686)	8.1 (1.3)	6.2 (2.5)	5.9 (1.3)	12.7 (3.1)	$\chi^2 = 22.1$; df =2; p<0.0001
Chiropractor (N=685)	5.8 (1.0)	5.5 (2.2)	5.0 (1.2)	7.4 (2.0)	$\chi^2 = 4.2$; df =2; p=0.1
Podiatrist (N=684)	2.3 (0.6)	2.9 (1.6)	2.0 (0.8)	2.4 (1.1)	$\chi^2 = 1.0$; df =2; p=0.6
Complementary practitioner* (N=685)	12.8 (1.5)	7.3 (2.6)	10.4 (1.7)	19.1 (3.6)	$\chi^2 = 30.8$; df =2; p<0.0001
Mental health worker** (N=690)	8.9 (1.2)	12.0 (2.9)	7.7 (1.4)	9.5 (2.3)	$\chi^2 = 5.7$; df =2; p=0.06
Nowhere (N=626)	4.2 (1.0)	8.1 (2.1)	3.5 (1.2)	3.7 (2.0)	$\chi^2 = 8.9$; df =2; p=0.01
Services accessed for sexual health needs: (N=769)					
Don't go for sexual health check-ups	3.7 (0.9)	7.1 (1.9)	1.8 (0.7)	5.5 (2.2)	$\chi^2 = 91.0$ df =14 p<0.0001
Own GP	41.3 (2.1)	47.4 (4.1)	40.6 (2.7)	39.8 (4.3)	
Another GP	3.0 (0.7)	3.4 (1.6)	3.1 (0.9)	2.5 (1.3)	
NZPC	15.5 (1.5)	12.8 (2.6)	14.6 (1.8)	18.1 (3.3)	
Family Planning	9.7 (1.3)	8.0 (2.5)	12.4 (1.8)	6.0 (2.2)	
Sexual Health Centre	25.2 (1.9)	17.1 (3.1)	26.6 (2.5)	26.3 (4.0)	
Youth Health Centre	1.2 (0.3)	3.8 (1.1)	0.6 (0.3)	1.2 (0.7)	
Other	0.4 (0.2)	0.3 (0.3)	0.2 (0.2)	0.8 (0.6)	

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

* Complementary health practitioner e.g. naturopath, homeopath, therapeutic masseur

** Mental health worker e.g. psychologist, psychiatrist

Participants in the qualitative interviews all discussed going to doctors and other health professionals and some felt comfortable informing their doctors that they were working in the sex industry:

Mmm, so they're probably a bit more open-minded. No, my doctor was really good about it, I guess because he's known me since I was a child and he'd seen the upbringing - well not seen the upbringing, but knew the problems in our household anyway. So he probably wasn't surprised, to be honest.

Kylie, Private, Female, Christchurch

I've got a really good doctor... he's just fabulous. He's, like I get my condoms off him a lot of the time...I get – I even just ring up his nurse, so I don't even have to pay... They just give me a script, give me a script at the counter, yeah, and he gives that to me, and he's really good. And like um any check ups I need, I go to him, and he always asks me, you know, "How's work going? Are you still escorting?" He really pushes for me to um better myself. He wants me to educate myself a lot more. He thinks I've got a lot of potential... he saw me through my methadone, and he saw me through, you know, quite a bit. Like he's really proud of me... he just wants um better, like a parent would... he knows I travel too, and me and him have spoken and he's faxed me scripts to other places for condoms. He's really good.

Paula, Street, Transgender, Christchurch

I'm fine, yes, I'm lucky with my doctor, yeah. Well I actually see more than one doctor, but because it's on my record that I'm a working girl any rate and um so good. But they don't treat me any differently to what I am. I've been going to the same place all the time, so I've been going there for years before I was in the industry.

Liz, Private, Female, Auckland

Yeah. All round I pretty much get everything I want, yeah, you know, because, I don't know, it comes down, again comes down to respect, doesn't it? And in the end of the day, if they, if they're doctors and they don't give you what you need, then they shouldn't be doctors, because um whether you're a sex worker or whether you're the queen, you're still a human being. You deserve respect, you know, and there's no point putting all those thousands of dollars and all that sweat into medicals if you're not going to bloody use it. And they can get into heaps of trouble cause there's a lot of different things they can get into trouble for, you know, neglecting human beings' health, being racial, you know.

Susan, Street, Female, Christchurch

I'm totally, I'm totally open with health professionals. Um like, it's like I'm speaking with you, they can ask me something and I'm totally honest with them. You know, what's the point in going to a doctor if you're not going to be real with them. They can't possibly do anything for you if you're not honest, you know, I haven't really felt a stigma, stigma on that side. The only stigma I've felt from doctors is drug usage. No, the sex worker side doesn't seem to worry them. Sexuality, gender, any of that doesn't seem to have an affect on the doctors.

Paul, Private, Male, Auckland

Many participants did not disclose their occupation to health professionals. They discussed issues of stigma and the effect the knowledge of their occupation might have on their treatment for visitations not related to sexual health. In such cases, participants revealed that they went elsewhere for their sexual health services, but retained their GP for their general health needs.

(I don't tell my doctor) Um I think because of my prescription, and I just think that maybe he would stop my prescription if he knew I was back out working... He used to be my methadone doctor when I was on methadone... And then I've given him quite a bit of bullshit in the past, so, you know, I just, yeah, there's just some things your doctor doesn't need to know... I find him a really good doctor, and I mean and I think if I was to be truthful to him about working, I mean I'm sure he'd be fine with it.

Joan, Street, Female, Christchurch

I'm getting more and more comfortable about telling them that I am, and they freak out, (Laugh) and it's like... Well at the PC (NZPC), I mean you can tell them anything. You can tell them you did 10 men standing on your head, they're not going to bat an eye. But things like Student Health, um they're really uncomfortable I'm a prostitute. They're so uncomfortable hearing that.

Brenda, Private, Female, Wellington

at my doctors... um sometimes you kind of (.) you know, hear the nurses talking or something about a patient, you know...like I think a lot of girls... go there, some of the girls, and a couple of times I've been there, they've been in, oh what looked like working girls, you know, from the street, and they've, you know, been making comments about it. And I'd think, "Shit, you know... I go to the Sexual Health Clinic if I have any concerns.

Danni, Private, Female, Christchurch

Um I usually go to the FPC (Family Planning Clinic)... I wouldn't go before I started working...I've always got used to the checks like (.) every few months... I don't have a real, like a (.) a usual one, but I just go to a doctor about normal things.

Caroline, Managed, Female, Christchurch

Okay, um my doctor knows that I work, but I tend to do my STD and blood tests at the NZPC just cause I like catching up with the people and coming in to see, you know, the nurse and saying 'hi'. You know, because it's just a comfortable environment to be in. The people don't judge you and that sort of thing. Ever since I've been sexually active, I've always made sure I've had regular tests, STD and blood tests. Obviously since I started working I make sure I get it every 3 months, whereas before that it might have been from 6 to 9 months.

Sheila, Managed, Female, Auckland

6.3 Experiences at Work

6.3.1 Ability to choose clients

Just over one third of survey participants reported that they felt they had to accept a client in the last 12 months when they had not wanted to (see Table 6.2). Street-based participants were more likely to report this than managed or private workers. However, street-based participants were also more likely than managed or private participants to report that they had refused a client in the last 12 months. Only one tenth of all participants who reported refusing to do a client said that they had been penalised for this in the last 12 months and this differed little between sectors. Around two thirds of participants who had been working prior to decriminalisation reported that it was easier to refuse to have sex with a client since the law had changed.

Table 6.2 Ability to refuse clients in last 12 months by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Felt that they had to accept a client when they didn't want to in last 12 months (N=768)	35.3 (2.0)	41.7 (4.0)	37.5 (2.6)	29.1 (3.9)	18.6	<0.0001
Refused to do a client within the last 12 months (N=768)	69.8 (2.0)	85.5 (2.9)	61.3 (2.7)	77.1 (3.9)	78.7	<0.0001
Participants who had refused to do a client in last 12 months and who were penalised (N=540)	10.5 (1.4)	9.5 (2.6)	12.4 (2.2)	8.3 (2.4)	6.0	0.05
More able to refuse to do a client since law change (N=493*)	64.8 (2.5)	61.9 (4.8)	67.3 (3.3)	62.7 (5.1)	3.3	0.2

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

* Includes only participants who had been working prior to enactment of PRA

Table 6.3 Ability to refuse clients in last 12 months for Christchurch female 1999 and 2006 samples

	Christchurch 1999 %	Christchurch 2006 %	Comparison across samples (df=2)	
			X ²	p
Felt that they had to accept a client when they didn't want to in last 12 months				
Street Workers	53	44	1.3	0.3
Managed Workers	58	45	4.0	0.05
Private Workers	63	38	6.0	0.01
Refused to do a client within the last 12 months				
Street Workers	85	82	0.3	0.6
Managed Workers	47	68	11.1	0.0009
Private Workers	77	77	0.01	0.9

Significantly fewer private and managed female Christchurch workers reported having to accept a client when they didn't want to in 2006 than in 1999 (see Table 6.3). Managed workers were also significantly more likely to have reported refusing to do a client in the last 12 months in 2006 than in 1999.

In in-depth interviews, participants spoke a great deal about refusing to do clients because they refused to use condoms, were drunk or drugged, or because they were violent.

Oh shit, um (.) at least once a month (refuses a client), that's what I can say, because I don't really come out a lot. I mean, yeah, at least once a month, and I mean I've even had ones that have been so difficult that I've kept their money and just hopped out the car, you know, because I'm just not prepared to do it without a condom.

Joan, Street, Female, Christchurch

Oh just um (.) you know, pushing to like one guy wouldn't leave his condom on, you know, dah dah dah. And after he'd taken it off twice, I said, "Listen, that was mean, get the fuck out of my house." My voice went from up there, not that it's all that up there, but I went really low, and I ended up telling him to get his fucking gear and I said, "If you don't get your gear, I'll just chuck your fucking gear outside," and he just scrambled to get out of my house.

Paula, Street and Private, Transgender, Christchurch

Pat, who worked in and managed a brothel, spoke from both perspectives:

No, like if a girl said to me, "Oh I don't want to go through with that client," um you know, that that's absolutely fine. I would never, you know, pressure anyone to go through with someone they didn't, for whatever reason it was, just if they felt

threatened by them, intimidated by them, if they didn't like the hygiene fact or, you know, ethnic group or just whatever, you know, their reasons, I'd respect that. You know, going on myself, like I mean I wouldn't go through with anyone, that, you know, I didn't feel comfortable for whatever reason.

Pat, Managed, Female, Christchurch

The fact that the activities associated with sex work were no longer criminalised and that participants were aware they now had legal rights, made them more empowered in their negotiations with clients:

Um well it definitely makes me feel like, if anything were to go wrong, then I'm, then it's much more easier for me to get my voice heard. And um (.) I also, I also feel like it's um some kind of hope that um there's slowly going to be more tolerance perhaps of um (.) you know, what it is to be a sex worker. And it affects my work, I think, because when I'm in a room with a client, I feel like um (.) like I'm, like I feel like I am deserving of more respect because I'm not doing something that's illegal. So um I guess it gives me a lot more confidence with a client because, you know, I'm doing something that's legal, and there's no way that they can, you know, dispute that. And um you know, I feel like if I'm in a room with a client, then it's safer, because, you know, maybe if it wasn't legal, then, you know, he could use that against me or threaten me with something, or you know. But now that it's legal, they can't do that.

Jenny, Managed, Female, Wellington

As in beforehand a client um (.) you know, because of them having to make the offer to you, um the sort of the negotiation power, I think, was a little bit more with them... Um whereas now you can sort of say 'no.'

Karen, Managed, Female, Christchurch

Managed participants also expressed that they had more support from management when it came to refusing certain clients:

I had one instance when we went into the room and I said, "Look, I'm sorry but you can't go down on me." And he said, "Okay, I want to cancel the booking." So I said, "Okay, that's fine." Took him out; that was not an issue at the desk. You know, if I didn't want to do something, I didn't have to do it, because what I'm expected to give is a hand-job, a blow-job with a condom, and sex with a condom, vaginal sex. If I don't want to do anything else, that's fine, you know, and I'm not at all expected in any shape or form whatsoever to put myself and my health at risk. And it's just made it a lot easier,

Sheila, Managed, Female, Auckland

From what I hear from women who have worked, that I work with, who worked before the law changed, it's a lot better for us and it's a lot more open and girls

aren't having to fight, you know, their own battles every night between clients and between employers. Now they have the option to turn around and go, "That guy tried to stick his cock up my arse. You kick him the hell out and don't give him his money back." You know, I refuse to take any less pay because of that guy disrespecting me, and the employers will stick up for the girls.

Vicky, Managed, Female, Wellington

Other experiences with management were less positive:

Um but yes, I've come across um one client in a parlour that took it (the condom) off, and yeah, and I complained and nothing actually got done about it, which I was a bit disappointed about.

Liz, Private, Female, Auckland

6.3.2 *Adverse experiences*

Survey participants were questioned on whether they had experienced any adverse incidents in the last 12 months, including: refusal of a client to pay; having money stolen by a client; been physically assaulted by a client; threatened by someone with physical violence; held against their will; been raped by a client; or received abusive text messages. Street-based workers were significantly more likely than managed and private participants to report all of these experiences in the last 12 months, with the exception of abusive text messages (see Table 6.4). Over a third of private workers had received at least one abusive text message in the last year. Few participants indicated that they reported adverse incidents to the police, but most reported that they did tell some other person instead of the police. There was little difference between sectors in reporting of adverse incidents.

Table 6.4 Adverse experiences whilst working in the last 12 months by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Experienced refusal by client to pay (N=769)	12.6 (1.3)	31.5 (4.0)	7.5 (1.4)	12.6 (2.6)	122.4	<0.0001
Reported to police	9.1 (3.0)	11.7 (5.0)	4.9 (4.8)	10.0 (5.8)	2.2	0.3
Reported to another person besides police	53.8 (5.7)	46.6 (7.8)	63.9 (10.1)	53.3 (11.3)	4.2	0.1
Had money stolen by a client (N=768)	8.3 (1.0)	24.4 (3.5)	4.2 (1.0)	7.9 (2.1)	134.0	<0.0001
Reported to police	15.5 (5.1)	10.6 (4.7)	19.3 (9.4)	18.3 (12.6)	1.5	0.5
Reported to another person besides police	63.1 (6.6)	64.3 (8.6)	71.7 (11.2)	53.3 (13.9)	2.9	0.2
Been physically assaulted by client (n=770)	9.8 (1.2)	13.4 (2.8)	10.4 (1.6)	7.3 (2.2)	9.0	0.01
Reported to police	19.2 (5.2)	19.2 (8.2)	13.5 (5.5)	32.0 (14.8)	7.0	0.03
Reported to another person besides police	75.9 (6.0)	64.5 (11.9)	86.4 (6.0)	53.9 (17.9)	15.5	0.0004
Threatened by someone with physical violence (N=768)	15.9 (1.5)	39.5 (4.0)	9.3 (1.5)	16.3 (3.1)	158.1	<0.0001
Reported to police	20.0 (3.9)	17.8 (4.5)	14.8 (6.4)	27.0 (8.9)	4.6	0.1
Reported to another person besides police	70.0 (4.9)	72.2 (6.4)	77.3 (7.0)	60.1 (10.9)	5.8	0.06
Held somewhere against their will (N=766)	4.7 (0.8)	10.2 (2.6)	4.2 (1.0)	3.2 (1.1)	30.2	<0.0001
Reported to police	21.1 (6.4)	19.3 (10.0)	30.1 (10.9)	3.5 (3.7)	10.5	0.005
Reported to another person besides police	59.8 (8.8)	40.5 (14.7)	63.4 (13.2)	79.2 (18.2)	5.7	0.06
Been raped by a client (N=769)	3.0 (0.6)	5.3 (1.8)	3.3 (1.0)	1.5 (0.9)	12.8	0.002
Reported to police	32.1 (10.3)	6.0 (6.0)	35.4 (14.1)	62.3 (29.6)	11.0	0.004
Reported to another person besides police	65.0 (10.9)	53.8 (17.6)	71.0 (14.6)	62.3 (29.6)	1.4	0.5
Received abusive text messages from clients (N=771)	17.3 (1.7)	11.0 (2.5)	7.4 (1.4)	36.4 (4.2)	272.2	<0.0001
Reported to police	6.1 (2.4)	11.2 (8.1)	14.2 (7.5)	2.6 (1.9)	19.5	<0.0001
Reported to another person besides police	44.2 (5.7)	42.3 (11.4)	46.4 (10.3)	43.7 (7.7)	0.3	0.9

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

Although the survey asked about adverse incidents within the last 12 months, participants in the qualitative interviews talked of incidents which had occurred across the whole of their time in the sex industry. Many talked of their reasons for not reporting incidents to the police. Some had little faith in police from previous interactions with them and others were fearful of disclosing their occupations to police and their name appearing in the media. The fear of stigmatisation was a strong deterrent.

(he forced me to smoke) P, it was P. It's awful stuff. And then he raped me, took all my money and bugged off.....I came into the PC (but I didn't report it to the police) ...That was, that was probably something that stopped me. It wasn't the fact that the law had changed. It was the fact that the Police Officer um in charge, you know, in charge of policing prostitution had changed, and he was a plonker.

Brenda, Private, Female, Wellington

I think now it's more easier to actually go to the Police, but I don't think I would. It depends what happens. I mean, God forbid, nothing. You know, um yeah, but um (.) like I said, it depends what the bad thing is, you know. So far I've been lucky. Um and would it be a hassle? If it's a hassle of having to, and would it work out, and would it go my way, and would it be in the newspapers for start, you know. Would I have name suppression? If my name's in the newspaper, I'd feel so stink... Because, you know, people might think, "Oh, I know her. I know that name," you know, and then like I said, not a lot of people know what I do, and then the others might say, "See, I knew, I heard right, see, I knew she was a hooker."

