Exploring the impact of stigma and discrimination on the lived experiences of cis-gender women in Australia's street-based sex trade.

Submitted by

Rachel Lennon (BA, MPH)

A thesis in total fulfillment of the requirements for the degree of Doctor of Philosophy

School of Health Sciences

Western Sydney University

Campbelltown, Sydney

Australia

2021

Dedication

First and foremost, I would like to dedicate this thesis to Tracy. Your beautiful face will always remind me of the trials and hardships, as well as the joy and laughter you brought to many people's lives. May you rest in peace and never be forgotten.

I would also like to dedicate this thesis to my wonderful and forever loving family, Pat Bonnici, Tony Bonnici, Michael Bonnici, Michelle Fox and my gorgeous daughter Mikaylah Lennon. You have all given me so much. Your encouragement through my own trials and barriers have given me the impetus to complete this very important piece of work. I love you all so much.

My friends have also offered me endless support and encouragement throughout this journey. Their faith in my ability and their understanding and excitement in my work has always been a source of inspiration to me. My friends, like me, who are feminists, who are non-judgemental and who want the voices of the invisible heard, you have all kept me going.

Acknowledgements

Declaration

"I, Rachel Lennon, declare the PhD thesis entitled "The Lived Experiences of Australia's Female Cis-women street-based sex workers: Impacts of Stigma and Discrimination" contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work".

Signature: Date:

Table of Contents

Contents

Abstract

Across Australian states, territories, and municipalities, sex work and other variations of the sex industry are not governed by any unified legal or policy framework. In Victoria, street-based sex work is illegal, which negatively impacts sex workers by exacerbating stigma and discrimination, leading to social exclusion, violence and reluctance of service access. Current legislation which sees the criminalisation of cis-women street-based sex workers has forced cis-women street-based sex workers underground, thus exposing them to violence, harassment and many other forms of abuse. Sex workers experiencing stigma and discrimination have been subjected to violence, are reluctant to access services for fear of further stigma and discrimination, and are found to have, or be susceptible to, mental health issues.

The aim of the study was to investigate the impacts of enacted stigma and discrimination and perceptions (internalised stigma) on cis-gender women cis-women street-based sex workers. Stigma is identified as negative attitudes by society towards sections of community who are considered 'deviant' or socially unacceptable. Such sections can include but are not limited to those abusing drugs, suffering mental illnesses, living with HIV/AIDS and/or individuals who are homosexual. Discrimination refers to prejudicial actions directed towards stigmatised sections of community, and this has the potential to result in social exclusion.

In this research project, discussions of gender, stigma and discrimination and violence towards cis-women street-based sex workers. The gendered nature of cis-women street-based sex workers, stigma and discrimination tends to impact cis-women negatively given their deviation from their expected gender norms.

A qualitative study design was employed to explore the impacts of stigma and discrimination on cis-women street-based sex workers. Such methods permitted investigation of the lived experiences of enacted stigma and discrimination on twenty-four street-based cis-women sex workers, as well as perceived stigma and discrimination and its subsequent impacts. In addition, six support workers were included in this research to explore their perceptions of stigma and discrimination against cis women cis-women street-based sex workers. This research design enabled the collection of rich information pertaining to the experiences of sex workers in relation to stigma and discrimination, and how this had impacted their lives. Semi-structured in-depth interviews were conducted with women working in the area of St. Kilda,

Victoria, Australia which is commonly known as Melbourne's dominant red-light district. The Christian funded drop-in centre the St Kilda Gatehouse is a safe space for many homeless people, drug affected people and cis-women street-based sex workers to access support and resources. This provided an opportunity to meet and build rapport with those using St Kilda Gatehouse services. Interviews were conducted with cis-women street-based sex workers and the support workers who aid in accessing health services. Thematic analysis was used to analyse these interviews, as well as a collection of media articles and online news reporting two prominent rape cases in Melbourne. The media analysis frames the research through a discussion of the ways in which women's sexual behaviour is differently constructed, approved of, and valued depending on their employment as sex workers or innocent everyday women. This also demonstrated that structural stigma through media discourse impacts public perceptions of cis-women street-based sex workers continues to be harmful to cis-women cis-women street-based sex workers.

Additional results of this study indicate pervasive and consistent experiences of enacted and perceived stigma and discrimination which, for cis-women cis-women street-based sex workers, is linked to perceived low self-worth and violence from clients and intimate partners. Legislation and policy continually perpetuate stigma and discrimination against cis-women street-based sex workers through the model of criminalisation. Service access is hampered through experiences of enacted stigma which can lead to inadequate quality of care, and through cis-women street-based sex workers internalised stigma and discrimination. I was revealed that stigma and discrimination has debilitating consequences, both physically and psychosocially for cis-women cis-women street-based sex workers and is still alive across all facets of society. Results further revealed that symbolic violence and further research into anti-stigma and discrimination interventions are recommended, as well as revisiting the impact of current legislation and subsequent attitudes towards and treatment of cis-women street-based sex workers. Finally, in the case of support workers, they continuously witness and hear of the stigma and discrimination enacted against cis-women cis-women street-based sex workers, particularly in dealing with the justice system.

The findings in this research support existing studies on the impacts of enacted stigma and discrimination yet contributes to underdeveloped data around the experiences of enacted and perceived stigma and discrimination against cis-women cis-women street-based sex workers in Australia.

Chapter 1: Research background

1.1   Background

[The] prostitutes challenged the notion that those who sold sex were deviant and claimed that sexual commerce was a "job determined by the sexual needs of one part of society" – the client who always went unpunished (Cabezos, 1999: 32).

Considerable literature regarding the impact of stigma and discrimination from the context of transwomen and cis-women cis-women street-based sex workers demonstrates stigma and discrimination can have negative effects on the psychological and physiological wellbeing. Although literature has touched on some of the outcomes resulting from stigma and discrimination against sex workers in general, there remains a paucity of literature exploring the impact and manifestation of stigma and discrimination on the lives of cis-women cis-women street-based sex workers living in St Kilda, Melbourne providing services to men. St Kilda, a city in Melbourne, Australia was chosen as the field site for this research project as it is known as Melbourne's most notorious red-light district. This research focusses on female cis-women street-based sex workers, and not transsexual or same-sex/male sex workers, as it explores how women's participation in the sex industry. Cis-women street-based sex workers are the focus of this research due to higher representation of cis-women in this population. This does not dismiss the fact that men in sex work or trans-sex workers are not at times faced with stigma and discrimination, nor isolates cis-women sex workers as those only experiencing the phenomenon. Stigma and discrimination can become burdensome to some homophobic and transphobic populations as they too deviate from gender norm theories based on heteronormative beliefs and enforcement (Benoit, Jansson, Smith & Flagg, 2018).

Stigma and discrimination against sub-groups of female cis-women street-based sex workers sometimes occurs almost daily and is demonstrated in many ways by various groups and individuals. Consequently, cis-women street-based sex workers internalise shame and unworthiness, leaving them feeling excluded from and rejected by some parts of the community. Such perceptions have significant impact on their physical and mental wellbeing and may lead to and/or exacerbate existing risk behaviours, such as drug use. Violence can be symptomatic of stigma and discrimination, and research has repeatedly shown time and again how clients and intimate partners have the propensity to continuously abuse and exploit these women (Sallmann, 2010).

There is very little literature considering the impacts of stigma and discrimination on cis women cis-women street-based sex workers in St Kilda, Melbourne, Australia. Therefore, the overall aim of my study was to investigate the impacts of perceptions (internalised stigma) and experiences of enacted stigma and discrimination on a cohort of female cis-women street-based sex workers. There are four main objectives in the research on which this study is based; firstly, I examine how the media representations of cis-women street-based sex workers cast them as risk-taking, culpable victims. I also demonstrate how the media fosters stigma and discrimination through nuanced and negative language and narratives. Next, I explore the antecedents into street-based sex work to understand the various pathways that led participants into street-based sex work. The final two objectives focus on perceived (internalised) stigma and discrimination and enacted stigma and discrimination. I explore both participants' perceptions of stigma and discrimination and how these perceptions affect them, and experiences of stigma and discrimination enacted against them this impacts their lives.

1.2   Objectives

There were four main objectives to this study which were designed to explore:

- To explore how the impacts of structural stigmas against street-based sex work through the media
- To explore antecedents into street-based sex work
- To explore how cis-women street-based sex workers perceive stigma and discrimination, and how these perceptions affect them
- To explore cis-women street-based sex workers' experiences of enacted stigma and discrimination, and how it has impacted their lives

1.3   Research questions

This research explored four questions:

- How does structural stigma through media narratives impact cis-women street-based sex workers?
- What are pathways for entry into street-based sex work?
- How do sex workers perceive stigma and discrimination, and how do these perceptions affect them?
- What experiences have cis-women street-based sex workers had in relation to enacted stigma and discrimination, and how has it impacted on their lives?

1.4   The study in brief

The filed work for this research was undertaken at St Kilda Gatehouse ('The Gatehouse'), a Christian funded drop-in centre for drug affected and homeless people, Although I was nervous at first, I was given a warm welcome by Gatehouse staff who were pleased to have someone there to identity some of the issues that cis-women street-based sex workers face daily. Staff were also keen for me to interview many of the women who accessed their services and were continuously referring me to those who would help answer my research questions and help with my understanding of the impact of stigma and discrimination on this minority group. Many of the staff at the Gatehouse had been working there for some time and had witnessed many of the challenges and violent events that women are exposed to and have experienced. It was apparent that they were genuinely committed to supporting their client group and wanted the best outcomes for them. They were also a source of knowledge when it came to navigate the often complex and convoluted pathways to access relevant care, particularly primary healthcare services.

When it comes to cis-women street-based sex workers, government sentiment, legislation and policy tends to present a contradiction. For instance, legislation criminalises cis-women street-based sex workers, forcing them underground, where they are exposed to violence. As a result of this conundrum, the rights of this group are subsequently, and frequently, violated, as they experience rape and abuse by not only clients, but also members of the broader public.

Despite of these issues, there are locally based policies designed to address the complex needs of these women. The Victorian health promotion strategy of harm minimisation for injection drug users (IDU) has had some success. Initiatives such as needle exchange and STD health projects have had a positive impact on decreasing, and preventing, the transmission and spread of blood-borne viruses, particularly HIV. It is also comforting to know that there are organisations, such as the Gatehouse, who are committed to helping these women by offering referral services, a drop-in centre, a place for a nap, a place to access donations (such as clothes, tampons, condoms, food packages), a place to eat and have a coffee, or just to feel socially included and visible.

1.5   Brief history of sex workers in St Kilda

St Kilda is located in Melbourne Victoria and is acknowledged as a diverse and historically rich municipality. From the late 1800s, St Kilda became one of the wealthiest suburbs of

Victoria. Tolerance zones (also referred to as red-light districts) were implemented in St Kilda throughout the 1870s and 1880s to govern and localise street-based sex work in the St Kilda region (Mulligan, 2006).

In the early 1900s, the spread of industry moved most of the Melburnian sex worker population into the suburbs of St Kilda, where the area became known as a 'pleasure centre' for First and Second World War servicemen (City of Port Phillip, 2011; Lowman, 2000; Rowe, 2006). However, the recent gentrification of St Kilda and its adjoining suburbs has been the motivation behind the residents' campaign to rid the area of its long-standing reputation. Subsequently, there have been attempts by resident groups, through their local council, to move cis-women street-based sex workers out of the area. Exacerbated by low unemployment rates, St Kilda has become the central distribution area for street-based sex work, heroin syndicates and criminal activity (Lowman, 2000).

The introduction of *The Prostitution Regulation Act* in 1986 was an attempt to decriminalise street-based sex work. Yet following the proposed Act, the influence of the Victorian Government's Upper Houses of Parliament resulted in street-based sex work being criminalised (Arnot, 2002; Rowe, 2006). In 2002, in response to the growing concerns and complaints about cis-women street-based sex workers in the St Kilda area, the Attorney General's Street Prostitution Advisory Council proposed the reintroduction of tolerance zones. Despite this, recommendations for the introduction of tolerance zones have not been implemented, but it remains the only political strategy that has attempted to address issues around street-based sex work in Melbourne (Rowe, 2003b). Thus, current regulation is governed through the *Prostitution Control Act* (1994), which deems licensed brothels as legal, while street-based sex work remains illegal (City of Port Phillip, 2011).

The current socio-political landscape of St Kilda is one where street-based sex work is an illegal enterprise where women are prosecuted for soliciting sex. Legislation supposedly operates as a safeguard through minimising harm and the transmission of sexual diseases (Jeffreys, 2003; Gerry, Gencay & Curmi-Blackwell, 2020; Stardust, Treloar, Cama & Kim, 2021). From a public health perspective, legislation and decriminalisation of street-based sex work in Victoria was also adopted to curtail organised crime and trafficking. As noted by Jeffreys (2003), the theory underpinning legislation rested on the notion that men's 'prostitution' behaviour was ineluctable. Street-based sex work is regularly policed in St Kilda and not only do sex workers themselves get prosecuted, clients are also prosecuted for paying for sex (Victorian Current Acts, 2019). This is very much aligned with the Nordic

model of legislating sex work where it is the men not the sex workers who are prosecuted. The Nordic model, according to Jeffreys (2003) implies that it is men's behaviour that can be modified. This model has been subject to scepticism that it is not realistic nor workable (Jeffreys, 2003). Under Victorian Current Acts, Section 13 of the *Sex Work Act 1994* states that street-based sex work cannot solicit in public spaces including a place of worship, a hospital, a school, education or care centre or anywhere for that matter where children in general frequent (*see Appendix 1*). To breach the Act means that women will be fined through imprisonment or 'penalty units.'

In 2002, in-depth consultation across a wide spectrum of services and key stakeholders in addressing legislative concerns in relation to street-based sex work resulted in outcomes that were deemed positive. A reported by Scarlett Alliance, a national peak worker organisation advocating equity for Australian sex workers, recommended legislative reform which included the decriminalisation of street-based sex work and the potential for 'safe houses' and the aforementioned tolerance zones – all very similar to the model operating in New South Wales. However, over 20 years later, government has remained dormant in the issue of street-based sex work in Victoria (Scarlett Alliance, 2019). Little has been implemented and achieved to effect any significant change despite expert consultation and stakeholder contribution. Why there is a lack of change cannot be clearly identified. However, given the nature of the topic, and the amount of work completed over the years in relation to addressing street-based sex work, governments could potentially face ongoing opposition from numerous opponents as well as controversy and criticism of their leadership. It is a dilemma that seems to be too difficult to deal with, therefore, keeping it quiet and under the radar of the public tends to be the safest path.

Legislation on street-based sex work in St Kilda has been a historically contentious issue. Kerkin (2003) in an exploration of street-based sex work in a gentrifying area noted:

In the state of Victoria negotiations over prostitution have been played out most actively in St Kilda where street prostitution has been evident since at least the mid 1970's. At that time, the approach to prostitution evident in both the local community and the local council reflected concerns about prostitution as a threatening activity and attempted to use planning regulations to enforce moral and spatial controls. A resident campaign, supported by the then Mayor, for example, took the moral crusade of local residents to the streets and sought to remove street sex work from the suburb (p. 142).

Kerkin (2003) further iterates the actions of the residents whereby buckets of water were thrown over cis-women street-based sex workers and stones were carried in handbags to throw at the 'gutter crawlers' (p. 142).

> *Organisations have since emerged to offer support services and resources to street-based sex work and the homeless. Resourcing Health and Education in the Sex Industry (RhED), and the St Kilda Gatehouse are organisations designed to respect and meet the needs of and service the Victorian sex industry. RhED promotes the rights and needs of sex workers (both street-based sex work and brothel-based sex work) and provides outreach services to both cohorts of sex workers. RhED was originally a peer-based organization who collaborates with sex worker volunteers to develop resources and information for sex workers and the public (RhED, 2019)*

1.6   Thesis organisation

Following the inclusion of this chapter, this thesis comprises nine chapters.

Chapter Two: 'Media representations: two women, two murders: stigmatised media representations of violence against sex workers,' frames the entire thesis through identifying key elements experienced by cis-women street-based sex workers throughout this research. This chapter has also been published in the *'International Handbook of Sex Industry Research.'* The chapter discusses how the media can perpetuate the stigma and discrimination of cis-women street-based sex workers. Using language, narrative and the type of discourse placed on the social platform, cis-women street-based sex workers are subject to structural-based stigma, which has the propensity to sway public opinion. This chapter also provides a comparison of two murdered Melbournian women, one a street-based sex worker and one not, and how the media constructs, promotes and sensationalises binary notions of feminine appropriateness and acceptability through the enduring oppositions of 'good girl/bad girl', 'citizen/slut', 'innocent victim/deserving victim' and 'madonna/whore'.

Chapter Three, Sex workers' experiences of stigma and discrimination: Literature review, is primarily a discussion of the relevant literature relating to how sex workers experience stigma and discrimination, as well as its effects. The literature review presents the increasing complexities underscoring stigma in relation to sex workers, as well as its various manifestations through acts of violence, legislation (structural stigma) and on a day-to-day basis. It discusses wide-ranging consequences that exist beyond the actual lived experiences of cis-women street-based sex workers. The pathways and antecedents of cis-women street-

based sex workers are incredibly important in understanding the social determinants and factors that push women into the industry, leading to the eventual shame and community disengagement due to stigma.

Chapter Four, Exploring stigma and discrimination: Theories, considers and examines the various models of stigma. The origins of stigma and discrimination are touched upon, as well as the most seminal works from theorists, sociologists, and psychologists. Self-perceived stigma and discrimination, and how this impacts the individual, is an important phenomenon that is further discussed in this chapter. This attempts to assist the reader in understanding the different ways stigma and discrimination effects people and prevents them from accessing the care and support they need.

Chapter Five, Methodology, discusses the qualitative methods used of semi-structured in-depth interviews and journaling that was adopted for this research. This chapter further discusses the advantages of choosing a qualitative inquiry for this research. It outlines the experiences of undertaking this project, including some of the issues and amazing experiences encountered.

Chapter Six, Entrance into sex work, considers the different pathways into street-based sex work, particularly through drug abuse. This chapter explores the determining factors that lead women to initially engage in drug abuse. Childhood maltreatment, institutionalisation, parental drug abuse, sex work and experimentation with drugs at an early age are all antecedents that led participants into street-based sex work.

Chapter Seven, Sex workers' experiences of stigma and discrimination, is divided into two sections – sex workers' experiences of enacted stigma and discrimination and sex workers' perceived stigma and discriminations. In the first section, participants discuss how stigma has manifested and enacted against them in everyday experiences from local businesses, people passing by and clients, to health services and judicial services. Women discuss how these experiences have negatively impacted themselves and their self-concepts. The second section of this chapter discusses how perceptions of stigma and discrimination can create barriers to service access. Self-perceiving stigma and discrimination have a detrimental impact on women's self-esteem and contribution to community life.

Chapter Eight, Sex workers' experiences of violence, discusses how violence can be a daily occurrence. Violence is an all-pervasive issue that women have grappled with throughout their lives. Intimate-partner violence and violence from clients' place women at risk of

morbidity and mortality. The chapter outlines the types of violence experienced by participants and the impact this has had on their lives.

Chapter Nine, Conclusion and recommendations, looks at the recommendations for this research in terms of interventions for reducing stigma and discrimination through societal education and changes to legislation. The strengths and limitations are also discussed in this chapter.

Chapter 2: Media representations

two women, two murders: stigmatised media representations of violence against sex workers

2.1　Introduction

The following chapter is based on a publication in the text " *Two women, two murders: Stigmatised media representation of violence against sex workers* in Handbook of Sex Industry Research (1st Ed): Routledge" to which the researcher contributed. The chapter contrasts media coverage of two murder cases in Australia: one in which the victim was a sex worker and the other in which the victim's life circumstances conformed to dominant cultural expectations for women. The chapter focuses on how the media constructs, promotes and sensationalises binary notions of feminine appropriateness and acceptability through the enduring oppositions of 'good girl/bad girl', 'citizen/slut', 'innocent victim/deserving victim' and 'madonna/whore' .This discussion contextualises the rest of the thesis by considering the ways in which female sexuality is constituted in relation to symbolic violence (such as prejudicial accounts of sex-workers and related social inequalities) result in stigma-based violence for many cis-women street-based sex workers.

As the discussion outlines, in public discourse non-cis-women sex workers and cis-women street-based sex workers are represented differently. Cis-women street-based sex workers do not deserve equal attention and respect. What is missing from the public eye is an understanding of the pathways that have led cis-women into street-based sex work. Whilst many cis-women sex workers have agency, it is not, as demonstrated in this chapter, without risk. The exacerbated violence and stigma and discrimination that is enacted against these women are an indictment of gendered norms.

2.2　Stigma, discrimination, and sex work

For decades, stigma researchers and activists have used the concept of stigma to understand the myriad ways in which sex workers face socioeconomic exclusion, violence, and other forms of marginalization. Countless researchers across a wide variety of academic fields have built upon Irving Goffman's original (1963) articulation of this concept by emphasizing stigma's complex and multidimensional nature to note that stigmatization entails very real

adverse effects at both the individual and structural levels in the form of socioeconomic marginalization, institutionalization of discriminatory norms through law and public policy, and adverse health outcomes (Hatzenbuehler & Link 2014; Evans-Lacko et al. 2012; Benoit et al. 2018).

Structural stigma is generally enforced through laws and regulation, making it a powerful social determinant of inequality alongside other social determinants. For many sex workers worldwide, structural stigma creates a vicious cycle in policymaker's law, their income generating activities on the grounds that they are inherently harmful to society, creating a climate which legitimizes their social exclusion and numerous forms of violence committed against them (Link & Hatzenbuehler 2016: 5). Shumka, Strega and Hallgrimsdottir (2017), in examining the narratives of men who purchase sex from cis-women street-based sex workers, argue that these are men most likely viewing cis-women as objects whose role is to satisfy their sexual desire. These men are most likely those who purchase sex as a symbol of their masculinity. Their results demonstrated that some men want to contrast their sexual experiences with non sex workers with a 'bad' woman. The authors note that cis-women street-based sex workers are at times viewed as 'selfish and capricious' women by men purchasing sex (Shumka, Strega & Hallsgrmdottir, 2017: 12). Clearly cis-women deviating from gender norms, particularly by engaging in street-based sex work has the capacity to fuel enacted stigma and discrimination and at times escalate to violence and abuse.

A wealth of research identifies the harmful consequences of stigma and associated discrimination for sex workers, including mental health problems, increased drug abuse, violence, and other deleterious effects (Hatzenbuehler et al. 2013; Benoit et al. 2015). While some researchers argue that limited theorization around the "whore stigma" inhibits possibilities for reducing its impacts, significant evidence indicates stigma's widespread and totalizing impacts on sex workers' health, safety, and well-being (Benoit et al. 2018, 2015). Researchers also suggest that criminalised models of sex work and enforcement-based approaches subject women to higher levels of violence, poorer health, stigma and discrimination, all which compromise sex workers' human rights (Armstrong 2016; Krüsi et al. 2016; Brucket & Hannem 2013; Lazarus et al. 2011). Some evidence from New Zealand's decriminalisation of all sex work indicates that this approach results in safer working conditions and fewer incidents of violence (Armstrong 2010, 2016, 2017).

2.3   Media and structural stigma

The press can never quite decide whether murdered sex workers are tragic victims, like any woman targeted by a serial killer, or have chosen a lifestyle that means they are partly responsible for their deaths (Smith 2006, para 5).

In an age where the internet has precipitated a cultural shift in the communications and news media landscape, it is essential to grasp how these changes can impact society at large. We now live in an expansive community where the reach of the media can be global (Westerman et al. 2014). Individuals need not look far to have daily access to world news, and this global shrinkage presents media consumers, and society at large, with a new suite of problems by perpetuating bias through the presentation on misinformed issues and one-sided stories. As research suggests, people learn from the media regardless of whether its intention is educational or otherwise (Maier et al. 2014; Perse & Lambe 2017).

Historically, media discourses around sex work portray women involved in sex workers as morally suspect vectors of disease and anti-social agents whose activities harm society (Farvid & Glass 2014). Such media narratives accordingly "educate" the public on sex work by concurrently serving as a conduit for stigma (Hallgrimsdottiir 2008). Media portrayals of the sex industry has the capacity to influence public opinion in ways that foster sex worker's dehumanization as well as encouraging negative self-perceptions and internalised stigma among sex workers themselves. Media continuously conflates dominant cultural perceptions of sex work as an illegitimate and unsavoury activity with the personhood of women engaged in it. Ultimately, this practice intensifies existing self-beliefs of unworthiness for this population group and endorses existing and misinformed stereotypes (Lazarus et al. 2012; Hallgrimsdottir, 2008; Benoit et al. 2018, 2015, Weitzer, 2015).

