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Commercial Sexual Practices before and after Legalization in Australia

Charrlotte Seib^{1,2}, Michael P Dunne², Jane Fischer³, Jakob M Najman³

¹School of Nursing, Queensland University of Technology

²School of Public Health, Queensland University of Technology

³School of Population Health, University of Queensland

Running title

Sexual services before and after legalization of prostitution.

Address for correspondence

Dr Charrlotte Seib

School of Nursing, Queensland University of Technology

Victoria Park Road, Kelvin Grove,

Queensland 4059 Australia

Ph: +617 3138 8209

Email: c.seib@qut.edu.au

Abstract

The nature of sex work changes over time for many reasons. In recent decades around the world there has been movement toward legalization and control of sex economies. Studies of the possible impact of legalization mainly have focused on sexually transmitted infections and violence, with little attention to change in the diversity of sexual services provided. This study examined the practices of sex workers before and after legalization of prostitution. Cross-sectional surveys of comparable samples of female sex workers were conducted in 1991 (N = 200, aged 16-46 years) and 2003 (N = 247, aged 18-57 years) in Queensland, Australia, spanning a period of major change in regulation of the local industry. In 2003, male clients at brothels and legal sole-operator venues (N = 161; aged 19-72 years) also were interviewed. Over time there was a clear increase in the provision of “exotic” sexual services, including bondage and discipline, submission, fantasy, use of sex toys, golden showers, fisting and lesbian double acts, while “traditional” services mostly remained at similar levels (with substantial decrease in oral sex without a condom). As with any commercial business, the range of services on the “menu” is broader than the preferences of the majority of clients. However, there are clear indications that there is more demand for anal intercourse, anal play and urination during sex than the level of supply, especially in brothels compared to private, sole-operators. Within this population, legalization of sex work coincided with a substantial increase in diversity of services, but it appears that in the regulated working environments, clients who prefer high risk practices often do not dictate what is available to them.

Key words: sex workers; clients; commercial sex, sexual practices, legalization

Introduction

Sex work is a complex activity. Harcourt and Donovan (2005) compiled a typography of commercial sex work and identified at least 25 discrete types existing throughout the world; some of these appear to be ubiquitous, while others are more common to particular regions and cultures. The existence or at least the salience of particular types in any location at any time may be shaped by numerous historical, cultural and social factors, the economy, regulatory policies and variation in client demand (Craiel, Slaymaker, Lyerla & Sarkar, 2006; Monto, 2004; Rekart, 2005; Sanders & Campbell, 2007; Weitzer, 2005).

Historical analysis mainly has focused on the past two hundred years in a few western nations and has revealed the influence of changing economies, wars, other periods of social upheaval and changes in the political status of women (Frances, 1994; Kubiak, Siefert & Boyd, 2004; Meyer, 1998; Riger, 2000). Given the paucity of epidemiological and social research data in earlier times, such work often relies on police statistics and other civic records, popular literature, newspapers and, occasionally, oral history.

Interest in the health and safety of sex workers has increased significantly in the past two decades (Albert, Warner & Hatcher, 1998; Alexander, 1998; Jeal & Salisbury, 2007; Rekart, 2005). Given the diversity of sex work globally, temporal change in risk of sex-related disease, violence and intimidation varies in different sectors and regions. However, there is a clear over-arching trend for increased rates of condom use with commercial partners, and this directly reduces the risk of sexually transmitted infections among sex workers and clients in countries as diverse as England, Australia, The Philippines and Kenya (Baeten et al., 2000; Harcourt, van Beek, Heslop, McMahon, & Donovan, 2001; Lee, Binger, Hocking, & Fairley, 2005; Morisky, Pena, Tiglaio & Liu, 2002; Ward, Day & Weber, 1999).

Violence prevention is a second major focus for harm reduction strategies for sex workers (Sanders & Campbell, 2007). In a comprehensive review, Rekart (2005) identified seven major strategies that should reduce risk of violence and disease, including education, empowerment, improved access to health and social care services, better access to prevention programs, setting occupational health and safety standards, human rights-based approaches and decriminalization. Any strategy can be pursued independently of others. For example, it is possible to have effective education and empowerment of sex workers even in the most difficult and dangerous environments (Rekart, 2005). However, these strategies overlap to a large extent and the super-ordinate strategy that underpins a mature sex industry is to implement public policy enforced by legislation. This has the primary objective, as Sanders and Campbell (2007, p1) state, of “designing out vulnerability [and] building in respect”.