Dee, Managed, Female, Wellington

This taxi driver picked me up and he had um a couple of Russians, and I knew the taxi driver and um so I went over to the boat. There was only two of them on the boat. Um I, they paid me, but they wouldn't let me put the money in my bag, and I knew straight away I was, I was having problems... They locked me in the room, and they raped me. I never got my money. Um and they were just rough as guts, and I just got the impression, because they said they were sailing out that morning, that if I hadn't have got off that boat when I did, they were going to take me with them... I never reported it. I thought what was the point.

Joan, Street, Female, Christchurch

Some participants had not had any bad experiences, but were aware that they had to always be prepared for any eventuality:

Um I haven't had the bad experiences, no, but um (.) I personally don't like out-calls at all because I feel superior in the building... And this is my territory. If you're going to go on an out-call, that's his territory and I feel so inferior. And I've got to always practice to not look it, and feel relaxed and try to and keep the situation calm, even though I'm screaming inside.

Ann, Managed, Female, Nelson

Although there was limited reporting of bad experiences to the police, most participants reported confiding in their fellow workers about any bad experiences they had while working (see Table 6.5). Managed workers were also most likely to report confiding in the manager or owner of the business that they worked for. Other confidants most often

cited were NZPC and friends and over half of street-based participants reported that they confided in their partner or family members.

Table 6.5 Confidants for bad experiences with clients by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
Partner or family member (N=728)	33.7 (2.0)	50.9 (4.2)	29.6 (2.5)	32.6 (4.1)	$\chi^2 = 45.9$; df =2; p<0.0001
Fellow workers (N=745)	84.5 (1.6)	82.9 (3.4)	88.8 (1.8)	78.1 (3.7)	$\chi^2 = 32.1$; df =2; p<0.0001
Friend (N=739)	62.1 (2.2)	87.3 (2.8)	55.5 (2.8)	61.1 (4.5)	$\chi^2 = 89.7$; df =2; p<0.0001
NZPC (N=729)	72.9 (1.9)	77.8 (3.3)	66.8 (2.7)	80.8 (3.5)	$\chi^2 = 40.8$; df =2; p<0.0001
Driver (N=707)	24.2 (1.9)	13.8 (2.9)	29.9 (2.6)	19.7 (3.6)	$\chi^2 = 139.2$; df =4; p<0.0001
Manager / receptionist (N=737)	57.8 (2.2)	8.6 (2.6)	89.9 (1.7)	22.9 (3.8)	$\chi^2 = 1062.9$; df =4; p<0.0001
Social worker (N=715)	8.1 (1.1)	12.9 (2.8)	7.1 (1.4)	7.6 (2.2)	$\chi^2 = 10.7$; df =2; p=0.005
Counsellor (N=716)	19.6 (1.7)	29.0 (3.9)	15.5 (1.9)	22.0 (3.7)	$\chi^2 = 28.0$; df =2; p<0.0001
GP or nurse (N=710)	30.9 (2.0)	38.8 (4.2)	30.3 (2.6)	28.3 (4.0)	$\chi^2 = 9.7$; df =2; p=0.008
Doctor or nurse at NZPC (N=722)	43.6 (2.2)	48.1 (4.2)	41.3 (2.7)	45.6 (4.5)	$\chi^2 = 5.3$; df =2; p=0.07
Youth organisation (N=703)	4.1 (0.7)	14.5 (2.4)	1.8 (0.8)	3.1 (1.5)	$\chi^2 = 86.4$; df =2; p<0.0001
Pimp / minder (N=711)	8.2 (1.1)	17.8 (2.9)	8.2 (1.6)	3.7 (1.5)	$\chi^2 = 65.7$; df =4; p<0.0001
OSH or Medical Officer of Health (N=706)	9.3 (1.2)	13.4 (3.0)	10.0 (1.7)	6.5 (2.1)	$\chi^2 = 11.4$; df =2; p=0.003
Nobody (N=670)	3.8 (0.9)	8.1 (2.4)	1.4 (0.7)	5.9 (2.5)	$\chi^2 = 28.5$; df =2; p<0.0001

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

Managed workers were most likely to report getting information on bad clients from the management of the business that they worked in (see Table 6.6). Other sex workers were an important source for information on bad clients, especially for street-based and managed participants. NZPC was identified as being important in providing information on bad clients and three quarters of street-based workers reported that they received information from NZPC. Street-based participants were more likely than managed and private participants to report getting information from the police on bad clients. There was little discussion in in-depth interviews on sources of information on bad clients, although many participants did refer to NZPC and an “Ugly Mugs” book, which had been kept by some branches in the past.

Generally I can deal with anything or whoever I'm working for. You know, if I had serious problems with clients, they've been, you know, 'ugly mugged' or black listed from that place, and if I've seen them again, they've been kicked out straight away and it's just been no questions asked. There's a trust with my employer.

Vicky, Managed, Female, Wellington

Table 6.6 Sources of information on bad clients by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Sources of information on bad clients:						
Management (N=718)	46.1 (2.2)	8.7 (2.6)	73.1 (2.5)	15.7 (3.4)	590.1	<0.0001
Other sex workers (N=751)	88.3 (1.5)	92.0 (2.6)	95.7 (1.2)	74.0 (4.0)	173.2	<0.0001
Friends/family (non-sex workers) (N=703)	6.5 (1.1)	16.0 (3.5)	4.0 (1.1)	6.3 (2.1)	47.2	<0.0001
Police (N=694)	10.6 (1.3)	26.2 (3.4)	6.8 (1.5)	9.4 (2.6)	83.7	<0.0001
NZPC (N=715)	50.6 (2.2)	76.7 (3.4)	40.0 (2.8)	55.1 (4.6)	121.9	<0.0001

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

6.3.3 Safer Sex

Over three quarters (77.8%) of all survey participants reported that they always used a condom for vaginal, anal and oral sex, with only small differences between sectors. There were few reports of unprotected sex in the last 12 months for vaginal or anal sex (see Table 6.7). However, more than one tenth of participants indicated that they had not used protection with a client in the last 12 months for oral sex; both oral sex performed on the clients (blow jobs) and oral sex which the client had performed on them (going down). Managed participants were the most likely to report using protection for all sexual activities; private participants were most likely to report unprotected oral sex on them and street-based participants were most likely to report unprotected vaginal, anal and oral sex on clients. Male participants were less likely than both female and transgender participants to report always using a condom (see Table 6.8). Around one third of the male participants reported unprotected oral sex, both performed on the client and performed on them, in the last 12 months and one tenth reported unprotected anal sex. Female participants, on the whole, reported safer sex practices than both male and transgender participants.

Table 6.7 Unprotected sex in last 12 months by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
Always use a condom for vaginal, anal and oral sex (N=704)	77.8 (1.9)	71.4 (3.9)	80.5 (2.3)	75.8 (4.1)	$\chi^2 = 10.5$ df=2 p=0.005
Unprotected vaginal sex in last 12 months (N=747)	5.5 (0.9)	12.1 (2.8)	4.1 (1.1)	5.1 (1.9)	$\chi^2 = 26.0$ df=2 p<0.0001
Unprotected anal sex in last 12 months (N=744)	2.1 (0.5)	5.1 (1.9)	0.6 (0.4)	3.5 (1.3)	$\chi^2 = 33.2$ df =2 p<0.0001
Unprotected blow jobs in last 12 months (N=745)	11.0 (1.3)	20.5 (3.3)	5.3 (1.2)	16.1 (3.1)	$\chi^2 = 80.0$ df =2 p<0.0001
Unprotected going down in last 12 months (N=739)	13.2 (1.5)	15.7 (3.3)	9.9 (1.6)	17.9 (3.4)	$\chi^2 = 22.5$ df =2 p<0.0001
Frequency clients request sex without a condom (N=754)					
All the time or often	16.2 (1.5)	27.4 (3.7)	16.4 (2.1)	10.8 (2.6)	$\chi^2 = 60.4$ df =4 p<0.0001
Sometimes	28.4 (1.9)	35.1 (4.0)	28.1 (2.5)	26.2 (4.0)	
Seldom or never	55.4 (2.1)	37.5 (3.9)	55.5 (2.7)	63.0 (4.3)	
Strategies used with clients who want to have sex without a condom:					
Tell them it's the law (N=723)	62.5 (2.1)	32.6 (3.9)	72.5 (2.5)	58.7 (4.5)	$\chi^2 = 147.6$; df =2; p<0.0001
Tell them owner/manager says they have to (N=689)	29.1 (2.0)	13.2 (3.1)	39.4 (2.8)	18.6 (3.7)	$\chi^2 = 100.8$; df =2; p<0.0001
Threaten to call someone (N=690)	17.4 (1.6)	10.7 (2.5)	23.1 (2.4)	10.7 (2.9)	$\chi^2 = 46.7$; df =2; p<0.0001
Tell them explicitly beforehand (N=698)	33.6 (2.1)	37.0 (4.1)	30.2 (2.6)	38.0 (4.5)	$\chi^2 = 11.2$; df =2; p=0.004
Just do oral (N=687)	5.9 (1.0)	13.9 (2.9)	3.1 (1.0)	6.9 (2.2)	$\chi^2 = 45.3$; df =2; p<0.0001
Just do a hand job (N=693)	41.1 (2.2)	34.5 (4.1)	41.6 (2.8)	43.2 (4.7)	$\chi^2 = 5.6$; df =2; p=0.06
Refuse to do job (N=713)	60.1 (2.2)	66.7 (3.9)	56.6 (2.9)	62.8 (4.5)	$\chi^2 = 11.1$; df =2; p=0.004
Charge more (N=682)	5.6 (1.0)	15.3 (3.2)	2.5 (0.9)	6.3 (2.1)	$\chi^2 = 60.9$; df =2; p<0.0001

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

Table 6.8 Unprotected sex in last 12 months by gender[†]

	Female Workers % (s.e.)	Male Workers % (s.e.)	Transgender Workers % (s.e.)	Comparison across genders
Always use a condom for vaginal, anal and oral sex (N=704)	80.3 (2.0)	58.5 (7.7)	69.6 (5.7)	$\chi^2 = 46.9$ df=2 p<0.0001
Unprotected anal sex in last 12 months (N=744)	0.7 (0.3)	10.6 (4.5)	10.0 (3.5)	$\chi^2 = 144.7$ df =2 p<0.0001
Unprotected blow jobs in last 12 months (N=745)	7.2 (1.2)	36.2 (7.0)	26.2 (5.1)	$\chi^2 = 185.8$ df =2 p<0.0001
Unprotected going down in last 12 months (N=739)	11.7 (1.5)	31.1 (6.9)	10.1 (3.6)	$\chi^2 = 57.3$ df =2 p<0.0001
Frequency clients request sex without a condom (N=556)				
All the time or often	15.2 (1.6)	21.7 (6.1)	21.1 (4.5)	$\chi^2 = 13.4$ df =4 p=0.009
Sometimes	28.0 (2.1)	30.5 (6.8)	32.8 (5.5)	
Seldom or never	56.8 (2.3)	47.8 (7.4)	46.1 (5.9)	
Strategies used with clients who want to have sex without a condom:				
Tell them it's the law (N=723)	67.7 (2.2)	30.2 (7.0)	32.2 (5.4)	$\chi^2 = 159.3$; df =2; p<0.0001 $\chi^2 = 36.0$; df =2; p<0.0001
Tell them owner/manager says must (N=689)	31.4 (2.2)	20.0 (6.3)	9.7 (3.4)	
Threaten to call someone (N=690)	19.0 (1.8)	9.3 (4.4)	7.0 (3.1)	$\chi^2 = 21.2$; df =2; p<0.0001
Tell them explicitly beforehand (N=698)	31.4 (2.3)	44.4 (7.4)	47.9 (6.2)	$\chi^2 = 25.2$; df =2; p<0.001
Just do oral (N=687)	3.4 (0.8)	25.0 (6.5)	12.8 (3.8)	$\chi^2 = 162.0$; df =2; p<0.0001 $\chi^2 = 3.1$; df =2; p=0.2
Just do a hand job (N=693)	41.0 (2.4)	45.5 (7.5)	35.6 (5.9)	
Refuse to do job (N=713)	59.8 (2.4)	55.6 (7.4)	71.0 (5.4)	$\chi^2 = 8.5$; df =2; p=0.01
Charge more (N=682)	3.1 (0.8)	23.8 (6.6)	14.0 (4.2)	$\chi^2 = 151.2$; df =2; p<0.0001

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

In in-depth interviews, some participants were insistent that they used protection for all activities and took added precautions:

Always, always use protection, always, even if it's for hand relief, always use it. Just don't know what you're going to get. No matter what way you do it or how you do it, you've just got to make sure you use your protection. That even includes, like some of the girls, even though they use condoms, they also have 'morning after' pills and injections. You know, we get tests every time, all the time, so we always make sure we're clean and we're safe. Protection is the main thing.

Joan, Street, Female, Christchurch

Um I don't mind giving hand-jobs without a condom, but, or touching them, but I'll always note which hand it is and not touch myself with that hand... I will wash my

hands as soon as possible afterwards with my anti-bacterial hand-wash and then put the um gel, what is it called, the anti-bacterial gel thing over it. So I'm sort of rather maybe over the top, but I've never had any problems, so I keep going with my little system.

Sheila, Managed, Female, Auckland

Well (.) the awareness that I have with my rights around safe sex is that it's as much my responsibility as theirs, and I will take care of myself even if they don't want to take care of them. You know, and that's the way I see my rights, and that's human rights, you know. It's just standard human rights. I've got, I'm able to make my own informed choices, you know. No one can take that off me.

Paul, Private, Male, Auckland

I tell them to strip. I put them in the shower, I strip my bed down, and in-between that I've got the condoms already ripped, all on the bed, tissues and everything. And I always say to them, "You do understand that rule again, it is all condoms, strictly condoms." You have different ones ring and go, "Oh can we do it without a condom?" The only time I will do without a condom is when I do um boob jobs, cause I find the condom actually burns the inside of your boobs, because I've got very sensitive skin. And the first thing I do is I have baby wipes and tissues and wipe it down quickly, and that's it.

Josie, Private, Female, Napier

Oh yeah. Oh I tell them. Some of them want it without it, I say, "I don't think so." And if I've got the money in my hand and they want it then, I go, "Bye." No, but I make sure, even for a blow job, you know, sometimes if they stink, I put the condom on them.

Bev, Street, Transgender, Auckland

Some street-based participants talked of 'policing' of other street-based workers who were known to not be using condoms:

Um well if one finds out, we all find out, so what we do is we approach the girl and um ask them that some client has stopped and um – well you know, this um and they've given them their real name. This is how we know it's them or else it will be out of their working name. "And um they've come along and said that you ain't using um protection." So what we usually do is um we just get to the point and just tell them that if they ain't going to use any protection, we don't want them working out there. Um (.) or else advise them that, you know, to use protection.

Toni, Street, Female, Wellington

Other participants admitted that they did not always use condoms when performing oral sex on the client, but this was always a personal choice they made:

Um I shouldn't do it, but sometimes I do (oral sex without condom)..Oh I know you can get gonorrhoea of the throat and I know that would be hideously horrible. And yeah... also I don't like the knobby bit on the end of the condom getting in the back of your throat, 'cause they all try to shove it down your throat. Basically I just don't like doing oral sex, but that's what they all want. And they say, "How much for sex?" "80 bucks." How much for just a blow-job?" "A hundred bucks." "But it's just a blow-job." The client says, "You may be really surprised, but the thing men like best is blow-jobs." It's like, "I know," and they think it's easy, lying there and yanking someone is easy! You just go, "Oh, oh, oh." But blow-jobs are bloody hard. Why do they say 'just a blow-job'? That's why I put the price up when they say that.

Brenda, Private, Female, Wellington

Participants also discussed the difficulties of using dental dams when the client performed oral sex on them. They spoke of the limited knowledge of clients and sex workers of this form of protection:

Um (.) also I think the majority of working girls will do oral without a condom. Both, giving and receiving, you know, they will do. Dining at the Y, I call it... oral sex on a woman... Um I think most girls – I mean I tell you what, the day I have to use a dental dam is the day I will never let a client go down on me cause I think they're the most disgusting things in the entire world.

Kathy, Managed, Female, Christchurch

Yeah, the biggest issue, like most men are okay to use condoms, but the big, the big thing is that dental dams aren't promoted enough. That's where, that's where it comes in, and most girls don't use them cause they don't, they don't even know that you can get herpes from oral sex. Um and I think, I think the most difficult thing is that men aren't used to dental dams and they don't want to use them. That was my, that was the struggle I always had in the parlour that I worked in in Auckland, was because, you know, there would be a whole lot of things about, you know, like the Ministry of Health had all these things about using condoms, but they didn't have anything about using dental dams. And so a lot of, you know, all the clients I had, almost every single client I had, I would introduce them to dental dams. Like none of them had ever seen them before or used them or anything. Most of them would start to use them and then complain about them.

Jenny, Managed and Private, Female, Wellington

Sixteen percent of all survey participants reported that clients always or often requested sex without a condom (see Table 6.7). This was more commonly reported by street-based workers. Almost two thirds of private participants reported that this seldom or never happened. Male and transgender participants reported more frequent requests by clients for unprotected sex than female participants (see Table 6.8). Male participants were the most likely to report that they charged more if the client requested sex without a condom. The majority of participants told clients who requested sex without a condom that it was the law to use condoms (see Table 6.7). Nearly three quarters of managed participants reported this strategy for getting clients to use a condom. Females utilised the legal argument as a strategy to get clients to use a condom more than other participants (see Table 6.8). The street sector were the least likely to use this strategy, with only a third reporting this. Most participants reported refusing to do the job if a client requested no condom although a number did report just doing hand jobs.

Participants in the qualitative interviews spoke of frequent requests for sex without a condom:

Um this would have been two weeks ago, and he was actually a regular. He was a really good client, and um, yeah, we went to go and do business and he wanted me to give him a blow-job without no condom. And um, yeah, I was quite angry. I turned around and I said to him, "Look, I'm..." – cause as I said, he's been a regular for years, and I was quite shocked and I just actually turned around and just said to him, you know, "No way, I'm not going to do it with with, you know, with no protection." And that's with sex, blow-jobs or hand-jobs, because to me, you know, we are at more risk, the street workers, than anything else, and yeah, it's (.) it's just not right for somebody that, you know, you've met out on the street to ask you for unprotected, you know, sex in any way.