These narratives in mainstream media influence the daily interactions sex workers have with clients and the public as well as sex workers' abilities to influence the policy and legislative environments in which they live and work. Entrenched attitudes and beliefs in the public consciousness about sex workers also feature and are exacerbated by media narratives in ways that reinforce pervasive stigma. Media tends to play a major role in perpetuating sex worker stigma, particularly because such portrayals typically feature sensationalized accounts of the sex industry in a compromising gender norm tone (Weitzer 2017). As a result, these chronicles tend to reduce the lives of women in sex work "to narratives of crime and legal policy" (Bungay et al. 2011, 19), thereby reinforcing negative stereotypes about sex workers (Jeffrey & MacDonald 2006; Benoit at al. 2018). Such narratives only heighten surveillance

over sex workers, particularly those who work in public, by increasing the pressure for communities to check in on these distasteful and public nuisances and amplifying enacted stigmas such as harassment, assault and abuse (Benoit et al. 2018).

These negative media portrayals are pervasive and global. Even in New Zealand, which is internationally lauded for its evidence-based prostitution policies, media representations focus on trafficking in minors and sex workers' victimisation, and deviation from social norms and appropriate gender roles, with very little attention paid to their clients (Farvid & Glass, 2014). Victimisation and economic exploitation are common themes in U.S., as well as global, representations of the sex industry (Weitzer 2017). Researchers working with women involved in street sex work in Vancouver, Canada note that the women experience significant social marginalisation due to dominant cultural representations of them as drug addicts engaged in immoral sexual acts (Krusi et al. 2016). Overall, media reporting on street sex work emphasises individual sensationalised events rather than structural explanations which obscures the everyday realities cis-women street-based sex workers face (Strega et al. 2014). In these and many more ways, media narratives both construct and reproduce social stigma for sex workers. A study that examined media portrayals of sex workers over time found that social stigmatisation is sustained through asymmetrical power relations between sex workers and dominant culture, as is evident in the media's ability to dominate popular discourse and reveal little about issues of everyday concerns such as enacted violence, family and friend relations and resource access to sex workers (Hallsgrimdottir et al. 2008).

I engaged with and built upon this literature by contrasting media coverage of two murder cases in Australia: one in which the victim was a sex worker and the other in which the victim's life circumstances conformed to dominant cultural expectations for women. My analysis further engages with what researchers have identified as the "missing white woman syndrome," in which round-the-clock media coverage follows the disappearance of young females who qualify as 'damsels in distresses' by race, class, and other relevant social variables (Liebler 2010). This media phenomenon, which features disproportionate attention paid to victims of crime who are conventionally attractive and relatively privileged with respect to their class and intersections of ethno-racial identities. Why does this occur? Perhaps it is the idealistic member of Australian society who is revered as the 'hard working white middle class' civilian who adheres to the masculine code of normality where women are viewed as sexual objects. Australian researchers likewise note stark disparities between reports of murdered women of Aboriginal descent compared to middle class white women,

with the latter three and a half times more likely to have media representation than their Aboriginal counterparts, whose deaths media reported using a detached tone in comparison with the more personalised and intimate accounts of the murdered white women's lives (Gilchrist 2010).

Such research findings indicate that media representations frequently bolster systemic and structural inequalities that devalue the lives of those that are considered the 'other' based on gender, class, and race (Hatzenbuehler & Link 2014). This amorphousness is also directed at sex workers by rendering them as invisible and unworthy in the eyes of the media. This is also mirrors the public preference for the 'damsel in distress,' the woman who is a 'good girl,' and inadvertently highlights the public's widespread stigmatization of and discrimination toward the public towards marginalised women.

2.4   The sociolegal climate surrounding sex work in Australia

Australia legislation on prostitution and other sex industry forms varies across states, territories, and municipalities, with no unified legal or policy framework governing the sex industry. Laws, and their enforcement, vary significantly across Australia, with licensed brothels operating legally in some areas and not others, and street-based sex work tolerated in some areas but actively policed and criminalised in others (Harcourt et al. 2010; Abel 2014). This widespread variance indicates conflicting public and structural sentiments toward the sex industry across Australia. Some scholars argue that any laws to regulate the sex industry function as neoliberal control mechanisms in dealing with ancillary issues associated with sex work, including organised crime and police corruption (Sullivan 2010). Australian sex worker rights activist Elena Jeffreys, whose work also features in this *Handbook*, describes dominant cultural attitudes toward sex work as:

> *A reason to declare mothers unfit, by banks as a reason to refuse loans, by landlords as a reason to evict tenants, and by visa officials to deny certain countries. Sex workers who also have positions in the public service are told that they are not 'upholding public standards' and in some states of Australia it is still against the law to serve alcohol to a 'known prostitute' (Jeffreys & MacDonald 2006, 113).*

Media descriptions of women in sex work as 'prostitutes' is a reminder of the negativity dominant culture associates with sex work, leading many scholars and activists alike to contend that the continued use of stigmatizing terminology implies that a woman's worth is

measured by her conformity, particularly in terms of sexual behaviour. Such representations may even play a role in supporting violence against sex workers:

> *This stigma [of calling sex workers prostitutes] is far-reaching and arguably does more damage to women who work in sex work than the actual work. The stigma feeds into understandings of women that are violence-supporting and referring to victims of violence as 'prostitutes' continues to 'other' these women and locates them as somehow deserving: she knew the danger… Identifying victims of violent crimes as 'prostitutes' has a distancing effect: it makes 'normal' women feel safe' (Smith 2013, 1)*

Media reports on the murders of women involved in sex work often feature cautionary tales about the supposed inherent risks of prostitution that assign blame to victims, rather than perpetrators, of violence. Simply put, these types of accounts imply that sex workers actively participate in their demise because of the dangerous lives they lead as sex workers, especially if the women also use illicit drugs. The dominant cultural message, as Smith (2013) notes, justifies violence against sex workers even when it takes extreme forms, such as murder. To understand how this dominant cultural message receives widespread cultural endorsement and dissemination in the specific case of Australia, I compare the extremely divergent media coverage surrounding two murders by the same perpetrator, Adrian Bayley. One of the victims, Jill Meagher, was a newly married woman living with her husband and the other, Tracey Connelly, worked the streets of Melbourne. As we shall see, media reported and represented their lives and deaths in strikingly different ways because of the fact that Tracey earned her living through prostitution and Jill did not.

2.5   Australian media representations of the Connelly and Meagher murders

> *[M]assive outpouring of public grief, front page stories on every paper in the country, protest marches, candlelit vigil...oh, hang on, wait a minute, she was identified in the media as a "St Kilda [street-based] Prostitute" "Never mind" (Gilmore 2013, para 1).*

The capital city of the Australian state of Victoria, Melbourne does not regularly experience the levels of violent crime, particularly homicide, that are unfortunately commonplace in many other urban locales worldwide. Media accordingly devoted significant time and attention to covering two murders committed in 2012 and 2013. An unknown perpetrator

murdered the first victim, forty-year-old Tracy Connelly, in July 2013, and Adrian Bayley perpetrated the second murder, of twenty-nine-year old Jill Meagher, in September 2012. The significant differences in the way that these murders were reported by the media fell on one fact: that Tracy Connelly was a 'prostitute.' Although Tracy Connelly's murder was also accompanied by a significant rise in media reporting about street-based sex work— which in turn facilitated greater public attention to and commentary about this issue— the reports continually and unforgivingly identified Tracy as a prostitute. Unlike Jill, Tracy's killer still has not been found. Her partner, Tony, found her, savagely beaten and stabbed to death, in the Ford Econovan where they had been living. Adrian Bayley, Jill's killer, pursued Jill as she walked home in the early hours of September 22nd. He raped and strangled her to death, dumping her body fifty kilometres from the crime scene. He had committed over two decades of violent offences against women. At the time of the murder he was on parole and had already served sentences for sex crimes. Significantly, all of the victims of his previous crimes were cis-women street-based sex workers in St Kilda, a neighbourhood well-known for street prostitution and where Tracy Connelly also engaged in commercial sex. Bayley, who raped five cis-women street-based sex workers over a six-month period in 2000, was sentenced to eight years for trapping these women in his vehicle to assault them repeatedly sexually (Farnsworth 2015). Regardless of the extent of violence, several sex workers who were attacked by Bayley chose to remain anonymous due to their fear of repercussions and mistrust of local police and the criminal justice system. One media report noted: "amid the horrific revelations in the Bayley case was as many as 10 women, who were sex workers, who were too scared of Bayley or too distrustful of the justice system to make police statements against him" (Koubaridis 2015, para 20).

Globally, sex workers often under-report sexual assault for fear of being 'found out' and stigmatised by police, media, and others, as many sex workers believe that police and the justice system see them as unworthy of protection (Benoit et al. 2018). This type of structural discrimination leads to further violence as the public begins to believe that sex workers have all but given up their rights for protection because of their occupation as part of the 'whore stigma' (Vanwesenbeeck 2017). The shame of this 'whore stigma' leaves women further vulnerable to stigma and discrimination (Benoit et al. 2018; Vanwesenbeeck 2017; Lazarus 2012) and, perhaps worse still, enables perpetrators to harm sex workers with virtual impunity.

In a 2013 interview with the Australian Broadcasting Corporation, a major news media outlet in Australia, Jill Meagher's husband, Tom Meagher, described the structural stigma sex workers face as contributing to the impunity with which Bayley committed his crimes. Consider the following excerpt from the published version of the interview transcript:

> "I'm aware his previous victims in previous cases before Jill were sex workers, and I'll never be convinced that doesn't have something to do with the lenience of his sentence," he said. "Put it like this: if he'd raped five people like Jill that many times in that brutal a fashion, I don't think he would have served eight years in prison." He says that, "sends a disturbing message. What it says to women is if we don't like what you do, you won't get justice…And what it says to people like Bayley is not 'don't rape,' but 'be careful who you rape' (ABC 2013, para 16)

Researchers have reached similar conclusions through systematic comparisons of public reactions to the murders of Jill Meagher, an 'ideal victim' because of her conformity to socio-sexual norms, particularly those underpinned by idealised beliefs of masculinity. These theories of masculinity see socially legitimised acts of violence and sexual prowess as subconsciously normalised, particularly in the minds of perpetrators. The other victim being Joanna Martin, a sixty-five-year old Australian grandmother who worked as an escort and a stripper and whose body was found October 2011 (Thompson & Louise 2014). This is commensurate with the theory of the 'missing white women syndrome,' in which media portray women who are 'sexually deviant' as deserving violence. Thompson and Louise (2014) note that media continuously personified Jill Meagher as the epitome of innocence whereas Tracy Connelly and Joanna Martin received media treatment that focused on their involvement in prostitution. One journalist rather disturbingly attributed the significant public sympathy accorded to the former, rather than the latter, as the result of "a natural attraction to the brown-eyed brunette who always seems to be beaming with the happiness of a newlywed" (Akerman 2013, para 29).

These assertions are an unfortunate indication of the idealistic and dominant gender roles are not only pervasive in Australia, but also internationally (Seymour 2017; Harris et al. 2011). Tracy Connelly's sexuality was placed on public display and her life was heavily scrutinized in a public space through media reports. Her character and personality, which attracted explicit support and love from her community and family before and after her death, was suffused with and reduced to stigmatized discourse surrounding her sex industry

involvement. This is commensurate with numerous arguments that typical media representations of women victims needing attention are based on the assumption the 'good girls' are not sexual except within the socially sanctioned role of wife, which mobilizes women's sexuality solely for the purposes of reproduction (Dunn 2010: 106, cited in Mendes et al 2010). Regardless of the rhetoric and awareness raising of the media regarding stigma and discrimination at the time of Tracy's death, recent media discourse about street-based sex work demonstrates the ongoing sensationalistic language favoured by writers. In the online news site news.com, the journalist provides an explicit, yet almost poetic description of a peer of Tracy Connelly. A provocative photograph exposing a breast accompanies the article and is captioned "A St. Kilda prostitute has spoken about life as a sex worker" with the following introductory paragraph:

> *It's just after 10pm on a Friday and the witching hour has begun along Melbourne's red-light mile. Street sex workers in the inner-city suburb of St Kilda have come out to earn money and are selling services to strangers in cars. Over the next three hours the trade will sizzle along at a cracking pace, with customers in cars whisking women off the street as soon as they return from their last assignation. Seasoned street worker Renee is the prettiest on the street and is earning "$100 for sex, $50 for oral, no less" she tells news.com.au, on her patch outside a late-night shop. The temperature is dropping and Renee wears a red cardigan over her white mini-dress and long bare legs in high heels (Sutton 2017, para 1-5)*

The language used throughout this introductory paragraph such as the trade sizzling along at a 'cracking pace' and descriptions of the worker who 'wears a red cardigan over her white mini-dress and long bare legs in high heels' provides a gendered stereotype of a sex worker with her bare legs and exposed breast, as well as indicates the attire of a typical 'bad girl'. The author also makes an exception for the worker stating that she is 'pretty' which, when a woman faces violence and abuses drugs is irrelevant yet provides an almost poetic version of the down and out street-based sex worker. The issue with this type of inference on sex workers is that it downplays the underlying issues that women face such as drug addiction, entrance into sex work and overall risk management strategies.

The sexuality of "bad girls" is construed as dirty, socially unacceptable, and in need of control or punishment. This social construction of "bad girls" effectively leaves no social

place for these morally degenerate "bad girls" (O'Neil 2008; Mendes et al. 2010; Leibler 2010). This moral panic permeates media representations of women in sex work, who media repeatedly categorises as 'the other' and as a menace to community integrity and values (O'Neill et al. 2008). Interestingly, the Sutton (2017) article "A St. Kilda prostitute has spoken about life as a sex worker" ends with the following three sentences which undermines the gravity of the murders of Tracy and of Jill:

> *Renee was working on St Kilda's streets when Adrian Bayley was free roaming the streets.*
>
> *"I know his face, but he never picked me up," Renee said, making a last, tired joke, "should I take it personally?"*
>
> *Renee drove off for the night, her work on St Kilda's streets over for another week.*

Yet not all journalists adopted this stigmatising tone. Journalist Jane Gilmore, writing in 2013 for the media outlet *Kings Tribune*, titled her coverage of Tracey Connelly's death "Woman Brutally Murdered in Inner Melbourne." While this difference may seem minor, Gilmore's article analyses its significant departure from terminology used in other media outlets by acknowledging that the title and content of a majority of Australian news media articles identified Tracy Connelly as a sex worker, which Gilmore regarded as an act of discrimination:

> *The Age, The Herald Sun, The Daily Telegraph, The Border Mail, The Australian, The Courier, Perth Now, and every other news outlet that ran the story used a combination of "St. Kilda" [and] "Prostitute" – so we [readers] know that she wasn't even just a "prostitute", she was a street prostitute. (Gilmore 2013, para 4)*

Journalist, Mia Freedman (2013) noted that Jill Meagher's photograph frequently featured in media coverage of her death in ways that humanised and made readers sympathise with her as well as her family's loss. Photographs of Tracy Connelly did not appear until much later in news coverage of her death, which meant that the public was unable to identify with her in the same way as they were with Jill Meagher:

When the news broke that a woman had been murdered in St Kilda, there wasn't much media coverage, there were no photos of the woman. The sole identifier the media used for the woman was her profession. She was a sex worker...The media coverage of Tracy's murder was perfunctory. There were no photographs of Tracy Connelly in the media... without seeing her as a person, it can be harder for people to connect and care. The media needs pictures. Without them, news coverage is tiny...I'd like to think the lack of empathy, the complete absence of public support, distress or even shock about the death of Tracy Connelly is because of the lack of photos, not because of her occupation. Very few victims are ever described by the way they support themselves.... Tracy was a sex worker – that's what she did, not who she was. (Freedman 2013, para 8)

Congruent with scholarly evidence indicating that media reports on violence against sex workers generally focus on specific negative themes such as culpability, risk, infection and trafficking (Hallsgrimdottir 2008; Weitzer 2017; Farvid & Glass 2014), much of the media commentary on Tracy Connelly's life focused on her supposed knowledge of the danger she put herself in when she made the choice to exchange sex for money. As reported by the prominent Victorian Newspaper "The Age" in its article *St Kilda prostitute brutally murdered*:

Tracy Connelly had walked St Kilda's red-light district for at least a decade and knew her work was dangerous. In 2005, her minder was run over by a man who was angry that she refused to get in his car, Ms Connelly once told a court.

She tried to survive without sex work, but needed the money (Bucci and Lynch, para 1-2).

Commentary about the dangers and known risks that Tracy would have subjected herself to were indeed common themes across media narratives, as journalist Jane Gilmore further comments:

Tracey Connelly was a "St Kilda Prostitute," there's some underlying sense that she, in some way, deserved what happened to her, she should have known better. The first three paragraphs of the story in [the popular Australian newspaper] The Age read as follows: "Tracy Connelly had walked St. Kilda's red light district for at least a decade and knew her work was dangerous. Her Minder [a Minder is generally a male akin to a pimp] also was run

over by a man who was so angry that she refused to get in his car, Ms Connelly once told a court... she tried to survive without sex work, but needed the money...What if instead of "St. Kilda Prostitute," the headings on all those articles had been "Tracey Connelly, brutally murdered in her home yesterday"? (Gilmore 2013, para 9)

Gilmore characterises dominant cultural perceptions as implying that because Tracey was a sex worker, she somehow deserved to die a violent death. The implication of this belief, of course, is that violence against women who are not involved in selling sex is somehow worse. Gilmore uses irony to surmise public perceptions of Tracey's murder: "To begin with, 'normal people' are less likely to be murdered". As a sex worker, Tracy was not a person, and she did not deserve the same entitlements that a woman murdered should.

Worldwide, media continues to perpetuate fear-based responses to the sex industry and identifies those within it as threats to society's moral fabric (O'Neill et al. 2008; Greer & Jewkes 2004). Historically, regulatory and legislative approaches to sex work have been reactive and dictated by public outcry, which is both reflected in and facilitated by particular types of media reports (O'Neill et al. 2008). Jill Meagher's death and the subsequent public outcry around the fact that Adrian Bayley had such an extensive history of violently assaulting women led to the enforcement of stricter measures governing the release and subsequent monitoring of incarcerated people with a history of violence in the Australian state of Victoria, where Melbourne is located. Tracy's death, and the assaults of many other women in sex work, sparking discussion of legislative reforms, although concerted discussion across the media following her media did begin to address a tendency for the media to further stigmatise sex workers by negatively influencing public opinion.

2.6   Discussion

Structural stigma has a significant and deleterious effect on marginalised groups, including sexual minorities, people with mental illness, and illicit drug users (Hatzenbuehler & Link, 2014; Evans-Lacko et al. 2012). Sex workers are a marginalised group highly subjected to structural stigma in the form of policy and legislation that often criminalises and/or stigmatises their means of earning a living. The media plays a substantial role in exacerbating structural stigma through sensationalistic reports of cis-women street-based sex workers and the chaos and uncertainty underpinning their lives. This phenomenon is not unique to Australia and occurs worldwide (Benoit et al. 2015; Armstrong 2016; Krüsi et al. 2016). Entrenched cultural belief systems, attitudes, gender roles and theories of exploitation and

victimisation have all manifested through media commentary and narrative that further stigmatise and marginalise sex workers (Lazarus et al. 2012; Hallgrimsdottiir 2008; Farvid & Glass, 2014).

This chapter employed a specific Australian case study to document the structural stigma that is pervasive in in relation to the sex industry and replicated and facilitated within media representation of sex workers as deviant and blameworthy social pariahs. The comparison of media responses to the murders of Jill Meagher, the happily married woman, and Tracy Connelly, the transgressive street-based sex worker, emphasizes the power of entrenched belief systems about women's sexuality and the partiality towards antiquated gender norms. Taken together, these cases emphasize how dominant cultural forms generate media and public sympathy generated for the victims of violence who meet gendered cultural expectations while tacitly legitimising violence against sex workers.

Chapter 3: Stigma and discrimination and cis-women sex worker experiences: literature review

3.1   Introduction

"It's just really sad that society can't see that lady rain or shine is out there trying to support an addiction that she's got and she's out there risking her own life at the same time…her mind just could have turned and thought, stuff the prostitution, I'm going to start bashing someone or I'm going to start robbing this or robbing that to get by so that's why society should get a wakeup call that it doesn't matter if the street worker has an addiction or not but we do hold our morals very much even better then what people or some women in society do. That's the way I see it"(Mia, sex worker)

This chapter discusses a range of topics in relation to female cis-women street-based sex workers' experiences of stigma and discrimination and its subsequent impacts. Systemic factors that contribute to a variety of types of enacted stigma and discrimination against female cis-women street-based sex workers are explored through the lens of gender norms. It is also important to keep in mind the complex question of agency regarding cis-women street-based sex workers and the extent to which they are able exercise choice in their work practices. To provide context, the definition of agency I have used in discussing sex workers is drawn from Gatrell (2010: 209) where agency is the "capacity to act independently, despite social constraints: Although this definition can be applied broadly across diverse groups, I use a gendered lens to consider the context of women's labour and personal relationships and argue that their choices are limited in comparison to men, especially their clients, and also in comparison to women who are not sex-workers or are brother-based workers. Questions and opinions about the agency of sex workers are highly contested and debated across a multitude of settings and cultures (Gatrell, 2010). Some argue that the sex worker as agentic is highly contestable, particularly for abolitionists who portray sex workers as victims who are likely to be coerced into the industry. Others argue that sex workers have choice in the labour they perform, suggesting that there is a preference for this form of work, regardless of inherent risks, rather than opting for alternatives in the labour market – mainly due to low pay rates. (Gatrell, 2010).

Following the media analysis in Chapter 2, which explored how sex workers are constructed as the 'whore,' this research narrative focusses on women who work as cis-women street-based sex workers to demonstrate the pervasiveness of the effects of idealised masculinity, and resultant enacted and perceived stigma and discrimination, that impact the lives of these women. This chapter examines violence against female cis-women street-based sex workers from clients and intimate partners, the impact of mental health, drug abuse, and barriers to accessing healthcare and judicial services. The chapter also considers some of the reasons women choose street-based sex work over brothel-based sex work, regardless of the legislated occupational health and safety (OHS) in brothels. Finally, structural stigma, which can be enacted through institutions, legislation and rights – particularly the criminalisation of street-based sex work, and the media are discussed in depth, with a particular focus on how these types of stigmas perpetuate and facilitate the damaging 'whore stigma'.

3.2 Street-based workers' experiences of stigma and discrimination: the damage and the danger

Stigma and discrimination can be manifested in many ways; however, experiences from enacted stigma and discrimination have facilitated sex workers' awareness of the phenomena in its many forms. Universally, it is understood that sex workers experience stigma and discrimination – it can be indirectly and directly demonstrated through legislation, by acts of violence, and through disparaging narratives in both the media and social commentary (Kerrigan et al., 2013; Lazarus et al., 2011; Scorgie et al., 2013; Wong, Holroyd & Bingham, 2011). Sex workers are a heterogeneous group, notwithstanding their ability to demonstrate individual differences in agency, childhood backgrounds and personal experiences and, as such, variations of enacted stigma and discrimination. For instance, there is a tendency for services to assume that cis-women street-based sex workers predominantly hail from dysfunctional families which was the catalyst for street-based sex work. However, not all women enter street-based sex work for these reasons (Orchard et al., 2014). Additionally, it must be recognised that street-based sex work is not a one-dimensional activity, it is, as suggested by McCarthy, Benoit, Jansson and Kolar (2012: 256) a configuration of gender, race, and social class relations of power that intersect with regulatory regimes. Sex work across most counties is a major source of income and 'encompasses a range of world views, life histories and experienced. Cross cultural differences must be considered as well as social and environmental differences to not pinpoint sex workers as a 'single identity' (Benoit, Jansson & Kolar (2012:256)

Yet more so than other workers in the sex industry, such as strippers, brothel-based sex workers and escort workers, cis-women street-based sex workers tend to experience stigma far more frequently through violence and negative responses from service providers, such as the denial of services and inadequate quality of care based on occupation, legislation and service accessibility (Argento et al., 2014; Armstrong, 2014; Lazarus, 2012; Quadara, 2008; Rowe, 2004; Sallmann, 2010; Sanders, 2004; Wong et al., 2011). Such stigma can be due to the belief/perception around the selling of sex on the street for survival. For instance, some of the perceptions of cis-women street-based sex workers are that they are drug addicts who operate at the bottom rung of society, who are less than human, and who are public nuisances and carriers of disease (Benoit, Jansson, Smith & Flagg, 2018; Mellor & Lovell, 2011; Sallmann, 2010). These perceptions are a global phenomenon, with research literatures form widely different places and communities confirming that cis-women street-based sex workers are subject to stigma and discrimination across many social milieus which are generally underpinned by gendered social structures and expectations (Wietzer, 2018). The historical experiences of stigma and discrimination through maltreatment by authorities among cis-women street-based sex workers has created a barrier for workers to report theft, violence and/or sexual harassment (Krüsi, Pacey, Bird, Taylor, Chettiar, Allan, Bennett, Montaner, Kerr & Shannon, 2014). Sex work across all nations remains an occupational hazard and the stigmatisation around working in the industry is omnipresent even after women cease working. Weitzer (2018) contends that therefore globally, women shield themselves from stigma through non-disclosure of their professions to family, friends, and children through using pseudonyms and fabricating socially acceptable employment.

