Sex work and health in a rural context: results of qualitative study undertaken in New South Wales

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Abstract The paper reports health related findings of the first study undertaken of rural sex workers in an income-rich nation. In-depth interviews were conducted with eighteen purposively selected women who work in the rural sex industry. Rural sex services have a unique structure which informs the experiences of sex workers. Recent advances in telecommunications technology have impacted upon the organisation and structure of the sex industry in rural environments. Notable has been the growth of escort services in rural areas, which has diversified the rural sex industry from its traditional base of brothel operations. The general absence of street prostitution in rural settings has meant that the profile of rural sex workers tends to resemble that of escorts or call girls in urban settings, with workers having a relatively high level of control over working conditions and compliance with public health initiatives. Important issues which impact upon the rural sex industry include confidentiality and the more limited market for sexual services likely to be encountered in rural settings. These issues may impact on the sexual health of rural sex workers in terms of risk practices and access to health services.

Keywords Rural, sex work, prostitution, health, escort, brothel
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Introduction

A review of 681 english language ‘prostitution’ articles published from 1996-2004 indicate the significance of the geographic context of sex work in influencing health outcomes (Harcourt and Donovan 2005). A commonplace dichotomy drawn in the literature is that between ‘outdoor’ or ‘public’ sex work, typically referred to as street work, and ‘indoor’ or ‘private’ varieties of sex work, associated with escort, massage and brothel work. Street work, for both female and male sex workers, has typically been linked in the research with risk behaviors, such as low rates of condom use and with intravenous drug use, resulting in poor health outcomes (Jackson et al. 1992; Morse et al. 1992; van den Hoeck et al. 1988). Street workers, highly visible and more often subject to institutional monitoring or regulation, provide an accessible population for researchers of sex work. Epidemiological research involving sex workers has typically focussed on urban prostitute populations, comprised of persons who have been jailed, or are attending outreach clinics, or are intravenous drug users, or are abused children living on the streets (see James 1978; Silbert and Pines 1981; van den Hoeck et al. 1989). The high visibility of street work in the research literature has produced an unbalanced and distorted picture of sex work (see Weitzer 2005). Research suggests street work is the least prevalent variety of prostitution, with street work comprising no more than 10%-20% of all prostitution related activities (Egger and Harcourt 1991; STAR 2006). This indicates that
the research literature has tended to neglect more prevalent and less visible (indoor) populations, which are less likely to be considered socially problematic.

Harcourt and Donovan (2005), in their attempt to ‘compile a global typography of sex work’, identify at least 25 types of sex work according to worksite, principal mode of soliciting and sexual practices. While the authors acknowledge a wide array of sex work, including such obscure forms as ‘CB radio’ sex work, there is hardly any acknowledgment that distinct forms of sex work are carried out in rural contexts.

However, rural sex work has been found to be a common phenomenon in all non-western nations (see, for example, Tondo et al. 1991, Sopheab et al. 2003, Fang et al. 2007; Hong 2007, Elmore-Meegan et al. 2004; Voeten et al. 2007; Tanser et al. 2000). In these contexts, sex work is a service industry and usually relies on a disposable cash economy, resulting in most of the recorded forms of rural sex work being largely restricted to major transportation routes (Tondo et al. 1991; Kusum et al. 1998; Dandona et al. 2006).

Condom usage, due to various religious, cultural and educational factors, is reported as low in the rural environments of many low-income societies (Sopheab et al. 2003; Elmore-Meegan et al. 2004; Blanchard et al. 2005; Voeten et al. 2007).

The concentration of research around street work in high-income societies has resulted in a neglect of research into sex work outside of urbanised settings. Certainly large cities have been more likely to accommodate public displays of sex work (Hubbard 1997). A range of exogenous and endogenous location factors influence the geography of sex work (McKewon 2003). Endogenous factors include proximity to clients, availability of premises and preferred location of sexual services, while exogenous factors include political pressures, social stigma, law enforcement policy, and economic forces. These
factors have restricted the visibility of sex work in rural and regional settings and limited the variety of sex work encountered. For example, rural areas are unlikely to accommodate street work and have also produced distinct expressions of sex work, such as that associated with ‘truck stops’. While mining communities have strong links with the sex industry, research into these communities is largely restricted to historical studies (McKewon 2005).