Legalization of sex work is highly contentious in many parts of the world for moral, religious and political reasons (Weitzer, 2005). The majority opinion in the scientific literature is that the introduction of laws that separate most forms of sex work from criminal codes and include the legal enforcement and monitoring of specific strategies to protect sex workers rights, health and safety are indeed effective (Rekart, 2005). There is little doubt, for example, that sex workers in legally regulated brothels are safer and healthier than those who work in illegal indoor venues or on the streets (Brents & Hausbeck, 2005; Harcourt et al., 2001; Walkowitz, 1980; Weitzer, 2005; Wolfers & van Beelen, 2003).

The reformulation of most types of sex work as legitimate work must change many dimensions of commercial sex apart from health and safety. Cameron (2004) has applied economic analysis to the evolution of paid sex markets and describes steps in the “maturation” of the industry. In his typology of sex market maturity, Cameron (2004) identifies four levels, from 1) the sporadic sex economy, 2) the partially clustered economy,

3) the partially ladder economy, to 4) the mature sex economy. At the lowest level, criminal entrepreneurs manage isolated and poorly equipped brothels, massage parlors etc or work on the streets. These illegal sex workers and their managers can form into weak clusters, but generally they lack cohesion because the work is clandestine, aggressively competitive and survival often depends upon support of corrupt police and local officials.

At the next level, partial market clusters form based on agreements (usually illegal though tolerated by civic officials) to manage interconnected segments of the industry. Partial clustering within regions of a city or town enables specialization of individual businesses within identifiable zones. The partially ladder sex economy emerges from these clusters, where the prospective consumer is introduced to a wide range of services from basic experiences up to sophisticated value-added products that may offer greater intimacy. These business clusters usually are not legal and often the quality of services is restricted because of ambiguous tolerance policies, zonal restrictions and intermittent and sometimes corrupt law enforcement (Cameron, 2004; Ryder, 2004; Weitzer, 2005).

The “mature sex economy” displays a high level of organization, clustering and laddering of goods and services (Cameron, 2004). In many regions this mature market can survive without legalization or overt decriminalization policies. However, with legalization, the sex markets are integrated into the general framework of markets, and it follows that occupational health and safety standards, workers’ and customers’ rights, complaints procedures and financial regulation (including taxation) are enforced and monitored (Rekart, 2005; Sanders & Campbell, 2007).

Over the past few decades, legalization of sex work has stimulated development of mature sex economies in many parts of the world. However, there has been remarkably little empirical analysis of the impact upon sex work, apart from studies of rates of sexually

transmitted infections and incidence of violence. We have been unable to locate any prior studies that compared the primary “products” of this industry – providing sexual experiences for clients – before and after the introduction of legalization.

In the current study, we compare self-reports of sexual services from two samples of sex workers in the state of Queensland, Australia, interviewed in 1991 and in 2003. This 12 year period spanned the enactment of legislation to legalize and actively regulate common forms of sex work (brothels and private sole operators and other sectors of the adult entertainment industry). The criminal status of sporadic and street-based sex work was retained and police resources were increased to eliminate this type of sex work (Queensland Crime and Misconduct Commission, 2004). Prior to the new laws, the sex economy in this state could best be described as partially clustered and partially ladderred (levels 2 and 3), whereas now it carries the hallmarks of a mature sex economy.

The typology proposed by Cameron (2004) leads to testable predictions. First, a highly organized, legal market should expand the range of sexual services provided, with more value-added products. Second, given the greater advocacy for, and regulation and monitoring of, workers’ rights and occupational health and safety (especially in brothels), the supply of specific sexual services should be constrained to some extent, and primarily be limited to practices that pose the least risk to workers, regardless of clients’ preferences. After legalization in Queensland, clients of highly regulated brothels and clients of less closely regulated legal sole-operator sex workers were interviewed about their preferences for paid sex and their prior experiences; thus we were able to estimate the extent to which received services may be consistent with clients’ personal preferences.

Methods

Participants

Sex worker samples: In 1991, 200 female sex workers aged 16 to 46 years were surveyed throughout Queensland, Australia (Boyle et al 1997a, 1997b). At that time, all forms of sex work were illegal. The convenience sample was recruited using the snowball technique, where known sex workers referred the interviewers to others, and then further referrals were gained. Other participants were recruited directly from a state-wide sex worker advocacy group (SQWISI). The final sample included workers from massage parlours or brothels (16%), escort agencies (52%), from the street (6%) and other sole operators (26%).