As with many countries, structural limitations are associated with inadequate support for vulnerable women and their children. Across the globe women resort to sex work for multiple reasons and it is important to understand how women who work as cis-women street-based sex workers experience similar forms of stigmatisation and discrimination. Interestingly for Nepalese sex workers, they work predominantly to access resources, education and jobs which are hindered through other means. This is due to entrenched cultural beliefs and patriarchal oppression where women's rights to access is steeped in inequity and structural stigma. For many Nepalese women who are sex workers, the status of a street-based sex worker exacerbates violence, abuse, and social neglect, which can result in marginalisation. However, the idea of agency as an act of survival can account for Nepalese women's choice to be sex workers regardless of experiences of stigma and discrimination. A

study on the lived experiences of sex workers in Kathmandu found that for many, street-based sex work is a form of agency as they reconceptualise the notion of sex work into legitimate employment -despite it being criminalised- particularly when it is a means of provide food and shelter to their families (Basnyat, 2014). At the same time, not unlike street-base sex workers across the globe, they experienced shame, humiliation, and fear of abuse from clients (Basnyat, 2014).

Research has established that women who enter sex work are likely to have been survivors of historical abuse and enter the industry as a way of gaining a measure of control over their bodies and their lives (Campbell, Ahrens, Sefl & Clark, 2003). A research study in Notting Hill, United Kingdom, exploring victimisation and choice of women entering sex work, found that women do have a powerful influence over their choices depending on the levels of intimate partner violence and coercion experienced (Harding & Hamilton, 2009).

Benoit and colleagues (2018) found that stigma is a significant determinant of behaviour and health for sex workers in Ontario, Canada. They argue that it is the conceptualisation of the 'prostitute' and the 'whore stigma' which has detrimental impacts on the daily lives and wellbeing of sex workers is filtered through overarching social systems such as laws, regulations, and media, through community levels such as healthcare and justice systems and on the individual level such as the public and personal relations. This leads to women living potentially dual lives where they weigh the pros and cons of disclosing their occupations to friends and loved ones for fear of stigma. Similarly, research in Hong Kong found that there was also reluctance for sex workers to disclose their occupations for fear of experiencing occupational stigma (see Kong, 2006 in Benoit, Jansson, Smith & Flagg, 2018).

 Further Canadian research by Orchard and colleagues, (2014) in London, Ontario, explored how cis-women street-based sex workers experience and resist violence in both personal and working lives. They found that widespread stigma is inherent in the trade itself and for those involved in sex work. Such stigma is rooted in belief systems that claim sex workers are corrupt and a threat to the social moral fabric. Unfortunately, this type of stigma perpetuates violence, as it becomes justified by those who view women as deviant, corrupt and undeserving. We can see that woman globally, in both developed or emerging nations, have similar experiences when it comes to experiences of enacted stigma and discrimination. Globally, decisions to work in the sex trade are made within the constraints of gender, class and structural limitations which is a form of systemic injustice (Sanders, 2005; Basnyat, 2014).

3.3   Stigma, discrimination and violence against sex workers

Chapter Two outlined the media's portrayal of the murders of two women, one a street-based sex worker, the other, a non-street-based sex worker. This section discusses the violence that tended to be a dominant narrative in Chapter Two where cis-women street-based sex workers' experiences of violence from a range of sources including the police, the public and clients. Violence is a response of stigma and discrimination. Due to scripts of gender norms and masculinity, as identified in Chapter Two, women who are sex workers are constructed as even more unworthy and undeserving than non-cis-women street-based sex workers. This section investigates the literature focussed on the violence that can occur against cis-women street-based sex workers. and the ways in which women and their sexuality have been idealised and entrenched in gender norms and social structures.

In their 2005 report into violence against sex worker and HIV prevention, The World Health Organisation (WHO) (2009) identifies violence as experienced and/or enacted   stigma and discrimination, particularly in the context of sex work. Alongside violence, it was noted that police persecution of sex workers, perceptions of immorality, drug-taking behaviours and disease transmission were assumptions inherent in stigmas against sex workers (Wolffers & van Beelan, 2003; WHO, 2005). Violence, as a stigma falls outside the purview of the law alongside abuse and verbal abuse (Stangl, Earnshaw, Logie et al., 2019). Given the frequency, and the burdens of disease such as mental health, sexually transmitted diseases and physiological issues in relation to violence experienced by sex workers globally, further collective exploration and evidence-based structural interventions are urgently needed (Deering et al., 2014).

Despite extensive research identifying violence as alarming for cis-women street-based sex workers, little has changed in terms of its frequency and intensity. Universally, cis-women street-based sex workers are subject to daily harassment, intimidation by their 'gatekeepers' (those who govern their business, such as pimps, intimate partners, or brothels), and continuously experience violence as part of their lifestyle – also known as their occupational hazard (Bowen & Bungay, 2016; Deering et al., 2014; Thaller & Cimino, 2016). In their systematic review of violence towards sex workers, Deering et al. (2014) found that women who injected drugs, abused alcohol, and engaged in survival sex were more likely to experience elevated levels of violence than other sex workers (indoor workers).

For cis-women street-based sex workers who are exposed to daily stigma and discrimination through acts of violence, there is a profound reluctance to access health services for fear of

further stigma and discrimination (Kurtz, Surratt, Kiley & Inciardi, 2005; Benoit et al., 2018). This is because women not only fear enacted stigma and discrimination from services, but also feel as though they are 'undeserving' of help from formal and recognised legal authorities and, as a result, accept violence as part of the job (Fick, 2005; Sallmann, 2010). This is also reinforced by perpetrators who feel confident enough to act violently, as they believe sex workers lose the entitlement to report the incident and, given the nature of their work, deserve to be punished (Quadara, 2008; Sallmann, 2010; Basnyat, 2014).

Mounting evidence has determined that a large majority of violence against sex workers is perpetrated by clients. However, there is a paucity of literature in understanding the true nature of why clients commit violent acts against sex workers (Pyett & Warr, 1999; Decker, McCauley, Phuengsamran Janyam, Seage & Silverman, 2010; Schwitters et al., 2015). Research iterates that violence tends to be associated with – and heightened by – negotiations around sex and condom usage and is exacerbated when the client has been binge-drinking and/or abusing alcohol (Decker et al., 2010; Decker, Pearson, Illangasekare & Sherman, 2013; Schwitters et al., 2015). The fact is, for these women, working within this industry and with some volatile clients has required them to identify and gauge their environments to avoid risk suggesting inherent levels of agency. Considering these experiences, cis-women street-based sex workers continually resist the violence they are subjected to. As explained by Orchard (2014) women resist through fighting their attackers, charging their abusers and generally fight for their lives. Women use the tools at their disposal regardless of how powerless they are in relation to the structural powers they regularly face (Orchard et al., 2014).

Although it has been identified that women working on the streets have instincts 'homed in by years of dangerous work', which have provided a degree of safety and agency (Harris, Nilan & Kirby, 2011, p. 386), they remain emotionally and psychologically affected by the violence they experience while working in their trade. Despite having agency in self-protection, women are possibly left with the psychosocial impacts of violence, including depression, anxiety, and post-traumatic stress disorder (Love, 2015; Perdue et al., 2012; Roxburgh, Deganhardt & Copeland, 2006).

Additionally, sex workers who are subject to violence are at further risk of physiological issues. In evaluating the correlation between health issues and forced sex perpetration by clients, Sherwood and colleagues (2015) found that these women were more susceptible to STI transmission, experienced reproductive health problems, including unintended

pregnancies, and high levels of depressive issues (Love, 2015; Sherwood et al., 2015). Another prevalent form of violence sometimes experienced by cis-women street-based sex workers is intimate partner violence (IPV). Emerging research has suggested that given the pervasiveness of IPV against cis-women street-based sex workers, it should be considered a determinant of health (Argento, Muldoon, Simo, Deering & Shannon, 2014; Decker et al., 2013). There are several factors that contribute to the relationship between IPV and sex workers experiencing IPV, such as relationships based on financial insecurities and substance abuse. A study undertaken by Agento and colleagues (2014) found the provision of financial support by the partner, supporting a partner's drug habit (through sex work) and the partner sourcing drugs were all related to violence in the relationship and were high correlates of IPV. Other factors influencing IPV with sex workers is relationship dynamics and power structures – particularly those characterised by inequitable belief systems and male proprietariness Thaller & Cimino, 2017). Such structures and characteristics are inseparable from masculinities which shape gender norms – where masculinity equates to power and control over women (Shumka, Strega & Hallgrimsdottir, 2017). In exploring the social and structural violence and power relations of street-based sex work, Shannon and colleagues (2009) found that women were subjected to discriminatory relationships. Intimate partners dominated women's sex work environments by tracking their income and, ultimately, 'limiting their agency'.

Interestingly, cis-women street-based sex workers and their intimate partners tend to lean toward the more traditional roles in a relationship, where the male was, by societal standards, considered the dominating figure (Argento et al., 2014). Unfortunately for many women, this inequity exacerbates gender-based violence and increases stigma and discrimination towards the woman. Experiencing IPV has a profound impact on women. For cis-women street-based sex workers, IPV can ultimately lead to homelessness, unplanned pregnancy (due to client-based violence) and child maltreatment, eventuating in the removal of children from custody (Agento et al., 2014; Duff et al., 2015; Ulibarri et al., 2015).

It has been determined that women who experience IPV are more likely to have experienced not only childhood maltreatment, but also substance abuse and antisocial personality (Love, 2015; Quellet-Morin et al., 2015). Abramsky et al. (2011), in investigating risk factors for IPV, found that childhood exposure to abuse was a strong risk factor of drug abuse for both men and women. For many cis-women street-based sex workers, experiences of childhood abuse is not uncommon and has been found as an antecedent for sex work (Spatz Widom et

al., 2014; Wilson & Widom, 2010). Not only does this reveal that many women have experienced a lifetime of violence, but this can become a posthumous cycle, with their own children experiencing and/or witnessing IPV, increasing the child's future risk of exposure to violence and drug abuse (Abramsky et al., 2011; Wislon & Widom, 2010).

3.4   Sex workers and mental health

Exploring literature in mental health issues that may be experienced by cis-women street-based sex workers is critical in understanding how stigma and discrimination further exacerbate this cohort of women's wellbeing. It must be noted that not all cis-women street-based sex workers experience mental health issues and not all their wellbeing is impacted by stigma and discrimination. Yet there is extant literature exploring mental health and stigma and discrimination which evidences cis-women street-based sex workers as disproportionately experiencing mental health issues compared to non-cis-women street-based sex workers. This section explores qualitative and quantitative evidence relating to mental health issues that can be experienced by street-based sex work through an array of upstream factors.

Whilst women are already known to experience higher rates of depression and anxiety than men across the general population, marginalised groups of women who are more likely to experience even higher rates (Altemus, Sarvaiya & Epperson, 2014; Love, 2015; Rossler et al., 2010; Wing-Yan Yuen, 2016). Research conducted in China comparing rates of psychopathology between female sex workers and the general population found that female sex worker participants had higher rates of psychopathology, drug usage and depressive symptoms, including suicide ideation and behaviours (Hong et al., 2010; Ross, Crisp, Mansson & Hawkes, 2012). Congruent with these findings, Rossler et al. (2010) discovered that Switzerland–based sex workers (both indoor and outdoor workers) experienced higher rates of mental disorders than women who were not sex workers. The authors concluded by recognising mental health issues for sex workers were a serious public health concern (Wing-Yan Yuen et al., 2016). A meta-analysis and systematic review undertaken by Wing-Yan Yuen and colleagues (2016), in exploring associations between sex workers' psychological heath and HIV risk, found that women with higher scores of psychological problems were associated with risk behaviours, such as inconsistent condom use, and thus a higher probability of disease transmissions. Given the many disadvantages that some treet-based sex workers face, mental health and wellbeing is an ongoing issue, and contributes to risky behaviours becoming a barrier to health-seeking behaviour (Pyatt & Warr, 1999; Wing-Yan

Yuen et al., 2016). This is also compounded by some sex workers feeling as though they cannot access health services because of potentially subjective stigma and discrimination. Clearly, health services need to build capability and awareness to help and support women appropriately and to ensure they feel safe.

Other contributory factors associated with mental health include female cis-women street-based sex workers' experiences of violence and abuse, in all its forms. Roxburgh, Deganhardt and Copeland (2006), after examining the impacts of work-related violence in Sydney, found that some cis-women street-based sex workers experienced complex trauma and symptoms of post-traumatic stress disorder because of their lifetime exposure of violence and abuse. Similarly, Harris, Nilan and Kirby (2010), in exploring risk and risk management for sex workers in Australia, found that, some workers had mental health problems prior to their lives as sex workers, yet tended to be exacerbated through the work itself and the stigma and discrimination attached to it. Whilst working as cis-women street-based sex workers, the types of stigma and discrimination experienced by women (either enacted or perceive) can leave them feeling dehumanised, excluded and unworthy when engaging in the community, and will refrain from contributing socially and economically (Pyett & Warr, 1999; Fick, 2005; Jiménez, et al., 2011; Pinkham & Malinowska-Sempruch, 2008; Sanders, 2004; Vanwesenbeeck, 2001). This can ultimately impact mental health through feelings of social isolation. We need to see more education and initiatives that build awareness of some of the adversities faced by these women including homelessness, drug abuse and violence (Rossler et. al., 2010; Harding, 2009). This should be enlightening in understanding not only the source of mental health issues, but for the sake of support and treatment.

3.5   Cis-women street-based sex work and drug abuse

Many studies have concentrated on drug abuse as the catalyst for street-based sex work. Yet ascribing all cis-women street-based sex workers as working to solely maintain a habit is enforcing identities on women that are generalised and erroneous. Women who work as cis-women street-based sex workers do so for other financial reasons, including supporting others and for basic survival needs (Harding, 2008). Yet research has found that despite financing externals from addictions, many cis-women street-based sex workers are preoccupied and faced with the constant struggle of drug addiction.

In Australia, research has identified a strong relationship between drug usage and street-sex work, with over 90% of street-based workers injecting drugs (Moore, 2004; Rowe, 2004;

Weitzer, 2010). In the UK, an exploratory study of the lived experiences of cis-women street-based sex workers noted that 95% of women on the streets abused heroin and/or crack-cocaine (Mellor & Lovell, 2011). Sex work can become a means to maintain drug habits and, as unpalatable as the work seems to the general population, women turn to sex work for survival and to maintain a sense of agency (Harris & Parsons, 2005; Nilan & Kirby, 2010; Rowe, 2004). In the Australian 2004 study *A Raw Deal*, it was identified that many cis-women street-based sex workers were users, particularly of heroin, amphetamines, benzodiazepines and marijuana (Pyett & Warr, 1999; Deering et al., 2011; Rowe, 2003, 2004; Treleavan, 1995). Workers on the streets of Melbourne tended to increase their drug consumption as sex work provided a steady income. These studies demonstrate that for street-workers, it is not the morality of sex work that is problematic; rather, it is the underlying social issues, such as drug addiction and abuse that need to be realised by legislators and social service providers. Research has acknowledged that structural issues that drive the oppression and shape the potential autonomy/identity of women are key factors that should be addressed. As noted by Goodyear and Cusick (2007, legislators should not be preoccupied with moral positions when it comes to managing the wellbeing of marginalised women. On discussing the protection of street-based workers, they state that:

> *[T]he morality of prostitution is not the issue, for morality is "not the laws business". It is state oppression, constraints of autonomy, and the resulting abuse and exploitation of marginalised women (whatever their occupation) that are the real moral issues, as those who care for these women know all too well. (p. 52)*

This commentary underpins the lack of visibility for cis-women street-based sex workers which can ultimately lead to their exploitation and marginalisation if kept as a hidden population. These issues need further exploration before punitive means are undertaken for women who abuse drugs and who turn to street-based sex work, thus building visibility through awareness for those who legislate and provide services.

Drug abuse associated with street-based sex work leads to complicated outcomes. For cis-women street-based sex workers, their addictions were also detrimental to their ability to negotiate costs and condom usage due to the immediacy of withdrawal, placing them at further risk of STI transmission and potential violence (Pyett & Warr, 1999; Deering et al., 2011).

Compared to their non-drug using counterparts, drug-using sex workers tended to suffer from more psychological distress, such as depression, paranoid ideation and anxiety as a consequence of the 'dangerous and degrading' nature of their work (Benoit et al., 2015; Love, 2015; McCarthy & Jansson, 2015; Rowe, 2006; Thronicroft et al., 2000). Young, Boyd and Hubbell (2000) found that women who feel stigmatised as a result of sex work may turn to more drug use as a coping mechanism. This has been reiterated by Rowe, (2006) following a qualitative study on Melbourne cis-women street-based sex workers followed the dominating narrative that following traumas which can include chronic homelessness, the removal of children, mental illness and abuse, these contexts can drive women to use drugs as a form of self-medication to cope.

3.6   Service access

It is commonly known globally that women who are cis-women street-based sex workers are less likely to access required services for fear of staff attitudes on drug-seeking behaviours and embarrassment about their lifestyle choices (Lazarus et al., 2012; Mellor & Lovell, 2011). There are many barriers that women encounter when accessing services, including social barriers such as community and interpersonal stigma, political and structural agendas, such as fear of prosecution for undertaking illegal activities, negative experiences and having their healthcare autonomy compromised (Benoit et al., 2018; Lazarus et al., 2012; Nakagawa & Akpinar-Elci, 2014).

Despite many sex workers experiencing elevated levels of violence and mental health issues, they have problems accessing essential – and often urgent – services. Literature is replete with evidence corroborating sex workers' hesitation in seeking authority assistance in relation to experiences of sexual violence and abuse. As previously mentioned, women who experience violence and abuse from clients are less likely to report to authorities, such as the police, for fear of being prosecuted for soliciting, for feeling unworthy of justice and fear of being deserving of the violence, given the nature of the work (Quadara, 2008; Ross et al., 2012; Sallmann, 2010). Women are anxious about seeking medical attention and assistance from police following an abusive episode from a partner or client, as they consider the consequences of explaining their backgrounds distressful and revealing (Mellor & Lovell, 2011).

In the case of accessing social workers, sex workers are disinclined to reveal any information concerning their drug usage or working the streets. Anxiety about structural interventions

from organisations, such as government departments removing children from their care, was one of the main complications (Dallas, 2006).

Cis-women street-based sex workers are also wary of making connections and building relationships with social workers. Dalla (2006) found that cis-women street-based sex workers experienced a lack of continuity with their appointed social workers. Despite the development of trusting relationships, the social worker would leave the place of employment. This discontinuity discouraged women, as they would have to not only establish new relationships but would also have to disclose distressing and personal information (Dalla, 2006).

A systematic review undertaken by Love (2015), exploring street-level sex workers, found that, as a group, these women are difficult to reach and, as such, their healthcare needs are not prioritised. Some cis-women street-based sex workers have withheld information from healthcare providers, particularly around substance abuse and replacement therapy medications (methadone, suboxone), regardless of desperate health treatments needed for issues such as withdrawal, burns and seizures because of their drug use (Bungay, 2013).

Women accessing services have experienced ambivalence and lower quality of care because of their sex work status or have even been denied care outright (Benoit et al., 2018). Other matters that come in to play in service access are the difficulties women have in maintaining appointments, waiting times, and feeling too sick from drug withdrawals to attend doctors' appointments (Bungay, 2013; Mellor & Lovell, 2011). As recommended by the WHO (2013), health services should be available to sex workers "based on the principles of avoidance of stigma, non-discrimination and the right to health" (2013, p. 22). Lazarus and colleagues (2012) following a study examining factors that shape the health of cis-women street-based sex workers found that removing stigma through legislation and increasing service sensitivity will encourage women to access services and ultimately receive the health care they require This would subsequently (Bungay, 2013; Lazarus, et al., 2012; Tindal, Cook & Foster, 2010).

3.7   Entrance to sex work

There are several reasons why women choose to enter street-based sex work. For many women, their drug addiction can be an antecedent into the industry as a means to support themselves and sustain their addiction Stankiewicz Murphy (2010), in exploring social and economic contexts for street-based sex work, found that women involved in street-based sex were more likely to have histories of maltreatment during their formative years, such as

childhood sexual and physical abuse, and had engaged in drug abuse early in life. Research has also found that women who had historical experiences of high crime, violence and drug use were some of the other commonalities among street-working women despite individual experiences (Cobbina & Oselin, 2011; Dodsworth, 2012a; Harris & Parsons, 2005; Nilan & Kirby, 2010; Rowe, 2004; Stankiewicz Murphy, 2010). As noted in a qualitative study by Dodsworth (2012a: 523), which explored narratives of women's pathways into sex work, several women had unresolved childhood trauma, which had lasting impacts into their adulthood:

> [T]he negative chain reaction of events seems to have led to an increasing inability to cope in the 'outer world', because most of the trauma and loss appear unresolved. It is a pattern that continued throughout their lives, into abusive relationships and the loss of children. They appear to have internalised a negative sense of 'otherness' from childhood that has led to a negative sense of self, predisposing them to further risk experiences.

However, Dodsworth (2012a) was also able to reveal that for several women, the accumulation of risk factors and support experienced throughout childhood were determinants of levels of agency and how they experienced victimhood as a sex worker. Ultimately, it is the feelings of being loved and having people to rely on were the most poignant in fostering resilience later in life. The study evidences interventions assisting women must address individual needs and be targeted and flexible in delivery across different pathways and their stages.

Research has found that for a subset of cis-women street-based sex workers who experienced childhood neglect, this was associated with parents who abused substances themselves (Clarke, Clarke, Roe-Sepowitz & Fey, 2012; Cobbina & Oselin, 2011). Reliance on drugs is one means for individuals to escape their daily realities. Heroin addiction does not discriminate and can affect any person regardless of age, gender, race or social status. It is further suggested that those experiencing addiction can compromise their sense of agency due to the powerful dependency that can come about from heroin addiction. Unfortunately, women who work as sex workers were more likely to be introduced to heroin at a young age by close friends or spouses or can be coerced into sex work by men engaged in criminal activity (Cobbin & Oselin, 2011; Stankiewicz Murphy, 2010; Weitzer, 2009). Generally, these are men who expect these women to also finance their drug addiction.

Running away from home was an additional risk factor for entrance into street-based sex work (Weitzer, 2009). There are scant resources available to runaways. Their vulnerabilities introduce them to crimes and drug abuse and, eventually, at times to selling sex for survival (Mitchell, Finkelhor & Wolak, 2010; Weitzer, 2009). In exploring adolescent entry into sex work, Cobbina and Oselin (2011) discovered that adolescents who were runaways were 'fleeing abuse and reclaiming control' (p. 316). For these young women, running away from abusive homes was the only way they could regain control of their lives and their sexual agency (Cobina & Oselin, 2016). Cobbina and Oselin (2009) found that youth who were abused entered sex work as a means of exerting control and challenging masculinities, having seen that selling sex or using sexuality was a means of obtaining resources and rewards from men. Qualitative studies have identified narratives where women choose to enter street-based sex work to regain control and financial independence. This suggests that for some women, sex work can provide some sense of agency regardless of the risks involved.