Toni, Street, Female, Wellington

Um well I just, it's almost tiring sometimes. Like I remember I had 3 clients in one night, you know, "Oh do you have to use a condom?" and I go, "What the fuck, do you really want to catch something from me? Do you really want, you know, to have to go home to your wife, and you know, you get tested and go, 'Oh by the way, hon, I got chlamydia probably from that prostitute I had last week.'" And it just gets frustrating, because surely advertising, you know, or just education standards will be good enough that people would go, "Oh maybe I'll have safe sex."

Vicky, Managed, Female, Wellington

Um (.) I don't think they, when I first started working, you got it all the time. "Yeah, do you have to use a condom?" It was just par for the course. You know, 6 out of every 10 clients would moan about using a condom. "Oh I can't get it up in a condom, blah blah blah... I learnt to put condoms on with my mouth. I can put a condom on now without a client ever noticing I've got a condom in my mouth. But I think that's just experience. I can get a condom on and off and (.) that before they even realize I've done it.

Cathy, Managed, Female, Christchurch

Most participants spoke of trying to educate their clients to the need to use condoms:

Oh he wanted unprotected, he wanted unprotected sex, you see, and he had he had a certificate to prove he'd be clean. He was clean. And I said, "It's dated a month ago, and even if it was dated two hours ago, guess what, you ain't getting it." I said, "Between now and here I don't know what's happened." I said, "It's not just my life, it's your life. How do you know I haven't got something?" That's a big one. You turn around and say, "How do you know I haven't got something?" And it's like, "But you but you're a working girl. You should know you keep clean." I go, "Yes, darling, I do, but you don't. Are you willing to play Russian roulette with your life? Cause hell, I'm not prepared to pay with mine." I don't play single barrel trip, spin the barrel. I don't. I love my life.

Josie, Private, Female, Napier

Just about every single one will say, "Oh condoms really ruin it," or they'll hint or try to (.) yeah, basically... And I just think, I know sometimes I get really quite angry actually with them and I'll say, "Look, you know, the information's out there, you know... And then with um AIDS and sexual diseases, it's like I'm quite amazed that you're not aware. Yeah, I'm quite amazed that you're such a (.) being male and you don't care."

Mandy, Managed, Female, Nelson

Other participants had to take more drastic measures to ensure that clients were unsuccessful in forcing unprotected sex:

Even from the word go, I didn't want to go there. I went to the house and he said, the first thing he goes, he goes to a room where he's got two bunk beds, got a bunk bed in it, a kid's room. Now this scares me, I'm not doing it in a kid's room. No way am I doing it in a kid's room. I said, "Look, I'm leaving." "No, no, no, no," so he goes into his room... we started going and um he took his condom off. I actually, to actually grab him, I actually didn't realize, I grabbed his finger and I actually broke his finger to get him off me. Because he had taken his condom off and I wasn't going to let him come inside, like anywhere near me without a condom on.

Liz, Private, Female, Auckland

However, the fact that the law dictates the use of condoms was used by many of the participants in the negotiation of safe sex:

It's always been my own sort of morals. Like I have morals out there. I won't do sex without protection, I won't put myself in jeopardy or, you know, like that. And it's the law now, which is really good and I say that to them and they can't – yeah, they might get offended and be like, "Oh well I don't want you," sort of thing and go somewhere else. But at least I know I'm safe, and I know, you know, I've given them a reasonable explanation and that it's the truth.

Sally, Street, Female, Christchurch

Some participants did stress that they had always taken safer sex precautions and the law had not changed this:

I still practise what I practised pre the reform... See, um the law reform bill didn't make accessibility to condoms and lubes and things like that, um the tools of the trade. You didn't make accessibility to them any easier. It actually, if you go to mainstream places you have to pay an arm and a leg... Whereas um places like NZPC have made it more accessible for those in the industry, but not the law reform bill. Oh no, it hasn't changed the way, how I practise, to what I do with my clients.

Georgia, Street, Transgender, Wellington

6.4 Broader understandings of sex workers' health

It is important that research on the health care of sex workers considers the entire spectrum of the occupational safety and health context of sex work, not just the intricacies of the sexual and reproductive system (Alexander, 1999). Research is required that focuses on a broader understanding of sex workers' health (Baker et al., 2003). This report discusses occupational health and safety more fully in Section 7. Some participants in the qualitative interviews were keen to describe their health in a broader context, including the factors and strategies that sex workers draw on in the non-work contexts of their lives to maintain their health and wellbeing. They were very aware of the consequences of shift work and what they described as 'burn out'. They stressed the need to plan their working lives to provide enough money, time and space to relax, and de-stress through recreation, sport, travel and hobbies.

Other health matters, well of course there's always mental health as well and emotional health. You know, because if, I truly believe that if it's not in your heart to be able to care for different people on an individual basis regularly like that, if you're not a caring person, then it's going to take you down. You know, like mentally, emotionally... It's really important, you've got to have your time out. Free yourself, you know, to go home and, you know, put candles all round the bath and, you know, nurture yourself, you know. It's so important, and cleanse with all that...

It's so important. You just end up slowly, slowly, slowly going down if you don't do it, cause you get exhausted for a start, keeping those rotating hours happening. You can't do that forever. No one can. You've got to take your breaks.

Paul, Private, Male, Auckland.

Yeah I think...one of the big things for me that made me really struggle was the length of the shifts. They make you work like 11 hour shifts. For me, like to lose a whole night's sleep like that, you know, like coming home at 7 or 8 in the morning, then having a few hours sleep in the day, then trying to catch up, leave me like really really tired for quite a few days. They never let you go home early. And not eating properly as well, like drinking lots of coffee just to keep awake. I think that really really affected my health.

Jenny, Managed, Female, Wellington

Oh I have, you have those days where, if I see another cock, I'll cut it off, you know (laugh) and I think it's how you deal with that in yourself. A lot of working girls have really bad burn out because they simply don't plan. You get burn out from shift work, you have to work around it, rest, sleep and plan for it, plan your money. You have to have money to take days off and relax.

Cathy, Managed, Female, Christchurch

6.5 Discussion

6.5.1 Health care services:

A criminalised legislative framework creates a situation where sex workers are less willing to access services. There have been many commentators who have reported on the distrust sex workers have in health care workers (Benoit & Millar, 2001; Neilsen, 1999; Pitcher, 2006; Plumridge & Abel, 2000a; Ward & Day, 1997). Much of this distrust arises out of sex workers' fears of judgemental and discriminatory attitudes of health care professionals and that healthcare providers would be not accepting of their

profession (Benoit & Millar, 2001). Social workers are particularly distrusted, but there is also a perceived threat posed by visiting doctors, psychologists and other health professionals (Ward & Day, 1997). It is argued that the most effective way to provide health care services which are acceptable to sex workers is to involve them in the design and running of those services (Alexander, 1999; Pitcher, 2006). Sex workers' rights and grassroots organisations have become increasingly important in recent years, offering drop-in as well as community-based outreach options for the delivery of health services, condoms, emergency assistance, advice and health promotion messages to sex workers. Many combine with other agencies to work together to provide a more integrated, holistic service for sex workers (O'Neill, 1997). Sex workers' organisations will often take on an advocacy or mediation role in putting clients in contact with other agencies, helping them through the initial stages of contact (Pitcher, 2006).

NZPC featured as an extremely important organisation for participants in this study in terms of their role as a confidant for bad experiences, a source of information on bad clients and a source of information at the start of sex work for participants on how to keep safe. In addition, they also provided a trusted service for sexual health check-ups for 15.5% of participants. Nelson and Napier do not have a branch of NZPC, which does lower the overall figure.

There was no significant difference in accessing of a GP, disclosure of occupation to the GP and services accessed for sexual health check-ups between Christchurch 1999 participants and Christchurch 2006 participants. Although many participants reported having their own doctor and some participants indicated they had a high level of trust in their doctors, many still did not disclose their occupation to these health professionals. As some of the participants in this study indicated, perceptions of stigmatisation do not change overnight with law change and it is possible that it is too soon to see significant changes in disclosure to health professionals. What is encouraging is that very few survey participants (3.7%) and none of the participants in qualitative interviews reported that they did not go for sexual health check-ups.

6.5.2 Management practices

Studies have found that, under a criminalised legislative system, management practices within brothels and escort agencies can be exploitative and coercive (Benoit & Millar, 2001; Plumridge, 1999; Plumridge & Abel, 2001). Research has reported that escort and brothel workers have a safer working environment than street-based workers due to the proximity of other workers, yet often have little choice in clientele and services which they provide (Benoit & Millar, 2001; Pyett & Warr, 1997; Pyett & Warr, 1999). Resistance to management can often result in loss of a job or a fine and operators are often loathe to call the police when there are incidents involving an abusive client (Benoit & Millar, 2001).

Participants in the 1999 Christchurch study spoke of management practices which did not allow them the opportunity of refusing clients (Plumridge, 1999). Post-decriminalisation, data from the 2006 Christchurch participants indicate that managed and private workers are less likely to feel that they have to accept a client when they would rather not. Managed workers are also significantly more likely to report refusing to do a client in the last 12 months in 2006 compared to 1999, which may indicate that management systems are now more supportive and less coercive. There were still some reports of unsupportive management, but these reports were in the minority.

6.5.3 Experiences of violence

Arguably, one of the most important health issues facing sex workers is violence and this is often encouraged by the illegal status of sex work (Alexander, 1999; Kinnell, 2006). Clients have been found to be the main perpetrators of violence against sex workers (Benoit & Millar, 2001; Valera et al., 2001). Under a criminalised system, with the likelihood of violent crimes not being reported to the police by sex workers, clients are more likely to resort to violence to resolve any dispute arising out of the sexual transaction (Kinnell, 2006; Lowman, 2000). Sex workers are also vulnerable to more predatory types of violence which is distinguishable from situational types of violence which involve, for example, violence arising over a transactional disagreement.

Predatory violence is premeditated and often rationalised by the perpetrators because of sex workers' "moral-political marginalization" (Lowman, 2000) (p.1006). Lowman concludes that the main obstacle to safe working conditions for sex workers is the prohibition and stigmatisation of sex work (Lowman, 2000). He found that street-based work in Canada is the most dangerous form of work in Canada, with sex workers disproportionately represented among female murder victims. Goodyear also cites mortality rates for sex workers in the United Kingdom as six times the rate of the general population (Goodyear, 2007).

Kinnell argues against a legal framework which criminalises sex workers as it:

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

(Kinnell, 2006) p.142.

Sex workers' rights organisations argue that "(b)y signalling to men that prostitute women are criminals and that violence against them will be dealt with leniently, the prostitution laws make it more dangerous for women to work" (English Collective of Prostitutes, 1997) (p.93). Under a criminalised system, police often take the rape, attack or murder of women deemed to be 'prostitutes' less seriously than an equivalent attack on a 'respectable' woman.

Location plays an influential role in constructing people's experience of work and their exposure to risk (Whittaker & Hart, 1996). Sex workers are not a homogenous population and each sector has different occupational risks. Street-based workers in this study were more likely than managed and private sex workers to report experiencing all adverse experiences questioned on except for receiving abusive text messages. As private workers have to advertise their phone numbers to attract clients, it is not surprising that participants in this sector were the most likely to report receiving abusive text messages.

In countries where the activities associated with sex work are illegal, reporting of violent attacks on sex workers to the police has been limited (Kinnell, 2006; Pyett & Warr, 1997; Pyett et al., 1999). In general, women in the 1999 Christchurch study were more likely to report using informal friendship and work relationships to deal with the aftermath of adverse work experiences than report these to the police or other ‘helping’ professionals (Plumridge & Abel, 2000b). This appears to have changed little post-decriminalisation. Stigmatisation plays a key role in the non-reporting of incidents. For the participants in this study, important confidants for sharing bad experiences were fellow workers, friends and NZPC.

6.5.4 *Safer sex practices*

Sex workers are very conscious of their health needs and the majority do take precautions to reduce the risk of contracting sexually transmitted infections (O’Neill, 1997). Research looking at the safer sex practices of sex workers consistently reports high levels of condom use, especially for vaginal and anal sex, but less often for oral sex (Benoit & Millar, 2001; Fox et al., 2006; McKeganey et al., 1992; Plumridge & Abel, 2001; Ward & Day, 1997; Ward et al., 1999).

This study found that condom use for vaginal and anal sex was high, especially for managed and female sex workers. Managed and female sex workers were also more likely than private/street and male/transgender sex workers respectively, to use protection for oral sex.

Male sex workers appear to be at greater risk of unsafe sex, and this is supported by other studies (Vanwesenbeeck, 2001). Nearly a quarter of male sex workers in this study reported that they would charge more if a client requested sex without a condom. Receptive anal intercourse is considered the most risky activity for the transmission of HIV amongst male sex workers (Davies & Feldman, 1997). Davies and Feldman argue that:

“...individuals make complex assessments of the risks involved in a particular encounter or within a particular relationship, not on the basis of

a sterile weighting of the benefits of sex in that context against the likelihood of infection and the disadvantages attendant upon it, but rather on the basis of a number of heuristic, contingent weightings, some of which may be more appropriate than others” (p.36).

They argue that health promotion messages need to take into account the process of decision-making which leads individuals to make unsafe choices in sexual encounters. It should be stressed that over half of all male survey participants did report using condoms for all sexual activities in the last 12 months, but more analysis needs to be done of why male sex workers are more likely than other sex workers to make a decision to have unprotected sex.

6.6 Summary

Access to health services

- 87% of all survey participants have a regular doctor but only half of these participants disclose their occupation to their doctor.
- Few survey participants report not going for sexual health check-ups, with most going to their own doctor, a sexual health centre or NZPC.
- In in-depth interviews, participants discussed not telling their doctor of their occupation because they thought that there was a stigma attached to sex work and also there was a fear that the knowledge of their occupation would affect their treatment for other health issues.
- There was little difference in disclosure of occupation to health professionals in Christchurch participants pre- and post-decriminalisation.

Experiences at work

- Managed and private sex workers were less likely post-decriminalisation to report that they felt pressured to accept a client when they did not want to than they were pre-decriminalisation.

- Managed sex workers were more likely post-decriminalisation to report having refused to do a client in the last 12 months than pre-decriminalisation. Many spoke in in-depth interviews of the support that they now had from management when it came to refusing to do certain clients.
- Street-based workers were more likely than managed or private sex workers to report refusal of a client to pay, having had money stolen by a client, having been physically assaulted by a client, having been threatened by a client with physical violence, having been held against their will and having been raped in the last 12 months.
- Few participants reported adverse incidents that had happened in the last 12 months to the police. Confidants for bad experiences were most frequently co-workers, NZPC, a friend, or for managed workers, the manager or receptionist at their place of work.
- Most participants reported getting information on bad clients from other sex workers, NZPC and for managed workers, the manager or receptionist at their place of work.
- Most participants reported always using condoms for vaginal and anal sex.
- Just over one tenth of participants reported not using protection at some time in the last 12 months for oral sex on the client or on them. Street-based workers were more likely than managed and private sex workers to report this and male sex workers were more likely than female and transgender sex workers to report unprotected oral sex.
- Female sex workers spoke of the lack of education on dental dams.
- Clients frequently request sex without a condom. Street-based workers in the survey were the most likely sector to report this, yet in in-depth interviews, participants from all sectors spoke of the frequency of this request. Most survey participants reported telling clients that it was the law that they had to use condoms and over half reported refusing to do the job if the client persisted. Male sex workers were more likely than female and transgender sex workers to report doing the job without a condom but charging more.

7. THE OPERATION OF THE PRA

7.1 Introduction

This Section begins with a discussion of sex workers' perceived rights following the decriminalisation of the sex industry. These rights include their employment, occupational safety and health and legal rights. The PRA (2003) provided for the regulation of health and safety within workplaces, employment conditions and provided a number of legal rights to sex workers. Sections 12-14 of the PRA gave territorial authorities the ability to make bylaws to control signage advertising of commercial sexual services and to regulate the location of brothels. Sections 24-29 of the PRA covered powers of entry for inspection by Medical Officers of Health for compliance with health and safety requirements. Sections 30-33 of the PRA legislated for conditions under which police officers could enter a place where commercial sexual activities were taking place. The perceptions and experiences of sex workers with regard to territorial bylaws, occupational safety and health and police following the enactment of the PRA are discussed in this section. The perceptions and experiences of regulatory officers acting as inspectors of brothels under the PRA, who respond to queries and complaints, are also discussed, including their views on the impact of their input in submissions to territorial authorities on bylaws under the PRA.

7.2 Sex Workers' Perceived Rights under the PRA

The majority of participants were aware that they had rights under the new law (see Table 7.1). Street-based workers were, however, significantly more likely than managed and private workers to report that they had no rights and were also less likely to report having employment and occupational safety and health (OSH) rights than the other sectors.

Table 7.1 Sex workers' perceptions of rights under the Act by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
We have no rights (N=739)	8.4 (1.1)	18.8 (3.3)	6.4 (1.3)	7.0 (2.2)	45.5	<0.0001
We have employment rights (N=681)	92.0 (1.1)	89.9 (2.3)	91.9 (1.6)	93.4 (1.9)	3.7	0.2
We have OSH health and safety rights (N=645)	93.8 (1.0)	90.9 (2.1)	95.0 (1.3)	92.9 (2.2)	7.8	0.02
We have legal rights (N=729)	95.9 (0.8)	96.3 (1.6)	96.1 (1.1)	95.5 (1.5)	0.5	0.8

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

In the qualitative interviews, most participants described the PRA in terms of how it enabled them to have more rights in the workplace. Most discussed how the PRA provided rights around safer sex, health and safety in the workplace and was helpful in terms of responding to the stigma associated with sex work. A few participants had little knowledge of, and even misinformation about, the Act.

Most participants described having rights under the PRA, particularly in terms of safer sex and occupational health and safety and making them feel more 'legitimate'.