Legislation was enacted in 1992 and 1999 which allowed registered sex workers to operate alone from private premises (private sole operator) and from licensed brothels respectively, while street-based solicitation and other forms of sex work remain illegal. In 2003, a total of 247 female sex workers aged 18 to 57 were interviewed. The latter sample comprised similar numbers of legal private sole-operators (42%) and licensed brothel workers (41%) and a smaller proportion of women working illegally (17%, of which the majority were street-based). Again, the samples were recruited through a snowball technique and in this case we gained the co-operation of the state's association of registered brothel managers, many of whom referred the researchers to their staff.

Client sample (2003 only): Male clients were recruited in several ways. Men were approached by brothel staff or one of two female researchers when they visited licensed brothels. Licensed brothel clients self-completed a questionnaire either before or after the service. A number of private sole operators also recruited their clients on behalf of the research team. Clients were asked to volunteer by the private sex workers when they attended

their appointment. Overall, 161 male clients participated: they were aged from 19 to 72 years and recruited at licensed brothels (N = 106) or via private sex workers (N = 55). All clients were recruited from services operating in South-East Queensland.

Procedure

Data in 1991 and 2003 were collected using a structured questionnaire administered through face-to-face interviews and self-completion. The mode of administration varied depending on the location and preference of the participant. For instance, privacy was limited in many brothels and therefore self-completion was the preferred mode of administration whereas face to face interviews were preferred in the privacy of participants' homes, private working environments and in some quiet cafes or restaurants. Female sex workers and their clients were reimbursed \$A25 and \$A15 respectively. Ethical approval was obtained from University of Queensland ethics committee on both occasions prior to commencing data collection.

Measures

Initial survey development in 1991 involved in-depth interviews with 18 sex workers from different sectors of the industry. The interviews were guided by a schedule of open-ended questions covering a range of topics previously identified in the sex work literature. From these interviews a number of themes emerged including type and frequency of sexual services provided, risk taking behaviour including substance use and misuse, unwanted sexual experiences both within and outside the sex industry, and self reports of sexually transmitted infections, and mental health (Boyle et al, 1997b). These themes formed the basis of a structured questionnaire that was piloted, modified and subsequently used to collect quantitative data in 1991.

The 2003 survey included 333 items related to demographics, past and current work sectors, sexual services provided, experiences of violence, unwanted sexual experiences, self reported STIs, job satisfaction and health status (mental and physical health). Directly comparable questions were included (where possible) to allow analysis of questions conducted at both time points. These questions were related to sexual service provision, experiences of workplace violence, lifetime and recent STIs, past and current work sectors and personal information. The questionnaire took an average of 45 minutes to complete. About one quarter (26%) of sex workers completed the questionnaire in less than 30 minutes, about half (54%) took between 31-60 minutes and the remainder (20%) took more than one hour.

The client questionnaire included 165 items related to commercial sexual activity, general physical health, sexual health, substance use, marital status and relationship satisfaction¹. Data from clients were collected entirely with the self-completed [checklist](#) questionnaire which took an average of 15 minutes to complete.

Results

Change over time in sex workers and their practices

Demographic characteristics of the sex workers are summarised in Table 1. The samples at both time points were quite diverse in terms of age, country of origin and family relationships. Compared to the 1991 sample, the most recently interviewed sex workers were older ($M = 27, SD = 7$ compared with $M = 32, SD = 8, t(246) = 9.82, p < 0.001$) and less likely to have been born in Australia. Perhaps commensurate with their age, women

¹ The formal questionnaire administered to participants is available from the corresponding author upon request.

interviewed in 2003 were more likely to have been married or divorced/separated than the 1991 sample and were about twice as likely have had at least one child.

INSERT TABLE I

Table II shows the sexual services provided by the workers at both times. There was a small decline in 2003 in the proportion of sex workers who provided vaginal sex and a substantial decline in reports they had ever provided oral sex to clients with ejaculation in the mouth. There was little change in the other “traditional” services such as massage, manual masturbation of clients and penis between breasts, and there was no significant change in the proportion who said they ever provided anal intercourse for clients.

For all other sexual practices there was significant increase over time, including the penetrative acts of fisting and fingering (although we did not specify whether this was given to or received from clients, or both). The increase was substantial for all “exotic” services, including use of sex toys, lesbian double acts, submission, fantasy, cross-dressing and urination during sex. In this study we did not ask about scatological practices.