Institutionalisation is further noted in the literature as a risk factor for entering street-based sex work. Emerging adolescent girls transitioning from foster care into adulthood have been found to be more at risk of falling through the gaps of intervention services. This has led to a strong association with trading sex behaviours, STI's, drug abuse and sexual trauma (Gerassi, Reid, Plax & Kaushik, 2016). In foster care systems, many youths are subject to rigorous clinical intervention which has been argued as not always necessary (Gerassi, Reid, Plax & Kaushik, 2016). As noted by Salazer and colleagues (2017), this has contributed to service provider perceptions of stigmatisation and re-traumatisation. Subsequently, there is a reluctance for service providers to treat this cohort of youths. Thorburn and de Haan (2014), found that three main factors are salient in youth, particularly young girls and the trading of survival sex: inadequate protection services, childhood sexual abuse and intermediaries. The authors state that "'survival sex' more accurately reflects the inherent lack of choice in children's use of sexual transactions to meet their physiological and social needs" (Thorburn & de Haan, 2014: 14). Many youths engaging in survival sex are between the ages of 12 and 15 when they are unable to provide consent legally and developmentally (Thoburn & de Haan, 2014). Thornburn & de Haan (2014) recommended that policymakers and services consider the historical contexts and unique experiences of youths at risk of survival sex who have been through the foster care system.

Experiences of childhood abuse are not uncommon among female cis-women street-based sex workers and have been found to be an antecedent for sex work (Spatz Widom et al.,

2014; Wilson & Widom, 2010). Not only does this reveal that a subgroup of female cis-women street-based sex workers had experienced a lifetime of IPV violence, but this can become cyclical. When children experience and/or witnessing IPV their future risk of exposure to violence and drug abuse increases (Abramsky et al., 2011; Wislon & Widom, 2010). IPV is also associated with women's experiences of childhood physical and sexual abuse, where the woman is vulnerable to re-victimisation and her prior experiences of violence have normalised IPV. For example, women who have experienced violence throughout their childhood are more likely than women who have not experienced childhood violence to enter violent relationships, as it is familiar and can become an accepted norm, especially in cases where they have developed insecure adult attachments (Widom, Czaja & Dutton, 2014). It has been found that women who experience IPV are more likely to have not only experienced childhood maltreatment, but also substance abuse (Love, 2015; Quellet-Morin et al., 2015).

However, it is important to acknowledge that despite numerous studies on why women enter into street-based sex work, no single determinant or life event cannot be isolated. Rtaher, there tends to be a multitude of complex intersecting factors which, in combination, lead to women's participation in the sex-industry.

3.8 Street-based sex work vs. brothel-based sex work

Although there are no official statistics around the number of sex workers operating across Australia, Quadara (2008) suggested there were up to 20,000 people working as sex workers in any one year. It must be recognised that sex workers are not a homogenous group. The industry has various modalities including stripping, pornography, massage parlours and sex work itself. Sex work is mainly categorised as indoor work, that is, parlours, brothels and escort agencies, and outdoor work, that is, street-based sex work. Legislation concerning sex work varies between state and territories, with some forms of sex work criminalised while others are decriminalised (Donovan et al., 2012). This creates confusion and uncertainty for workers wishing to move from state to state. State-specific legislation in Australia governs the operations of legal sex work industries. Compliance with the *Prostitutions Control Act 1994* (Vic) enables businesses, such as licensed brothels, escort agencies and private sex workers, working individually or for another worker, to operate legally (Lantz, 2005). Peepshow performances, tabletop dancing and strip clubs are also part of the licensed industry (Lantz, 2005).

The decision to decriminalise aspects of sex work in Victoria was an attempt at harm minimisation (Lindorff, Pior Jonson & McGuire, 2012; Sullivan & Jeffreys, 2002).The primary purpose of decriminalisation was the reduction of sexually transmitted infections (STIs), such as HIV/AIDS, and other health risks (Benoit, Jansson, Smith & Flagg, 2017b; Lantz, 2005; Nagy & Powell, 2016; Scarlett Alliance, 2009; WHO, 2013a). In addition, legalisation would further reduce harm to sex workers by enabling collaboration between government, health services, sex-worker proprietors, and community (Banach & Metzenrath, 1999, 2000; Chen et al., 2009).

Compared with brothel-based sex workers, street-based workers operate in more highly stigmatised environment and are more subjected to violence, abuse and harassment (Kalmbauer, 2018). Furthermore, cis-women street-based sex workers are more likely to be marginalised due to an array of factors such as homelessness, drug abuse and criminal activity (Kalmbauer, 2018). Criminalisation of street-based workers has been shown to exacerbate violence and abuse towards women (as discussed later) as well as increase stigma and discrimination. Whist decriminalisation aims to provide sex workers with safe working conditions, it may not be optimum in protecting brothel-based sex workers' rights (Pitcher & Wijers, 2014). Research has found that regardless of legislation, workers in brothels have their autonomy compromised in terms of choosing clients and sex practices and owners and clients vary in their treatment of workers (Pitcher & Wijers, 2014). In terms of legislation, many proponents of criminalisation argue that sex work is implicitly harmful to the wellbeing of workers who are victimised and exploited, and decriminalisation would intensify this. In contrast, there is a dearth of evidence to confirm that a decriminalised model reduces the transmission of HIV and STI's through harm minimisation initiatives. Bearing in mind these often-contradictory debates, it is critical to foreground the actual lived experiences of sex workers. As argued by Baratosy and Wendt (2017) the voices of sex workers are not heard nor included in political processes and developments. Experts tend to advocate on their behalf which does not capture the realities of women's working conditions. Rather, there tends to be a wealth of publications focussing on the victimisation and violence sex workers experience. Baratosy and Wendt (2017), further argue that considering this, research needs to shift from ideological claims on sex work and focus on the daily lives of sex workers.

There are many reasons why women enter brothel-based sex work. Pickering, Maher and Gerard (2009), after interviewing sex workers in Victorian brothels over a five-year period, found that the financial rewards, combined with flexibility, made working in a brothel

attractive to sex workers, particularly single mothers. Some women have reported that they enjoy the work they do and feel 'validated and empowered,' in other words, have healthy agency (Weitzer, 2007, 2010). Weitzer (2010) further notes that some women feel that their self-esteem has improved because of their work. The flexibility of brothel work allows women to work to supplement their income or save towards long-term financial goals (Bilardi et al., 2011; Pickering, Maher & Gerard, 2009; Weistzer, 2010).

However, Pickering, Maher and Gerard (2009) also found that women avoid discussions about work with others and conceal the real nature of their work under the guise of employment such as cleaning or childcare. According to the authors, this is also a form of self-isolation, as women feel they cannot socialise outside the industry or enter into an interpersonal relationship (Pickering et al., 2009; Weitzer, 2010).

A lack of skills, a dramatic drop in income and other issues, such as language barriers for international workers, has made it difficult for older workers to exit the industry (Chen et al., 2010; Pickering et al., 2009). Women are not entitled to sick pay or leave, and at times are expected to work 'around four 10-hour shifts per week' (Sullivan, 2007). A prominent discovery was that the major drawback of brothel work was, as with cis-women street-based sex workers, the social stigma that was a barrier to and limitation in accessing services and social support (Benoit et al., 2017b; Blithe & Wiederhold Wolfe, 2017; Blissbomb, 2010; Pickering et al., 2009; Sallmann, 2010). These stigmas were a burden for many women, permeating into their everyday lives (Blithe & Wiederhold Wolfe, 2017).

Research has indicated that legal workers feel bound by contractual agreements with their employers and fear retribution from their employers by way of publicly revealing their identity (Banach & Metzenrath, 1999; Pickering et al. 2009; Vanwesenbeek, 2005). Workers are less likely to seek legal advice when their rights as an employee are violated, for fear of public identification (Banach & Metzenrath, 1999; Lantz, 2005; Perkins & Lovejoy, 1996; Vanwesenbeek, 2005).

Within some brothel environments, owners are omnipotent. As noted by Wade (1991):

> *There is no power greater than the boss and, with no union or arbitration commission, there can be very little staff solidarity. The authority of an irrational or prejudiced boss is likely to be unchallenged. The manager may impose whatever rules suit reasonable people. In many cases where a girl has been working in one place for a long period of time, the boss will grant her privileges*

in recognition of her loyalty. There are also impossible tyrants among brothel management who can make working in their brothels unbearable. (p. 140)

Unlike brothel-based workers, who are required to undergo mandatory STI testing, some cis-women street-based sex workers are exposed to STIs through engaging in unprotected sex. Although they are aware of barrier protection, some workers will negotiate sex without a condom if they are suffering from withdrawals from drug addiction and desperately want the job (Deering et al., 2011; Harris, Nilan & Kirby, 2010).

Furthermore, regardless of some of the issues that women can encounter working in brothels, women are more likely to develop relationships with other brothel workers compared with cis-women street-based sex workers. This would provide women with social support and offer a safer space for them to operate in. According to Wade (1991), unlike those of street-based workers, these friendships are long-lasting and close. Compared with brothel-based workers, cis-women street-based sex workers are less likely to form friendships with other workers for several reasons – they are too busy finding clients, are territorial about the areas they work from and, if there is a friendship, it unlikely to venture past work into other areas of their lives (Wade, 1991).

Although it is safer for women to work in brothels and to be in a more supportive environment, literature has shown that the main reason women choose to work the streets instead of indoors is because the street enables workers certain 'freedoms' unattainable in brothels, albeit the many potential risks they are exposed to. Choosing to work on the streets allows some street workers greater financial independence, as they argue they do not need to provide management with a portion of their earnings.

3.9   Occupational health and safety

Unlike brothel-based workers, in many Organization for Economic Cooperation and Development (OECD) countries there is no OHS legislation that street-based workers have access to, leaving them a high-risk population. Unfortunately, as discussed in Chapter Two, crimes against sex workers are not always taken seriously by authorities due to the perception that they are culpable, and this compromises the already unsatisfactory OHS conditions of street worker (Le, Ngugyen, Tran, Schwandt & Lim, 2016; Nagy & Powell, 2016; Quadara, 2008; Trevelaer, 1995). Debates around decriminalisation are focused on the notions of victimisation and exploitation and have political and theoretical underpinnings which fall into two broad categories: of abolitionists and pro-sex work advocates. For example, abolitionists

such as Mary Lucille Sullivan, believe that sex work in all its forms inexorably subjects women to victimisation and exploitation. Sullivan (2007b) argues that decriminalisation condones violence against women. Although the OHS implemented in Australian brothels is designed to keep women safe from violence, Sullivan argues that this is impossible when sex work is inherently violent:

> OHS codes for the prostitution industry make clear that prostituted women must adapt their behaviour, for example, to minimise the violence in prostitution as such violence is acknowledged as an occupational health risk within the prostitution work environment. This adaptive approach is inevitable as prostitution work practices and the prostitution work environment are inherently harmful, thus risks to women's health and safety cannot be eliminated. (p. 254)

Pro sex-work advocates contend that sex work is a choice for women and a legitimate form of labour. They argue that pragmatic methods of dealing with the industry are essential, as there will always be men and women working in the industry (Hubbard, 2006). Approaching the industry as a non-homogenous and non-dichotomous population is essential in providing effective risk reduction and harm minimisation strategies (Boris, Gilmore & Parrenas, 2010). Those who support decriminalisation believe that it positively impacts the lives of sex workers.

In assessing the impact of health promotion services on sex workers across three different Australian cities within three different sex worker legislations (Melbourne, Sydney and Perth), Harcourt and colleagues (2010) discovered that the legal context did affect health promotion programs. Legalised brothels in Sydney were found to have high rates of financial support for the sex workers, as well as good access to outreach workers to educate and support them. Melbourne, also legalised, had the best OHS outcomes. Perth, whose brothels are illegal, had the lowest health and safety levels (Harcourt et al., 2010).

In New Zealand, the Prostitution Law Reform (2003) decriminalised sex work on all levels. As a result, improvements have been witnessed in OHS, demonstrating that such reforms safeguard the basic human rights of workers – for example, access to health services and support and reducing discrimination against women (Abel & Fitzgerald, 2010; Armstrong, 2014; Bennett, 2009; Nagy & Powell, 2016). Furthermore, a case study in 2009 of the New Zealand Prostitutes Collective, a group who strongly advocated for the reform of New Zealand legislation, found the impacts of this reform had increased condom usage by street-

based workers, and had seen improvements in the relationships between workers, police and politicians (Bennett, 2009; Laverack & Whipple, 2010). Abel and Fitzgerald (2010) found that post-decriminalisation, sex workers' perceptions of safety increased their confidence in functioning in society. Women now felt more confident in reporting incidences to police and their perceptions of being stigmatised had decreased.

Arguments for decriminalisation centre on the belief/perception/idea that it will increase the safety of sex workers and decrease encounters with occupational hazards. Not only will decriminalisation increase the visibility of women, but will reduce violence, stigma and discrimination, instead of forcing the trade underground (Arnot, 2002; Benoit et al., 2017b; Banach & Metzenrath, 1999; Dewey & Germaine, 2014; Le et al., 2016; Nagy & Powell, 2016; Pickering, Maher & Gerard, 2009; Quadara, 2008; Rowe, 2004; Trevelaer, 1995; WHO, 2013a). Australian researcher Rowe (2004) discussed the advantages of 'tolerance zones'[1], where street-based workers are geographically located within a designated area without the threat of being charged with soliciting for prostitution. Tolerance zones could potentially decrease levels of discrimination and address issues of violence by offering workers access to safe and secure areas (known as street-service centres) to service clients, and through protecting workers from harassment and abuse (Rowe, 2004). Street-based workers are subjected to clients who are potentially drunk, violent by nature and/or mentally disturbed, whereas brothel-based workers are more likely to have control over their clients, with access to safety switches and surveillance equipment, as well as having other staff members to increase their safety (Pickering et al., 2008; Quadara, 2008). That said, what happens behind closed brothel doors is still unknown.

3.10   Legislation and rights

Legislation and sex work policy is an emotionally and politically charged issue among not only politicians, but also feminists, community leaders, health experts and religious leaders. In discourse and decision making around this topic, clearly issues of human rights, stigma and discrimination are unsurprisingly intertwined with such debates. Despite any actual or recommended changes in policies and regulations, academics and lobbyists have disputed the extent to which increases in human rights for sex workers decrease levels of stigma and

---

[1] Tolerance zones were an initiative proposed by the Attorney General's Street Prostitution Advisory Council in response to the growing concerns and complaints about cis-women street-based sex workers in the Melbourne suburb of St. Kilda, a highly notorious area in Australia for street workers. Unfortunately, recommendations (made in 2002) for the introduction to tolerance zones was not enacted and remains the only political attempt at addressing issues about cis-women street-based sex workers in St. Kilda.

discrimination (Benoit et al., 2017a; Nagy & Powell, 2016; Scarlett Alliance, 2009; WHO, 2013a). In Australia, there is no consistent agreement on whether sex work in general should be legalised or criminalised, and legislation is devolved to states and territories. As noted by Nagy and Powell (2010):

> [T]he differences between the jurisdictions' policies and legislation begin with where or how the sex work is performed, whether or not it is licensed, and who else is involved in the business side of the work. (p. 5)

That there is little decriminalisation across the nation is perhaps explained by Weitzer's (2010) observation that, in the US, such liberalisation has no political advantages. In fact, should a state or territory decriminalise sex work, this tends to be perceived as condoning sex work, rather than as a harm minimisation strategy (Weitzer, 2010, 2011). Barber (2019), in exploring sex workers' perspectives of labour and determining if there is common ground where models of legislation can be used, acknowledges that sex workers are not identical. To date, legislation has been incapable of encapsulating the multiplicity of sex workers' experiences and, most importantly, their needs. Criminalisation is an ineffective legal model as it hinders agency and pushes women into invisibility. Barber (2019: 14) explains:

> Criminalization means sex workers, and those who are sex trafficked are often just as punished as buyers. It removes agency from the sex workers and conflates sex trafficking victims to sex workers. This model also pushes sex work more underground making it even more dangerous. Those who are most policed by these laws are the most visible sex workers, likely the streetwalkers.

Interestingly, in Victorian, Queensland, and South Australian brothels it is mandatory for a sex worker to be STI tested to protect the wellbeing of the client. That said, there is no mandatory law regarding the client being tested to ensure sex worker safety (Chen et al., 2010; Nagy & Powell, 2010). Additionally, it is an offence for a sex worker to knowingly do business with a client if they have an STI (Chen et al., 2010; Nagy & Powell, 2010), which indicates that Australian laws are not put in place as a means of protecting sex workers – if anything, these asymmetrical laws tend to preserve stigmatisation against sex workers and deem it an illegitimate form of work (Nagy & Powell, 2010; Sullivan, 2007). These laws also assume that sex worker clientele present to sex workers free from STIs, and that it is the sex worker who is more likely to carry a contagion. This also denotes that it is ok for men to

potentially have unprotected sex, and reinforces behaviours and attitudes shaped by the gender norms.

Despite the fragmentation of a national regulation, stringent legislation in states such as Victoria has meant that women working within this regulated environment have access to a variety of resources, including condoms, clean rooms, heating, tea, coffee, and information for clients about the policy for protected sex (AIC, 2015; Groves et al., 2008). Additionally, women working in Victorian brothels have low incidences of STI infections through the practice and knowledge of safe sex (Groves et al., 2008). The main objectives of *The Prostitutes Control Act* (1994) are to:

- protect children from exploitation and coercion,
- lessen the impact on the community,
- seek to ensure that criminals are not involved in the industry,
- ensure brothels are not in residential areas frequented by children,
- ensure no one person at any one time has more than one brothel license permit,
- maximise the protection of sex workers and clients from health risks,
- maximise the protection of sex workers from violence and exploitation,
- ensure brothels are accessible to law enforcement officers, health workers and other social service providers,
- promote the welfare and OHS of sex workers.

Nagy and Powell (2010) argue that, in general, Australian legislation has the propensity to punish sex workers regardless of it being criminalised in some states. They claim that policymakers aim for the approach of 'social-cultural risks' when legislating for sex work. Benoit and colleagues (2017a), in analysing the punitive approach of Canada's sex work laws, argue that laws are still driven by ideologies and labels these types of political approaches as 'morality politics' (p. 13). Scholarly interest in morality emerged over the past decade to address political agendas that are tainted by judgement and stigma, including issues such as same-sex marriage, drug regulation and abortion (Knill, 2013). In relation to sex worker policy, literature contends that it has not departed a great deal from historical contexts (Rodríguez García & Gillis, 2017). Rodríguez García and Gillis, (2017) clearly articulate how gender norms has been applied to regulating sex work throughout history:

Female promiscuity has been condemned in all patriarchal societies because it makes it difficult for men to determine paternity and, from women's point of view, it makes it hard to

secure healthy, faithful husbands or partners. The nexus between female licentiousness and financial or material gain exacerbates men's anxiety in terms of their traditional roles as family heads and breadwinners. In short, the female capacity of opportunistic promiscuity threatens the very premise of the patriarchal family, and the prostitute is a constant reminder of this ability (p. 261)

Many laws are not developed based on empirical evidence that provides insight into the effectiveness of the relevant legislation (Benoit et al., 2017a). In Australia, this can be illustrated by Western Australia's legislation. Western Australia's 2007 *Prostitution Amendment Bill* maintains that its purpose is to address (or redress) the regulation of prostitution in the contexts of public health, exploitation of children and sex workers in general. In the 2011 Bill overhaul, the amendment was a shift from the public health, sex workers and sexual exploitation to concerns and about law and order (Nagy & Powell, 2010). This type of structural stigma has far-reaching effects and has filtered through to individual cases. For example, Sullivan (2007a) recounts a blatant case of stigma and discrimination in Australia. In 1992, the Supreme Court of Victorian Court of Criminal Appeals reviewed a case where the defendant indecently assaulted a sex worker with aggravating circumstances and kidnapping. A lighter sentence was handed to the defendant on the grounds that because the victim was a sex worker, the impacts were 'much less a factor in this case and lessens the gravity of the offences' (p. 12). Although the judge at the time was not found to be 'in breach of any sentencing principle when he dealt with the matter as he did on the basis that the complainant was a prostitute' (p. 12), the Director of Prosecutions filed an appeal against the sentence and, as a result, the defendant was given a legally appropriate sentence (Sullivan, 2007a).

Regardless of policy in prostitution being criticised over a century ago as maintaining the men's systemic power over women, being sexist and perpetuating discrimination, as Sallman (2011) points out, not much has changed. She observed from her findings that legislation needs to revisit the impact it has on the illegal industry. Policy that tends to criminalise sex workers has been associated with violence against sex workers, because punitive laws are able to conceal violence, further compromising women's rights in accessing services (Sarawathi Seshu, 2003; WHO, 2013).

Street-based workers are negatively impacted upon as a consequence of legislation, as it has a proclivity to unfairly punish them. Sallman (2011) further argues that victim-blaming responses, such as a street worker deserving her rape, are preventing women from reporting

abuse and seeking protection from the law. Goodyear and Cusick (2007) contend that although implementing a model of decriminalisation for street-based workers will not entirely eradicate sex work, it will promote a safer environment for workers and improve their accessibility to services. There has been more of a movement toward the recognition of stigmatisation required in legislation and its intersection with human rights. For example, Scarlett Alliance (2009) argue that the protection of sex workers' human rights is essential in negotiating sex with clients. They suggest that proper attention to sex-workers' rights encourage clients to view sex workers as worthy citizens, and that this can potentially reduce acts of violence. In their report assessing Australian Government legislation and sex worker discrimination, Banach & Metzenrath (1999) observed:

> *Laws in the majority of Australian jurisdictions are concerned with controlling the sex industry whilst not 'legitimising' or 'promoting' sex work as a viable work option. This is achieved by prohibiting work in certain sectors of the sex industry. Further, sex industry laws often actively discriminate against the development of, and sex workers access to, mechanisms and legal remedies to address discrimination experienced in the workplace or in conducting sex industry businesses. This is particularly applied to sex workers who work in prohibited sectors of the sex industry. (p. 6)*

As previously mentioned, across Australia there is a clear fragmentation in regulating the sex industry. Street-based sex work is decriminalised in New South Wales yet is criminalised in the rest of the states and territories (Crofts & Summerfield, 2006; Sullivan, 2010). Brothel and escort agencies are legalised in all states and territories except Western Australia and Tasmania (Crofts & Summerfield, 2006).

Empirical research into Victorian legislation has shown that law reforms legalising brothel-based sex work has tended to increase negative attitudes toward the sex industry. For acceptance and reductions in stigma and discrimination, the wider community must accept sex work as a legitimised occupation (Arnot, 2002). The voices of workers and their daily experiences is critical in shaping the development of appropriate policies around the trade.

Interestingly, literature that has reviewed and commented on the issues surrounding licensing and regulation has shown that, globally, criminalisation of sex work has negatively impacted the rights of women in the industry. In exploring the impact of the anti-prostitution pledge by American–based organisation the Urban Justice Centre, it was found that the pledge is

incongruous with the Universal Declaration of Human Rights (UDHR). For example, the UDHR states individuals have the right to "security of the person", "equal protection from the law" and the right to feel "freedom from inhumane and degrading treatment" (Khan & Iyer, 2007). The literature highlights that sex workers experience extraordinarily little, if any at all, of these declared rights. In 2006, the Bush administration in the United States implemented the initiative President's Emergency Plan for AIDS Relief (PEPFAR), to combat and reduce the global HIV/AIDS epidemic. In practice, PEPFAR has become into a morality-based program that has undermined much of the health promotion campaigning underway in HIV/AIDS–prolific countries, such as those in the horn of Africa and East Asia (Khan & Ilyer, 2007). As for impacts on stigma and discrimination, the anti-prostitution pledge has compounded the negative impacts of stigma and discrimination through further hindrances to health services and resources, such as condoms and information about STIs, by condemning and denouncing sexual commerce and women living as sex workers.

Moreover, these rights are also reinforced through Article 2 in the Convention on the Elimination of All Forms of Violence Against Women (CEDAW), which, in saying 'all violence' assumes this includes violence against sex workers. In this Article, women have the right:

(a) To embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realisation of this principle,

(b) To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women,

(c) To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination,

(d) To refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation,

(e) To take all appropriate measures to eliminate discrimination against women by any person, organisation or enterprise,

(f) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women,

(g) To repeal all national penal provisions which constitute discrimination against women.

The Australian response to the 935th and 936th meetings of the Committee on the Elimination of Discrimination against Women (held July 2010) notes, in the subsequent report *Concluding observations of the Committee on the Elimination of Discrimination against Women*, that State parties acknowledge that no efforts to regulate sex work have been made by the State party and are still faced with the issues of 'demand for service'. The recommendation was to implement measures that discourage women from entering the industry, as well as exiting strategies for women wishing to discontinue as a sex worker (CEDAW Committee, 2010). There was no mention in the report about grassroots consultations to unravel and identify issues that sex workers in Australia often encounter.