Um well it definitely makes me feel like, if anything were to go wrong, then I'm, then it's much more easier for me to get my voice heard. And um (.) I also, I also feel like it's um some kind of hope that um there's slowly going to be more tolerance perhaps of um (.) you know, what it is to be a sex worker. And it affects my work, I think, because when I'm in a room with a client, I feel like um (.) like I'm, like I feel like I am deserving of more respect because I'm not doing something that's illegal. So um I guess it gives me a lot more confidence with a client because, you know, I'm doing something that's legal, and there's no way that they can, you know, dispute that. And um you know, I feel like if I'm in a room with a client, then it's safer, because, you know, maybe if it wasn't legal, then, you know, he could use that against me or threaten me with something, or you know. But now that it's legal, they can't do that.

Jenny, Managed and Private, Female, Wellington

I definitely feel that people um are pleased that it's happened, because um they've got rights just like (.) with the law, with health and safety, with being able to refuse

a client, um those types of things...cause like I mean you know, if they don't want to do a client, you know, they can say, "I don't want to do a client."

Pat, Managed, Female, Christchurch

I just think the biggest thing with the law change is um emotional support for the girls to say, "Yeah, you're not doing anything wrong. You're only, you're only doing a job." I think that's the biggest thing is out there saying it's not illegal...that's what I like about the law. It's supportive.

Petal, Private, Female, Christchurch

Is that how we was (.) okay that we worked, it was changed, the law was changed that we could work? Yeah, a little bit. I read the handbook when I was in the parlour one day. Yeah, the OSH book, yeah, Occupational and Safety and Health or something... That was awesome, and like I didn't know that like to be told that um they can't ask us to do oral -cause I wouldn't do it anyway - but oral sex without protection, or sex without protection, it's against the law now.

Sally, Street, Female, Christchurch

Um well I know that it's um, I don't know if it's legal, but you can work now. And as far as that made me feel safer, made me feel better about the Police. Um I mean I used to hide from them before, not for any bad reason, cause they never really, well after that experience, you know, being done for soliciting. But like even marked cars, you know, I'd hide from them, just cause - I mean I've never been one to have much dealings with Police. Um I mean I respect Police and that, they've got a job to do and all that, but I knew nothing. I was nobody, so we didn't really need to deal with each other. Um yeah, so but I mean I feel better about being on the street, um yeah, just more legitimate, just more, "Yeah, I'm allowed to be here."

Dora, Street, Transgender, Auckland

Yeah, cause when, when they um finally legalized it, it was, it changed our whole entire sex work industry and it's just changed everything, you know. And it was really good that they, they legalized it, cause when they did that, it stopped most of the under-age girls coming out and working out on the street. Um it just made everything more final, so everyone knows that the clients that come down the street, they're picking up a lady that's of the age, that it's safe, and you know, they don't have to worry about it. Cause there is some clients out there that do watch the news and see everything that's going on. So I reckon it changed it quite a bit.

Joyce, Private, Female, Christchurch

Yes, um I'm really rapt about the Police thing, that you're no longer registered and all this carry on... Um with the ads in the Press I never got it under my name.

Delia, Managed, Female, Christchurch

Some participants expressed little knowledge of the PRA, and a few were confused over their rights. One participant thought she now had to be registered with the NZPC.

No, even though I haven't really signed myself up as a prostitute, you know...I haven't signed myself up as a prostitute... Registered, yeah... (I register with) Um NZPC, yeah. Um with the cops pulling us over and to check with the NZPC if we're legit or not. Cause, yeah... Well I've heard people getting pulled over and because they're not registered that they get taken away or something. Other workers have said that to me, yeah.

Sally, Street, Female, Christchurch

Was it before the Gay Reform Law came in, I think it was before, wasn't it?.. It was before the gay one though, before the gay thing? And so it was like I remember that. I thought, "Oh that's good news." Quite happy... I wouldn't say the law changed me. Oh I just make my own laws.

Meg, Private, Female, Wellington

Skip through the whole lot. I don't, you know, know anything. No, nothing.

Janine, Street, Female, Christchurch

Some private workers described how decriminalisation of sex work had made little difference to their work practices.

It didn't really change how I worked um working for myself in secret from my home. Basically it's what it is, and so it didn't really affect me that much. I mean I was a little more worried about whether they were going to turn up on my doorstep, but I also had the knowledge that they (police) weren't allowed to enter unless...and the Council weren't allowed to enter... Unless they had my permission. I could tell them to stay outside, go away, and they can't come in. They don't have a lawful right. And the Police won't come in unless there's reason to believe there's guns or drugs or....

Petal, Private, Female, Christchurch

No, I don't really know much about it. See, I really don't know – I just know it's not a, it's not um (.) like you can't be had up for working, can you? It is a good thing for me cause like you feel like if (.) if a guy comes into my home and abuses me in any way, like physically, emotionally, mentally, verbally – not so much mentally cause that's two words - but try anyway. But if they verbally or physically abuse me, I'll go to the Police straight away.

Paula, Street and Private, Transgender, Christchurch

Oh, well I actually think it's about time, quite personally. Um I don't know about all the ins and outs of the Act, but I do think that it's time that it was decriminalised, so the girls can actually relax a little bit and be a bit safer, and they're not having to pay people for protection and all that sort of carry on. You know, I just think it's about time. (But) No, the laws never really had that much effect on me at all.

Paul, Private and Street, Male, Auckland

The majority of participants reported that they would get their information about employment rights from NZPC (see Table 7.2). Friends in the industry and other sex workers were also cited as sources of information and for the managed participants, the majority would get information from the owner, manager or receptionist at their place of work. Less than one quarter of participants reported that they would approach OSH offices for information.

I'm aware that we do have rights, and that that's what NZPC helps a lot, cause if it wasn't for NZPC and the um YCD (Youth and Cultural Development)ones, yeah, none of us would be here now, because, you know, if it wasn't for them being able to take time out of their own personal time, sit down, have a chat with us. They get a nurse around – we've got our own, you know, nurse that helps us with everything. Like makes sure we're clean, does our tests and everything, you know. If it wasn't for these people, we'd be all, we'd probably all be 6 feet under.

Joyce, Street, Female, Christchurch

Table 7.2 Places to get information about sex workers' rights by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Manager/receptionist/owner of workplace (N=697)	50.0 (2.2)	18.0 (3.6)	71.7 (2.5)	25.2 (4.3)	380.0	<0.0001
NZPC (N=745)	86.8 (1.5)	86.4 (2.5)	84.2 (2.1)	91.3 (2.6)	16.2	0.0003
Youth organisation (N=669)	7.0 (1.0)	16.7 (2.7)	5.0 (1.3)	5.7 (2.0)	48.2	<0.0001
Friends in the industry (N=705)	55.7 (2.2)	60.1 (4.2)	58.0 (2.8)	49.6 (4.7)	11.9	0.003
Other sex workers (N=701)	51.9 (2.2)	60.0 (4.2)	52.1 (2.8)	47.4 (4.7)	11.1	0.004
OSH (N=673)	22.0 (1.9)	25.5 (3.8)	21.0 (2.4)	22.1 (3.9)	2.4	0.3

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

7.3 Role of regulatory agencies

7.3.1 Territorial authorities and local bylaws under the PRA

Territorial authority bylaws under the PRA exist (or existed) in all five main study locations. In the greater Auckland region, North Shore City (*North Shore City Bylaw 2000: Part 20 - Brothels*), Auckland City (*Auckland City Bylaw: Part 30 - Brothels and Commercial Sex Premises*), Manukau City (*Manukau City Consolidated Bylaw 1992: Chapter 28 - Brothels*) and Rodney District (*Rodney District Council General Bylaw 1998: Chapter 22 – Brothels and Commercial Sex Premises*) all have bylaws, though Waitakere City and Papakura do not. Auckland City's bylaw is the most comprehensive and prescriptive of the four and initially contained provisions regulating both location and signage of brothels, though the location provisions are no longer in force. Both the Manukau City and North Shore City bylaws also regulate location and signage of brothels. However, Auckland City and Rodney District's bylaws both include sex workers working from home as a home-occupation, or a private residence where any sex worker is working in their definition of a brothel for the purposes of the bylaw, though all

four include small owner operated brothels (as defined in the PRA) within their bylaw's definition of a brothel. All four bylaws also make provision for licensing of brothels, though only three (Auckland, Manukau and Rodney) include health and safety considerations, such as hygiene of the premises and washing facilities, in their requirements for licensing. The draft versions of both the Auckland and Manukau City bylaws included contagious and notifiable infectious disease provisions that were inconsistent with the provisions of the Health Act 1956 and this was highlighted in the submissions of the Auckland Regional Public Health Service. These provisions were deleted before the bylaws were passed.

In Hawkes Bay, neither Napier City nor Hastings District Council have bylaws under the PRA although Napier City changed the rules in its District Plan in 2005 to restrict brothels from operating in the CBD. Napier City's original proposed plan change would also have prohibited small owner operated brothels from operating but Council was encouraged to exempt these by the local Medical Officer of Health.

In the Wellington region, Hutt City and Kapiti District Councils do not have bylaws under the PRA. Wellington City Council has a bylaw, which has been in force since before the PRA was enacted, regulating commercial sex premises but not brothels per se, and Upper Hutt City is the only territorial authority to have a bylaw under the PRA in the Wellington region (*Upper Hutt City Council Brothels Bylaw 2003*). This bylaw prohibits brothels being located in a residential zone or the CBD or within 200m of sites such as churches, schools, play areas or retirement homes. It also regulates brothel signage but does not impose any requirement for brothels to be licensed.

Nelson City has a bylaw (*Nelson City Council: Advertising Commercial Sexual Services Bylaw No 208*) made under the PRA regulating the advertisement of commercial sexual services (including brothels) but this has no provisions relating to location or licensing of brothels. Neither of the neighbouring Tasman or Marlborough Districts have bylaws under the PRA.

In Christchurch, the City Council initially passed a bylaw (*The Christchurch City Brothels (Location and Signage) Bylaw 2004*) that regulated signage of brothels and restricted the location of brothels (including small owner operated brothels) to a defined zone of the CBD (clause 6), and exempted existing brothels in the designated area (clause 7) only if their activities did not change in character, scale or intensity. These clauses were later quashed by the High Court of New Zealand on 29 July 2005 as they related to location of brothels.

7.3.1.1 *Participants' perception of local bylaws*

Half (49.3%) of all participants reported that their local council had made a bylaw about where they were able to do sex work. Managed (56.3%) and private (57.8%) workers were more likely than street-based workers (16.5%) to indicate that they thought that there had been a bylaw put in place in their area ($\chi^2=113.9$; $df=2$; $p<0.0001$). Over half of Auckland participants (57.1%) and Christchurch participants (53.0%) and a quarter of Wellington participants (26.0%) were aware of a bylaw in their area. Many Christchurch workers went on to clarify that the bylaw in their area had been “quashed” after it had been put in place. Very few participants who reported a bylaw within their area (7.7%), reported that this had affected their ability to work, with managed workers (9.8%) only slightly more likely than street-based (6.9%) or private (4.8%) workers to report this ($\chi^2=5.3$; $df=2$; $p=0.07$). An open-ended question was included in the questionnaire asking participants how any bylaw in their area had affected their work. Private workers who responded to this question, talked of initial worries that they would have to move and find new premises.

Participants in the qualitative interviews discussed the by-laws. Those who worked in the private sector tended to have more knowledge about bylaws, and to be able to describe their implications more than other workers. One participant actively chose her workplace based upon the bylaws within her area. A small number of participants were confused about what the bylaws meant to them.

Um I don't really worry about City Council by-laws. Um technically I'm not on the diagonal from the church. Oh sorry, technically I am on a diagonal from the church across the road, so it's legally not a problem. I think they have a by-law where if

you're immediately across the road, immediately beside, or immediately behind a church or a school or a kindergarten or something, you can't, shouldn't be working. But um the very back of our back garden is across the road from the sort of backyard behind the church. So technically we're on a diagonal, so that's actually legal under the Hutt by-law. Clients haven't mentioned City Council by-laws to me. I mean they probably just don't care, because they're only there for half an hour, you know. If someone was sitting across the road in a car and saw the next client arrive, it's like, "Ha-ha, what's she doing?" "Computer training."

Brenda, Private, Female, Wellington

Um some of these by-laws sort of I feel are um contradicting the aims of the Act. It's sort of like, "Oh yes, we can, we can regulate it. And so, so you have to work in the main street." I mean it's just um trying to push the privates out of existence. I mean they might say, "We don't want big gaudy signs or a pink flashing neon sign of a naked woman." Well hang on, if, you know, some mother in the suburbs slips an ad in for 4 hours while her children are at school, I mean that's no big flashy signs in the suburbs. And there probably are quite a few that do that. You see people who advertise 10am till 2pm.

Brenda, Private, Female, Wellington

When the Council put the by-law through, that was the only difference (post PRA) I noticed. Before that I never worried about the Council, and the Council never worried about us. I don't know what went on there.

Petal, Private, Female, Christchurch

(the PRA has impacted) Um probably not in my work, but on my choice of premises it has, because I made sure when I bought this place it wasn't close to schools or churches or anything like that, just in case there were problems later.

Lorraine, Private, Female, Auckland

(effects of by laws) oh about housing? I was actually I don't know. No, I only know about um commercial, is it, properties? About fences, you have to ask your neighbour before you can put up a fence and yeah, you have to ask the Council and pay them some money... Oh well probably the manager would be responsible for what goes on in this building, cause he owns the building. But I think some people just look the other way. But actually um I guess parlours, they go through a process and they have to, you know, apply for a permit and then, I don't know, and then people can oppose the permit, you know, general public, like the neighbours. But actually that's all I know about it. I know it's legal, so I guess you can work from your house. I mean if the Police, if it's illegal, then the Police will come and tell you, but you should get a warning.

Meg, Private, Female, Wellington

7.3.1.2 *Public health submissions on local bylaws*

The submissions made by Medical Officers of Health on local bylaws or district plan changes under the PRA throughout New Zealand had several common features. Almost all referred to the purposes of the PRA outlined in sections 3⁹ (a), (b) and (c) and most stressed that it was important that Councils did not create local bylaws or plan changes inconsistent with the aims and purposes of the Act.

“I would like to see local governments concentrate their deliberations on the health and well being protection and improvement goals of the Prostitution Reform Act, and consider what statutory tools you have available to meet these goals...Councils might better invest their resources by finding out what concerns are currently impacting on the health, well being and protection of sex workers, and working with them to find discreet and acceptable ways of managing these risks.”

(Excerpt from a letter to all Territorial Authority Chief Executives in her region from the Waikato Medical Officer of Health, 2 June 2004)

Several Medical Officers of Health also took issue with territorial authorities whose draft bylaws included small owner operated brothels and/or sex workers engaged in prostitution in their definition of a brothel, arguing that this was inconsistent with the definition of a brothel in the PRA (seven out of the 19 existing bylaws under the PRA still include small owner operated brothels under their provisions).

*“It is important that solo prostitutes or small owner-operated brothels are **able to remain within the law** and are not forced to deny their activities”*

(Excerpt from a letter to the Policy Planner, Napier City Council from the Medical Officer of Health, Hawkes Bay commenting on a proposed variation and plan change, 20 December 2005)

⁹ Section 3 describes the purpose of the Act, which is to decriminalise prostitution (while not endorsing or morally sanctioning prostitution or its use) and to create a framework that:

- a) safeguards the human rights of sex workers and protects them from exploitation;
- b) promotes the welfare and occupational health and safety of sex workers
- c) is conducive to public health;
- d) prohibits the use in prostitution of persons under 18 years of age;
- e) implements certain other related reforms.

Their submissions further argued that effect of such an inclusive definition of a brothel would be to drive such operations underground, compromise the ability of public health services to deliver either safe sex education/information and have a potential negative impact on human rights protection and occupational health and safety in the sex industry.

“Brothels will remain or become clandestine operations (and) deny those brothels’ sex workers and their clients the protections provided by the Act”

(Excerpt from the submission of the Medical Officer of Health, South Canterbury to the Timaru District Council, February 2004)

Formal submissions and informal approaches by Medical Officers of Health to territorial authorities have had variable outcomes. For example, in the Auckland region, the strongly critical submissions by the Auckland Regional Public Health Service on the Auckland and Manukau City Councils’ proposed bylaws appear to have had little impact (apart from on the communicable diseases provisions mentioned above) on the content of the bylaws that were passed. Indeed, the report of the Hearings Commissioners rejected the submissions’ assertions that the bylaw’s provisions were *ultra vires* or unreasonable. By contrast, the approaches made by the Medical Officers of Health in Whangarei, and Hastings seem to have persuaded those territorial authorities not to enact bylaws, although they had considered doing so. In other cases, both the Napier and Nelson City Councils accepted the recommendations made by their respective Medical Officers of Health regarding proposed changes to their district plan rules.

... I’m pretty sure it was taken on board. Um we were just acknowledging that lots of people would have strong views about it and there needed to be a better way of assessing whether something was appropriate or not.

Medical Officer of Health, Male, Nelson

Medical Officers of Health had not always made submissions on local bylaws. In some districts, such as Otago, none of their territorial authorities chose to enact bylaws, so no submission was needed. In others, though Medical Officers of Health were aware of bylaws being proposed, they did not always feel their input was needed.

At the time it seemed that the Councils were essentially concerned with zoning issues and we decided to stay out of the discussions.

Medical Officer of Health, Male, Bay of Plenty

In some cases, Medical Officers of Health were unaware that the territorial authorities in their region intended to enact bylaws until after the event.

I do not think we made any submission about it at the time. Seems a bit slack but communication from the Council is usually pretty poor and we may not have been informed about the bylaw at the time.

Medical Officer of Health, Male, Southland

No, now in terms of um when we became aware that City Councils were starting to pass bylaws, we rang round all of the territorial local authorities in our region, and at that point, we discovered that Upper Hutt had already passed one.

Medical Officer of Health, Female, Wellington

7.3.2 Medical Officers of Health and public health services

7.3.2.1 Initial public health responses to the PRA

In early July 2003, shortly after the PRA was passed, a few Medical Officers of Health wrote to the Ministry of Health to attempt to clarify its expectation of their new role as Inspectors under s26 of the PRA.

I must say it kind of did come sort of um (.) kind of came from the side really when we realised that we were going to be there, you know, sort of named, you know, named within the Act. It would have been good to be involved earlier.