INSERT TABLE II

There were similarities and differences between services provided in different sectors in 2003. The most common sexual practices in all three sectors included vaginal sex, oral sex, manual masturbation of clients and massage. Some exotic services were relatively common, including fantasy/fetish and submission with no significant differences between sectors (see Table III). Brothel workers were least likely to perform oral sex with ejaculation in the mouth or to engage in bondage and discipline and golden showers. The legal sole operators were least likely to perform lesbian double acts, while street workers were most likely to give oral

sex with ejaculation in the mouth, receive anal sex and perform fantasy, but least likely to report use of sex toys and to receive oral sex from clients.

INSERT TABLE III

Clients of sex workers after legalization

Demographic characteristics of clients and data on frequency of commercial sex activity and their main motivations for seeking commercial sex are shown in Table IV. Clients of private sex workers were generally older and more likely to be married than men who were recruited in licensed brothels. There were no differences in the country of birth or current occupation. Clients of private sex workers were twice as likely to report visiting a specific sex worker, and they also visited more frequently than those recruited at brothels.

Regarding men's motivation in seeking commercial sex workers, most said that they did so because they were "professional", sex was less complicated, they provided stress relief, they were 'clean' and they could talk frankly with sex workers. Men recruited at private venues were more likely to say they liked the company of sex workers. Conversely, men interviewed at licensed brothels more commonly indicated that they visited sex workers because they liked sex with a variety of women.

INSERT TABLE IV

Comparing what clients and sex workers say they do

The sex workers and clients were recruited contemporaneously in 2003, and the majority of clients were recruited in the same venues in which workers were recruited, which

enables an indirect comparison of services that are reported to have been provided and received. These data are presented in Table V, with simple prevalence estimates and confidence intervals of estimates. In comparing percentages (for example, between brothel clients and brothel workers or between clients of brothels versus private workers) a difference in percentages is significant if the confidence intervals do not overlap.

There are several interesting trends. First, clients of private workers have somewhat more exotic experiences, as they report substantially more bondage and discipline, submission and use of sex toys than do brothel clients. Although the differences are smaller, the same pattern holds for golden showers, fantasy, cross-dressing, fisting and anal sex.

Second, it can be seen that most of the brothel and private sex workers report that they have provided most of the listed services and these numbers far exceed the proportions of clients who say they have received them (apart from the most common practices that were checked by nearly all respondents). This is entirely consistent with any business model where a broad menu of goods and services is offered, only some of which are very popular with customers. However, there are some notable exceptions. Anal intercourse and anal play (fisting) were reported equally often by both clients and workers in brothels. In the private sole operator sector, the clients were somewhat (though not significantly) more likely than sex workers to report having paid for anal sex (ever). Further, the brothel workers were slightly less likely than were clients to report oral sex with ejaculation in the mouth, and they were significantly less likely than private workers to do this activity.

INSERT TABLE V

Brothel and private clients' preferences compared to their experience of sexual practices

Clients recruited in licensed brothels and from private sole operators indicated their preferences for the kinds of services they would *like to pay* a sex worker to provide, and also, the kinds of services they *have paid* for at some time in their lives. The data are shown in Table VI, separately for men recruited at brothels and private venues. In the first two columns, we show the number who had paid divided by the number who would like to pay for particular acts, and this is expressed as a percentage indicating how consistent their acts are with preferences. In the 3rd column the denominator is the number who said they would *not like* to pay for these practices, and the 4th shows the percentages of prior experiences that were inconsistent with their stated current preferences.

The level of consistency between past behaviour and preference was classified as high (75% or greater), moderate (from 50% to 74%), and low (less than 50% agreement). There are similarities and differences between clients in brothels and private venues.

High consistency: Preferences of brothel clients were close to their self-reported experiences for 6 acts; vaginal intercourse, oral sex (no ejaculation in mouth), giving oral sex to a worker, rimming (anal), manual masturbation, penis between breasts and massage. For private venue clients, 10 acts were highly consistent: vaginal intercourse, oral sex with no ejaculation in mouth, giving oral, fingering, sex toys, bondage/discipline, golden showers, manual masturbation, penis between breasts and massage.

Moderate consistency: Brothel clients reported 4 acts at this level: Oral sex (ejaculation in mouth), fingering, sex toys and bondage/discipline. For private clients, 6 acts were moderately consistent with preferences, including oral sex (ejaculation in mouth), anal intercourse, fisting, rimming, lesbian doubles and fantasy/fetish.

Low consistency: Experiences of brothel clients were considerably less than their preferences for anal intercourse, fisting, golden showers, lesbian doubles and fantasy/fetish. Among private clients, none of the acts had consistency of less than 50%.