Whilst stigma and discrimination in the sex industry are not new phenomena, it is still not a well-researched area, nationally and internationally. Although research has interpreted sex workers' experiences of stigma and discrimination, there remains a paucity of literature as to the experiential impacts of stigma and discrimination on women working in the industry. The research undertaken in this thesis is, to date, the only qualitative research in Australia specifically exploring the impacts of stigma and discrimination in the sex industry through direct engagement with street-based sex-workers.

Discussion

In this chapter I have reviewed issues pertinent to the stigma and discrimination experienced by cis-women street-based sex workers. It is clear from the literature that stigma and discrimination are shaped through historical constructions of gender and sexuality, especially as shaped by ideas of masculinity. These gendered relations and practices result in violence, health problems and rejection for female sex-workers. These manifestations are also a global occurrence, with research literatures identifying not only women's experiences of violence and issues with mental health, but also how historical gender norms have influenced contemporary notions of sex work.

Scholars have also identified that women have a sense of agency regardless of the inherent risks in cis-women street-based sex workers. Cis-women street-based sex workers tend to have choices and control over their bodies, and many women choose to work to make ends meet for themselves and their families.

 As demonstrated, for some cis-women street-based sex workers there are a range of risk factors that are predeterminants into street-based sex work. For some women, childhood

victimisation and exploitation, institutionalisation and relationships with others involved in the street subculture can become a trajectory for drug abuse and subsequent survival sex. Unfortunately, this can become an impenetrable cycle. For example, mental health issues can impact cis-women street-based sex workers and feed into the cycle of violence and abuse they may experience, and this often intensifies drug abuse and feelings of unworthiness. Accessing services can also be difficult for some cis-women street-based sex workers, as they not only experience enacted stigma and discrimination by receiving inadequate care, but they internalise it, leading to a fear of accessing service provision.

This chapter also looked further into the literature to explore the differences between cis-women street-based sex workers and brothel-based sex workers. Apart from the obvious, where there tends to be more safeguards in place for women involved in brothel work due to legislation, it was shown that they also experience levels of stigma and discrimination. Like cis-women street-based sex workers, some brothel-based sex workers tend to conceal the nature of their work and do not socialise nor enter personal relationships for fear of rejection.

Finally, this chapter discussed the role of structural stigma through legislation and rights, where attitudes and beliefs are shaped by 'moral politics' where governmental decisions are based on enduring, conservative social gender norms that perpetuate unequal relations between men and women and situate sex-workers as whores. Criminalisation was shown by the literature to negatively impact women through perpetuating the notion of the 'whore' stigma, where sex workers can be perceived by the public as unworthy vectors of disease. Contributing to structural stigma are the narratives and discourse used by the media in referring to and discussing cis-women street-based sex workers, influencing public attitudes about cis-women street-based sex workers.

Chapter 4: Stigma and discrimination: theoretical framework

4.1   Introduction

The purpose of this chapter is to provide an account of the ways in which theories of stigma, discrimination inform both the fieldwork with sex-workers and the media analysis of the ways in which accounts of sexual violence against sex female workers differs from that of non-sex workers.

In this chapter I give a brief overview of various theoretical models of stigma and discrimination and outline the key concepts that apply directly to my own research. I explore stigma and discrimination theories across different levels of society and how these impact certain vulnerable populations, including sex workers and people living with HIV/AIDS (PLWHA). I also discuss the relationship of these models of stigma and discrimination experienced by cis-women street-based sex workers with gender norms and symbolic violence. I emphasise how the stigma and discrimination experienced by cis-women street-based sex workers is intensified due to social perceptions of the ideal masculine and gendered women's roles (Morettini, 2016).

In the sections that follow I address theories of stigma, discrimination to contextualise and elaborate upon the relationship between them and the ways in which they impact the experiences of female, cis-women street-based sex workers.

4.2   Stigma and discrimination

From a sociological perspective, to discriminate denotes the individual as the source of division and separation or, more broadly, exclusion/and or rejection from a group or membership (Krieger, 1999). Discrimination is generally considered to be/known as the behavioural response to sigma which includes the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, ability, or sexual orientation (Link & Phelan, 2006; Thornicroft, Rose, Kassam & Sartorios, 2007).

The Australian Human Rights and Equal Opportunity Commission (HREOC) denounces acts of discrimination as a violation of basic human rights. *The Australian Human Rights Commission Act (1986)* defines discrimination as:

> *(a) any distinction, exclusion or preference made on the basis of race, colour,*
> *sex, religion, political opinion, national extraction or social origin that has the*

effect of nullifying or impairing equality of opportunity or treatment in

employment or occupation (AHRCA, 2009, p. 10).

Research has highlighted the importance of differentiating between stigma and discrimination. Discrimination is classified as an undesirable behavioural phenomenon towards an individual, the result of stigma and prejudice (Campbell & Deacon, 2006; Fick, 2005; Gerrard, Gibbons, Fleischli, Cutrona & Stock, 2017). Discrimination continues to persist in the lives of those experiencing stigmatisation and has significant deleterious effect (Gerrard et al., 2017; Singletary & Hebl, 2009; Thornicroft, Brohan, Kassam & Lewis-Holmes, 2008). For of those within minority groups, discrimination is an inevitable daily occurrence that has been found to cause significant harm to an individual's physical and psychological wellbeing (Pascoe & Smart Richman, 2009; Ruggiero & Taylor, 1997; Schmitt, Branscombe, Postmes & Garcia, 2014; Thoits, 2010,).

The Australian 2017 Human Rights Commission Report *Violence Against Women in Australia* indicated that 1.5% of women had reported violence from a current intimate partner or former partner, whereas 16.9% of women reported they had experienced IPV since the age of 15. These statistics did not include other forms of violence, such as financial and/or emotional abuse (Australian Bureau of Statistics, 2012; Australian Human Rights Commission, 2017).

Given that social beliefs relating to gender norms are significantly implicated in gender-based violence (Jewkes, Flood & Lang, 2015), there is an urgent need for these norms and entrenched belief systems, in which women are positioned as secondary to the primacy of the male, to undergo a significant shift (Flood & Pease, 2009).

According to the United Nations Convention on the Elimination of All Forms of Discrimination against Women, the definition of gender-based violence or abuse is "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations, 1993).

Sex workers, particularly street-based workers, are prone to higher rates of violence due to intersections among socially constructed identity categories, such as gender, ethnicity, and injecting drug usage. In the face of gender-based violence, sex workers' experiences are magnified, as they experience not only IPV, but also violence from clients (Argento et al.,

2014; Thaller & Cimino, 2017). As noted by Thaller and Cimino (2017), IPV tends to be akin to male proprietariness, where there is an inherent belief that a woman is 'sexual and reproductive property to be owned and exchanged' (p. 202). Unfortunately for sex workers, research has found that they are seldom addressed in the discourses around experience of gender-based violence and are perhaps deemed unworthy of consideration and inclusion (Shannon et al., 2009). It has further been found that homelessness, drug abuse and risk-taking behaviours with clients were all independently associated with gender-based violence (Shannon et al., 2009).

Enactments of stigma and discrimination against both cis-women street-based sex workers and non-cis-women street-based sex workers correlates with aspects of masculinity as a practice of domination and control through which men, and institutions that privilege men, subordinate women and their interests. In the context of understanding violence against sex-workers, gender-based violence are modes of oppression by which men achieve their desire to control women. According to Antai (2011), men use violence to control people and the environment around them. Clients of cis-women street-based sex workers view them as easy and vulnerable targets, capitalising on the psychosocial belief system that these women are second-class citizens who are unworthy of justice – not unlike historical perspectives of women (Flood & Pease, 2009; Sallman, 2011).

4.3   Impacts of stigma and discrimination

Stigma and discrimination generally occur together. When targeted populations (such as minority populations) are subjected to these behaviours, not only does it pose a significant threat to the psychological wellbeing of individuals, yet it also contributes to overall poor outcomes across a variety of settings. As stigma primarily tends to be a social process, those being stigmatised experience oppression, where the stigmatised individual may experience unjust and cruel treatment with resultant impacts on a variety of behaviours, such as the ability to access required services (particularly in the health setting) and serious mental distress (Gerard et al., 2017; Hatzenbuehler, Nolen-Hoeksema & Dovidio, 2009; King, Maman, Bowling, Moracco & Dudina, 2013; Phelan, Lucus, Ridgeway & Taylor, 2013). Sex workers are often considered as the 'bridge' between clients and their respective partners in the transmission of HIV, or, for that matter, any disease (Lee, Binger, Hocking & Fairley, 2005; Morton, Tabrizi, Garland & Lee, 2002; Seib, Debattista, Fischer, Dunne & Najman,

2009). This perceived notion contributes to sex workers further internalising stigma and discrimination, significantly impacting their wellbeing and individualised processes of stigma (Bryan, Kim & Fredriksen-Goldsen, 2017; Pinkham & Malinowska-Semruch, 2008; Schmitt, Postmes, Branscombe & Garcia, 2014).

4.4   Models of stigma/stigma and discrimination

Twentieth century social theorist Erving Goffman's work on stigma was highly influential across academia (Arboleda-Flórez, 2003; Hammond, 2014; Ostrom, Serovich, Lim & Mason, 2006). Goffman (1963) theorised that the experience of stigma was caused by an individual's undesirability of a particular trait/s (i.e., through behaviour, race, sexual orientation), and becomes a label or stereotype. Goffman defines stigma as:

> *The phenomenon whereby an individual with an attribute is deeply discredited by his/her society [and] is rejected as a result of the attribute. Stigma is a process by which the reaction of others spoils normal identity (p. 3).*

Since Goffman's (1963) seminal work on stigma, *Notes on the Management of Spoiled Identity,* the following two decades saw the development and introduction of various theories, models and frameworks that attempted to better define and rationalise stigma and discrimination over a range of contexts and settings (Link & Phelan, 2001; Weiss, Ramakrishna & Sommer, 2006,). Further definitions have suggested stigma is not a unidimensional phenomenon, as suggested by Goffman; rather, that it is a scaled and complex issue (Sayce, 1998). This complex phenomenon has become plural and interdisciplinary, tackled by social scientists and anthropologists alike, resulting in the emergence of key stigma and discrimination conceptualisations.

Since Goffman's work on stigma, several alternative theories have emerged. Allport (1954), in his work on *The Nature of Prejudice*, noted that antipathy toward an ethnic group is the foundation of his model of stigma. He argued that each ethnic group experienced varying levels of prejudice. He assumed that there are varying extremes of stigma, where complete discrimination is an act of extreme prejudice. The greater the discrimination against an individual or group, the greater their dehumanisation and comparison to an animal or inanimate object (Allport, 1954; Harris & Fiske, 2006).

Another popular model of stigma and prejudice postulates that individuals operate on multiple identities, based on interactions with different groups (e.g., employee, parent ethnicity), with one such example being the Social Identity Theory (Tafjel & Turner, 1979,

1986). The individual's self-concept is derived from membership within these groups, and the stronger the individual's identity with a group, the higher the individual's experience of positive self-esteem. Prejudice occurs when the individual's desire to remain as a positive member of the group is threatened by conflict or competition for resources with another (Dovidio, Hewstone, Glick & Esses, 2010). In-group favouritism is a central concept of this model; for example, when a member has characteristics that do not conform to group standards, they may be victims of stigma and discrimination (Crocker & Garcia, 2006; Tafjel & Turner, 1986).

Link and Phelan's (2001) *Conceptualising Stigma* focuses on stigma as a construct of labelling, stereotyping and cognitive separation, such as the notions of 'us' and 'them'. The authors argue against models of stigma as being simply unidimensional; instead, they use their multileveled approach to analyse how power influences occurrences of stigma and discrimination, and the impact of this on underprivileged populations, such as the homeless, those of low socioeconomic status, the mentally ill and sex workers. (Link & Phelan, 2001).

Corrigan (2004), in exploring different theories of stigma and discrimination, has contributed to conceptualisations of public stigma and self-experience of stigma and discrimination. As Corrigan identified in his work, the consequences of these experiences have been the diminishment of wellbeing and self-esteem, as well as the decline of participation in social activities and services.

4.5   Public stigma and social processes

Unlike Goffman's model, where stigma was a one-dimensional breach of the 'norms of identity or being' (1967, p. 144), stigma is multifaceted and dependent on the individual, including elements such as 'labelling, stereotyping, separation, status-loss, and discrimination within the context of power differentials' (Link & Phelan, 2001). Understanding the sociocultural processes and relations of power that underpin stigma are essential, particularly in unravelling legislation and cultural change (Thornicroft, 2008; Kleinman & Hall-Clifford, 2009). As theorists have suggested, the social processes of stigma are nested in historical contexts and are commonly perpetrated by those in power to those who are considered subordinate (Link & Phelan, 2001). Stereotypes and prejudices are inherent within the social processes of stigma and can be better understood through an individual's membership with a stigmatised and marginalised group (i.e., religious group, sexual orientation) (Devine, 1989).

In reviewing current and classic theories, as well as considering scientific perspectives, of social stigma, Frost, (2011) found that the socially marginalised were excluded from social participation because of social stigma. Laws, policies, and religious institutions are constructed in ways that promulgate the stigmas that accompany stigmatised groups. According to Frost (2011):

> *The rights, freedoms, and resources of the stigmatized are limited compared to the non-stigmatized. Structural inequalities both stem from and perpetuate social stigma by reinforcing negative connotations of stigmatized groups via limiting their participation in society. (p. 825)*

4.6   Structural stigma

Structural stigma and discrimination occur when an institution systemically and systematically stigmatises a specific group of people (Corrigan, Watson, Gracia, Slopen, Rasinski & Hall, 2005; Hatzenbuehler, 2017). This type of stigma and discrimination decentralises the individual as the focus (an individual's actions because of stigma) and looks at the broader consequences of stigmas that infiltrate institutions, policies, and structural processes (Hatzenbuehler & Link, 2014). As structural stigma and discrimination are often diffuse and less visible, for instance labelling and stereotyping, it is pervasive and more difficult to identify and contest. Link and Phelan (2006) emphasise that structural stigma and discrimination are implicit through developing this. For instance, when a white employer, who is looking for job recommendations, would rely on suggestions from white employees who, in turn, would recommend white candidates. Although the exclusion was not intentional towards black candidates, discrimination has still occurred on a subconscious level (Link & Phelan, 2006).

Other, more obvious forms of structural stigma are demonstrated through legislation and media. Media as a core information exchange mechanism can inform attitudes and perpetuate emotional responses from the wider population. Media reports generally opt to sensationalise events, and, as an example, in the case of individuals with mental illness, tend to portray them as threatening and violent (Reavley, Jorm & Morgan, 2016). Corrigan and colleagues, (2005) explored the messages portrayed by news media when reporting on mental illness. They found that news media had the propensity to promulgate stigmatised messages about mental illness, such as dangerousness and violence (Corrigan et al., 2005; Malla, Joober & Garcia,

2015). This type of stigma is extremely relevant from the context of cis-women street-based sex workers in understanding influences of stigma and discrimination.

Women who are sex workers have often been the target of media scrutiny, have been given derogatory labels and denoted as the 'other' (Benoit, McCarthy & Jansson, 2015). Media and sex workers have historically had a tenuous relationship, particularly with dominating discourses portraying sex workers as the scourge of morality and purveyors of pestilence (Armstrong, 2016; Benoit et al., 2015; ,Krüsi et al., 2016; Weitzer, 2015). Yet it has been suggested that targeting this type of stigma on a mass scale through educational campaigns and key messaging can have a positive influence on public perceptions (Cook, Purdie-Vaughns, Meyer & Busch, 2014).

Hatzenbuehler (2016) suggested that structural stigma is a societal-level condition driven by cultural norms and legislation that tends to oppress and shame the stigmatised. Following exploration of structural stigma related to mental illness and sexual orientation, it was suggested that psychologically, structural stigmas contribute to significant health adversities.

May societies and communities are challenged by individuals who deviate from dominant norms, and a tendency to stigmatise those who deviate is a means to enforce conformity (Hatzenbeuhler, 2017; Phelan et al. 2008). Victims of this type of stigma are numerous, and often associated with social taboos around gender, sex and sexuality, including LGBTIQ individuals, sex workers, and those who engage in polygamous or extramarital affairs. At the heart of this theory of stigma is the idea that people should conform, and the consequence of non-conformity is discrimination (Phelan et al. 2008).

Another collective model of stigma is by Link and Phelan (2014). They further draw attention to the phenomenon of 'stigma power', where individuals use stigma to keep other individuals 'in their place'. The authors postulate that this type of stigma provides a different angle for perceiving behaviour. Following the administration of a self-reported measures survey to a sample of individuals living with mental illness, Link and Phelan (2014) found that these individuals responded to negative societal attitudes and conceptions by staying away from them and placing themselves beneath those fostering such attitudes. This, at best propagates stigma power and keeps those stigmatised oppressed and as subordinates.

4.7 Individualised processes of stigma

Juxtaposed to the social and structural processes of stigma and discrimination are individual aspects of the phenomenon. This includes individuals internalising stigma, where a person views themselves negatively and/or feels shame and/or guilt. This internalisation is associated with low levels of self-esteem (Gerard et al., 2017; King et al., 2013; Major et al., 2002; RTI, 2004; Rusch, Lieb, Bohus & Corrigan, 2006; Travaglini, Himelhoch & Juan Fang, 2018; Turan et al., 2017). Other individualised processes include enacted or experienced stigma, where an individual feels overtly discriminated against (Link & Phelan, 2006; RTI, 2004; Schmitt, et al. 2014). How the target copes with and internalises the stigma and the stigmatiser is essential in the outcome of the individual's emotional and psychological wellbeing (Gerard et al., 2017; King et al., 2013).

Felt or perceived stigma is the fear of being 'found out' for having a particular disease or for performing an act that deviates from the social norm (Landry & Mercurio, 2009; RTI, 2004; Thornicroft et al., 2008). This 'perceived stigma and discrimination' occurs when an individual internalises cultural stereotypes and develops self-conceptions that influence their self-esteem and self-worth. This felt or perceived stigma can have greater impact than the actual experience itself (Crapanzano, Hammarlund, Ahmad, Hunsinger & Kullar, 2019; Major, Dovidio, Link & Calabrese, 2018; Bourguignon, Seron, Yzerbt & Herman, 2006; Pyett & Warr, 1999; Quadara, 2008; Stuart, 2009). Travagline and colleagues (2018) found, among a cohort of African American women in the United States, that the anticipated stigma of their HIV status was significantly related to greater discrimination, negative coping strategies and fragile mental health status. It was further suggested that the degree of impact experienced by the individual in the face of direct stigma is determined through their perception of the legitimacy of the stigma and how they identify with the group(s) perpetuating the stigma (Bourguignon et al., 2006; Corrigan & Watson, 2002).

In looking more closely at perceived stigma, a 2014 meta-analysis examining the relationship between perceived discrimination and psychological wellbeing found that the ubiquity of perceived discrimination buttresses harmful effects on psychological wellbeing (Schmitt et al., 2014). Bourguignon et al. (2006) proposed that in some circumstances, those who have perceived the stigma will, at times, deflect their responsibility from themselves in the face of adversity:

In other words, when confronted with failure, people who can blame another person's prejudice or even the system as a whole should be able to protect their self-esteem by discounting themselves as a cause of their plight. (p. 774)

In the case of concealable stigmas, sex workers and drug users believe they will suffer a significant loss in social status if revealed. Koken (2012), in her research exploring escort workers' coping strategies for sex work related stigma, she theorised that as a stratagem to protect themselves, women do not disclose their status because they experience 'anticipatory stigma', where they are guided by their expectations of how others will react to their roles as sex workers.

This self-perceived stigma and discrimination increases the likelihood of engagement in risky behaviours, such as substance abuse, and experiences of difficulties in self-regulating behaviours (Pascoe & Smart Richmond, 2009; Richman & Lattanner, 2014). There is an association of self-harm and other at-risk behaviours that have ties to self-perceived discrimination (Richman & Lattanner, 2014). According to Richman and Lattanner (2014):

When people experience low status through social exclusion, discrimination, ostracism, or other related processes, they are less able to maintain attention, resist temptation, and persist at difficult tasks. These varied responses have collectively been described as failures to self-regulate, which has been defined as the capacity to control or alter one's responses. (p. 94)

4.8   Recent models of stigma

Hatzenbuehler and colleagues, (2013) argued that stigma should be considered a social determinant of health and claimed that evidence had demonstrated the psychological and structural pathways where stigma influences health. In comparing other social determinants of health (i.e., social support and socioeconomic status), it can be shown that stigma has implications at a broader societal level. The authors noted that the impacts of stigma, such as social isolation, stress, and maladaptive coping behaviours, were an indictment of the health

Additional exploration of individuals being stigmatised has meant that improvements in how stigma is experienced are the point of reference for success in anti-stigma campaigns (Major, Dovidio & Link, 2018; Vyncke & Van Gorp, 2020; Boyle, 2017; RTI, 2004; Schmitt et al., 2014; Stuart, 2009). This has brought about an emergence of investigations into the impact that stigma and discrimination have on minority populations, such as people living with HIV/AIDS, mental illness and, more recently, obesity (Major, Dovidio & Link, 2018;

Vyncke & Van Gorp, 2020; Corrigan, 2004; Deacon, 2006; Royal Tropical Institute, 2004; Scambler & Paoli, 2008).

4.9   Stigma, discrimination, cis-women and HIV/AIDS

In the public eye, and regardless of research stating otherwise, HIV amongst women is still perceived as an infection that is contracted through 'bad behaviour', such as sex work and/or drug addiction (Orza et al., 2015; Wingood et al., 2007). It has been theorised that PLWHA, more so women than men, have explicitly experienced stigma and discrimination due to their disease status, resulting in difficulties adhering to medical regimens, increased stress levels and a greater instance of feeling depressed (Irmayati, Yona & Waluyo, 2019; Calabrese et al., 2016; Pinkham & Malinowska-Semruch, 2008; Thorpe et al., 2008; Vanable, Carey & Littlewood, 2006).

Another dimension of AIDS stigma is that, over the past decade, stigmatisation of HIV/AIDS has been perceived as a social process that fosters entrenched social inequalities (Liamputtong, 2013). For example, women living with HIV/AIDS tend to experience greater levels of stigma and discrimination than men in the same situation, as women are held to higher moral standards such as motherhood and the role of 'woman as nurturer' (Irmayati, Yona & Waluyo, 2019; Liamputtong, 2013; McDonald, 2006). Moreover, enacted stigma is theorised as being more prolific for women living with HIV/AIDS than men. It is argued that this is due to gendered power dynamics, which influence the way men and women experience HIV stigma.

Gender roles play a major part in experiences of stigma, particularly where cultural norms and gender inequalities are rife. Darlington and Hutson (2016) suggested that there was little understanding of HIV-related stigma and its destructiveness towards women. Overall, strategies targeting the reduction of HIV-related stigma have increased contact with health professionals, increased medication adherence, supported disclosure to intimate partners and encouraged rebuilding of social networks (Matthew, Skinta, Lezama, Wells & Dilly, 2015)

Contrary to popular belief, rigorous screening for STIs and extensive education about the consequences of unprotected sex has led to low incidences of STIs amongst regulated sex workers and licensed brothels (Groves et al., 2008; WHO, 2009). However, this is certainly not the case for many HIV-positive women in Victoria, Australia. Heterosexual relations with male partners/husbands, or sexual relations with partners engaging in extramarital affairs, have been the predominant cause of infection for these women (Irmayati, Yona & Waluyo,

2019; Ciambrone, 2001; Thorpe, Grierson & Pitts, 2007). In fact, research suggests a higher instance of the disease being transmitted through male-to-female than female-to-male sexual activity (Ciambrone, 2001). Despite safe sex campaigning and the success of maintaining low rates of STDs in the Australian sex worker population, stigma attached to female sex workers as the contaminators has not shifted, even to the present day (Ostrom, Serovich, Lim & Mason, 2006; Bogart, Cowgill, Kennedy, Ryan, Murphy, Elijah & Schuster, 2008). Furthermore, research illustrates that perceived stigma is a barrier for women, as they assume that disclosure of their HIV status (like that of disclosing their sex worker status) will be received negatively by those close to them. Subsequently, this has resulted in many HIV-positive women living double lives – those who are aware of her disease status through her disclosure and those who are not (Ostrom et al., 2006; Jeffreys et al., 2010; Turan, Hatcher, Weiser, Johnson, Rice & Turan, 2017).