Medical Officer of Health, Female, Wellington

Initial guidance was issued to Public Health Services and Medical Officers of Health on the 19th August 2003 which provided background to the legislation and an outline of the new powers for Medical Officers of Health under the PRA. At the same time, staff in the Ministry's Public Health Directorate moved to set up a Prostitution Reform Working Group to:

- Identify existing health information (information on safer sex practices and on services for the prevention of sexually transmissible infections) that is available for operators of the businesses of prostitution for sex workers/clients
- Identify and prioritise the necessity to revise and develop specific health information requirements for operators of businesses of prostitution, sex workers, and clients
- Identify processes for comment and feedback on drafts of new information and advice developed

In addition to staff of the Ministry of Health, the Working Group included representatives from NZPC, two Medical Officers of Health, representatives of operators of businesses of prostitution, a representative from the NZ Venereological Society and from Te Puawai Tapu, and representatives from OSH. It met on the 3rd of September 2003 and, in addition to considering the matters listed above, it also discussed how public health complaints under the PRA could be handled. Subsequent to the meeting, further work was done on developing the Occupational Safety and Health Guidelines and the Ministry secured funding for the development of health information resources about the requirements of the PRA for operators of businesses of prostitution and clients. A circular letter was sent from the Ministry on 12th December 2003 to Public Health Service Managers and Medical Officers of Health further clarifying their roles under the PRA and draft enforcement guidelines were sent to Medical Officers of Health on the 16th December 2003. A training workshop for Medical Officers of Health and other public health service staff involved in work under the PRA was held in Wellington by the Ministry of Health. The presenters included Ministry of Health staff and representatives of NZPC. There were a total of 27 attendees from public health services: a mix of Medical Officers of Health, Health Protection Officers, sexual health promoters and public health nurses. The training had a strong focus on prosecutions under the PRA and the printed course material contained hypothetical case studies and generic enforcement advice. The Medical Officers of Health spoken to in this study spoke of this training workshop:

Oh the training, I mean it was fairly generic, I thought, especially for the few public health nurses who haven't been um haven't done any enforcement work and they found it quite useful.

Medical Officer of Health, Male, Auckland

...I saw the folder that was produced, it was um a curious document in that it was mostly about prosecution. And I guess the Act sort of leads into dealing with complaints and prosecution, but um I mean from a public health point of view...I want to be having some guidance about how to work with sex workers and indeed their clients, and particularly their management about um, you know, good old Ottawa Charter stuff about, you know, creating a supportive and healthy environment for the sex industry to operate in.

Medical Officer of Health, Female, Waikato

Much of the early involvement that public health services had with the implementation of the PRA was around making submissions on proposed local bylaws (see 7.3.1). Some Medical Officers of Health initiated local meetings with other agencies, including NZPC, and undertook to provide training on the PRA locally.

...I know in discussions we had around the time the Act was getting um, you know, coming into play, we met with local Police guys and stuff like that...and we were um, you know, pushing the advantage of the health and safety for workers and that kind of thing.

Dr D, Medical Officer of Health, Male, Nelson

I think the law passed in June, and in November of that year we had a um meeting here and um invited all the local operators to come and go through the Act...we invited someone from City Council and OSH to come along too. The Council declined. They decided not to do it, because they were in the middle of their bylaw struggle thing, so they thought it might not be very good for the operators, who were angry with them, and if certain operators had turned up there could be a fight basically...and they (the operators) were sort of a bit hesitant at first, but we just said "Well we just thought it would be good to meet you and go through the law and tell you what our side of it is", and we had a cup of tea and bickies and just tried to make it very normal, you know, not a big deal at all.

Joyce, Sexual Health Promoter, Female, Christchurch

The Prostitutes' Collective, who initially we worked with, our local branch, um was um, we did training sessions for everybody, the Police, the local authorities, OSH, ourselves, and we had a good network.

Dr E, Medical Officer of Health, Male, Otago

Around this time, some public health service managers and Medical Officers of Health sought clarification from the Ministry of Health about whether or not there would be

additional Ministry funding to assist them to carry out their new functions under the PRA. The response was that the new requirements were a statutory function and that they would need to be carried out within existing resources.

'Cause remember (the MOH) way back wrote to the Ministry saying "Is there any extra money or staff coming with this?", because, you know, at that stage it was like, "Well okay, the Act's passed, great. Who's going to do the work?" And there was no extra money, no extra staff, and so...it was just considered that we, we'd react to complaints basically rather than going in, you know, every so often"

Sexual Health Promoter, Female, Christchurch

We were told by the Ministry not to be proactive...We did actually discuss this issue of um doing something more active. But in the end um with the um HPOs (Health Protection Officers) involved we decided that none of it was feasible really. We did not have the resources.

Medical Officer of Health, Male, Auckland

Um sort of a couple of managers have said "there's no resources. Will you tell me what people are going to stop doing to enable you to do this?"...what we were proposing was quite a small time investment, which I think could have helped establish relationships and rapport so that if, you know, if there are big issues we would have been in a better position to do something about it.

Medical Officer of Health, Female, Wellington

I mean if we suddenly got in a, you know, heaps of complaints or a whole lot of brothels setting up and (.) people wanted us to inspect them, then it might be an issue.

Medical Officer of Health, Male, Bay of Plenty

7.3.2.2 *Public health service approaches to implementing the PRA*

Almost all public health services have taken a largely reactive approach to implementation of the public health role under the PRA, apart from the initial local meetings and training mentioned above. One notable exception was in Hamilton, where the Medical Officer of Health and a Health Protection Officer visited all the brothels in the district. This happened after they responded to a complaint about one local premises.

And um the Prostitutes' Collective um representative rang me about this particular premises and gave me quite a lot of background about it and about concerns the sex workers have had working there for a long time. And um so um with tremendous trepidation – I mean I don't think I've ever been so nervous – but I mean I visited, armed with large male Health Protection Officer, who's even slightly more mature years than me. And um, the pair of us tip-toed into this place, which we'd been told was one of the less satisfactory premises around. And um, I meant it was all very well for me to go into this place, but how could I judge it if I'd never been into a parlour before? So that was what led to me into the process of visiting all our other parlours. So I realised there was just no way I could make any ability to um use the legislation constructively; a) if I wasn't known and our role wasn't known; and um b) if I had no idea of how the sex industry worked and um and of what, where it was and who was in it and what a brothel, actually what you could expect to find in a brothel.

Medical Officer of Health, Female, Waikato

Some Medical Officers of Health also identified a potential problem if they were to attempt to take a more proactive approach to their work. This was the identification of brothels in their district. The PRA makes no provision for the identity of licensed operators or premises to be disclosed to Medical Officers of Health, indeed section 41 (1) appears to preclude this. One Medical Officer of Health sought clarification of this from the Registrar of the Auckland District Court. Their response was as follows:

“As you note, section 41(1) of the Prostitution Reform Act restricts access to information about operators held by the Court. While it may be possible to provide some statistical information this may not in fact be helpful for your purpose. This is because when an application of an Operator's Certificate is made under the Act all that we can seek from the applicant is a postal address... We do not hold any details about the premises that the operator may be managing and fact the postal address could well be outside the area of where the applicant may be operating. (We know of one applicant, of the six received to date, whose address is in one area but owns premises in 3 other areas. We are only aware of this because the applicant discussed the situation with one of our staff).”

(Excerpt from a letter to Dr Cheryl Brunton from ID Wilson, Administration Officer, Auckland District Court, January 2004)

Although in one district with a bylaw requiring licensing of brothels, the territorial authority supplied the local Medical Officer of Health with a list of licensed premises, most other public health services have identified brothels through a combination of searches of the Yellow Pages™, the local knowledge of sexual health educators/promoters and NZPC. This is in contrast to other issues where Medical

Officers of Health have responsibilities such as the Sale of Liquor Act, where the location of licensed premises, and the contact details of owners and operators are routinely available.

7.3.2.3 *Complaints*

Only one of the Medical Officers of Health interviewed had not yet dealt with a complaint under the PRA.

I resolved fairly early on that I'd respond to any complaints that come through, and well I've never had any.

Medical Officer of Health, Male, Bay of Plenty

However, all the rest commented that complaints had been infrequent and none had dealt with more than ten distinct complaints in total (on occasions, more than one complaint has been received about a particular premise, or one complainant had complained multiple times). One Medical Officer of Health for a large metropolitan area (which may well have the largest number of brothels in the country) thought he had dealt with no more than one complaint per year. Most complaints were either about unsafe sex practices or matters of hygiene, such as the unavailability of washing facilities, dirty sheets or towels and some involved both.

But it was around an unsafe work environment. The um, and the unsafeness related to both kind of, you know, hygiene things. They weren't clean sheets, there wasn't a process of, you know, laundering sheets and towels and things like that. Um and also the physical location of the work area was down a long dark corridor across the road from the main area, very poor lighting, no kind of alarm bells, no one else working over there. So there was a real risk of violence towards sex workers. So we referred that onto um the Department of Labour for OSH to follow up.

Medical Officer of Health, Female, Wellington

Almost all complainants were anonymous and Medical Officers of Health commented that this made it very difficult to take action unless adequate detail was supplied to them.

There was, for instance, one guy kept ringing. He'll ring me, he'd ring an HPO, he'll ring everybody um saying that he's got concerns about um unprotected sex,

and that he would send us a video of their promotional material and all sorts of things, but nothing came out. Just wouldn't give us the details of the premises.

Medical Officer of Health, Auckland

There's none of our complaints, we've never had anyone that we can identify, you know, who's willing to give a name and a contact. They're anonymous. They're just about all, all by phone... You can't go further with them really. And it's good to keep them, because you can get a pattern if one place is consistently getting them. 'Cause you know, it could be a competitor wanting to shut down someone else's business. And it could be a disgruntled client or disgruntled worker. And one of them was from a worker who was actually still working in the place, and um, you have to be very careful then how you approach it, 'cause they, even though they don't like some of the things, they want, they need the job. So you can't ring and say, "One of your workers." You've just got to say, "An anonymous someone that we can't, you know," and you can honestly say "We don't know".

Sexual Health Promoter, Female, Christchurch

One was from a member of, a member of the public, who had visited a brothel and was um (.) didn't, wasn't able to see the posters. He'd obviously read things, and um he told us he'd been offered sex without a condom. Now, we were obviously very concerned about that and wanted from him some details of um both the location of the venue, the times, the date, the name of the sex worker, the description, any details about him. And he wasn't prepared to provide any details um and the conversation, he very rapidly hung up.

Medical Officer of Health, Wellington

Unsurprisingly, perhaps, none of the complaints that had been investigated by Medical Officers of Health resulted in a prosecution.

7.3.2.4 Relationships with other agencies involved in implementing the PRA

All the interviewees made generally positive comments on their relationships with other agencies also involved in implementing the provisions of the PRA; Police, territorial authority officers, OSH/Department of Labour. However, the issue of potential overlap of function with the Department of Labour was raised by some interviewees.

I mean it's a grey area. Um but because OSH is separate from regulatory public health services...the working conditions of the workers...as a public health risk to clients. But I mean they could take the OSH um role OSH applies to the workers and the people that are working, people visiting the premises. Therefore OSH should be responsible for it all, but then should OSH be responsible for ensuring – well I suppose it is health behaviour?

Medical Officer of Health, Male, Otago

We have good relationships with OSH locally...and um I hoped that we might be able to team up with them a bit over the, you know, sort of physical aspects of brothels. Um but regrettably the colleague with whom we work mostly on this, was as scared of it as we are and um said they'd be really happy to deal with things like dangerous facilities and showers, and, you know, lethal surfaces that were slippery. But um he ran a mile from the sex side of it.

Medical Officer of Health, Female, Waikato

Most interviewees also highlighted the importance of the role that NZPC played.

Um we've kept in contact with the NZPC and I've tended to feel that's probably the best way to go because I'm not, I'm not an expert in the industry...I think the NZPC are the people who have got an actual good grasp of what the realities are.

Occupational Health Nurse, Male, Christchurch

I think their (NZPC's) role is very fundamental in that they are, that they provide advocacy for um the workers and are intent on um raising the standards um within the profession.

Medical Officer of Health, Male, Otago

7.3.2.5 *The role of Medical Officers of Health under the PRA*

When asked to comment about the Medical Officer of Health's role under the PRA as, all the interviewees expressed a level of comfort with it and a feeling that it was an appropriate role for them.

..I'm very comfortable with that role. Um you know, I don't have any um ethical or moral qualms about it, and in fact, you know, I fully support anything that could be done, you know, around um, you know, improving work conditions...There's certainly potential there and, you know, we would like, certainly like to do more in this area, both from, you know, exactly, you know what we've got under the Act here, but also from, you know, there's going to be other potential health gains from it for a whole lot of reasons.

Medical Officer of Health, Female, Wellington

Yeah, I mean it is, it is actually um I think it sits comfortably with the role of Medical Officers of Health, yeah

Medical Officer of Health, Male, Otago

Only three of the Medical Officers of Health interviewed had formally appointed other staff as inspectors of brothels (as they are able to do under s25(2) of the PRA) and the

types of persons appointed were health protection officers, public health nurses and sexual health promoters/educators. One Medical Officer of Health had temporarily appointed a public health medicine trainee in his absence.

...well the only time we've used it, um we've actually used these power was about a year ago when there was a issue raised through um the sexual health educator...they were concerned about a new operator in the field who had very little knowledge of how to keep his brothel clean and how to function...and OSH was involved but they wanted a Medical Officer of Health to go along just to have a look at the facilities...Now neither Y or I could go um because we had other things...And so we actually delegated the registrar to go and do it.

Medical Officer of Health, Male, Otago

7.3.2.6 *Perceptions of the impact of the PRA*

All interviewees were asked about their perceptions of the impact of the PRA on health and safety in the sex industry. Most felt the impact had been positive, though there were some reservations.

Oh I think these kind of predictions of once it becomes legalised that all sorts of things are going to be dreadful and into drugs and all sort of things. You know, it was kind of "and the sky will fall in too"...and it doesn't appear to have happened.

Medical Officer of Health, Female

Well honestly I do not know how much of an impact it has had. I mean it started off with a bang of um guidelines and produced information material with them. How compliant they are I don't really know.

Medical Officer of Health, Auckland

I think it has um, it has actually improved their conditions...um which is sort of the safety side of it. I'm not sure about the health side of it...because, I mean in principle by encouraging safer sex, that's great. But then if either clients have too much power, if you like, if the clients can say, "Well, I'll give you a lot more money under the counter if you don't use protection, " then short of um doing random inspections to see what's going on...

Medical Officer of Health, Male, Otago

7.3.3 Occupational Safety and Health

Forty-one percent of surveyed sex workers reported that they had seen the Occupational Safety and Health guidelines, which had been distributed by the Department of Labour following decriminalisation. Nearly half (46.3%) of managed workers, 38.0% of private workers and 26.6% of street-based workers had seen these ($\chi^2=38.2$; $df=2$; $p<0.0001$). Three quarters of the participants who reported having seen the guidelines had read them. Most (66.2%) of the participants who had read the guidelines reported that they found them very useful and informative and a quarter reported that the guidelines had made them more aware of their rights.

Two thirds (67.1%) of participants had seen the Ministry of Health pamphlets and posters about clients and sex workers being required to use condoms. Managed workers (80.2%) were significantly more likely to have seen these than workers in the other sectors ($\chi^2=207.2$; $df=2$; $p<0.0001$). As with the OSH guidelines, most participants (67.0%) thought that these pamphlets and posters were useful and informative and made them more aware of their rights (21.2%).

In the qualitative interviews, participants discussed occupational health and safety, including whether they had seen the OSH guidelines for the sex industry, the MOH posters and pamphlets. Many had seen the OSH guidelines, and although generally described as useful, many articulated how the guidelines were too big. Some discussed the relevance of OSH to people working in the sex industry and were unsure as to whether they would seek information and help for an OSH issue. Others described how they actively sourced information about OSH issues. Participants described the MOH pamphlets and posters favourably, especially in terms of their aiding safe sex negotiations, although participants had divergent experiences of having them on show in their workplaces.

The OSH handbook was discussed by participants, many describing it as too big. Some questioned the relevance of the OSH handbook to their everyday work.

Um I've read the the poster one and the one, like the pamphlet, but not the big OSH book. Um I think, I think it's good. I do know about Occupational Health and Safety book. When I think of OSH, I usually think of building sites and guys with helmets, you know, "Wear your helmet or you're going to get your head smashed in," or, you know, "Wear your medical gloves or else you might get a disease or something." That's what I think. Um health and safety, OSH for me um, well shouldn't OSH be supplying condoms or something. I mean I don't know, um I haven't really had an accident at work. Um but maybe if I fell over off a path or something, I mean would I be covered by ACC? I don't know. I mean those sort of things like OSH and ACC, how closely related are they, or how would they affect my sex work? I don't know.

Dora, Street, Transgender, Auckland

It's huge, and I don't know that a lot of it actually applies to me. That one, yes, (points to OSH handbook) I've got those, but the clients didn't want to know about those.

Petal, Private, Female, Christchurch

The MOH pamphlets and posters were described favourably, although there were divergent experiences about where they had been placed in workplaces.

Um we've got them placed on the, and I think they should be displayed on the wall, but they're actually placed on the bedside cabinets... Like I mean they're quite easy to read and have, they've got good information in them... So I think, you know, yeah, you know, it's better than that whole OSH thing

Pat, Managed, Female, Christchurch

But um I have seen them. Yeah, I'm pretty sure they were in the laundry and in the office, but those are the only places. Like they're not in any of the rooms or anything. Even though they should be, but yeah.

Vicky, Managed, Female, Wellington

There is some in the rooms, um but it's more, I think, noted by the clients, I think... you can sort of point out things to the clients when they, you know, "I don't want to use a condom," and it's sort of like well you don't have to stand there and sort of argue any more. You can sort of go, "Look, mate, look, read this." (some are) Absolutely shocked that um (.) that prostitutes have got, you know, backing. Um absolutely shocked, even down to a week ago a client making a comment at the bar – no, sorry, he was playing pool – of um (.) it was just general comment of the Police coming down here, and I stopped and looked and I said, "What for?" And I looked at him in a very confused manner and he sort of clicked on, "Oh hang on, it's legal now."