Table VI also shows clients' *preference not to pay* for acts that they say they have paid for at some time. This may be an indicator of satisfaction with previous commercial sex encounters. Clearly, inconsistency is very low for the majority of acts, suggesting that these men generally receive what they prefer. It is also evident that some men with prior experience do not like to pay for oral sex with no ejaculation in the mouth, manual masturbation or massage.

INSERT TABLE VI

Discussion

Interpretation of the findings includes the important caveat that, due to research design limitations, we cannot attribute change in sexual services directly to the legalization. In this simple pretest-posttest study we could not include a non-intervention control group of sex workers, so therefore we cannot disentangle an intervention main effect from secular change. At best we can say that the change coincided with the introduction of legalization. Despite this limitation, there are subtle patterns in the data that suggest the change is consistent with the primary purpose of the new law, which was to develop a professional, mature sex industry that protects the rights and safety of workers and clients.

The most striking finding was the significant increase over time in the supply of “exotic” sexual practices, including bondage, submission, fantasy/fetish, lesbian double acts

and use of sex toys. In contrast, the traditional services did not change much. There was a substantial reduction in oral sex without a condom, no significant change in anal intercourse and a slight drop in vaginal intercourse. Prior research into change in sex workers' practices has had a narrower focus on safe sex, particularly the relationships between STI infection risk and condom use during sex work. Generally, the present study is consistent with these other studies that find change to safer sexual practices (Lee et al 2005; Pyett, Haste, & Snow, 1996; Ward, Day, Green, Cooper & Weber, 2004; Ward, Day & Weber, 1999).

Regarding clients' self-reports, the data from this survey share some similarities to two recent Australian studies and also some differences. In a large national population-based survey of more than 10,000 men, Rissel, Richters, Grulich, de Visser, and Smith (2003) found that about 16% of men reported they had ever paid for sex, and these men described some sexual acts performed at the most recent paid encounter. In a survey of 612 men interviewed at a commercial "Sexpo" public event promoting the adult entertainment industry, 23% had paid for sex, and these men were asked whether they had ever paid for specific acts (Pitts, Smith, Grierson, O'Brien, & Misson, 2004). The proportions of clients who said they paid for vaginal sex (current study, 94%; Rissel et al, 95%; Pitts et al, 81%) and receiving oral sex (70%, 66% and 62% respectively) were similar. This is interesting, as the Rissel et al (2003) estimates concern only the most recent paid encounter. The rate of paid anal sex (ever) for this study was 20% compared to 14% ever in the Pitts et al sample. However, the present sample reported much higher rates of paid for bondage and discipline (19.9% present, versus 1.8%, Pitts et al), fisting (10.6% versus 1.8%), golden showers (13.6% versus 3.5% for "water sports") and fantasy (22.4% versus 7.1%). It is notable also that the men recruited by Rissel et al (2003) reported very low rates of bondage/discipline (just 0.8% at last occasion). Together, these studies suggest that findings from research with clients

recruited directly at sex work venues might not easily be extrapolated to those found at community events or through random sampling of the population.

One relatively novel observation concerns sex workers receiving oral sex from clients, as few studies worldwide have asked about this experience (Weitzer, 2005). The majority of sex workers (68% in 1991 and 70% in 2003) said they had received oral sex from a client at some time. Further, the majority of clients (57% at brothel, 56% at private venues) reported that they had given oral sex to a worker at some time. When the 2003 sample of sex workers was disaggregated by legal and illegal sectors, more than 8 in 10 private workers, compared to just under 7 in 10 brothel workers and less than half of the street workers said they had received oral sex from a client ever. This pattern is similar to a study of indoor and outdoor workers in California and Nevada (Lever & Dornick, 2000). When the clients give oral sex, for many this would include a desire to pleasure the sex worker and be part of a real or assumed emotional relationship (Weitzer, 2005).

It is unfortunate that we did not have comparable data from clients before legalization to gauge change over time. However, the analysis of the consistency (in 2003) between clients' preferences and their prior experience paying for sex does suggest some patterns in the post-legalization sex industry. The brothels are highly regulated environments designed to promote health and reduce vulnerability. They are smoke-free and alcohol and drug-free, have a compulsory condom policy and workers receive compulsory training in personal protection, safe sex negotiation and visual screening for STIs. The private, sole-operators must work alone and although encouraged to follow the strict guidelines, it is likely they are less compelled to do so.