Irrespective of Australia having the 'best conditions in the world' for sex workers living with HIV/AIDS, the most common barrier faced by women trying to access healthcare services is stigma and discrimination (Jeffreys et al., 2010). This type of civil exclusion of women is detrimental to overall wellbeing, as it assumes that it is women who are the sole transmitters of STIs and not men. Scarlett Alliance, Australia's national sex worker support organisation, interviewed female sex workers living with HIV/AIDS and found that women experienced discrimination from the community and were subjected to stigma via the media (Jeffreys et al., 2010). It is argued, therefore, that current sex work legislation, specifically around HIV/AIDS and sex work, perpetuates discrimination and needs to be challenged (Jeffreys et al., 2010).

Regardless of the types of models proposed and established, evidence has pointed to an interconnectedness between gender and stigma. Historical social beliefs have constrained and shaped behaviour leading to male domination and subsequent stigma relating to gender roles (Bergman, 2002). For centuries, most women have been perceived as physically and intellectually weaker than men, and roles as carers and home keepers have led to perceptions and stereotypes that women are inferior to men. A 1955 article in the UNESCO Courier echoes these sentiments as the author writes:

[F]or centuries, they have been treated as inferior beings. They have been hewers of wood and drawers of water; they have worked hard for smaller material award and enjoyed a humbler status in the eyes of society. They have received less education, have had less protection before the law, and have been denied even the most elementary civic rights.

Unfortunately, many of the issues faced by women decades ago remain contemporaneous. Notwithstanding changes in legal and social conditions, many women continue to suffer the consequences of deviating from idealised gender norms. Whilst there are many theories of gender that address the complexities around sexual norms, preferences and resultant social standing, the theory I have chosen to inform, my research is that of gender norms where gendered roles are enforced, and masculinity is idealised. This theory derives from the gender roles inherited by historical narratives that position women as primarily mothers, carers and homemakers. The power, domination and control enlisted by some men to impose these roles upon women have contributed to the stigma that women – and particularly cis-women street-based sex workers - have experienced throughout time.

4.10   Gendered Norms

[W]e allow the voices of stigmatized and marginalized women to be heard in our work, and acknowledge our privileged position as researchers in relation to the women who were the participants in our research... [I]t is few women who have not, at one time or another, been made forcibly aware of how some men view women primarily as sex objects, and a sexual encounter as a commodity to be coerced or forced. Given that anchoring sense, all members of the interviewing team found aspects of the sex worker interview accounts quite immediate and personally disturbing rather than socially distant (Harris, Nilan & Kirby, 2011, p. 387).

In exploring gender norms and masculinity historically, culturally and as a social hierarchy, Messerschmidt (2012) posits that positions of dominance are a social consensus and not one of forced of gendered norms. Some masculine behaviours become hypermasculine through consolidating male power and privilege in ways that are embodied through attitudes and behaviours towards women such as violence and sexual aggression. Reidy and colleagues (2014) found that the extent to which men subscribe to masculine norms can partially determine the extent of their intimate partner violence. However, men who are seen as less masculine than the prescribed gender norms in their specific cultural context, may engage in violence to affirm their masculinity.

Gender norms in this research informs an understanding of the sociocultural drivers of stigma and discrimination against cis-women street-based sex workers. Men considered as subordinated masculinities include those from low socio-economic backgrounds, gay men,

and ethnically and religiously diverse men. Fleming and colleagues (2019) note that men's concerns about being perceived as masculine within their social networks influences violence and sexual behaviours that are driven through competitiveness with other men for social status and notions of manhood.

Research postulates that women operate in a patriarchal society that is dominated by male values (Hesse-Biber & Leavy, 2011). Gendered norms is a premise for research which navigates women's experiences, perspectives, and subsequent behaviours within male dominated communities (Hesse-Biber & Leavy, 2011).

As a means used to informed interventions and practical work to move towards gender equity, there is arguably a need for more awareness and information in relation to power structures through the lens of gendered norms. Whether men choose to change their 'gender relationships', as noted by Jewkes and colleagues (2015), the role of changing behaviours following awareness and interventions and living in alternative gender relationships is inherently up to men. Yet unfortunately the embedded social values where men place worth on their masculinity in terms of socially structured expectations requires a shift on a societal level. In other words, there is a need for men to become aware of their roles in gender equity through understanding masculine oppression and by making active social changes in ideologies.

It is, however, important to note that gendered norms, particularly that of masculinity can also be problematic for men. Some men operate in a collective system where dominance over women and other men is valorised. Competitiveness with other men can, as noted by Jewkes and colleagues (2015), come at a health cost for men. They note that men are less likely to engage in health seeking behaviour due to the misnomer that men should be more physically resilient when it comes to their health. Despite this, it is important to recognise that dominating masculine norms benefit men through practices and attitudes that oppress women and some groups of men (Jewkes, Morrell, Hearn, Lundqvist, Blackbeard, Lindegger, Quayle, Sikweyiya & Gottzén, 2015).

4.11   Stigma, Discrimination and gender-based violence

Intimate partner violence (IPV), particularly violence against women, is a persistent, problematic health concern worldwide, and can be attributable rates of women's morbidity and mortality. Globally, it is estimated that approximately 60% of women have experienced IPV within their lifetime (Stockman, Lucea & Campbell, 2013). This violence takes both

physical and psychological form, and its consequences include serious injury and death. Other impacts of violence include unintended pregnancies, STIs and psychological distress (WHO, 2013b).

This type of violence resonates with that of Bordieu's (1977) account of gendered domination as constructed as normal and enforced through 'gentle' means (p. 191). According to Bordieu (1977), symbolic violence is not a deliberate action of dominance or power. It is an unconscious violence to enforce socially accepted power relations. Like stigma power it is perpetrated against groups of people who are more subservient and includes gender, sexual orientation, race and class (Bourdieu & Wacquant, 1992). These 'gentler' forms of violence tend to pervade social structures, behaviours, and attitudes (Bordieu, 1977; Orchard, 2014) through which social status is reinforced by non-violent means and can be endorsed by both men and women alike (Jewkes, Morrell, Hearn, Lundqvist, Blackbeard, Lindegger, Quayle, Sikweyiya, & Gottzén, 2015; Thapar-Björket, Samelius, & Sanghere, 2016). Symbolic violence can be exemplified through gender socialisation such as expectations of women's roles as solely based around maintaining the home, and as the primary carer of children and elderly parents. Women who do not identify with these roles are potentially subject to social scrutiny in relation to their values. This can be seen in the media where patriarchal violence is symbolically reproduced through television. Fernández, Cobo Bedia and Esquembre Cerda, (2016), show how structural violence is exercised against women through consistent media representations that sexualise women and devalue notions of femininity. Unfortunately, mainstreaming ideas of women as less than equal to men who are available for men's pleasure is a dominating theme across media. The digital age has allowed social media to become a platform for the proliferation of gendered norms and ideals of masculinity (Turley & Fisher, 2018). In exploring representations of sex workers in popular culture, Coy, Wakeling and Garner (2011) found that while to some degree the representation of sex work is shown as empowering and entertaining, it's persistent messaging of gender inequality remains in the public domain. The authors argue that such representations "constitute symbolic violence, obscuring the gendered inequality of commercial sex and the physical, sexual and psychological harm experienced by women [sex workers]" (Coy, Wakeling & Garner, 2011: 441).

Symbolic violence occurs when dominating and controlling behaviours that subject women and girls to sexual, physical, and emotional violence are presented (WHO, 2009). As noted by the WHO (2009), violence against one's wife was at one point in time a social norm, and

only in recent decades has become a serious public health issue (WHO, 2009, 2013). There is clearly a need to challenge these gender inequities, from symbolic violence through to physical violence endorsed by idealised masculinity, by making significant cultural and attitudinal shifts across the individual, the community, and the sociocultural milieu.

Link and Phelan's (2001, 2013) structural stigma and stigma power suggests that labelling, stereotyping, self-isolation, and loss of status are prevalent across certain groups who deviate from what is considered normal. As the literature has demonstrated, sex workers in general experience the typical labelling and stereotyping as vectors of disease, creators of problems in society (nuisance) and deviants (Bruckert & Hannem, 2013). Structural stigma experienced by sex workers can be seen through the rape myth which, quite simply, is the male belief that because sex workers, particularly cis-women street-based sex workers, are immoral and deviate from social norms, they cannot be raped and, therefore, the man is immune from punishment in the context of rape (McCleod et al., 2008). This 'victim blaming' or 'occupational hazard' has been seen to not only occur on the individual level, but also throughout the judicial system, demonstrating that stigma and discrimination are sociological issues (Guymer & Klein, 1999; Quadara, 2008,). For cis-women street-based sex workers, these behaviours and actions manifest as abuse and harassment. Another commonly acknowledged stigma is that of the 'whore stigma'. In describing the term Pheterson (1993: 43) states:

> *A woman who earns money through sex is defined as selling her honour. In concrete terms, she does not negotiate her honour as the word selling implies; however, as a result of negotiating her sexuality, she does officially lose civil liberties and human rights. She loses the rights to free speech (it is not the sex act but the asking for money that is the initial crime); she loses the freedom to travel or immigrate; she loses the right to sexual self-determination and sexual privacy. In addition, she may lose custody of her children (for example, in Sweden); she is forced to undergo medical checks without consent (for example, in Germany... she can be arrested, tried, and/or imprisoned regularly and sometimes for long periods (for example, in the United States); she can be taxed far above the usual rate for her actual income without legal recourse (for example, in the Netherlands); she is denied health insurance or employment insurance (everywhere); she cannot expand or share her business (anywhere with anti-brothel and anti-pimping law). (p. 43)*

Although Pheterson's definition was put forward nearly 30 years ago, many researchers have argued that the whore stigma is still alive and still negatively impacts the lives of sex workers across the globe (Zarhin & Fox, 2017; Benoit, Maurice, Abel, Smith, Jansson, Healey & Magnuson, 2020). There is a need for further research around stigmatisation resistance for sex workers through educational programmes, and through strategies and interventions designed to decrease the occurrence of stigma and discrimination (Bungay & Guta, 2018).

In conclusion, further research is required to have a better understanding of how to mitigate stigma and discrimination at the individual, community, and structural levels so as to improve the health and wellbeing of the vulnerable and marginalised populations it targets. Considering stigma and discrimination as a social determinant of health, can assist researchers and scholars in understanding the phenomenon further. Given that stigma does, in fact, influence the psychological and structural pathways of health for populations – particularly for the socially condemned woman and has similar outcomes that have been demonstrated by other social determinants of health, such as social exclusion and stress, understanding origins of stigma and discrimination against women through a lens of gendered norms and even symbolic violence can provide invaluable insights into the collective social conscience. This will enable the development of strategies and further research into combating such a damaging social construct and will hopefully alleviate violence and abuse against women.

Chapter 5: Methodology

5.1   Introduction

This chapter outlines the methodology and research design used to explore how female cis-women street-based sex workers in Melbourne, who access the St Kilda Gatehouse, experience stigma and discrimination. First, the research design adopted for this study is discussed. The chapter then provides a description of the methodological frameworks for completing this study and outlines the rationale and benefits of using them. The data collection methods, research participants, procedure, data analysis and rigour are then discussed. The final part of this chapter reflects on conducting research with sex workers and some of the study's limitations.

5.2   Qualitative research design

As noted by Jeffreys (2009), women who are sex workers are aware of their role as participants in research processes and the potential for unethical consequences as a result of participation, examples being breach of confidentiality and exposure of sex workers' identities. Meaningful engagement with women is essential for the development of respectful and trusting relationships and can negate any suspicion the sex worker may have about researchers and the study (Hammond & Kingston, 2014; Liamputtong, 2007). Approaching a vulnerable population group (individuals who are marginalised, considered deviant and hard to reach) requires a more sensitive and ethical research design (Hammond & Kingston, 2014; Truman & Humphries, 2017).

Sex workers are a vulnerable group and, in general, the sex industry is a private and hidden industry. As such, the preferred research approach adopted by academics has been qualitative inquiry (Hammond & Kingston; 2014; Jenkins, 2009). Warr (2005), in her research with sex workers in Australia, contended that the use of qualitative research was the most appropriate method to employ with this group, as it enabled the workers to tell their stories and provided the opportunity for researchers to listen. According to Liamputtong (2007, 2020), the use of qualitative enquiry is more open-ended and attuned to research participants, compared to quantitative research design. Liamputtong (2020) argues that qualitative research methods allow the researchers to hear the voices of vulnerable populations enabling them to express feelings and experiences in their own words. Warr (2005), in discussing her experiences of conducting qualitative research in marginalised and hidden populations, noted that "[qualitative] research presents researchers with an opportunity to listen to people tell their

life stories, and the method yields rich and complex data. The stories give researchers a window into lives that may be very different from their own" (p. 578). Researchers claim that whilst exploring the experiences of vulnerable populations, having the ability to walk where the participants walk, experience the same adversities as they do in their everyday lives, provides the researcher with the perspective of the population and creates opportunities to develop relationship between the researcher and the participants (Liamputtong, 2007, 2020; O'Reilly, 2005; Russell, 2018).

However, debates about the reliability of qualitative research are still an issue for many researchers. The origins of quantitative research design are embedded within the positivist framework (Bryman, 2016; Liamputtong, 2017; Patton, 2015; Taylor, Bogdan & DeVault, 2015). It is purported that quantitative inquiry is more robust, as it can quantify results and test significance levels through experimental and deductive design. Although quantitative research tends to have larger sample sizes than its qualitative counterparts, it is often unable to adequately interpret and explain the findings. It does not have the richness of detail, nor can the data address questions of meaning in the great depth that is characteristic of qualitative inquiry (Bryman, 2016; Creswell & Poth, 2018; Liamputtong, 2020, 2017). When conducting qualitative research, the researcher embraces the notion of multiple realities (Creswell, 2012; Russell, 2018). Researchers translate their experiences of their participants, which tend to be diverse and unique to the individual. The data collection process has the researcher seeking and recording descriptive data, participants' written and spoken words, and observing behaviours – none of which can be achieved through quantitative research (Liamputtong, 2017; Taylor et al., 2015).

5.3   Research Methods

This section of the chapter provides an overview of the methods used in this research and outlines the design of the research including collection data from participants, in-depth interviews, journaling, and content analysis of media and research procedures. Please note that pseudonyms have been used throughout this research.

5.4   Research participants and recruitments

Entering fieldwork with this vulnerable community meant that the researcher's judgement and preconceptions of cis-women street-based sex workers needed to be suspended. The

research itself needed to be meaningful to these women and reassure that the findings would not result in negative outcomes. Having previously worked at a sex worker support service, the researcher had the opportunity to undertake outreach activities with street-based workers. The CEO of the St Kilda Gatehouse's prior knowledge of the researcher meant they already understood that the research ambitions were genuine, and that the research knew how to approach and talk to sex workers. Because of the previous experience in a sex worker support role, the researcher was confident when interacting with the women.

My familiarity with St Kilda Gatehouse began when I worked for the organisation Resourcing Health and Education for the Sex Industry (RhED). I would undertake outreach and encountered many cis-women street-based sex workers by offering them condoms, and other feminine hygiene? items for their work. I regularly visited St Kilda Gatehouse and built a rapport with the support workers and the Chief Executive Officer. Through this avenue, I was sensitive to the needs of these women, was aware of their vulnerabilities and the challenges they faced. As a result, I was able to hang out with them. Twenty-four cis-women street-based sex workers volunteered to participate in the study. Purposive sampling was the chosen method for selection of the participants, as it allows the researcher to nominate samples that offer best fit for the phenomenon under investigation (Liamputtong, 2020; Patton, 2015). Purposive sampling is a way to select key informants who meet the criteria for the research study, and who can provide rich and appropriate information (Bernard, 2006; Patton, 2015; Silverman, 2016). For this study, cis-women street-based sex workers were recruited to provide information about their experiences with stigma, discrimination, and sex work.

In addition, maximum variation sampling was also employed. This method was used to ensure participant diversity, to better reflect the general population (Liamputtong, 2020; Patton, 2015). For example, a cross section of women engaged in street-based sex work was included, such as married women, women of different ages, and women with and without children. The overall aim of maximum variation sampling was to gather a broad range of views and experiences from participants. This strategy further ensured a representation of women who had experienced a wide range of the issues faced by cis-women street-based sex workers.

For this study, recruitment occurred by 'hanging out' at the St Kilda Gatehouse, as well as through the development of relationships with the sex workers, which encouraged them to participate in the interviews. They felt more comfortable after knowing who I was and what

my intentions for being at the St Kilda Gatehouse were. Women were recruited mainly through word of mouth from other women, and by establishing trusting relationships with the women. Only after I had built rapport with a street-based sex worker through general conversation about the research and its purpose, they would agree to undertake an interview. Once the participant had completed the interview, they were more likely to suggest involvement in the study to peers.

5.5   Research methods

This section of the chapter provides an overview of the methods used in the study and outlines the design of the research, including collecting data from participants, both cis-women street-based sex workers and support workers, and conducting in-depth interviews, media analysis, and research procedures.

5.5.1   Participant observation and journaling

Journaling is a method of maintaining a 'contemporaneous record' of, and a reflection on, participant behaviours, activities, and practices in their specific context (Alaszewski, 2006). According to Janesick (1999) using journaling captures the experiences of qualitative researchers through writing down reflections and responses to their fieldwork and to the research in general. It assists in refining ideas and can be used as a form of data to be analysed or to be included in the research itself.

I used journaling as a form of data collection following the observation of cis-women street-based sex workers and support workers. Many researchers have suggested that this method of participant observation is appropriate when researching vulnerable populations as it provides the researcher with information which renders a more accurate interpretation of the data (Atkinson, 2017; Liamputtong, 2020; Madden, 2017).

Trust and relationships can develop through spending time in the field, and when the researcher immerses themselves into the lives of a group (Goia, 2014; Liamputtong, 2007, 2013; Russell, 2018; Wesiner, 2014).

Data accessed through participant observation provided information that would have been difficult to obtain through in-depth interviews alone. For example, participant observation includes talking to individuals, asking questions, and observing behaviours and interactions with others over time, which cannot be obtained through interview techniques alone (Liamputtong, 2020; Weisner, 2014). Undertaking participant observation is a way to learn

how others live when in the context of their own environment, and to better understand their subsequent experiences (Atkinson, 2017; Liamputtong, 2020; Madden, 2017).

For this research, I was able to observe cis-women street-based sex workers behaviours at the St Kilda Gatehouse. Following a day at the St Kilda Gatehouse, I would write down in a journal my observations and reflections and how events and discussions unravelled within the women's environments. I found that relationships developed with women in the St Gilda Gatehouse evolved to a place of trust and safety. This elicited franker conversations and communications between myself as the researcher and those that I was observing. This supports the theory that through prolonged engagement and participant observation, it is possible to build rapport and eliminate suspicion with vulnerable communities (Gobo, 2008; Gobo & Marciniak, 2016). Following the completion of participant interviews, observational data was recorded in a journal at the end of each day. This included a record of conversations, observations and interactions witnessed by the researcher.

5.5.2   *Interviews with cis-women street-based sex workers*

A common method for collecting data in qualitative research is in-depth interviews (Gobo & Marciniak, 2016; Liamputtong, 2020). In-depth interviews differ from traditional interview methods as it is recursive, meaning that it is conversational, rather than structured or formalised. This technique encourages participants to tell their stories, which can be rich and engaging (Serry & Liamputtong, 2017). The researcher has the opportunity to collect information by using questions based on contemporaneous interactions, rather than using the types of questions that workers may encounter through structured surveys or other methods of interviewing (Minichiello, Aroni & Hays, 2008; Serry & Liamputtong, 2017).

Once participant observations commenced, it was decided that in-depth interviews were the most suitable method of data collection, allowing the researcher to build familiar relationships with the women so they would experience a sense of ease and comfort prior to their participation in interviews.

The types of questions asked were semi-structured and in-depth in nature and included the following:

- Please tell me about your life as a sex worker

- Have you ever experienced enacted stigma and discrimination? And, if so, can you tell me what happened?
- How did you deal with it?
- How does perceived/internalised stigma and discrimination affect your life?
- How has the stigma and discrimination you have experienced affected your family and friends?
- Is there anything else you would like to tell me?

5.5.3   Interviews with support workers

Six interviews were completed with support workers at St Kilda Gatehouse. Recruiting these men and women was easier than recruitment of cis-women street-based sex workers, as they were made aware of the study by the CEO. I had built relationships with all of the support workers who were willing to participate in interviews. These interviews were based on the same process and framework as the street-based sex worker interviews. They were of a semi-structured nature and included the following questions:

- Can you tell me whether you have seen female cis-women street-based sex workers experience stigma and discrimination?
- What types of stigma and discrimination have you seen?
- How does stigma and discrimination impact these women?
- How do women cope with it?
- How does it affect their involvement in community?
- Is there anything else you would like to tell me?

These interviews were also conducted at the St Kilda Gatehouse. The process for consent was the same as cis-women street-based sex workers, in that they completed a consent form and were provided with an information sheet about the research.

5.5.4   Analysis of Media

Research on media has found that the sensationalising of events and reporting on concerns raised by the public about sex workers tends to exacerbate negative public perception of the industry (Weitzer, 2017). Hence, reviewing the information reported in the media about sex workers (i.e., cis-women street-based sex workers) is imperative to understand the ways in which stereotypes and stigma associated with sex work are reproduced.

Accessing information through written or visual records allows the researcher to gather an understanding of the culture and/or the social phenomenon of their research interest (Lee, 2017; Liamputtong, 2020). Additionally, unobtrusive methods are a timely, cost-effective, and efficient way to collect data, and can be supplementary to other interactive qualitative research methods, such as in-depth interviews or focus groups. (Babbie, 2016; Lee, 2017; Liamputtong, 2020).

Any Australian-based media developments referring to 'sex workers' over the research period were collected through notifications and alerts that I set up online and then thematically analysed. This method, as noted by Liamputtong (2020), collects 'non-living forms of data where the researcher already has the advantage of sourcing meaning from information that already exists (Lee, 2017). By employing this strategy, relevant media information was analysed with the aim of understanding the issues at hand through the lens of stigma, discrimination, and symbolic violence (Lee, 2017; Liamputtong, 2020). Through the collection of medial material, the researcher can examine written records such as news articles, websites and magazines available for public view (Lee, 2017). By adopting this method, researchers have access to what Silverman (2016) claimed to be data that is rich and readily available.

For the purposes of the current study, data was collected through online media. A 'Google Alert' was created, which included the search terms 'Australia sex workers', 'sex workers', 'sex work', 'street-workers,' 'street prostitutes', 'prostitution' and 'prostitutes'. Data was collected between the years 2011 and 2012. In 2013, another period of data collection was initiated in response to a critical event which would see cis-women street-based sex workers at the forefront of media attention. The event was the murder of street-based sex worker Tracy Connelly. Another 'Google Alert' was developed, which included search terms 'Tracy Connelly', 'sex worker murder', 'murdered prostitute', 'murder' and 'woman murdered'.

All media that featured in the Google Alerts were sent through to the researcher's personal email. All articles were viewed, and all media printed out and collected systematically. The following inclusion criteria were applied:

- Australian cis-women street-based sex workers

- The following were the exclusion criteria:

- Brothel-based workers
- Private sex workers

- Overseas street-based workers
- Pornography

5.6   Research procedure

Prior to commencing the study, Melbourne Sexual Health Centre was contacted and a meeting organised. Following discussions with a representative from the Centre, it was suggested pamphlets and information be provided to participants about Melbourne Sexual Health services, and how they could access telephone hotlines and other necessary services, if needed. In addition, it was also proposed that business cards with the details of relevant Melbourne Sexual Health Centre counsellors be created, to be distributed to the participants in the event of a crisis or following interviews if any participants experienced emotional distress from the recall of traumatic experiences.

All procedures and methods were reviewed and approved by La Trobe University's Ethics Committee Code of Ethical Conduct in Research, which is aligned to the Australian Code for the Responsible Conduct of Research (2007) and the National Statement on Ethical Conduct in Research Involving Humans (1999). Data generated during the study was securely stored in a locked cabinet at La Trobe University, Melbourne, where it will be kept for five years from the date it is obtained, thereafter it will be destroyed. Ethical consideration is imperative when conducting research with vulnerable communities, such as sex workers (Hammond & Kingston, 2014). This study was designed to ensure that safety and confidentiality was at the forefront of the project.

The St Kilda Gatehouse is a not-for-profit organisation that services sex workers and other marginalised populations, such as those with drug and alcohol addictions. Prior to the commencement of fieldwork, an email was sent to the CEO of the St Kilda Gatehouse outlining the purpose of the research and the proposed research design. The researcher was then invited to attend a meeting with the CEO at the St Kilda Gatehouse to discuss the research study and the necessary steps required to escalate the research proposal to members of its Board of Governance. The research proposal was reviewed by the Board of Governance and the research study was approved.