Karen, Managed, Female, Christchurch

Some participants had actively sought information on OSH issues. One participant described how in one workplace, management had adapted the OSH handbook and MOH information to design their own information for workers and clients.

Yeah, yeah, those are, those are up in all the parlours that I worked in in Auckland – I mean the one parlour, it was in all the rooms. But the place I work in at the moment, they have designed their own ones, but they have exactly the same information in them. Like they have a big spiel about not asking girls to, you know, not use condoms and things like that.

Jenny, Managed and Private, Female, Wellington

It was about two months later that we actually got the new booklets, and read all about it. Mind you, it wasn't hard to find in the fact that – like there was a bit in the paper. Um I remember ringing the Labour Department. I remember ringing um – who was the other one? – Health and Safety, and that was easy enough to get information. I was in the parlour one day and I thought, "Wonder, wonder, wonder," 'cause I remember hearing saying about that, so I decided to ring them. And they said well the booklet had, they hadn't got a pile just yet, but they were going to hand them out to all parlours and that every worker should actually have a copy of this, and every worker should have a copy of the new rules and everything, and all about the law and everything. And then next thing a pile come in, so we all had them. Not that many of them cared two hoots, but I said there is things in there. I said, "You know, there's like taxes and that. It's up to you whether you pay them or not. It's your choice." Um the thing is, I said I can understand why the girls don't want to go into the tax department, because let's face it, you're branded then, and that to me is that stigma. Let's face it, to me there's that stigma attached to it.

Josie, Private, Female, Napier

Even the Department of Labour staff member interviewed for this research reported hearing similar views about the OSH Guidelines document.

...there was a comment made that it was rather big. It was like a telephone book. Some of the people felt it was like a telephone book and that it just needed to be a small brochure, pamphlet um for people. But I mean this is really there to be able to answer any, pretty much any enquiry an employer might have or somebody who's dealing in an industry. It's not the sort of book that you'd give um one of the girls on Manchester Street.

Occupational health nurse, Male, Christchurch

He also commented on a suggestion that had been made to him by a local NZPC representative that OSH do an assessment of all the brothels.

Um X had actually wanted that. We go and do an assessment of all of them and give them all, you know, make sure that they've got information and have an assessment of all of them. But um which is probably a good idea, but it's not one of the priorities for us for this year. We sort of are involved in a range of other health priorities at the moment

Occupational health nurse, Male, Christchurch

Private workers were more reticent about placing MOH information in their workplaces.

No, (I don't use Ministry of Health signs) I'm a little bit worried that I might forget to take one down if my mother comes to visit. I don't, because I'm afraid I'll forget to take it down when it's absolutely necessary.

Brenda, Private, Female, Wellington

Well, yeah, I do say, that, you know, it's illegal and that you can be.... But no one wants to take a brochure like that away and read it. I used to have them up on the wall, but um no one even looked at them. I'd say, "Have you seen the brochure?" "Oh, no, I'm not interested. Let's get on with it."

Petal, Private, Female, Christchurch

Nearly one fifth (18.1%) of survey participants had experienced a work-related injury, or had an accident resulting in physical injury, while doing sex work. There were slight differences between sectors, with street-based workers (25.5%) more likely than private (18.0%) or managed (16.3%) workers to say that they had experienced a work related injury ($\chi^2=13.8$; $df=2$; $p=0.001$). Most of the injuries were sustained through violent altercations with clients, or clients who had been too rough, causing vaginal or anal trauma. There were some reports of sprained wrists and ankles, pulled muscles and back pain as a result of working. Half (50.3%) of the participants who indicated that they had experienced a work related injury had reported this to someone. Managed workers were the most likely to report an injury to somebody (64.3%) compared to 40.9% of private workers and 31.7% of street-based workers ($\chi^2=28.9$; $df=2$; $p<0.0001$).

Three quarters of managed workers said that they would report a work related injury to the owner, manager or receptionist at their work (see Table 7.3). Most participants would report an injury to a general practitioner, a sexual health clinic or the NZPC. Despite

more than half of all participants reporting that they had seen the OSH guidelines, very few reported that they would approach Occupational Safety and Health services for help.

Table 7.3 Places to seek help for work-related injuries by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	P
Manager/receptionist/owner of workplace (N=703)	51.4 (2.2)	11.6 (3.1)	77.6 (2.4)	20.7 (4.0)	554.5	<0.0001
NZPC (N=723)	62.8 (2.1)	73.3 (3.5)	57.0 (2.8)	67.8 (4.4)	33.6	<0.0001
Youth organisation (N=673)	3.3 (0.6)	10.9 (2.0)	2.2 (0.9)	1.6 (0.9)	72.6	<0.0001
GP (N=692)	61.0 (2.2)	64.9 (4.0)	57.7 (2.9)	64.7 (4.6)	9.0	0.01
OSH (N=668)	7.6 (1.1)	12.5 (2.7)	7.0 (1.5)	6.2 (2.2)	10.6	0.005
Sexual health clinic (N=700)	56.3 (2.2)	55.6 (4.2)	55.3 (2.8)	58.3 (4.6)	1.4	0.5

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

7.3.4 Police

Overall, the majority of survey participants thought that only some police were concerned about their safety (see Table 7.4). Street-based workers were slightly more likely than managed or private workers to report that most police cared about their safety. Christchurch participants were the least likely to report that no police cared about their safety (13.7%), with participants from Nelson/Napier (28.7%) and Auckland (27%) participants the most likely to report this. There were no significant differences between the 2006 Christchurch female sample and the 1999 study with regard to perceptions of police concern for safety.

More than half of survey participants who had been working prior to the implementation of the PRA thought that police attitudes had changed for the better since the law had changed. Street-based workers and private workers were significantly more likely than managed workers to report this. There were no significant differences between geographic locations.

A third of all survey participants reported that the police had visited their workplace in the last year. Street-based workers were the most likely to report this and only one tenth of private workers had been visited. The majority of street-based workers said that the police were just ‘cruising’ or passing by to check on things. There were varied accounts given by managed workers as to why police had visited, but many said that management had called the police to deal with an unruly client or in other cases police had called by to check on licenses.

Table 7.4 Sex worker perceptions of police attitudes and policing by sector of work[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
Police care for safety of sex workers: (N=657)					
Most concerned	17.2 (1.7)	23.7 (3.5)	16.4 (2.3)	15.1 (3.2)	$\chi^2=17.1$ df=4 p=0.002
Some concerned	60.0 (2.3)	50.7 (4.2)	63.1 (3.0)	59.1 (4.7)	
None concerned	23.0 (2.0)	25.4 (4.1)	20.5 (2.5)	25.8 (4.2)	
Police attitudes changed for better following PRA (N=417*)	57.3 (2.8)	65.8 (4.6)	48.8 (4.0)	64.2 (5.5)	$\chi^2=27.5$ df=2 p<0.0001
Visitation of police to workplace in last year: (N=693)	31.3 (1.9)	74.5 (3.6)	32.8 (2.8)	9.9 (2.3)	$\chi^2=422.0$ df=2 p<0.0001

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

* Includes only participants who had been working prior to enactment of PRA

Table 7.5 Sex worker's perceptions of police attitudes and policing by geographic location[†]

	Auckland % (s.e.)	Christchurch % (s.e.)	Wellington % (s.e.)	Nelson/Napier % (s.e.)	Comparison across sectors
Police care for safety of sex workers: (N=657)					
Most concerned	15.8 (2.4)	20.8 (3.0)	17.5 (3.4)	20.0 (6.8)	$\chi^2=40.4$ df=6 p<0.0001
Some concerned	57.2 (3.3)	65.5 (3.4)	65.3 (4.4)	51.3 (8.7)	
None concerned	27.0 (3.0)	13.7 (2.4)	17.2 (3.5)	28.7 (8.1)	
Police attitudes changed for better following PRA (N=417*)	57.0 (3.9)	61.2 (5.0)	56.5 (5.6)	53.7 (12.0)	$\chi^2=1.5$ df=3 p=0.7
Visitation of police to workplace in last year: (N=693)	26.0 (2.6)	50.1 (3.6)	29.7 (3.9)	45.7 (8.6)	$\chi^2=91.4$ df=3 p<0.0001

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

* Includes only participants who had been working prior to enactment of PRA

Many participants in the qualitative interviews described being more positive about the police since sex work had been decriminalised. People who worked in the street sector were especially positive about police relations with workers. Many street-based workers described how the police were more visible on the streets since decriminalisation. Some also described how helpful it was to have specialised police working with sex workers, so that the sex workers could forge relationships with them, although, as described in Section 6, some sex workers would not go to the police if they did not like particular police officers. Positive reports on police attitudes were particularly evident in the talk of Christchurch street-based sex workers.

Yeah, since the law changed, and um (.) he's a detective. I find him, he's a lovely guy. I don't find he looks down on you. I actually find him actually quite nice. I met him through my girlfriend. She's at a, she used to run a few girls in an escort agency, and I met him through her, and actually he was really nice. And when he found out I was transsexual, he actually said to me, "God, you know, I had no idea. You know, she comes in with you all the time and I just thought, 'Nice looking young Maori girl like her doing work, and she should have a husband, well wants a husband and kids.'" (Laugh)

Paula, Street and Private, Transgender, Christchurch

And the Police weren't around as much. But when it got legalised the Police were everywhere. We always have Police coming up and down the street every night, and we'd even have them coming over to make sure that we were all right and making sure our minders, that we've got minders and that they were taking

registration plates and the identity of the clients. So it was, it changed the whole street, it's changed everything. So it was worth it.

Joyce, Street, Female, Christchurch

Yeah, I think half of it is, you know, the Police, whether they're going to believe you, you know, because you're a sex worker. Or and plus I have convictions and I've been to jail, you know, yeah. (police attitudes have changed) I mean they will, you know, if they're, you know, walking the beat, they'll stop and, you know, they'll talk to you. And they'll tell you what they're doing out there even. I mean one night in particular they were out on foot looking for, looking for young girls, you know. And so they would tell you what they were doing, and, you know, they would ask, they even ask us if we were okay and we're safe and are there any problems, you know (.) before, I mean they would still talk to you, but they weren't as friendly, you know, and they weren't as obliging with information as what they are now. Yeah.

Joan, Street, Female, Christchurch

Out on the street, I've had them in my life, you know. And I don't really relate well to them. Except for when I'm like getting a hiding from my partner or something, and I ring them. Yeah, and then I'm like, then they're there and I'm like, "Oh I love them," you know. But then when they're harassing me or, you know. But I've never had a problem when I'm out. They're like really good. They're just, "Are you all right?" and you know, and they've never asked for my name.

Sally, Street, Female, Christchurch

Yeah, I think so. Yeah, cause they don't harass now. Like I, like when I was working, I've never had a problem with them. But I've seen them harass other girls when before the law change come out. And you know, like, you know, just questioning and, you know, just being a nuisance and hanging around so the clients can't stop, you know. Whereas now it's like they're more understanding. They'll just keep driving. You know, they won't stop and harass, and sometimes if they look underage or something, they might stop and talk to the girls. But I think, I think they're a lot more, maybe, I'm not sure, but to me more open to it. To like, you know, that this is a job and that, you know, we're just as welcome as any other person that works in the workplace.

Sally, Street, Female, Christchurch

But um now for the last couple of years, the Police have been really good, really onto it. So we've been having more patrol cars going down the street and then hangouts. yeah, now they actually care. Before they just didn't care... You know, if a girl, if a worker gets raped or, you know, anything like that, there wasn't much, then there wasn't much they could do. But now that the law's changed, it's changed the whole thing.

Joyce, Street, Female, Christchurch

Yeah, confident, I've got a lot more confidence, and I know that I can ring them to say, "Oh this has happened, and blah blah blah." I haven't had to do that, but I just know that I can. Cause that's the law, that's the law change. That it's legal now to be able to work, prostitution, and to do, you know. And so I was like, yeah, I just know that it's legal now. Whereas before it was all hush hush, you couldn't go to the Police, cause what would you say? "Oh I went to do this sex job, but this person, they didn't pay me."

Sally, Street, Female, Christchurch

Participants from other sectors and cities also discussed some change in police attitudes.

I think it makes it easier with the fact that I know that my privacy is number 1. I know a girl in Tauranga who got um, she was stabbed by one of her clients. She has a huge scar on her stomach, but um, and the guy got 7 years prison for it, and her name was suppressed throughout the proceedings, and you know, and no one knows it was her, except for obviously friends and family, who went to visit her at hospital. But it was, her privacy was guaranteed. So I have no problems going there, although it would be, it would be embarrassing because I've already had to talk to some Police people about um a particular criminal coming into our premises. And the way they talked to me, like, "Oh how long have you been working?", they were looking me up and down. I'm going, "So what, I earn like 5 times you do on a week, you know, and I'm a hell of a lot nicer than you are, so." Well I don't think the attitudes of the Police will ever change towards prostitutes, because we are basically criminals to them really. I mean they're like, "Ooh, who really does pay tax," and I can give them a big list, but they wouldn't believe me. Um and I know too many people that have relatives as cops, and this is working girls, or know cops who just don't – some of them who visit prostitutes, are nice. But it's usually it's females (police) who are very um unimpressed. You know, they just, they don't understand us and that we're just going the scum of the earth.

Vicky, Managed, Female, Wellington

Well he (policeman) he tried to, he was afraid I wasn't aware what I was getting myself into, and said, you know, "Go talk to the Prostitutes' Collective." Um look, okay, I've had a few bad experiences, but I've had bad experiences working at a government department as well. The sex industry is no better or worse really.

Brenda, Private, Female, Wellington

7.4 Discussion

Criminalisation ensures that many in the sex industry constitute a hidden population, making it difficult for outreach workers and service providers to access these workers. In New Zealand, prior to the decriminalisation of the sex industry, the Ministry of Health

provided funding to the NZPC for the distribution of safer sex products and health promotion advice. However, the police would regard these resources as a contravention of 'prostitution' laws and the NZPC found that their outreach services were adversely affected by police actions (Healy, 2006). NZPC, together with many of the agencies and organisations that they worked alongside, therefore lobbied extensively for the decriminalisation of sex work arguing that the legal framework compromised the occupational health and safety, as well as the human rights, of sex workers.

Participants' perceptions around the OSH guidelines and Ministry of Health pamphlets were conflicting, but the majority found them very useful and informative. Most participants recognised that they had more rights under the PRA and the guidelines and pamphlets reinforced their employment rights. Many participants found that their increased rights gave them more negotiating power with clients and management. NZPC was cited as the most important place for sex workers to get information on their rights.

There was limited knowledge of territorial authorities' bylaws, with only half of survey participants being aware of the existence of a bylaw in their area, although such bylaws existed in parts of all the study regions, except Hawkes Bay and Nelson. Some private workers were concerned about the legality of working in the suburbs, which was restricted by at least some of the bylaws, but many said that this had not impacted on their work.

Although survey data showed that there was little change in sex workers' attitudes towards the police post-decriminalisation, many thought that police attitudes towards sex workers had changed for the better following the law change. Participants in the qualitative interviews were more positive in their descriptions of interactions with the police since the industry had been decriminalised. In countries where sex workers are criminalised, there have been reports of limited reporting of violent attacks on sex workers to the police (Benoit & Millar, 2001; Kinnell, 2006). As discussed in the previous Section, there is still limited reporting of such incidents to the police in New Zealand. However, in qualitative interviews, participants discussed an increasing trust in

the reporting of incidents when they heard of other incidents in which fellow workers had been treated well and had name suppression when taking the perpetrators to court. Over time, this could result in a higher level of reporting to the police.

7.5 Summary

- Over 90% of survey participants were aware that they had increased employment, OSH and legal rights under the PRA (2003).
- Qualitative interviews revealed sex workers' perceptions that these increased rights:
 - Gave them greater powers of negotiation of safer sex with clients;
 - Gave them the right to refuse to do a client;
 - Protected them from violent attacks;
 - Were mentally enabling, allowing them to feel supported and safe.
- Some participants were still confused over what their rights were and how the PRA impacted on them.
- NZPC was the main source of information on rights.
- 19 out of 73 territorial authorities had bylaws made under the PRA (9/16 city councils and 10/57 district councils) and at least four other territorial authorities had made specific District Plan changes relating to signage or location of brothels.
 - In the study areas, four out of the six territorial authorities in the greater Auckland region and one out of the three authorities in greater Wellington had made bylaws. Christchurch City also had a bylaw, and both Napier and Nelson City Councils had district plan rules dealing with signage or location of brothels.
- Just over half of survey participants were aware of a bylaw in their area.
 - There was confusion of what the bylaw meant to many participants, but many reported that it had not impacted on their business.

- The Ministry of Health's initial responses to implementation of the PRA included the development of health information resources about the requirements of the PRA and organising a training workshop for Medical Officers of Health.
- Medical Officers of Health and public health services have had a range of responses to the implementation of the PRA:
 - Most of their early involvement was in making submissions on proposed local bylaws and this had had variable impact.
 - Their statutory functions under the PRA had to be carried out within existing resources.
 - Almost all had taken a largely reactive approach, responding to complaints, rather than initiating an inspection regime.
 - Only one of the Medical Officers of Health interviewed had yet to deal with a complaint, though complaints had been infrequent.
 - Most complaints concerned either unsafe sex or unhygienic premises, sometimes both and almost all complainant were anonymous.
 - All were positive about their relationships with other regulatory agencies and the NZPC.
 - All the Medical Officers of Health were comfortable with their role under the PRA and felt it was appropriate. Only three had delegated it to other public health workers.
 - Most interviewees felt the implementation of the PRA had had a positive impact on health and safety on the sex industry though there were some reservations.
- Most participants had seen the OSH guidelines and Ministry of Health pamphlets and found them useful and relevant.
 - There were some reports that the OSH guidelines handbook was too big.
 - The placement of posters in private and managed premises was sometimes described as problematic.
 - 18% of survey participants had experienced a work-related injury.