While it may be safely held that most sex work exists in urban settings, this should not imply that prostitution in rural settings is not a significant or distinctive phenomenon worthy of scholarly attention. Despite the strong association of sex work with urban spaces, the historical existence of sex work beyond the city limits is regularly acknowledged and sex work is a crucial element of frontier mythology (Gaines 2006; Goldman 199; Harvie and Jobes 2001). The high levels of informal social controls likely to be exhibited in many rural communities have restricted the visibility of sex work and limited the organisation of prostitution to private activities conducted in motels, homes or brothels (Scott et al. 2006).

**Method**

This study reports the results of in-depth interviews with eighteen women who have worked in the sex industry in rural and regional NSW. Sixteen participants were currently sex workers and two were recently retired receptionists/owners/managers. Some of the sex workers also had experience as receptionists, and owners and managers of brothels. Three participants were employed with the Sex Worker Outreach Project (SWOP), a New South Wales government-sponsored sex worker advocacy organisation. All but 5 of those currently working had worked in a brothel at one time or another. A number moved
regularly between private and parlour work. Finding and interviewing sex workers is notoriously difficult given the stigma associated with the industry, the desire of those involved in the sex industry to protect their privacy, and concerns regarding safety and security (see Wade & Matelljan, 1994; Benoit et al. 2005: 264). These concerns are amplified in rural and regional settings where clients, family and friends may all live in close geographic proximity.

Fieldwork was initiated when the former owners (a male and a female), of a regional brothel approached the principle researcher to discuss the project. Snowball sampling provided an appropriate recruitment methodology, being participant driven and appropriate for hard-to-reach populations (see Benoit et al. 2005: 265). Participants were eligible to be involved in the study if they had worked in the regional sex industry (as sex worker, receptionist or manager). Initially, and consistent with snowball sampling (Sarantakos, 2005), the researchers began by contacting eligible potential participants who met the selection criteria. These participants approached other sex workers they considered willing to be involved in the research. Five women declined interviews, largely because they did not like to spend time talking when they could be earning income.

The interviews lasted between 40–90 minutes. Each interview covered: the participants’ personal background (ie. age, education); social networks and relations (i.e. family, leisure activities, friends); general experience of work (ie. what the participant liked or disliked about their job); experience of working in a rural context (i.e. what are the distinctive features of sex work in rural settings in relation to service provision and
supports, quality of working life etc.). Interviews were tape recorded and transcribed, with data being coded and thematically analysed (Spradley 1979).

**Results**

*Profile of rural sex workers*

The participants’ age ranged from early 20s to late 50s. Two women were commencing careers in sex work at the time of interview, while one had worked in the sex industry for 28 years. Most of the participants had less than three years of work experience in the sex industry, suggesting a reasonably high rural worker turnover rate. The respondents, all born in Australia, were predominantly Anglo-Celtic, though two were of Indigenous background.

Participants came from working or lower middle class backgrounds. All had completed an intermediate high school certificate and seven had commenced or completed studies at technical colleges. One had commenced a university degree, and two had tertiary degrees. Three participants were married with children, four divorced, and four had recently commenced relationships with new partners. Most worked multiple jobs, characterised as low paid or feminised employment, prior to entering the sex industry.

The age profile for commencing sex work varied, but suggested that rural workers entered into prostitution at a mature age, rather than as adolescents. This contrasted with earlier Australian research where approximately one in four sex workers commenced working as adolescents and under 20% commenced after the age of 25 (Perkins 1994:160). Participants tended to enter into sex work during a period of financial ‘crisis’, such as debt or unemployment or during an emotional ‘crisis’, following a relationship or marriage break-up. None of the women interviewed used intravenous drugs and illicit
substance use among rural sex workers was reported as low. No participant had been inducted into prostitution by a pimp.

Context

In 1995, New South Wales introduced legislation decriminalising brothels as legal businesses, while penalties associated with public displays of prostitution were retained or increased. Observation of the distribution of brothels in rural communities suggests that a population of approximately 25,000 people can support a brothel. Reports from sex workers also indicated that many had worked in brothels in communities of 25,000 or above. Places such as Tamworth, Dubbo and Armidale had historically supported brothels, while smaller towns struggled to keep brothels viable or had never supported one. A recent example of this was the failure of Inverell (pop. 11,000) to support a financially viable brothel (NDL 2007). In all, working in a rural brothel was considered less lucrative than working in an urban brothel. Our data suggests that while there will be variation in terms of working conditions for rural sex workers, private workers are generally likely to have a high level of control over their working conditions. It was suggested that women working in brothels were more dependent on management and subject to peer pressures. Pressures to conform with management or peer expectations could be significant in rural environments in which brothels had been established under monopoly conditions. Limited control over the work environment has been identified in other jurisdictions in which brothels have been legalised (Watchirs 1991; Kinnel 1991; Koureskas 1995).