Sex workers who volunteered to participate in interviews were offered compensation by way of a $50 food voucher for their time and involvement. It was also understood that participants who completed interviews passed on information about their involvement in the interviews to other sex workers, including information about the food vouchers and the integrity of the

interview process. The rationale behind compensation was that sex workers could potentially lose a job if they removed themselves from the streets for the sake of an interview. Women were more likely to participate in the interview if their time is financially compensated. For some women, being able to earn a $50 voucher was more appealing than standing on the street. Participants were reassured that they could terminate their participation in the study at any time and without question. Support workers did not seek compensation, as they were willing to participate in interviews.

Informed consent was obtained from all participants. Pseudonyms were used for all participants to ensure anonymity. It was acknowledged that participants may be sensitive to possible repercussions after discussing issues with the researcher, including criminal acts and other drug-related incidents. Therefore, the researcher informed the participants their privacy was absolute. Consistent with feminist methodology, participants were also told that they could have access to any written information about them upon request. It is important to note that access to written information upon request is not exclusive to feminist researchers, however, this information was offered to participants out of respect.

All interviews were recorded on a Dictaphone and transcribed verbatim by professional transcribers. As the interview process captured participants' reactions as well as responses, recording the interviews was the best method to document all information for accurate transcription. The interviews took, on average, half-an-hour to an hour-and-a-half to complete. The number of interviews undertaken ensured that data saturation was achieved (Cleary, Horsfall & Hayter, 2014; Liamputtong, 2020). Saturation is essential, as it ensures the researcher has addressed most of the topics related to the research project. Saturation occurs when participants provide similar information that has given a more detailed understanding of the phenomenon at hand, and when little new data can be generated (Cleary et al., 2014).

Six interviews were also undertaken with support workers. Healthcare workers at the St Kilda Gatehouse provide services to homeless people and cis-women street-based sex workers, which includes health promotion, counselling, outreach, and social work. The information obtained from the support workers was invaluable and enabled the researcher to explore their perceptions of cis-women street-based sex workers' experiences of stigma and discrimination.

5.7   Data analysis

The data analysis was informed by a focus on stigma, discrimination and gendered power relations, was used to identify emerging themes in the journal and interview data; this was conducted manually. I used Braun and Clarke's (2006) six-phase approach to thematically analyse interview transcripts. Through searching for themes and patterns in relation to various ontological and epistemological positions, this six-phase approach is flexible and rigorous and can be applied to most research disciplines (Braun & Clarke, 2006). My data was guided inductively through the focus on stigma, discrimination, and gendered power relations. This was due to, as the researcher, having observations and theories regarding stigma and discrimination, with preliminary relationships identified as the research progressed. According to Braun and Clarke (2006), using inductive analysis enables identified themes to be strongly linked to the data. Following an extensive review of the transcripts and the journal articles which were entered into a framework matrix. Axial coding identifies causal relationships between themes, whilst thematic analysis ensures that related and combined patterns within the data are classified into subthemes (Braun & Clark, 2006; Liamputtong, 2013). This was achieved through identifying recurring themes, repeated actions and statements that featured across the data (for both journals and interview data). I undertook this step several times to ensure coding was sufficient across all the data and continually revisited my codes and themes. According to Bradley, Curry and Devers (2007), by constantly comparing emerging codes to existing codes, 'the researchers refine dimensions of existing codes and identify new codes' (p. 1762).

As noted above, media and documentation data were obtained through creating 'Google Alerts'. For the media and documentation data, I used thematic analysis to identify explicit and implicit meaning throughout the data. This type of analysis can be used to analyse all types of qualitative data from focus groups, interviews through to secondary data (Saldana, 2009). Through this method of data analysis, 'repressed and suppressed' meanings may become evident (Liamputtong, 2020). As the topic of interest was emotive, and at times controversial, thematic analysis identified patterns of meaning that were often repeated. What was noticeable in this analysis was that repetition occurred frequently within the media, indicating that there is an assumption that certain language and terms are familiar to, and are understood by, the public.

5.8   Researching sex workers: reflection.

In her research, Warr (2005) provided a vivid account of the hardships she experienced whilst undertaking fieldwork, which enabled her to gain insight into the daily adversities experienced by sex workers, including police harassment, standing in the cold in the middle of the night and the risk of abuse from troublemakers. The following are some of the experiences the researcher had during this study.

The women were not afraid of share their feelings and experiences, and often discussed pathways to their drug abuse as an escape from memories that included childhood abuse, dysfunctional family environments, institutionalisation, and violence. Although stigma and discrimination impacted their lives, it was not comparable to the trauma they experienced throughout childhood. Their childhood experiences outweighed the abuse they received from clients, which they accepted as an 'occupational hazard'. This is not to say that they dismissed the abuse and violence they incurred from clients, rather, that they resigned themselves to experiencing this abuse and violence. It was almost an expectation.

During fieldwork there were two suicides and a suspected homicide. This had quite a profound impact on the researcher at the time and will remain for the rest of her life. Both women were known to the researcher, and one woman had already participated in an interview. Both women were young – in their early twenties – and one woman had a toddler; she had said during the interview that she was fighting with the child's father for visitation rights, and that her family were not allowing her to see her child. The researcher found out about the death of the girl after returning to field work, after having a break, and cried all the way from the St Kilda Gatehouse to home, wondering what the worker was thinking prior to her death, how her life could have become so bad and that she saw no other way out. Because of these events, the researcher ensured she regularly debriefed with her supervisors throughout the fieldwork/research, as well as professional counsellors and a psychologist.

Most of the street-based workers who were interviewed became emotional during the discussion. Although it was not the intent to upset participants, there were some issues that they needed to talk about to an outside source; someone away from and not enmeshed in the industry. As an ethical obligation, the researcher referred participants to the Melbourne Sexual Health Counselling Services, yet most declined the referral, reasoning that they did not trust mental health systems. The researcher supported two women in accessing Suboxone (an alternative to methadone, a heroin replacement therapy). Without access to the medication Suboxone, many workers begin to feel the ill effects of withdrawal and admitted

they turned to heroin to help them cope with the physical symptoms. As a prescription medication, Suboxone is available in Australia, but under stringent conditions.

Fortunately, the researcher had experience with, and had undertaken training in, counselling. The interviews were not a formal counselling process but could be therapeutically beneficial to participants. The researcher had previously worked in the sex industry as an education officer and found that her counselling skills were valuable during the interviews, by prompting women to talk and open up. It also assisted the researcher in maintaining a degree of detachment of sorts, to ensure empathy rather than sympathy to their lived experiences. The researcher reported that on a couple of occasions, when at home, she felt nauseous when considering the extreme difficulties these women experience daily.

Although it is not good public health practice to smoke cigarettes, the researcher found that having a cigarette with the sex workers was a great way to engage with them. Many of the women who would go into the St Kilda Gatehouse would ask who has a 'ciggie'. The researcher would immediately say: 'I do, and I'll come out and have one with you'. The women were grateful, and the researcher had an opportunity to talk to them about the research, or generally begin a relationship with them. Many of the women had experienced stigma and discrimination in their everyday lives and being able to have their voices heard was something they rarely had the opportunity to do. When the researcher quit smoking, she was concerned that the ability to engage with the sex workers had been lost. However, this was not the case, as she had already developed relationships and the women seemed to recognise her from the previous interactions at the St Kilda Gatehouse.

Conducting research with vulnerable populations such as cis-women street-based sex workers is not easy, particularly in building trust and removing suspicion. However, it is essential to do research with this population group to appreciate their lived experiences, to have empathy and disclosure, to listen to their stories, and to explore how certain societal behaviours and actions impact and hinder these women in becoming, being and feeling part of a community.

Chapter 6: Entrance to sex work

One of the girls (D, sex worker), a support worker (L) and I discussed the role of St Kilda Gatehouse and issues that are multi-faceted and complex about the girls being addicted, sex work and violence. Girls robbing men, men (and partners) getting girls hooked on heroin so they will do sex work to finance their habit. We talked about stigma and how women that get off the drugs find it hard to eventually function in society. After being 'cut out of it' for long periods of time, they forget how to talk to people and act 'normally' which leads them back into street-based sex work. I asked how women get into sex work to begin with and D and L both answered that it usually child abuse and social rejection. D said that "the drugs make you forget, ease the pain" and that is why women turn to them. (Journal entry, 2011)

6.1   Introduction

There's so much grief down here. You don't need to watch the news to watch more grief; down here there's so much grief and that if you can make somebody smile and laugh…everybody needs that. (Doris, sex worker)

This chapter discusses the many paths that the participants shared about how women enter street-based sex work. A salient theme is that most participants who were interviewed, except for two, entered street-based sex work to maintain their addiction to heroin. This discussion investigates further determinants of street-based sex work through different driving forces behind drug addiction, particularly heroin.

This chapter is divided into two sections. As participants were considering sex work as a means of survival, many had considered brothel-based sex work. As a result, the first section discusses the social determinants of addiction and street-based sex work, including topics such as childhood abuse, institutionalisation, and experimentation with drugs. The second section focusses on the enablers and the barriers to working within brothels.

There were five main themes that emerged from the results of the first section of this chapter, which include:

- Institutionalisation: "They'd put all the bad kids in with a normal kid and then the bad kid would corrupt the normal kid."

- Abuse and neglect: "I happen to be an easy prey for people."

- Mothers as cis-women street-based sex workers: 'My mum used to work here too but she got diabetes and got really sick, so I had to start working'

- Coping with loss: 'Once I lost my children and started getting into drugs, that's when I became a worker'

- Influencers and experimentation 'We got into heroin basically to come down from all the ecstasy and shit'.

6.2   Institutionalisation: "They'd put all the bad kids in with a normal kid and then the bad kid would corrupt the normal kid."

Participants who had experienced some form of institutionalisation reported negative experiences. Most women who had been through either the residential care system or foster care system suggested that these led to their drug addiction and street-based sex work. Drugs, sex work and criminal behaviour were common for the women interviewed, particularly as institutionalisation tended to be the context in which women initially encountered heroin, the primary drug that led to addiction and street-based sex work.

Growing up, Beth never had a stable environment and had moved through what is commonly referred to as 'the system' which is an alternative home-based placement for children under the Department of Health and Human Services child protection system. Children, like Beth, who had experienced childhood trauma are removed from their family homes and placed in foster care and/or residential care services. These services vary in care provision as children transition into adolescence. Beth said she was already having run-ins with the police and breaking the law by the time she was barely a teen. She claimed that given her criminal history, it was difficult for her to gain a placement in foster care. Beth was with *'DHS [Department of Human Services who governed child protection services] from a young age and used to get put in secure welfare[2]'.* She was placed in both foster care and residential care. She believed that residential care was where children would be corrupted by 'bad kids':

---

[2] A Secure welfare placement is a service provided by the Victorian Department of Health and Human Services. Placement at a secure welfare service is considered for youth 10-17 who are at substantial and immediate risk of harm or who requires restricted movement among the community to ensure further protection from harm. See https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/placement-secure-welfare-service-advice

[You were in foster care?] Foster care, yeah… my criminal history, criminal activity and everything excelled there was [were] no foster care placements that would take you, [you] would get slapped into ressie (residential care) care units.

That's where all the kids would stuff up worse, they wouldn't put a couple of kids that are doing okay together, they'd put all the bad kids in with a normal kid and then the bad kids would corrupt the normal kid and yeah…(Beth, sex worker)

Further to this, Beth alluded to the fact that residential care was where 'good' kids could end up on drugs. She claimed that she was introduced to heroin by a girl at 'ressie care', whose mother was a user. Beth recalled a friend in residential care who '*used to go to church and her parents come from a very lovely background… shouldn't have been in care, just rebelled at home, should've been and she turned into a bad heroin addict*'. This was the girl who had introduced Beth to heroin. This was a girl who she believed could have avoided heroin addiction and a potential trajectory for sex work. This is an indictment of the peer influence that can be detrimental to young people in residential care.

Dee believed that she began using heroin because of being kicked out of home when she was still a child. Ever since she was seven, she was stealing lunch money from the tuck shop and from her mother. Her mother had a nervous breakdown and could not handle an errant child such as Dee. Having been suspended from school, Dee's mother 'kicked' her out of her home, where she was initially placed in a youth hostel. This eventuated into being fostered out into families with other children. At the age of 14, Dee did not like her experiences in the foster care system, particularly her experiences with some of the families, and continuously ran away eventually becoming homeless and living on the streets. This was where she began regular heroin usage and became affiliated with those involved in of sex work. She met a group of other runaway children, who were staying in vacated properties where they would shoot up heroin:

I was on the street, in the city and stuff, that's how I started to use…I fell into a group of people. They watched me and they looked after me, put me in the squats that they were in and all that kind of stuff, but at the same time…. yeah, I've been using for more than half my life. So, I'm not sure how to change that…(Dee, sex worker)

Over the years, Dee came to realise that the only viable means for supporting her heroin addiction was through street-based sex work.

Jane, like Dee, had parents who wanted to make her a ward of the state. She explained that although her mother was attentive and raised her the best that she could, Jane was difficult for her mother. Following an attempt at running away, she was sent to Winlaton, which at the time was a juvenile school.[3] Her mother was very unwell at the time and frequently took medication. Having watched her mother habitually/regularly take medication/pills, Jane felt that drugs were okay. Whether or not this was a pathway into her own addiction was not specified, however, whilst in care, she became influenced by peers who were using:

> *Yeah, all I done was run away from home, that's all I used to do and, back then, they'd put a protection application on you and you were immediately put in Winlaton – immediately. My mum thought she was doing the good thing, but it was just making matters worse. I just got involved with older people, and for some reason I used to watch my mum with her pills and how much they meant to her and I thought they must be pretty great, and I was hanging out with heroin addicts at the age of 14 and 15…(Jane, sex worker)*

Support workers recognise and understand the issues that determine the pathways for many cis-women street-based sex workers. There is a need for more structural interventions such as the provision of safe housing, skills building and appropriate individual therapies, as some care facilities are responsible for the traumatic and abusive environment and/or childhood that so many of these children had to endure. Punitive measures for drug addiction are not effective, particularly when sending children into foster care or other similar facilities.

As a support worker to cis-women street-based sex workers, Amanda believed that it was the government denying ownership of the underlying problems within institutionalisation, and that many cases of childhood abuse go unnoticed and unreported. These types of systemic failures should be held accountable for the resultant impact experienced by individuals:

> *Well, I think it needs to go to childhood [understanding pathways to street-based sex work]. But how do you keep people from flying under the radar with these things when our government doesn't even do anything for these children? foster*

---

[3] Winlaton was originally a girls' training centre, established as a State institution for adolescent girls. Victorian State Government. Website. Retrieved May 2018: https://www.findingrecords.dhhs.vic.gov.au/collectionresultspage/Winlaton

care's not good, the system just stuffs up. That's what I've noticed throughout this whole thing, interviews and everything; the system. From when they're kids…(Amanda, support worker).

Jamie agreed with Amanda. Over the past decade and more, he had seen first-hand how institutionalisation had become a push factor for women into street-based sex work. He observed that it is those who had gone through the welfare system and who started using drugs at a young age who became entangled in street-based sex work. Issues around abuse in the system had given rise to early drug usage for many cis-women street-based sex workers:

They've gone through that system, there's been abuse there and the drug use has started, and generally when clients start around 13 years of age, like 12, 13, they tend to be the long-term drug users, and even rehab stats say that they're entrenched in their drug use when they start off really young (Jamie, support worker).

6.3 Abusive and dysfunctional childhoods: "I happen to be an easy prey for people."

The interviews suggested that participants who had been affected by childhood maltreatment had begun life in the industry incredibly young. These were women who, as vulnerable and impressionable youths, were homeless as runaways, attempting to reclaim control over their lives. Ironically, their efforts at avoiding victimisation led them to fall under the influence of criminal and antisocial behaviours from their peers and figureheads, or through romantic relationships. Through this pathway, women felt they had no choice but to resort to survival sex as a means of supporting themselves and, at times, others. Selling sex on the streets exposed them to the temptation of heroin, to better cope with and manage their lives.

Doris could be considered as the matriarch of the streets and has been in and out of jail for most of her life. When interviewed, she was 49 years old and had four boys aged 15, 22, 26 and 29 years. Doris had been a street-based sex worker for many years. She was only 13 years old when she ran away from home because of her parents' separation, however, this was not elaborated upon throughout the interview. Doris eventually encountered two men in St Kilda who coerced her into the industry. Though helpless and vulnerable, Doris found accommodation with a woman who was a heroin addict and a street-based sex worker. She explained that every morning she would help her roommate 'shoot up', because she was too sick to do it herself. Doris was taught how to mix a hit and how to inject it, which was how she learned to inject herself:

Curiosity [was the cause of her heroin addiction]. I knew all about heroin. When I first came down here, I lived in with one of the girls that [who] was probably one of the worst junkies out, and she was so sick in the morning that she couldn't mix up her own hit and she taught me how to do it and she taught me how to inject her. That was my job of the morning, I had to get her going…(Doris, sex worker).

Similarly, Mia, a 42-year-old woman, was a young, vulnerable girl when she began working on the streets at the age of 16. At the age of 15 she ran away from home because of her physically abusive and authoritarian father. When she was just 13, Mia attempted suicide to escape her situation. She claimed her mother had no visibility in the family and was subjected to oppression and inequity by her husband. Her European background and cultural beliefs were upheld by the family, particularly around traditional power dynamics, where the man dominated the household. One day, after a secondary school teacher noticed a welt on her thigh as a result of violence from her father, Mia was sent to a social worker. She was petrified of her father's reaction, so decided to run away from her childhood home and town. She ended up in St Kilda where, at the age of 16, she met and married man eight years her senior in a registry office. Mia admitted that she married for the purposes of security. After seven years the marriage had ended in divorce. Mia also had two children, though she did not seem to want to discuss them/disclose any information about them. She did however reveal that her daughter, who was 12 years old, had been taken from her at birth. She stated that she began street-based sex work because she was young, experimental and vulnerable:

I was only 16 and I was very naïve, and I suppose it was a way of survival at that age…I was mainly experimenting at that age, experimenting, a bit of this, a bit of that, a bit of experimenting but, then again, I was vulnerable…I happen to be an easy prey for people that [who] owned a brothel or a strip place or whatever and then because at the time it was hard for me to survive on my own at that age as well…(Mia, sex worker)

Mel, a 42-year-old woman with four children, recounted that when she was young, she would continually run away from home to stay with a neighbour, who was more lenient than her own mother. Eventually, her mother acquiesced and allowed her to live with the neighbour, even though she was only 12 years old. Mel had found school 'boring', resulting in her

truancy, and would spend time at home with the neighbour. At the time, the neighbour was dealing heroin, which piqued her curiosity was how she began to use:

> Then school got a bit boring…so I'd wag school and she actually sold drugs [the neighbour]. And people kept coming and going all the time, the curiosity got the better of me, and she used to hide them in the letterbox, so I used to pretend to go and get the mail, and I used to just pinch a little bit here and there…(Mel, sex worker)

After confiding in a friend, who was in fact a user, Mel allowed him to inject her; and she became extremely sick. This friend explained that taking little bits was the key and, eventually, she began to enjoy it, and ended up with an addiction at the age of 12 to 13 years. Mel then realised that the addiction would need to be sustained. This was a similar situation to that of Dee, who, after commencing her habit at a young age, had to also support it. At first, because the girls were so young, older people would supply them with heroin. However, as their habits increased, and they got older, they would have to fend for themselves. As Mel stated:

> Then I started coming down here…I was about thirteen or fourteen, I wasn't working then. I just used to, I don't know, I just used to get it. I don't know, people used to shout me and whatever…I started working when I was sixteen (Mel, sex worker)

Vera was 35 years old and had a teenage son. Vera's father had died while she was very young, and her mother was an alcoholic who had left the family home. She and her brother had been left in the care of her older half-sister and her five children, who were neglectful towards them. Vera had felt that she and her brother were 'the lowest on the totem pole'. She felt as though she existed in a loveless family and was constantly told by her sister that she was not really a part of the family, that 'you're the greatest mistake I ever made taking you in'…Vera left school at the age of 16. It wasn't that she disliked attending school, but that it was that it was difficult to like because *"It's hard to like school when you never bought a uniform, or any schoolbooks, or anything like that"*. As Vera's sister had been involved in brothel-based sex work, she felt it was almost permission for her to also begin work in the same industry. When she was just 16, she moved out of home with her sister's friend:

Anyway, so my sister worked and I think if I'd never found that out I would never have worked myself, but it kind of condoned it for me…I'd moved out of home when I was 16 and I moved in with my sister's best friend, and I'd work during the day and then mind her kids at night…(Vera, sex worker)

Throughout her youth, Vera experienced neglect and her idea of family was distorted. The 'permission' she received to use drugs and view sex work as a means of financial security led to her believe that this was the only option available to her.

Chloe's experience was different, in that she was looking to find a way to ease the burden of her role as a carer. A 32-year-old woman who suffered from depression, Chloe hoped that one day she would have the means to be able to support and raise a child with her partner. Whilst growing up, she took on the carer's role for her mother. For some respite, Chloe began drinking rather heavily with her partner at the time. Following a painful end to her relationship, she met another partner, who was a recovering heroin user. Chloe stated that she decided that she wanted to feel the euphoria of heroin and so, with her new partner, began using. She explained that it was her decision to begin working on the streets (inadvertently emphasising that it had nothing to do with her partner). She claimed that while she was heavily under the influence of alcohol one night, she tried street-based sex work. Chloe was lucky that the client who approached her was decent, because she had eventually blacked out:

I decided, yeah. And it was all downhill from there. I was the one that actually… we were having a fight [with current partner] and I had this brilliant idea while I was blind drunk that I could get money out here and thank God a very nice guy picked me up because I'd blanked out. I don't remember it (Chloe, sex worker).

Contrary to her account of entry into street-based sex work, Chloe's peers informed me the that her partner had intentionally pushed her into heroin addiction and subsequent street-based sex work. As they described it, he was notorious among the workers for having done this to previous partners, preying on their vulnerabilities. However, these accusations were never confirmed by Chloe.

6.4 Mothers as cis-women street-based sex workers: "My mum used to work here too but she got diabetes and got really sick, so I had to start working."

Several women had a history of street-based sex work through their mothers. Unfortunately, the cycle of drug use and street-based sex work can become impenetrable, replicating the

cycle of abuse that can become prevalent in families who experience parental drug addiction. For those participants, whose mothers were also cis-women street-based sex workers, their childhoods were wrought with anxiety and instability through the unpredictable behaviours of parents caught up in the cycle of drug abuse and sex work.

Barbara, an older street-based sex worker, claimed that she was irregular as a sex worker, as she only came down to the streets sporadically. Her daughter, Beth, was also a street-based sex worker. Barbara explained that Beth was addicted to heroin, and that she was "21 with a baby that she doesn't see". Barbara admitted that Beth had told people it was her fault that she was a heroin addict:

> *They [people in general] said she's told people I started her working, she has, she's told people I started her working, I got her on drugs…(Barbara, sex worker)*

Beth was 22 years old when interviewed, with a 3-year-old daughter who she was not allowed to see because of her drug habit. Beth had worked on the streets since she was about 13 or 14 years old. While working with a close friend on the streets, her friend was murdered:

> *Yeah I was 13 when I started. I've had two of my best friends murdered through the industry…on Grey Street, Gurner Street, she was 14; she was found naked and raped and overdosed. She was with DHS [Department of Human Services], they got sued, her mother sued them and another one [friend] she was given a drug overdose. The ambulance came up once and revived her and then let her go with the same girl that overdosed her…(Beth, sex worker)*

Belinda was a 25-year-old woman with three children. Like Beth, Belinda's mother was also a street-based sex worker. While growing up, she witnessed her mother experiencing bad 'hits' with heroin and felt responsible for 'making her better'. Belinda recalled having to hold her mother's head as a young girl, when her mother was unwell from a heroin hit. She particularly remembered when a friend of her mother's passed away. Her mother, in her grief, became desperate for a 'hit' and Belinda tried to acquire heroin to help her; Belinda was not a heroin addict at the time. Unfortunately, the next time I saw Belinda she had become addicted to heroin and was pregnant again:

> *My mum had a bad hit one night and I was fresh down from Ballarat and I was*
> *living in a really small house with her and yeah she had, like she's a big heroin*
> *user and she's been a prostitute herself and stuff. but I remember her holding her*
> *head, it was all dramatic and stuff, and she had no money to make herself*
> *better…it was like she needed another hit, … I didn't even know where to get*
> *drugs from then…the first time I came out was to get $100 so that mum could get*
> *her hit …and then from then on I just realised it wasn't as hard as I thought*
> *(Belinda, sex worker).*

Kylie was a 32-year-old with four children, two of whom she has not known the whereabouts of for the past six years, as her brother had them taken from her. Together, Kylie and her partner have a six-year-old and an 18-month-old. Her mother worked as a street-based sex worker when she was young, however, her mother became very unwell from her diabetes. Kylie said she had to start working to support both herself and her mother. Originally, she began working as an escort and would hand most of her earnings to her dealer at the time. For Kylie, this devolved into street-based sex work. Whether or not this was due to her ice usage was not discussed. She has since been a street-based sex worker on and off for the past six years:

> *My mum died in 2001 [I had been] working to get bread and milk for my mum.*
> *My mum used to work here too, but she got diabetes and got really sick and I had*
> *to start working. But I didn't actually work from St Kilda, I'd be driven around in*
> *a car. I was an escort…(Kylie, sex worker)*

The cyclical nature of drug abuse and eventual sex work within families has not gone unnoticed by many of the support workers. Too often they have seen mothers and daughters working the streets, both attempting to support their drug habits. As implied by Amanda, generational trauma is very real and has a chaotic impact on the lives of mothers and their children. Very often children will easily fall into the roles their parents have taken, as a means of coping. Amanda has seen several women die of heroin overdose, leaving behind children:

> *So from when they're born into the arms of a mum who has little control of her*
> *own life, the cyclical nature of a drug addiction and I just think about the kids*

and then I think about the kids losing their mum who they're meant to be
with…(Amanda, sex worker).