- Most participants would report an injury to a GP, a sexual health centre, NZPC and, for managed workers, the manager or receptionist at their place of work.
- The majority of survey participants (60%) thought that at least some police cared about their safety.
 - There were no significant differences in perception of police concern for sex workers' safety between Christchurch female participants in 2006 and the 1999 survey participants.
 - Over half of all survey participants who had been working prior to the enactment of the PRA, reported that police attitudes had changed for the better following decriminalisation of the industry.
 - Participants in qualitative interviews were positive about the Police and said that post-decriminalisation they were more likely to report a bad incident to them.

8. CONCLUSIONS

This report has provided some information which will inform three of the four tasks identified within the framework developed by the Crime and Justice Research Centre for the evaluation of the Prostitution Reform Act 2003.

Task one identified the need to assess the impact of the Act on the number of persons working as sex workers in New Zealand. This research suggests that there has been little impact on the number of people entering the industry post-decriminalisation. Identical estimation procedures were used in this study as those adopted when estimating the size of the Christchurch sex industry in 1999. Current estimations show that there has been little change, with the exception of a trend of movement from the managed to the private sector. There have been concerns expressed by some commentators that there are increasing numbers of workers on the street post-decriminalisation. Our research would not support this stance. It was estimated pre-decriminalisation that around one tenth of sex workers work on the street and this continues to be the case. This is the most visible sector of the industry and does attract more attention from the media and others. Yet the three estimates that have been done in Christchurch during the course of the research shows that the number of workers on the street has been stable and consistent with pre-decriminalisation estimations. There were two estimations done in Wellington and these also revealed a stable number of workers. Unfortunately, as discussed in Section 2, the first estimation procedure of street-based workers in Auckland was not comparable to Wellington and Christchurch in that sex workers, who were known to be working but who were not seen by outreach workers during the time of the estimation, were not included in the count. Subsequent accurate estimations have shown, however, that there are 230 street-based workers in the entire Auckland area, which comprises approximately 14% of the industry in that area.

Task two of the evaluation framework identified the need to assess the nature and adequacy of means available to assist persons to avoid or cease working as sex workers. This research project questioned sex workers on their reasons for entry to the sex industry. They were also asked about whether they had left the industry at some stage, what their reasons for doing so were and why they returned. In addition, participants were asked what would make leaving the industry easier. As discussed in Section 5, as all participants were current sex workers, it is not possible for this research to provide conclusions on successful exiting strategies. A longitudinal, cohort study would best address this question. However, some useful information was obtained. It has been identified in the literature that people enter the industry primarily for economic reasons. This was supported by the findings of this study. Most sex workers are female and female workers most often cited the need to pay for household expenses as well as support their families. The flexible working hours and the ability to earn money readily, with hourly rates exceeding the minimum hourly wage in other jobs, was an attraction for many of the participants. Transgender sex workers spoke of the lack of acceptance in society and the feeling of belonging that they got from working with people who were more similar to them. Young sex workers also spoke of the feeling of acceptance and the family-like atmosphere they got from working on the streets. Few participants identified no benefit from working in the industry and the camaraderie, friendship and belonging that many reported from being in the industry would make leaving a difficult task. It would require a complete change of social networks and for some, like transgender sex workers, the stigma and non-acceptance in the 'straight' world would pose a significant deterrent. Again, however, the main reasons for staying in the industry, for returning to the industry after a break and an identified difficulty in exiting the industry was the loss of the flexible working hours and the money. Many participants reported that other jobs with equal opportunities and a higher minimum wage would provide some incentive to exit the industry.

Task four of the evaluation framework identified the need to review the operation of the Act since its commencement. Participants in this research were asked questions on occupational health and safety, their knowledge of their rights and their interaction with

the police post-decriminalisation. They were also asked about their health and safety practices in the 12 months prior to interview. In addition, Medical Officers of Health, appointed as inspectors of brothels under the Act, and charged with implementing the health and safety clauses of the Act, were interviewed for their perspectives on the implementation of the Act and their submissions on local authority bylaws were also reviewed.

Sex workers interviewed in this study discussed their rights under the PRA (2003) and how these rights had positively impacted on their health and safety. They articulated increased power in their negotiations and dealings with clients and management and that the law change had created an environment where they felt more supported by the legal system. Their confidence in being able to use the legal system was growing with the positive experiences of some co-workers in their dealings with police and the courts. Street-based workers remain the sector most likely to experience violent or abusive attacks from clients. There was still limited reporting of such incidents to the police, but this is likely to improve in time as their confidence grows.

There has been little change in disclosure of occupation by sex workers to health professionals since the industry was decriminalised, as there were still concerns with stigmatisation and the impact the knowledge of their occupation would have on their treatment for their general health needs. Most of the sex workers in this study practised safe sex, especially for vaginal and anal sex. There are some sex workers who do not always use protection for oral sex and this is more prevalent for street-based and male workers. However, the requirements of the law provide many sex workers with the support they need in their negotiation of safe sex. This research indicates that there is still some education needed on the use of dental dams for oral sex performed by clients on female sex workers.

The bylaws imposed by some territorial authorities, that control the areas in which sex work can take place, had caused a level of uncertainty amongst some sex workers, especially those working in the private sector. At least seven territorial authority bylaws

still include an operating definition of brothel which is inconsistent with the definition in the PRA, in that it encompasses small owner operated brothels and/or sex work as a home occupation and potentially restricts these particular businesses operating outside defined areas. The participants in this study did not indicate that the bylaws had impacted on their business and spoke of them as contravening the overall intentions of the Act. This latter view was shared by the Medical Officers of Health who had expressed similar concerns in their submissions on local bylaws, arguing that it was important that solo sex workers and small owner operated brothels should not be forced to operate outside the law and deny their activities. This view had not been universally welcomed by territorial authorities.

Medical Officers of Health have had to carry out their responsibilities under the PRA within existing resources and this has meant almost all have taken a largely reactive approach, responding only to complaints. In the event, complaints have been infrequent and have mostly concerned either unsafe sex or unhygienic premises and responses to the latter type have usually also had to involve OSH. Almost all complaints have been anonymous, and unsurprisingly, there have been no prosecutions brought by public health services. Relationships between the agencies administering the provisions of the PRA appear to be positive although there is potential for confusion and overlap between the roles of Medical Officers of Health and OSH. Medical Officers of Health are comfortable with their role under the PRA and felt that the legislation had a positive impact on health and safety on the sex industry. However, there is clearly room to improve their capacity to carry out their role in a more proactive way and this would be welcome.

The occupational safety and health guidelines and Ministry of Health pamphlets and posters encouraging safer sex were received positively by most participants. There are indications, however, that the posters are not always displayed in all premises, especially in private workers' premises where they also utilised the house for accommodation.

In conclusion, this research has highlighted many positive outcomes from the decriminalisation of the sex industry. In some cases it has been shown that there is little change following the enactment of the PRA, but it is too soon to see many differences. Sex workers have been a marginalised and vulnerable population and have experienced much stigmatisation and exclusion from society. This cannot change rapidly with the enactment of a law and so the full health and safety benefits may only be seen in a number of years' time. What has been shown by this research is that there have been few, if any, negative consequences in terms of the health and safety of sex workers post-decriminalisation or the numbers attracted to participate in the industry.

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APPENDIX: SEX WORKER QUESTIONNAIRE

May-August 2006

Day and Date:

Time:

City:.....

What suburb does participant work in:

Place of Interview:	
Street	1
Parlour/Brothel	2
Home	3
NZPC	4
YCD	5
Other (write in)	7

Interviewer:

Interviewer Instructions:
Read out only the parts in bold type.
Some questions have showcards. In such cases, show participant the relevant showcard, read out the options and ask the participant to indicate the options which apply to them. Mark these on the questionnaire.

If you need to talk to someone please contact NZPC at one of the following numbers:

Auckland: Patricia Morgan (09) 366-6106
Christchurch: Anna Reed (03) 365-2595
Wellington: Catherine Healy (04) 382-8791

First of all we would like to ask some basic background questions.

1. Within what age range are you now? (*Showcard 1*)

Under 16 years		1
16-17 years		2
18-21 years		3
22-29 years		4
30-45 years		5
Over 45 years		6
Didn't answer		9

2. Which ethnic group do you belong to? Mark the space or spaces which apply to you. (*Showcard 2*)

NZ European		1
Maori		2
Samoan		3
Cook Island Maori		4
Tongan		5
Niuean		6
Chinese		7
Indian		8
Other (<i>such as Dutch, Japanese, Tokelauan etc</i>)		97
Please state: b)		

3. Are you: (*Tick one only*)

Female		1
Male		2
Transgender		3
Other.		7
Please state: b)		
Didn't answer		9

4. What education have you had? (*Showcard 3*) (*Tick highest level attended*)

Primary school		1
Secondary school (1-2 years)		2
Secondary school (3 years or more)		3
University, Waananga or other tertiary		4
Don't know		8
Didn't answer		9

5. How long in total have you been working in the sex industry?

.....

6. Were you working in the sex industry before June 2003 when the law changed?

Yes		1
No		2
Don't know		8
Didn't answer		9

7a. Have you been working in the sex industry continuously since you started?

Yes (go to 8)		1
No (go to 7b)		2
Don't know		8
Didn't answer		9

7b. When you last stopped working or had a break from the sex industry, how long did you stop for?

Less than one month		1
1-6 months		2
7-12 months		3
13-24 months		4
More than 2 years		5
Don't know		8
Didn't answer		9

7c. When you last stopped working or had a break from the sex industry, why did you stop?

.....

.....

7d. Why did you come back to work in the sex industry?

.....

.....

7e. What things (if any) did you miss about working in the sex industry?

.....

7f. What might make it difficult for someone to leave the sex industry?

.....

7g. What would make it easier to leave the sex industry?

.....

8. How long do you think that you will stay in sex work?

Less than 1 year		1
1-2 years		2
3-5 years		3
More than 5 years		4
Don't know		8
Didn't answer		9

9. At present, are you doing any of the following activities outside of the sex industry? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) No other work	1	2	8	9
b) Studying	1	2	8	9
c) Paid work part-time	1	2	8	9
d) Paid work full-time	1	2	8	9
e) Training courses	1	2	8	9
f) Caregiving (parents, children, other family)	1	2	8	9
g) Volunteer work	1	2	8	9

10. Within what age range were you when you started working? (Showcard 4)

Under 16 years		1
16-17 years		2
18-21 years		3
22-29 years		4
30-45 years		5
Over 45 years		6
Didn't answer		9

11a. Do you have any children?

Yes (go to 11b)		1
No (go to 12)		2
Don't know		8
Didn't answer		9

11b. How many children at the moment depend on you financially?

.....

Now we'd like to ask you about your sex work.

12. Where do you mainly work at the moment? (*Showcard 5*) (*Tick one only*)

Streets		1
Parlour/Brothel		2
Escort agency		3
Private from home or somewhere else (on your own)		4
Private shared flat or place / working with others		5
Bars		6
Other – write in: b)		7
Don't know		8
Didn't answer		9

13. When you first started working, what was your main place of work?
(*Showcard 6*) (*Tick one only*)

Streets		1
Parlour/Brothel		2
Escort agency		3
Private from home or somewhere else (on your own)		4
Private shared flat or place / working with others		5
Bars		6
Other – write in:		7
Don't know		8
Didn't answer		9

14. If you have moved from one place to another (i.e from one brothel to another or from brothel to private or street), what was your reason for doing so?
(Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) I am still in the same place of work as when I started working (Circle Yes and go to 15)	1	2	8	9
b) Thought that I could earn more in new place	1	2	8	9
c) More control over work practices and/or choice of client in new place	1	2	8	9
d) Safer environment in new place	1	2	8	9
e) More or better clients in new place	1	2	8	9
f) Friends in new place	1	2	8	9
g) Invited to work elsewhere	1	2	8	9
h) Other – write in:	1	2	8	9
i)				

15. Do you tell any of the following people that you work in the sex industry?
(Circle a response for each option)

	Yes	No	Not applicable	Don't know	Didn't answer
a) Any family member	1	2		8	9
b) Any close friend	1	2		8	9
c) Partner	1	2	3	8	9
d) Health workers	1	2		8	9
e) Youth workers	1	2		8	9

16. What are the MAIN reasons you entered the sex industry? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) To pay household expenses (<i>bills / food / rent</i>)	1	2	8	9
b) To pay for Social life / Going out / Luxuries	1	2	8	9
c) Saving up	1	2	8	9
d) Pay for my education	1	2	8	9
e) To support my kids/family	1	2	8	9
f) Made to work by someone	1	2	8	9
g) Exploring sexuality	1	2	8	9
h) Unable to get benefit or parental support	1	2	8	9
i) No other income	1	2	8	9
j) Friend was doing it	1	2	8	9
k) Minding a friend in the industry and got asked to join too	1	2	8	9
l) Thought it looked exciting and glamorous	1	2	8	9
m) Thought sex workers looked like they were fun to be with	1	2	8	9
n) Curiosity	1	2	8	9
o) Support gambling use	1	2	8	9
p) Support for alcohol or other drug use	1	2	8	9
q) Money	1	2	8	9
r) Because it's not against the law	1	2	8	9
s) Other (<i>what?</i>) t)	1	2	8	9

17. For what reasons do you stay working in the sex industry? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) To pay household expenses (<i>bills / food / rent</i>)	1	2	8	9
b) To pay for Social life / Going out / Luxuries	1	2	8	9
c) Saving up	1	2	8	9
d) Pay for my education	1	2	8	9
e) Support my kids/family	1	2	8	9
f) Made to work by someone	1	2	8	9
g) Enjoy the sex	1	2	8	9
h) Unable to get benefit or parental support	1	2	8	9
i) No other income	1	2	8	9
j) All my friends do it	1	2	8	9
k) It's exciting and glamorous	1	2	8	9
l) Other sex workers are friendly and fun to be with	1	2	8	9
m) Support gambling use	1	2	8	9
n) Support for alcohol or other drug use	1	2	8	9
o) Money	1	2	8	9
p) Flexible working hours	1	2	8	9
q) Because it's my job	1	2	8	9
r) Don't want to do anything else	1	2	8	9
s) Don't know what else to do	1	2	8	9
t) Can't get help to leave	1	2	8	9
u) Don't know how to leave	1	2	8	9
v) Other (<i>what?</i>)	1	2	8	9
w)				

18. In a typical week, how many nights, days or shifts would you work?

19. How many hours in a typical night, day or shift would you work?
 hours

The next set of questions are a bit more personal and relate to your general health. Some of these questions have been asked in the National Health Survey which is delivered to a sample of the general population in New Zealand. We have kept the wording of the questions the same so that we can make comparisons.

20. In general, how would you say your health is? (*Showcard 7*) (Tick one)

Excellent	<input type="checkbox"/>	1
Very good	<input type="checkbox"/>	2
Good	<input type="checkbox"/>	3
Fair	<input type="checkbox"/>	4
Poor	<input type="checkbox"/>	5
Don't know	<input type="checkbox"/>	8
Didn't answer	<input type="checkbox"/>	9

21. Compared to one year ago, how would you rate your health in general now? (*Showcard 8*) (Tick one)

Much better than one year ago	<input type="checkbox"/>	1
Somewhat better than one year ago	<input type="checkbox"/>	2
About the same as one year ago	<input type="checkbox"/>	3
Somewhat worse than one year ago	<input type="checkbox"/>	4
Much worse than one year ago	<input type="checkbox"/>	5
Don't know	<input type="checkbox"/>	8
Didn't answer	<input type="checkbox"/>	9

22. How much time in the last 4 weeks: (*Showcard 9*) (Circle one response for each question.)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	Don't know	Didn't answer
a) Did you feel full of life?	1	2	3	4	5	6	8	9
b) Have you been a very nervous person?	1	2	3	4	5	6	8	9
c) Have you felt so down in the dumps that nothing would cheer you up?	1	2	3	4	5	6	8	9
d) Have you felt calm and peaceful?	1	2	3	4	5	6	8	9
e) Did you have a lot of energy?	1	2	3	4	5	6	8	9
f) Have you felt down?	1	2	3	4	5	6	8	9
g) Have you felt worn out?	1	2	3	4	5	6	8	9
h) Have you been a happy person?	1	2	3	4	5	6	8	9
i) Did you feel tired?	1	2	3	4	5	6	8	9

23. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting friends and relatives? (*Showcard 9*) (Tick one)

All of the time		1
Most of the time		2
A good bit of the time		3
Some of the time		4
A little bit of the time		5
None of the time		6
Don't know		8
Didn't answer		9

24. How true or false is each of the following statements for you? (Circle an answer for each statement.) (Showcard 10)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False	Didn't answer
a) I seem to get sick a little easier than other people.	1	2	3	4	5	9
b) I am as healthy as anybody I know.	1	2	3	4	5	9
c) I expect my health to get worse.	1	2	3	4	5	9
d) My health is excellent.	1	2	3	4	5	9

25a. In the last 2 weeks, how often have you drunk alcohol just before or during work? (Showcard 11) (Tick one only)

Never / Don't drink (go to 26)		1
Rarely		2
Sometimes		3
Most times		4
Every time		5
Don't know		8
Didn't answer		9

25b. When you have drunk alcohol just before or during work, what is the main reason? (Showcard 12) (Tick one only)

It helps you get through work		1
You like the feeling		2
Its part of your social life		3
To socialise with the client		4
Other: (state)		7
c)		
Don't know		8
Didn't answer		9

26a. In the last 2 weeks, how often have you taken drugs just before or during work? (Showcard 13) (Tick one only)

Never (go to 27)		1
Rarely		2
Sometimes		3
Most times		4
Every time		5
Don't know		8
Didn't answer		9

26b. When you have taken drugs just before or during work, what is the main reason? (Showcard 14) (Tick one only)

It helps you get through work		1
You like the feeling		2
Its part of your social life		3
To socialise with the client		4
To stay awake through the night		5
Other: (state)		7
Don't know		8
Didn't answer		9

27. Which of these drugs have you taken just before or during work in the last 2 weeks? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) I don't use drugs (Circle Yes and go to 28)	1	2	8	9
b) Party pills / Herbals / BZP	1	2	8	9
c) P / Amphetamines / Speed / Ritalin	1	2	8	9
d) Morphine / Methadone (other opiates) / Homebake	1	2	8	9
e) Marijuana	1	2	8	9
f) Glue or other inhalants	1	2	8	9
g) Ecstasy	1	2	8	9
h) Hallucinogens	1	2	8	9
i) Benzos	1	2	8	9
j) Any other – write in:	1	2	8	9
k)				

28a. Have you seen the Occupational Safety and Health (OSH) manual for the sex industry? (Show a copy of the manual)

Yes		1
No (Go to 29)		2
Don't know		8
Refused to answer		9

28b. Have you read it?