The personal preferences of the great majority of clients of brothel and private venues for common sexual practices such as vaginal intercourse and oral sex are close to their self-

reported experiences. However, brothel clients appear more constrained than private clients, especially for anal sex, fisting and golden showers. In an earlier Australian study, Perkins (1996) found that over one third (37.1%) of brothel-based sex workers indicated that anal sex was one of the most requested services by clients. In the present study, 34% of brothel clients and 43% of private clients said they would like to pay for anal sex. Despite this apparent demand, the majority of brothel clients who prefer these acts have not yet paid for them. The situation with private sole operators is different; the majority (61%) of clients who said they prefer anal intercourse had paid for it at least once, although it is notable that only 13% of private workers said they perform this act with clients. This may indicate sub-specialisation among some private workers. Taken together, the data in this study suggest that the brothel workers more closely follow the guidelines to reduce exposure to body fluids and traumatic injury to the anus of self or clients.

A competing explanation is that the clients of private workers are more experienced in negotiating for what they want. Certainly they are older and visit sex workers more often than the typical brothel client and many probably know the sex worker(s) quite well. It may be that the 'unrequited desire' of brothel clients reflects their inexperience. However, the data on inconsistency in preferences and experience appear to suggest otherwise. Here, the private and brothel clients are quite similar, in terms of the numbers who have paid for massage, hand relief and oral sex (no ejaculation in mouth) but they prefer not to pay for such acts. Generally, the clients at both venues appear to get what they want, with the exception of the lower availability of more dangerous practices in the brothels.

As far as we know this is the first study that has compared behavioural data collected from sex workers before and after legalization, and one of few that has been able to compare self-reports from contemporaneous samples of workers and clients, and to examine the

consistency of clients' preferences and practices. However, there are some limitations in addition to the disadvantages of the pretest-posttest design mentioned earlier. The estimates of behaviour were based solely on reports of lifetime experiences and we have no information about when the experiences occurred. At the time of the data collection the full legislation had only been implemented for four years, and so clients' and workers' reports might have been referring to activities done in a different industrial climate. Also, we do not know whether the recalled activities occurred at a different type of venue or in a different legal jurisdiction in Australia or elsewhere. Further studies of this type should pay more attention to clarifying the contexts of respondents' commercial interactions.

Another weakness is that we could not satisfactorily recruit clients of illegal sex workers. This was attempted during data collection, but we could recruit only 21 clients from one illegal brothel (a bondage and discipline specialist) and 15 completed questionnaires were gathered ostensibly from clients of street-based workers, but these were discarded because we could not be certain about the veracity of about half of those completed questionnaires. In this study we did not have the resources required to gain trust of clients of illegal workers, who in any case were very difficult to find. However, we have demonstrated that it is feasible within the context of a legal industry to recruit clients primarily through the co-operation of sex workers. Many of the sex workers were enthusiastic in supporting this research. Indeed, many see themselves as having a role in clients' health education, as has also been found among sex workers in the United Kingdom (Sanders, 2006).

In summary, it is clear that the matured, contemporary sex industry offers a wider variety of specific services. Broadly, the findings are consistent with what would be expected if the legalization acts to protect sex workers, although of course it is possible that these

changes could have occurred without legal changes. The study has also illustrated significant diversity among clients in their sexual preferences and practices.

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Table I. Characteristics of female sex workers in 1991 and 2003

	1991	2003	χ^2	p value
	(N = 200)	(N = 247)		
	% and N	% and N		
Country of birth				
Australia	84 (164)	69 (170)	18.01	0.001
New Zealand	8 (16)	9 (21)		
Europe	6 (12)	10 (25)		
Asia	2 (4)	11 (27)		
Other country	2 (4)	1 (3)		
Marital status (% , n)				
Single (never married)	57 (113)	48 (119)	6.58	0.017
Married or living with a partner	26 (51)	23 (56)		
Divorced, separated or other	18 (35)	29 (72)		
Number of children (% , n)				
None	72 (141)	47 (115)	32.78	<0.001
One	15 (29)	17 (43)		
Two	9 (17)	20 (50)		
Three or more	5 (10)	16 (39)		