Recent changes
During the twentieth century improved telecommunications and transportation allowed for an expansion of the sex industry from restricted inner city zones into suburbia (McKewon 2003). Recent telecommunications development have allowed for further decentralisation of the sex industry, affecting the way in which the sex industry is organised in rural settings. Analysis of rural media reveals that advertisements for private workers, now a common feature in many rural newspapers in NSW, first began to appear during the early 1990s, coinciding with the expanding market for mobile telephones (Scott et al. 2006). Mobile phone and internet technology limited the degree to which formal and informal controls could regulate and limit the sex industry in rural communities. This new process of decentralisation resulted in a marked increase in escort services in rural New South Wales, conducted from motels or private residences. Technology allowed for a higher level of security, anonymity and privacy, counteracting what might be considered to be the restrictive effects of close-knit rural community relations.

Service provision in rural context

Private sex work in rural areas is similar in vital aspects to the work of private sex workers in urban contexts (Perkins 1994). The clients of private workers are vetted on an appointment only basis and workers are able stagger clients’ appointments over an extended period of time, minimising disruptions to local amenity. These workers choose their working hours and retain a high percentage of their earnings. Private work in rural areas was considered to be especially accommodating for mature aged women, who could experience difficulty securing work in brothels, especially those based in urban areas.
Private services in rural communities are largely carried out on a casual basis, with most services being offered between Thursday and Sunday. Two participants worked for as little as a few days a month, and casual or interrupted periods of work were typical of private (escort or home based) work in rural settings. A booking could range from 15 minutes to a full weekend, as had been the case with one escort. A long shift of private work could include six to fourteen clients in a day. In contrast, brothel work was often labour intensive and could occupy five to seven days a week. Shifts were also long. For example, one participant worked from 10am-4pm, while another worked shifts from 2am-2pm and 8pm-2am.

Advertisements in rural press and interview data indicates rural services largely cater to a heterosexual and male clientele. A wide variety of services are offered in rural settings, including same-sex and fantasy services. While one participant offered anal sex, all other workers made it expressly clear that anal sex was not a service they provided. Despite this, anal sex was in demand among clients, and a rural worker could earn up to four times a regular booking fee for providing this service. Participants reported that bookings in rural areas were relatively longer than those they had encountered in urban settings. Rural clients were more likely to seek a more intimate and less overtly sexual services, such as massage. Not unlike escorts and call girls in urban settings, there appears a high expectation that rural sex workers engage in emotional work, requiring them to counsel, befriend and support clients (Lever and Dolnick 2000).

Confidentiality

Confidentiality was a significant issue for sex workers in rural communities. It is notable here that in the context of an occupation such as sex work, maintaining a degree of
anonymity is important in terms of safety and security. Communities with close-knit social organisation may present as intimidating or dangerous places for sex workers. In particular, the more traditional moralities of such communities and rigid gender structures may operate to amplify the stigma associated with sex work. Because the client base was a lot smaller it was more likely workers would come into contact with clients outside of their working lives. Living in the same town as your parents or other family members was a particular problem cited by sex workers and could prevent them accessing health care and services.

**Health issues associated with rural sex work**

All workers used condoms with clients for intercourse and oral sex. High levels of condom usage are consistent with other research carried out with non-street working populations. Condoms were unlikely to be used for services such as hand-jobs, or ‘pearl necklaces’. At the same time, workers were aware of other rural workers who did not use condoms during intercourse. The reason for not using a condom with clients was primarily thought to be financial, although it was considered that some workers were more susceptible to manipulation by clients or management, lacking assertive skills.

Mandy, in her late thirties, who had worked privately and in brothels, stated:

> I think there are also naïve people out there who really don’t have assertive skills, and they are easily manipulated by clients. So, yeah, there are occasions I think of naïve and passive workers being manipulated into not using condoms by clients.