Yes		1
No (Go to 29)		2
Don't know		8
Didn't answer		9

28c. If you have read it, did you find it: (Showcard 15) (Tick one only)

Very useful and informative		1
Made me more aware of my rights		2
Was difficult to understand		3
Too long and wordy		4
Not relevant to my work		5
English is my second language and I could not therefore understand it		6
Other options – write in: d)		7
Don't know		8
Didn't answer		9

29a. Have you seen the Ministry of Health pamphlets and posters about clients and sex workers being required to use condoms? (Show some examples)

Yes		1
No (Go to 30)		2
Don't know		8
Didn't answer		9

29b. What do you think of these pamphlets and posters? (Showcard 15) (Tick one only)

Very useful and informative		1
Made me more aware of my rights		2
Difficult to understand		3
Too long and wordy		4
Not relevant to my work		5
English is my second language and I could not therefore understand them		6
Other options – write in: c)		7
Don't know		8
Didn't answer		9

30a. Have you ever experienced a work-related injury or had an accident while doing sex work where you were physically injured?

Yes		1
No (go to 31)		2
Don't know		8
Didn't answer		9

30b. What was this injury?

.....

30c. Did you report this injury to anyone?

Yes		1
No		2
Don't know		8
Didn't answer		9

31. Where would you go to get help for a sex work-related injury? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Manager / receptionist / owner of workplace	1	2	8	9
b) NZPC / Prostitutes' Collective	1	2	8	9
c) YCD or Youth organisation	1	2	8	9
d) A GP	1	2	8	9
e) OSH	1	2	8	9
f) A sexual health clinic	1	2	8	9
g) Other – write in:	1	2	8	9
h)				

32. The following statements are about rights that you are aware that you have under the new law. Answer true or false for each of the statements.

	True	False	Don't know	Didn't answer
a) We have no rights.	1	2	8	9
b) We have employment rights	1	2	8	9
c) We have OSH health and safety rights	1	2	8	9
d) We have legal rights	1	2	8	9
e) Other: please state	1	2	8	9
f)				

33. Where would you get information about your employment rights? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Manager / receptionist / owner of workplace	1	2	8	9
b) NZPC / Prostitutes' Collective	1	2	8	9
c) YCD or Youth organisation	1	2	8	9
d) Friends in the sex industry	1	2	8	9
e) Other sex workers	1	2	8	9
f) OSH	1	2	8	9
g) Other – write in:	1	2	8	9
h)				

34a. Has your local council made a bylaw about where you are able to do sex work?

Yes		1
No (Go to 35)		2
Don't know		8
Didn't answer		9

34b. If yes, has this bylaw affected your ability to do sex work?

Yes		1
No (Go to 35)		2
Don't know (Go to 35)		8
Didn't answer (Go to 35)		9

34c. In what way has this affected your ability to do sex work?

.....

.....

.....

35a. Do you have a regular doctor?

Yes		1
No (go to 36)		2
Don't know		8
Didn't answer		9

35b. Do you tell him/her you are a sex worker?

Yes		1
No		2
Don't know		8
Didn't answer		9

36. Where do you go for your general health needs (not sexual health)?
(Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) To your GP	1	2	8	9
b) To the NZPC	1	2	8	9
c) To YCD or other youth organisation	1	2	8	9
d) Social worker	1	2	8	9
e) Counsellor	1	2	8	9
f) Physiotherapist	1	2	8	9
g) Chiropractor	1	2	8	9
h) Podiatrist	1	2	8	9
i) Complementary practitioner eg Naturopath, Homeopath, Therapeutic masseur etc	1	2	8	9
j) Mental health worker eg psychologist, psychiatrist etc	1	2	8	9
k) Nowhere	1	2	8	9
l) Other (specify):	1	2	8	9
m)				

37. Where do you usually go for sexual health check-ups? (*Showcard 16*)
(Tick one)

Don't go for sexual health check-ups	1
To your GP	2
To another GP	3
To the NZPC	4
To Family Planning	5
To the Sexual Health Centre	6
To a youth health centre	7
Other (specify):	97

Now I'd like to ask about your experiences at work.

Firstly about pressure that may or may not be put on you at work.

38. In the last 12 months, have you ever felt you had to accept a client when you didn't want to?

Yes	1
No	2
Don't know	8
Didn't answer	9

39a. Have you refused to do a client in the last 12 months?

Yes		1
No (go to 40)		2
Don't know		8
Didn't answer		9

39b. If yes, were you penalised for refusing?

Yes		1
No		2
Don't know		8
Didn't answer		9

40. Do you feel more able to refuse to do a client since the law changed?

Yes		1
No		2
Was not working before law change		3
Don't know		8
Didn't answer		9

41. In your main place of work now, for what reason(s) have you refused to do a client in the last 12 months? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Client didn't have enough money	1	2	8	9
b) Violence	1	2	8	9
c) Client was drunk and/or on drugs	1	2	8	9
d) Dirtiness	1	2	8	9
e) Client wanted unprotected sex	1	2	8	9
f) Verbal abuse	1	2	8	9
g) Previous bad experience with that client	1	2	8	9
h) Client being rude	1	2	8	9
i) I prefer not to do clients of particular ethnic groups	1	2	8	9
j) Gut instinct	1	2	8	9
k) I prefer not to do clients with disabilities	1	2	8	9
l) Because I know the client from my private life	1	2	8	9
m) Didn't like the look of him	1	2	8	9
n) Didn't feel like it	1	2	8	9
o) Couldn't be bothered	1	2	8	9
p) Had made enough money	1	2	8	9
q) I heard he was a dangerous client	1	2	8	9
r) I don't do the service they want	1	2	8	9
s) Other: (state)	1	2	8	9
t)				

42a. Do you check your clients for STIs?

Yes		1
No		2
Don't know		8
Didn't answer		9

42b. Can you always tell if a client has an STI by examining him?

Yes		1
No		2
Don't know		8
Didn't answer		9

43. Does a condom protect you from every STI?

Yes		1
No		2
Don't know		8
Didn't answer		9

44. What services do most of your clients request which you are willing to provide? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Vaginal sex	1	2	8	9
b) Hand jobs	1	2	8	9
c) B&D	1	2	8	9
d) Anal sex	1	2	8	9
e) Sex toys (self)	1	2	8	9
f) Sex toys (client)	1	2	8	9
g) Kissing	1	2	8	9
h) Blow jobs/oral	1	2	8	9
i) Going down	1	2	8	9
j) Golden showers	1	2	8	9
k) Docking (male-to-male)	1	2	8	9
l) Rimming	1	2	8	9
m) Body slides	1	2	8	9
n) Spanish (breast sex) and pearl necklaces	1	2	8	9
o) Fisting	1	2	8	9
p) Bi-doubles	1	2	8	9
p) Parties / orgies / group sex	1	2	8	9
q) Other: (state)	1	2	8	9
r)				

45. Is it OK, in your opinion, to do the following services at work without condoms? (Circle a response for each option)

	Yes	No	Don't offer this service	Don't know	Didn't answer
a) Vaginal sex	1	2	3	8	9
b) Anal sex	1	2	3	8	9
c) Hand jobs	1	2	3	8	9
d) Sex toys	1	2	3	8	9
e) Oral / Blow jobs	1	2	3	8	9
f) Trick sex	1	2	3	8	9

45g. Are there any other activities which you do at work which are OK to do without a condom?

.....

46. If you don't use a condom with a client for vaginal, anal or oral sex, is it because ... (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Not required because the activity is safe	1	2	8	9
b) Couldn't be bothered	1	2	8	9
c) I chose not to	1	2	8	9
d) No condom available	1	2	8	9
e) Client won't use	1	2	8	9
f) Client prefers not to use	1	2	8	9
g) Know the client really well	1	2	8	9
h) Offered more money	1	2	8	9
i) Always use condoms	1	2	8	9
j) Other:	1	2	8	9
k) (state).....				

47. When you use condoms with clients, do you usually: (Showcard 17) (Tick one)

Discuss and explain to clients why you use condoms		1
Don't say anything, just use them		2
Tell clients they have to use condoms		3
Don't know		8
Didn't answer		9

48. In the last 2 weeks, how many times has a client asked if they can have sex without a condom? (*Showcard 18*) (Tick one only)

All the time		1
Often		2
Sometimes		3
Seldom		4
Never		5
Don't know		8
Didn't answer		9

49. If a client asks for sex without a condom, what strategies do you use to get around this? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Tell them that it's the law	1	2	8	9
b) Tell them that the owner/manager says you have to	1	2	8	9
c) Threaten to call somebody	1	2	8	9
d) Tell them explicitly before they get in the room	1	2	8	9
e) Just do oral	1	2	8	9
f) Just do a hand job	1	2	8	9
g) Refuse to do job	1	2	8	9
h) Charge more	1	2	8	9
i) Other:	1	2	8	9
j)				

50. In the last 12 months, have you had unprotected sex with a client when doing: (*Circle a response for each option*)

	Yes	No	Don't know	Didn't answer
a) Vaginal sex	1	2	8	9
b) Anal sex	1	2	8	9
c) Fisting	1	2	8	9
d) Blow jobs	1	2	8	9
e) Going down	1	2	8	9
e) Bi-doubles / parties / orgies	1	2	8	9
f) Other: (state)	1	2	8	9
g)				

The next set of questions are about any bad experiences you may have had while working.

51a. In the last 12 months, have you experienced refusal to pay (after service given)?

Yes		1
No (Go to 52a)		2
Don't know		8
Didn't answer		9

51b. Did you report this to the police?

Yes (Go to 51e)		1
No		2
Don't know		8
Didn't answer		9

51c. If you didn't report it to the police, what was the main reason for not doing so? (*Showcard 19*) (*Tick one*)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

51e. Did you report this to any other person besides the police?

Yes (Go to 52a)		1
No		2
Don't know		8
Didn't answer		9

51f. If you didn't do so, what was the main reason for not doing so?
(Showcard 20) (*Tick one only*)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

52a. In the last 12 months, have you had money stolen by client?

Yes		1
No (Go to 53a)		2
Don't know		8
Didn't answer		9

52b. Did you report this to the police?

Yes (Go to 52e)		1
No		2
Don't know		8
Didn't answer		9

52c. If you didn't report it to the police, what was the main reason for not doing so? (Showcard 19) (*Tick one only*)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

52e. Did you report this to any other person besides the police?

Yes (Go to 53a)		1
No		2
Don't know		8
Didn't answer		9

52f. If you didn't do so, what was the main reason for not doing so?
(Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

53a. In the last 12 months, have you been physically assaulted by a client while you were at work?

Yes		1
No (Go to 54a)		2
Don't know		8
Didn't answer		9

53b. Did you report this to the police?

Yes (Go to 53e)		1
No		2
Don't know		8
Didn't answer		9

53c. If you didn't report it to the police, what was the main reason for not doing so? (Showcard 19) (Tick one only)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

53e. Did you report this to any other person besides the police?

Yes (Go to 54a)		1
No		2
Don't know		8
Didn't answer		9

53f. If you didn't do so, what was the main reason for not doing so? (Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

54a. In the last 12 months, have you been threatened by anyone with physical violence while working?

Yes		1
No (Go to 55a)		2
Don't know		8
Didn't answer		9

54b. Did you report this to the police?

Yes (Go to 54e)		1
No		2
Don't know		8
Didn't answer		9

54c. If you didn't report it to the police, what was the main reason for not doing so? (*Showcard 19*) (*Tick one only*)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d).....		97
Don't know		98
Didn't answer		99

54e. Did you report this to any other person besides the police?

Yes (Go to 55a)		1
No		2
Don't know		8
Didn't answer		9

54f. If you didn't do so, what was the main reason for not doing so? (*Showcard 20*) (*Tick one only*)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g).....		7
Don't know		8
Didn't answer		9

55a. In the last 12 months, have you been held somewhere against your will by a client?

Yes		1
No (Go to 56a)		2
Don't know		8
Didn't answer		9

55b. Did you report this to the police?

Yes (Go to 55e)		1
No		2
Don't know		8
Didn't answer		9

55c. If you didn't report it to the police, what was the main reason for not doing so? (*Showcard 19*) (*Tick one only*)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

55e. Did you report this to any other person besides the police?

Yes (Go to 56a)		1
No		2
Don't know		8
Didn't answer		9

55f. If you didn't do so, what was the main reason for not doing so?
 (Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

56a. In the last 12 months, have you been raped by a client?

Yes		1
No (Go to 57a)		2
Don't know		8
Didn't answer		9

56b. Did you report this to the police?

Yes (Go to 56e)		1
No		2
Don't know		8
Didn't answer		9

56c. If you didn't report it to the police, what was the main reason for not doing so?
 (Showcard 19) (Tick one only)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

56e. Did you report this to any other person besides the police?

Yes (Go to 57a)		1
No		2
Don't know		8
Didn't answer		9

56f. If you didn't do so, what was the main reason for not doing so?
(Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

57a. In the last 12 months, have you received abusive text messages from clients?

Yes		1
No (Go to 58a)		2
Don't know		8
Didn't answer		9

57b. Did you report this to the police?

Yes (Go to 57e)		1
No		2
Don't know		8
Didn't answer		9

57c. If you didn't report it to the police, what was the main reason for not doing so? (Showcard 19) (Tick one only)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

57e. Did you report this to any other person besides the police?

Yes (Go to 58a)		1
No		2
Don't know		8
Didn't answer		9

57f. If you didn't do so, what was the main reason for not doing so? (Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

58. Who would you tell about a bad experience with a client? (Circle a response for each option)

	Yes	No	Not applicable	Don't know	Didn't answer
a) Partner or family member	1	2		8	9
b) Fellow workers	1	2		8	9
c) Friend	1	2		8	9
d) NZPC staff / Prostitutes' Collective	1	2		8	9
e) Driver	1	2	3	8	9
f) Manager or receptionist	1	2	3	8	9
g) Social worker	1	2		8	9
h) Counsellor	1	2		8	9
i) General Practitioner or Nurse	1	2		8	9
j) Doctor or nurse at NZPC	1	2		8	9
k) YCD or other youth organisation	1	2		8	9
l) Pimp / Minder	1	2	3	8	9
m) OSH worker or Medical Officer of Health	1	2		8	9
n) Nobody	1	2		8	9
o) Anyone else (write in):	1	2		8	9
p)					

59. Do you think the police care about your safety as a sex worker? (Showcard 21)

Most are concerned		1
Some are concerned		2
None are concerned		3
Don't know		8
Didn't answer		9

60. Do you think police attitudes to sex workers have changed for the better since the law changed?

Yes		1
No		2
I was not working before the law changed		3
Don't know		8
Didn't answer		9

61a. Have the police visited your workplace in the last year?

Yes (Go to 61b)		1
No (Go to 62)		2
Don't know		8
Didn't answer		9

61b. If yes, what was the purpose of their last visit?

.....

62. Where do you get information about bad clients? (*Circle a response for each option*)

	Yes	No	Don't know	Refused to answer
a) Management	1	2	8	9
b) Other sex workers	1	2	8	9
c) Friends/family (non-sex workers)	1	2	8	9
d) Police	1	2	8	9
e) NZPC / Prostitutes' Collective	1	2	8	9
f) Somewhere else:	1	2	8	9
g) (write in).....				

63. Are you encouraged to share information about bad clients in your workplace?

Yes		1
No		2
Don't know		8
Didn't answer		9

64a. Do you go into the NZPC (Prostitutes' Collective) drop-in centre for any reason?

Yes (go to 65)		1
No (go to 64b)		2
Don't know		8
Didn't answer		9

64b. If no, what are your reasons for not going to NZPC?

.....

.....

.....

65. When you first started sex work, who gave you useful advice and information about work? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Nobody (Go to 66)	1	2	8	9
b) Client	1	2	8	9
c) Co-workers	1	2	8	9
d) Films/books etc	1	2	8	9
e) Friends/family	1	2	8	9
f) Employer	1	2	8	9
g) Receptionist/Manager	1	2	8	9
h) NZPC / Prostitutes' Collective	1	2	8	9
i) Internet	1	2	8	9
j) Someone else: (write in)	1	2	8	9
k)				

66. Looking back now, did you have enough advice and information when you first started sex work to keep yourself safe?

Yes	1
No	2
Don't know	8
Didn't answer	9

67. How do you get paid for your work? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Money	1	2	8	9
b) Food	1	2	8	9
c) Alcohol	1	2	8	9
d) Drugs (This includes marijuana, herbals, party pills etc)	1	2	8	9
e) Place to stay/shelter	1	2	8	9
f) Paying off debt	1	2	8	9
g) Barter	1	2	8	9
h) Other	1	2	8	9
i)				

68. Would you say the following statements are true or false about the benefits of sex work? (Circle a response for each option)

	True	False	Don't know	Didn't answer
a) I've been able to save for house, car etc	1	2	8	9
b) I've made new friends	1	2	8	9
c) I've become more assertive/confident	1	2	8	9
d) I've got more skills	1	2	8	9
e) I've had a better lifestyle	1	2	8	9
f) I've got more assets	1	2	8	9
g) I've got more money	1	2	8	9
h) I've been able to travel/go on holidays	1	2	8	9
i) I've repaid a student loan	1	2	8	9
j) I've finished my degree/course/other study	1	2	8	9
k) Developed people skills	1	2	8	9
l) I've enjoyed contact with most of the clients	1	2	8	9
l) I've enjoyed sex with most of the clients	1	2	8	9
m) I've been able to pay my debts	1	2	8	9
n) I've survived	1	2	8	9
o) Been able to provide for my children/family	1	2	8	9
p) There have been no benefits	1	2	8	9
q) Other: (State)	1	2	8	9
r)				

Thank you very much for taking the time to answer the questions. We value the information you have given us.

Do you have any other brief comments you'd like to make?

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