Table II. Services provided by female sex workers in 1991 and 2003

Variable	1991	2003	χ^2	p value
	(N = 179 ¹) % and N	(N = 247) % and N		
Vaginal sex	100 (179)	95 (235)	8.95	0.002
Oral sex (no ejaculation)	97 (173)	95 (232)	1.64	0.200
Oral sex (ejaculation in mouth)	79 (141)	50 (123)	36.97	<0.001
Oral sex from client	68 (122)	70 (173)	0.17	0.677
Anal sex	12 (21)	16 (40)	1.68	0.194
Fisting (hand in anus)	1 (2)	11 (26)	14.96	<0.001
Fingering (vagina or anus)	21 (37)	45 (111)	26.96	<0.001
Sex toys	40 (72)	69 (169)	33.59	<0.001
Bondage/Discipline	24 (43)	39 (96)	10.40	0.001
Golden showers (urination)	30 (54)	43 (105)	6.76	0.009
Manual masturbation (hand relief)	98 (175)	99 (245)	1.52	0.218
Penis between breasts (spanish)	59 (105)	66 (164)	2.67	0.102
Cross-dressing	20 (36)	41 (101)	20.54	<0.001
Lesbian doubles	31 (55)	61 (149)	36.43	<0.001
Fantasy/fetish	45 (80)	68 (168)	23.21	<0.001
Massage	82 (147)	92 (226)	8.37	0.002
Submission	4 (7)	18 (44)	19.04	<0.001

¹ Although 200 women were recruited only 179 women completed all questions about sexual practices in a manner that was directly comparable with 2003 data.

Table III. Services reported by private, brothel and illegal sex workers in 2003

	Private sex workers (N = 103)	Licensed brothel workers (N = 102)	Illegal sex workers (N = 42)	χ^2	p value
	%	%	%		
Vaginal sex	93	98	93	3.54	0.171
Oral sex (no ejaculation)	92	97	95	2.36	0.306
Oral sex (ejaculation in mouth)	58	34	69	19.14	<0.001
Oral sex from clients	83	68	45	19.89	<0.001
Anal sex	13	18	21	1.97	0.373
Fisting (hand in anus)	13	9	10	0.79	0.672
Fingering (vagina or anus)	53	37	48	5.56	0.062
Sex toys	77	67	52	8.27	0.016
Bondage/Discipline	47	29	45	7.81	0.020
Golden showers (urination)	52	34	41	7.47	0.024
Manual masturbation (hand relief)	100	99	98	2.56	0.278
Penis between breasts (spanish)	69	67	60	1.17	0.558
Cross-dressing	50	35	36	5.24	0.073
Lesbian doubles	50	70	66	9.28	0.010
Fantasy/fetish	65	66	81	4.21	0.122
Massage	87	97	91	7.39	0.025
Submissive services	20	13	24	3.51	0.173
Other services	14	8	5	3.40	0.182

Table IV. Characteristics of male clients of female sex workers, 2003

Variable	Clients of	Clients of	p value
	licensed brothel (N = 105)	private workers (N = 55)	
	% and n	% and n	
Mean age (standard deviation)	33 (10)	40 (10)	<0.001
Country of birth			
Australia	77 (81)	78 (42)	0.928
Overseas	23 (24)	22 (12)	
Marital status			
Single (never married)	59 (62)	42 (23)	0.051
Married or living with a partner	17 (18)	33 (18)	
Divorced, separated or other	24 (25)	25 (14)	
Current occupation			
Manager or senior professional	23 (22)	33 (17)	0.263
Associate professional	15 (14)	8 (4)	
Trade related occupation	62 (60)	59 (30)	
Regular service provider	31 (32)	60 (31)	0.001
Frequency of commercial sex			
Weekly or more	12 (13)	11 (6)	0.048
Once every few weeks	16 (17)	35 (19)	
Monthly	18 (19)	18 (10)	
Less than once a month	54 (57)	36 (20)	
Motivations for commercial sex ¹			
Like sex workers company	60 (62)	78 (42)	0.027
Commercial sex is less complicated	84 (88)	87 (48)	0.560
Sex workers are 'clean'	68 (71)	63 (34)	0.557
Sex workers are sexually arousing	49 (51)	57 (31)	0.318
Sex workers are 'professional'	71 (74)	72 (39)	0.818
Able to talk frankly with sex workers	62 (65)	69 (38)	0.367
Only sex available	24 (25)	27 (15)	0.631
High sexual urges	45 (47)	47 (26)	0.802
Enjoy sex with a variety of women	65 (68)	47 (26)	0.033
Stress relief	65 (68)	78 (42)	0.092
Not sexually active with regular partner	18 (18)	25 (13)	0.339
Sex workers provide specific service	54 (55)	65 (35)	0.134
No regular partner	50 (52)	47 (26)	0.744

¹ Multiple responses possible

Table V. Sexual services provided by workers (ever) and received by clients (ever)