Victoria, a private worker in her late twenties observed that she had grown confident in her role, ‘making them [clients] wear condoms when a lot of them don’t want to, ‘cause I’m usually not very assertive with what I want.’
It was thought that sex workers in rural areas would benefit from access to the same services provided to sex workers in urban settings. Rural communities lacked specialist services. As Jackie, who had variously worked as a receptionist and manager in rural brothels, stated:

I don’t think there’s enough, um, health screening. I don’t think there’s enough SWOP work. I don’t think there’s enough information. I don’t think there’s enough support.

Sexual health clinics were limited to larger regional centres and access to general medical services could be restricted in rural settings because of high demand and limited hours of operation. For example, an absence of twenty-four hour medical or chemist services in rural communities meant condoms could be difficult to access outside of regular business hours. Moreover, there was the problem of affordability of services in rural areas, services being more costly than in metropolitan centres, where services could often be accessed free of charge. While outreach services for sex workers could respond quickly to workers in metropolitan centres, larger rural centres were only likely to be visited on an intermittent and ad hoc basis, if at all, because of lack of financial resources to support rural outreach. Monique, an occasional private escort and brothel receptionist, aged in her mid-thirties, commented:

The Health Services... they’re useless here. SWOP comes around about twice a year. Sexual Health... you get the odd flyer and then the girls go up there - it’s just crap. Like, I’ve had girls diagnosed with genital herpes and then [they] have gone to their doctor, and they’ve just had a blister from condom burn... like, Sexual Health here isn’t good.
Holly, a private escort and stripper, observed that rural sex workers lacked peer educational support networks which could be accessed in urban locations:

Things like the courses and stuff that SWOP provides, like they do a bondage course if you actually do bondage properly... so you don’t injure anyone. You don’t have to go to Sydney for that. It’s a major pain in the arse to go to Sydney, especially if you’re not from Sydney. I mean, you get lost and everything.

The provision of sex worker friendly services was a major issue in rural areas. Sandi private worker and SWOP Outreach worker stated:

Sexual health, doesn’t mean that they’re necessarily sex worker friendly. They might be great people, they might be great service providers in perhaps other areas, they might have really good knowledge of sexual assault or sexual health, but that doesn’t necessarily mean they’ll be sex worker friendly, because there’s been a lot of feedback in terms of sexual health providers. [There are] really, very blatant judgments around, say, an assault happening, or having an STI: “Oh well, you work in the sex industry – what do you expect?” That sort of stuff - and it’s quite shocking. And we do a lot of work with these service providers and, I’m only laughing ‘cause you sort of think you meet them, they appear to be really supportive, but in actuality what gets fed back to you from the sex workers’ perspective is very negative...

Issues involving the maintenance of confidentiality, which was amplified in rural settings, was likely to impact on access to health services, with some participants claiming to feel inhibited regarding access to sexual health clinics. Even visiting a local
general practitioner could be an ordeal in smaller communities, with workers wanting to protect their anonymity and not disclose their association with prostitution. Mandy, observed:

I know people who know doctors in town, and who socialise with them and without knowing a person, you can’t know how discreet they are. In fact, people can’t help themselves that let things slip. I know that for a fact. Which is why I’m so guarded, even though I’m an incredibly open person who likes to talk about everything about myself. And that is what brings me to what is the hardest thing about doing this type of work is, and that is that I do have to keep things quiet, when I don’t like doing that. I hate doing that. I like to be able to talk about myself freely, without having to always be watching what I say, and trimming it and guarding against things.

A brothel owner complained that while all her staff were free of sexually transmitted infections, she found it difficult to convince them to take part in regular check-ups and would go so far as to personally drive workers to sexual health clinics to ensure they were tested. Reasons for workers not attending health checks largely involved concerns over privacy.

Concluding comments

Prostitution has a close association with urban environments. Research has tended to ignore instances of prostitution in rural settings, where the visibility of prostitution has been highly restricted. A better understanding of rural sex work will allow for a fuller and more balanced picture of the multiple realities of sex work to be developed in the research literature. Recently there have been changes to the way in which the sex industry
is organised and structured in rural environments. Notable has been the growth of escort services in rural areas, which has diversified the rural sex industry. The general absence of street prostitution in rural settings has meant that the profile of rural sex workers resembles that of escorts or call girls in urban settings, with workers tending to have a relatively high level of control over working conditions. Important issues which impact upon the rural sex industry include confidentiality, lack of sexual health outreach services and the more limited market for sexual services encountered in rural settings. These issues may impact on the sexual health of rural sex workers in terms of risk practices and access to health services.
References