Variable	Clients of licensed brothel (N = 105)	Licensed brothel worker (N = 103)	Clients of private workers (N = 55)	Private sex workers (N = 102)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Sexual services provided				
Vaginal sex	97 (93, 100)	98 (91, 99)	87 (76, 94)	93 (88, 98)
Oral sex (no ejaculation)	69 (60, 78)	97 (88, 98)	72 (58, 81)	92 (86, 97)
Oral sex (ejaculation in mouth)	42 (33, 51)	34 (25, 43)	42 (30, 55)	58 (49, 68)
Oral sex from client	57 (48, 66)	68 (57, 75)	56 (42, 67)	83 (75, 89)
Anal sex	18 (12, 27)	18 (11, 26)	29 (19, 42)	13 (7, 21)
Fisting (hand in anus)	9 (4, 16)	9 (5, 16)	15 (7, 26)	13 (7, 21)
Fingering (vagina or anus)	39 (30, 49)	53 (43, 62)	43 (30, 55)	37 (28, 46)
Sex toys	28 (20, 38)	67 (56, 74)	50 (36, 62)	77 (68, 84)
Bondage/Discipline	9 (4, 17)	29 (20, 38)	42 (30, 55)	47 (38, 57)
Golden showers (urination)	9 (5, 17)	34 (25, 43)	20 (11, 33)	52 (43, 62)
Manual masturbation (hand relief)	61 (51, 70)	99 (93, 100)	60 (47, 72)	100 (96, 100)
Penis between breasts (spanish)	46 (37, 56)	67 (56, 74)	40 (28, 53)	69 (60, 78)
Cross-dressing	4 (1, 10)	35 (26, 44)	11 (5, 22)	50 (40, 60)
Lesbian doubles	26 (19, 36)	70 (59, 77)	26 (16, 38)	50 (40, 60)
Fantasy/fetish	19 (13, 28)	66 (55, 74)	29 (19, 42)	65 (56, 74)
Massage	69 (60, 78)	97 (90, 99)	69 (56, 80)	87 (79, 93)
Submission	5 (2, 11)	13 (7, 21)	27 (17, 40)	20 (14, 30)

Table VI. Consistency between clients' preferences and their experiences of paying for sex

	Type of venue	N. who have paid/N who would like to pay	% Consistent with preference	N. who have paid/N. who would not like to pay	% Inconsistent with preference
Sexual services					
Vaginal sex	Brothel	100/101	99	3/5	-
	Private	45/46	98	3/9	-
Oral sex (no ejaculation)	Brothel	60/71	85	13/35	37
	Private	32/35	91	7/19	37
Oral sex (ejaculation in mouth)	Brothel	40/65	62	4/39	10
	Private	21/32	66	2/23	9
Oral sex from client	Brothel	54/61	89	6/45	13
	Private	28/30	93	2/24	8
Anal sex	Brothel	15/36	42	4/69	6
	Private	14/23	61	2/31	7
Fisting (hand in anus)	Brothel	7/16	44	2/89	2
	Private	7/13	54	1/42	2
Rimming (tongue in anus)	Brothel	9/11	82	4/94	4
	Private	9/16	56	2/37	5
Fingering (vagina or anus)	Brothel	27/41	66	14/65	22
	Private	20/25	88	1/29	3
Sex toys	Brothel	25/50	50	5/56	9
	Private	25/30	83	2/24	8
Bondage/Discipline	Brothel	7/14	50	2/92	2
	Private	21/23	91	1/31	3
Sado-masochism	Brothel	2/8	-	1/98	1
	Private	5/8	-	1/45	2
Golden showers (urination)	Brothel	8/17	47	2/89	2
	Private	11/13	85	0/42	0
Table VI continued...	Type of venue	N. who have paid/N who would like to pay	% Consistent with preference	N. who have paid/N. who would not like to pay	% Inconsistent with preference
Manual masturbation (hand relief)	Brothel	51/58	88	13/47	28

	Private	28/31	90	5/24	21
Penis between breasts (spanish)	Brothel	44/58	76	5/48	10
	Private	21/28	75	1/27	4
Cross-dressing	Brothel	1/3	-	3/103	3
	Private	6/9	-	0/45	0
Lesbian doubles	Brothel	21/56	38	7/50	14
	Private	14/25	56	0/29	0
Fantasy/fetish	Brothel	15/40	38	5/66	8
	Private	16/22	73	0/33	0
Massage	Brothel	61/65	94	12/41	29
	Private	30/33	91	8/22	36