6.5 Coping with loss: "Once I lost my children and started getting into drugs, that's when I became a worker."

For several participants, it took a traumatic event for them to begin using heroin as a means of coping. Participants discussed how it was the loss of their children that pushed them to drug addiction and subsequent sex work – the pain and trauma of losing custody of their children was too much to handle. Once they had lost their children, women would seek an escape through the euphoria of heroin, leading to a cycle where women would lose custody of a child and turn to drugs, preventing them from regaining custody, and leading them further into the abyss of drug abuse and survival sex work.

Trisha explained that as soon as she lost her children to their father, she started to dabble in drugs whilst beginning work in a parlour. She witnessed other sex workers using heroin and decided to use it more and more, eventuating into a habit. She stated that using was a way for her to 'block everything out':

> *Once I lost my children and started getting into drugs, that's when I became a*
> *worker… I just met her [a working girl in a parlour] and I'd seen how smashed*
> *she was and then I started trying it [heroin]. I didn't have a habit, only had a*
> *little bit here and there and then…it just started getting more and more once*
> *there was more trouble with the kids, just blocked everything out and me working*
> *as well felt dealing with that kind of work because it is hard, you block yourself*
> *out by using a lot of drugs…(Trisha, sex worker)*

Similarly, Belinda lost custody of her children due to being in a violent relationship with her now-estranged partner. She had been working to supplement her income, however, as her drug addiction intensified, she could not handle the withdrawals and felt trapped working as a street-based sex worker. Previously she worked sporadically to supplement her income. Yet as an addict, it was the only way for her to earn money to cover her heroin addiction. To further assist in coping with the loss of her children, and to manage her addiction, Belinda also turned to Xanax to help her feel 'normal':

> *Since I lost the kids…I haven't really settled down at all. It's pretty much another*
> *start for me …it's hard to stop working as well because the money…that's what*

traps you in most girls, the money and the drugs and then you don't want to be having the drugs but its…you're that sick…Everything's cool like I don't know…Xanax is my vice so, well not my vice, but it makes me feel normal…no-one really gives a shit [about what] we're all going through (Belinda, sex worker).

Beth felt isolated and mortified with the loss of her daughter. She had made arrangements with her ex-partner's parents for a visitation, but they then found her at a local needle exchange and ceased contact. She was devastated and turned to heroin to help her through this tough time:

And his parents [the father of her baby], we were supposed to meet up last week sometime and they just happened to come down looking for me and they found me at the needle exchange…I went back and I just wanted to score, I just want to forget about it and I cried…(Beth, sex worker)

Women who are cis-women street-based sex workers are embroiled in a perpetuating cycle of drug abuse and sex work. It was not easy to identify whether the participants' drug addiction preceded the loss of children or whether it was a pre-existing issue that they were attempting to deal with. In any case, the reality was that the women interviewed were unable to manage parenthood, drug addiction and sex work. Interventions for heroin addicted mothers were to remove children from the care of the mothers, which then led to increased drug use and, therefore, more street-based sex work.

As a support worker, Jamie has seen time and time again, over many years, that cis-women street-based sex workers losing custody of children can either propel women into drug usage and sex work or exacerbate existing drug taking:

Definitely there's that cycle. They're depressed, grieving about losing their kids, so it pushes them into drug use, so they have to work more to get more money for drugs, so there's that vicious cycle. I've known of girls that have brought up their kids trying to shelter them as much as possible from the drug use but, partially because of their drug use, the intergenerational stuff where their mums used different types of drugs, they've used drugs, they've tried to shelter their kids but their kids are now on drugs (Jamie, support worker).

6.6. Influencers and experimentation: "We got into heroin basically to come down from all the ecstasy and shit."

Numerous women had other pathways to enter street-based sex work. For several of these women, their childhoods included private schools, stable jobs, loving and caring families, and no idea that they would become a street-based sex worker to sustain a habit.

One of the very first things Carol mentioned before the interview was that she was not your 'typical' street-based sex worker. She claimed that she had been educated at a Melbourne private school and had been brought up in a nurturing family environment. By the time she was in high school, her friends had become involved in the drug culture of taking ecstasy and going to rave parties. She fell into a small crowd who were able to supply her with drugs whenever she wanted. Carol stated that she and her friends originally began taking heroin to ease the pain of coming off other stimulant drugs, such as ecstasy:

> *We got into heroin basically to come down from all the ecstasy and shit that we were taking and it was a bit exciting…I hate needles. So I used to have to have someone shoot me up. I hate them. But, no, I was just, you know, I was just stupid and selfish and just, yeah, so it was with this Asian guy and, as I said, I had no contact with my family at all until 2001 (Carol, sex worker).*

Like Carol, Allison had a stable home life and attended an all-girl Catholic school while working part-time. She had met a boy, and began drinking alcohol and smoking marijuana with him, which then led to her trying heroin. Allison left the boy she was seeing and started to inject heroin. She met another man and had a son with him. Allison stated that this man ended up in prison. As she had no means of supporting herself, she engaged in street-based sex work:

> *[W]hen he [father of her child] went to jail, I had no means to support my heroin habit, so I came down here whilst he was in jail and made some easy money. I was very young, nineteen, twenty, so I was able to make money very quick and very easily at the time. So yeah, I guess once you get a taste of the money and how quick you can earn it, plus the heroin addiction, of course, you need to feed that habit, so you're constantly coming down here for more money, more money, more money because no matter how much you make, it's never enough, so that's basically how I got in to it…(Allison, sex worker).*

Several participants claimed that dabbling in 'lighter' drugs, such as marijuana, ecstasy and speed, had led them to try harder ones, such as heroin. Vera started taking drugs when she was thirteen and was 'allowed to smoke bongs at home'.

Experimentation with drugs during the teenage years tended to be a precursor to trying harder drugs. Melanie shared her drugs with friends and neighbours. Her high school friends had rented a flat in Melbourne, where they would go to party. This is where they first started injecting speed:

> *At first it was marijuana, acid trips, speed, that sort of thing. I got in contact with neighbours that had contact with speed, so I used to go into like speed from their contacts and you know I always had enough to share with friends and stuff like that. I never used to inject it, but I started injecting it [speed]...(Melanie, sex worker)*

6.7   Differences between brothel-based and street-based work

The second section of this chapter discusses women's experiences of working in brothels and parlours, revealing both barriers to and enablers of brothel work. Several participants began their careers as brothel-based sex workers, however, for some reason ended up working as cis-women street-based sex workers, which is often perceived as a demotion. Of the most frequent barriers to brothel work, finances were discussed by all participants who had attempted work in brothels. Interestingly, several participants had worked in a brothel and had mixed viewpoints and experiences, which were both positive and negative. The positive focused on the occupational health and safety policies that governed the brothels, yet the negative were based on issues of autonomy. In looking at the differences between brothel-based sex work and street-based sex work, there were—themes which included:

- Issues with management and anonymity: "I got told he does that to all the girls."

- Living in brothels: "You've got bunk, you know if you've got nowhere to go."

- Finances and flexibility: "We shouldn't have to give them as much money."

6.8   Issues with management and anonymity: "I got told he does that to all the girls…"

Several participants felt as though were being targeted because of the naivety from being fresh to the industry. For instance, Belinda had begun working in a brothel, but left soon thereafter because of how her 'boss', the owner of the brothel, was exploiting her. He convinced her that all the girls had to tend to his sexual needs if they wanted work in his brothel. Although Belinda appreciated that brothels are safer and cleaner than street-based sex work, the owner did not make her feel safe.

> *I have before I worked in [brothel] in Richmond and I was there for about a year and I ended up leaving because my boss was making me do things before work without paying me, without all this kind of stuff. I got told he does that to all the girls when they first start…. But yeah, he was just a pig and a wank, but I have tried you know the brothel and I think they're a lot safer, cleaner, I like them. The money's good. But yeah, he was just a rotten pig, he was…. Yeah he wasn't very inviting to stay there or didn't make me feel very safe after that and I was just like mmm...(Belinda, sex worker)*

One of the major problems encountered whilst in a brothel was how precarious retaining anonymity could be. Although anonymity is an expectation of the brothel industry, and is supposedly embedded in policy and procedures, potential slip-ups occur. These slip ups can occur inadvertently, however, they can also manifest into threats. If women are not performing to management's expectations, anonymity can be threatened; this is a method of control used by management, implicitly reminding women that they can – at any time – reveal to family members that they work in a brothel and not as a waitress, and many women live in fear as a result.

The competitive nature of the industry can also threaten a worker's anonymity. Participants explained how women can become jealous and competitive of each other, especially when a particular woman is getting many of the clients. As Liz noted, women generally will not 'out' each other in a brothel, or even on the streets, implying an unspoken comradery. However, she stated that it can get 'dog eat dog, and they are jealous of each other, and they will cross each other, because it's all about getting their 'whack to get their whack'.

Unfortunately for some workers there may be times that colleagues do 'out' each other. When women experience being outed, they face stigma and negative impacts because of the

nature of the work. This happened to Trisha, who moved into street-based work from brothel-based work and was expecting her third child. Her partner discovered through her colleague that she was available to see him as a client. Trisha was disappointed that this was revealed to her partner and was the event that sent her life spiralling out of control. Because her partner found out about the nature of her work, she lost custody of her children and began using heroin to cope. Trisha discussed her experience in the brothel:

> *The kids' father come in looking for when I first started, he went off his head and I was in doing my job with someone and they actually told him she's not busy…she's not available right now. They shouldn't have said anything, they're not meant to. They're meant to tell them, tell them that I don't know who you're talking about. They're not meant to disclose any private, no, nothing at all, and they did. So, into that, that's how this started, that's how it all started with the kids and everything…(Trisha, sex worker).*

Like street-based sex work, women are afraid of being noticed or recognised by clients or bumping into clients when not on the job. Liz, an ex-brothel worker, attends the Gatehouse to offer support to cis-women street-based sex workers. She has known cis-women street-based sex workers throughout her career and can see many parallels between brothel-based workers and street-based workers. Although she attempted to be anonymous in her profession, clients had exposed her:

> *I was doing this sex work in a brothel, this was in Albert Park, somehow, I went out to Albert Park and there was this Sandown Park bistro thing. I went in there and the manager was one of my clients, he told some of the workers that I was a working girl and dah dah dah. He was nice to me, he came and got me a drink, but I could hear him talk and I was a bit embarrassed because I wasn't that at home with it. It was a very private thing and very discrete…(Liz, sex worker)*

For Trisha, she was a direct victim of gendered norms. It could be assumed that Trisha's partner, through displays of violent behaviour, was forcing compliance by her colleagues which eventually led to them disclosing Trisha's status as a sex worker. Whether the behaviour was a physical or verbal form of violence, it is still a method of coercion and repression designed to manipulate through fear and as a form of punishment. Although Trisha was outed by colleagues, it remains unclear whether this was intentional or done out of fear

as her partner was acting violently in the brothel. As a result of being discovered as a sex worker by her partner, Trisha was punished for deviating from her role as the caring wife and mother by having her children removed from her. This idealised norm of femininity and motherhood was then reinforced by her partners father, as a policeman, and who, as an enforcement figurehead, represented to Trisha further/future punishment that went beyond the individual and to that of what I believe to be despotic machismo law enforcement. An enforcement method antiquated and steeped in backward belief systems that have shied away from equity in fear of relinquishing control.

Strong narratives aligning with symbolic violence were also revealed in these results. Managers and clients holding autonomy over the heads of cis-women street-based sex workers is a constant reminder to women of who is in control, who holds the upper hand. Liz unconsciously attests to her experience of symbolic violence by encountering a client out of business hours who felt he was in his right to approach her and carelessly expose her as a sex worker. This form of repression, although not physically manifested, is displayed as subtle violence where the intention is to regain domination over these women.

6.9.   Living in brothels: "You've got bunk, you know if you've got nowhere to go."

Despite issues with management and anonymity, brothels operate differently, and ethical conduct varies from brothel to brothel. Some women are appreciative of brothels and have turned to them when they have been homeless. Beth found that working in a brothel was advantageous, because she was provided with accommodation while she was homeless. Jane was also homeless at one stage and was grateful for being allowed to stay in a brothel. She began working on the streets and, after a year, found herself homeless. Jane did not want to live with her parents, as they disapproved of her lifestyle. Jane lived in a brothel for eight months. She explained the conditions:

> *Well, they also have other rooms, so instead of being in the dormitory with other people, because it was a dozen bunks and one kitchen and one bathroom so one of the…the owner, the owner's wife, who was the manager, she said I could set up a room, it was probably double this size, set up a room and have that to myself, so just, that was alright, that was cool (Jane, sex worker).*

However, of those brothels who allowed women to reside on their premises, they tended to cater first to women who were working in the industry illegally (i.e., illegal immigrants). Although Beth felt that the option of staying in a brothel was beneficial, because it was clean

and safe while she was homeless, she was annoyed about how much of her earnings they took:

> *You've got bunk, you know, if you've got nowhere to go and you are sleeping on the streets, you don't have girls sleeping in their cars you know, girls that are homeless, you know because you've got your rooms for your girls, but a lot of Chinese girls get them because you've got a lot of girls that are illegally working, pimps that come and get their money and they pay them…*

Unlike other participants, who tended to begin their careers in a brothel, Nadia had already worked on the streets prior to living and working in a prominent Melbourne brothel. At that time, she had become homeless due to losing everything to her heroin addiction and had become estranged from her family. She was grateful the brothel let her stay for eight months throughout her crisis:

> *I worked at the [brothel] a couple of years actually, after being down here because I was kind of homeless, although mum and dad moved back to Melbourne shortly after I told them [about the heroin habit]…anyway, just fighting with them so I didn't go home so I was kind of, I lived in my car for a little while down here, and once with a girlfriend or girls you meet on the street and stuff, all of that and then I lived at the [brothel] for about 12 months, actually eight months…(Nadia, sex worker).*

However, as with many participants, Nadia stopped because her shifts of 'eight hours was tiring'. She would begin work at 10 p.m. and finish at about 6 a.m. or 7 a.m. the next day. This was a major barrier for Nadia, as she did not find the hours accommodated her lifestyle at the time.

6.10   Finances and flexibility: "we shouldn't have to give them as much money."

Although brothels are known to have stringent occupational and safety policies, financing this through the wages of the workers is problematic for women. One of the most pressing issues encountered by participants was the amount of money brothels expected from them. In general, participants explained that the percentage that the brothel will take from a worker is 40%. Most participants, and cis-women street-based sex workers in general, claimed that this is the main reason they decide to work on the street, as the money earnt is their own to do with as they wish.

Despite the issues frequently faced by cis-women street-based sex workers, Belinda was appreciative of the occupational health and safety regulations available to her working in a brothel, yet understood why many women chose the streets, regardless of the disadvantages:

> *[It is] Bitchier down here [on the street] than a brothel, but then the girls don't like to work in brothels because they take all their money…. It was okay because you're safer, you, it's cleaner, you've got your rooms, you've got your showers in your rooms. You know the reception hold your money, she deals with all your money and you know at the end of the night it all gets handed out…(Belinda, sex worker).*

Trisha was aware of the occupational health and safety benefits afforded by working in brothels; she felt safer working in them, as 'someone's always around …'. Similar to Belinda, she was also of the belief that the reason women chose street-based work over brothel work was mainly for the money. Brothels taking a high percentage of workers' earnings was the most salient factor for choosing street-based sex work:

> *[W]ell it's a shame for one thing that the brothels take a higher cut of what the girls make...they give the girls more than what they get, but most of them are half /half, which is unfair and that's another reason girls come on the streets [it] is because the brothels are taking a lot of money of what they're doing. They've got to, they're the ones working, we're working for them so we shouldn't have to give them as much money, but a percentage yeah but not half…(Trisha, sex worker).*

In comparing the two, Trisha noted that there was less discrimination working in the brothels than on the streets, and it was most certainly safer. The streets are not discreet, which is much sought out by sex workers. In brothel-based sex work, women are aware that the sole reason for a client's patronage is for sexual exchange. Working on the streets, a client's motives are less clear, which suggests that some of those visiting the streets may have a penchant for violence or may be searching for something more than soliciting for transactional sex. Furthermore, Trisha suggested that in brothels, it is highly competitive between the sex workers, and clients are less likely to go to brothels for fear of being found out. This is another factor for women turning to street-based sex work:

> *It's a lot better and safer than on the streets. You don't get looked down at. The people that go in there know what they're looking for…that we're about. On the*

streets we're open, so a lot more people can see and that's right and they can see what's going on, but behind closed doors is…be a lot safer and a lot better, but just the money-wise that's why all the girls turn and come out on the streets, that's because so many girls are working and then less blokes are going in and out these days because they're too scared that, they're going to get found…(Trisha, sex worker).

Liz, however, felt that although there may be significant competition in the brothel-based environment, getting work is not guaranteed on the streets. Given the red-light district is concentrated to one area, this is where most sex workers will loiter for work. Liz stated that having so many girls in the one area, many see it as competition and will undermine each other. This is magnified because of the desperation to avoid heroin withdrawal. As a result, women will undercut standardised prices:

The thing is there's so many girls in one place and some are really pretty, they're all cutting each other's throats as far as price, they've all got to get the drug. Some people will do cheap jobs, some of the girls that aren't as good looking will do $50 jobs, sex, oral, the lot, the full service for $50. Other ones will do a $50 oral job and then do a $200 sex job, but you might have to wait a bit longer (Liz, sex worker).

Kate believed that working in brothels still provided significant earnings regardless of the percentage taken from management. Women who worked in brothels chose to do so, suggesting a sense of agency and decision making. The competition between workers came down to attractiveness – women who were considered attractive by clients were the workers who made more than others. This tends to correlate with the idea of the male gaze where female corporeity, particularly across Western cultures, is constructed through the gaze of the established patriarchy. The idealised female form has been culturally constructed according to the needs of the white, middle class heterosexual male (Pontorotto, 2016). Clearly what Liz has explained in relation to sex workers attractiveness and thus the 'normalisation' of what is considered attractive is indicative of the culturally constructed male gaze, exclusive to male pleasure. Unfortunately, the male gaze has been shown to reduce female agency when a woman's worth is placed on female corporeity (Pontoretto, 2016). For sex workers, it becomes an issue around income. If they are not considered by the male gaze to fit into the female norm, they are less likely to be financially compensated. I believe that across many

occupations and situations, the choice of attractiveness is simply an exercise in social benchmarking from the client/male perspective.

Like Trisha and Liz, Kate also felt that working in a brothel was hard, as the hours were 'hideous'. Many rostered hours were spent 'sitting around' and waiting for clients. Kate also acknowledges the competitiveness for approval of the male gaze. She noted that only those who were 'tough' would be financially successful in brothel work:

> *They choose to do it [women who work in brothels] and its good money and you're protected. The hours are hideous for when you want to make good money. There's a lot of competition because a lot of the girls in the parlours are very attractive (Kate, sex worker).*

Interestingly, Kate was the only participant who mentioned a women's agency when it came to work in brothels. Overall, and aside from cultural norms in relation to female corperiety, women choosing to work in a brothel instead of other areas of employment or instead of street-based sex work is a form of agency whether it's to enter the industry in the first place, to find work with accommodation to ensure their security, to pay a mortgage, or to be able to afford education for children. Yet for those women choosing to enter street-based sex work following experiences in a brothel where they dislike the conditions (such as rostered hours) is also a form of agency as women have decided that certain requirements of brothel work are not conducive to their lifestyles and finances.

Although she had never worked in a brothel, Clare seriously considered it to avoid the risks and dangers of the streets, and to experience proper occupational health and safety offerings. However, reputations of brothels in taking a significant proportion of workers' salaries deterred her from it. Another important factor that Clare considered was the lack of flexibility in work hours of brothels. Street-based sex work enabled Clare to work hours which suited her and her lifestyle:

> *I did [consider brothels]. I don't like the idea of someone taking that much money that I've made…I also don't like having to work their hours. Here, I pick and choose. You know, I do four hours a day and that's it. There, you've got to do eight hours on the roster…(Clare, sex worker)*

This commentary from Clare revealed that cis-women street-based sex workers had discussed the issues that accompany brothel-based work and chose to stay on the streets and

compromise their safety, rather than working in a safer and more secure environment. It is also indicative of the stronghold that heroin addiction has on these women. They are willing to risk their lives to keep the money they make to finance their next heroin 'hit'.

Discussion

These themes revealed that there are a multitude of factors for why women enter street-based sex work. The most prevalent factor is women whose childhoods exposed them to victimisation and abuse. For participants who experienced childhood abuse, it was explained that the only way to escape their circumstance at the time was to run away. This was where, as children or adolescents,' they tended to end up in institutions, or experienced foster care where they were more susceptible to encounter peers involved in the subculture of drugs and sex work. Several studies have similar findings in relation to childhood trauma, familial substance abuse, foster care interaction and running away from home as risk factors to substance abuse and ultimately, street-based sex work (Argento et. al., 2014; Clarke, Clarke, Roe-Sepowitz & Fey, 2012; Thorburn & de Haan, 2017). Adverse childhood experiences are a public health concern with strong associations found between adverse experiences, anti-social behaviours, drug abuse and mental health during their transition into adulthood (Hughes, Bellis, Hardcastle, Sethi, Butchart, Mikton, Jones & Dunne, 2017). Youth entering adulthood who have had adverse childhood experiences require additional support to counter the potential risk-taking trajectories during adulthood (Hughes et al., 2017).

All participants who experienced interactions with foster care, institutions or residential care claimed this was their introduction to heroin through peers. Tantamount to these findings is research that has demonstrated that residential care systems notoriously house many wayward children and youth already engaged in drug abuse (Barn & Tan, 2015; Cobbin & Oselin, 2011). The Australian foster care system is known to house children with developmental disorders and mental health issues, and who are more likely to abuse illicit drugs and alcohol (Oswald, Heil & Goldbeck, 2010). This conclusion corroborated the findings of Barn and Tan (2015) who, in exploring factors related to substance use and misuse in foster care youth, found that homelessness, school exclusion and environment were strong predictors of drug use for those in foster care. Children who experience these institutionalised care systems are more likely to form insecure relationships, are at risk of multiple chronic health conditions, and are at risk of experiencing further neglect and maltreatment (Oswald et al., 2010; Ahrens, Garrison & Courtney, 2014). My research has aligned with these findings where participants as vulnerable and insecure young girls found that places such as residential care and foster

care can unintentionally enable and/or encourage drug experimentation or usage. As one participant noted, some of the teenagers placed into care systems had no proclivity for drug use, however, due to exposure to drug abuse became addicts themselves. Adolescents in contact with those who are cultural deviants or who display antisocial behaviours are susceptible to being led astray – and mainly wound up in crime, drugs and street culture – as the majority of participants had done (Cobbin & Oselin, 2011).

Thornburn and de Haan (2017: 36) following an exploration into the lives of adolescent sex workers found that engaging in dysfunctional relationships with peers was a result of experiencing parental emotional disengagement. Congruent with these findings, participants in this study felt they had no other option but to rely on membership/association with those who were encouraging them to sell sex for survival and/or to sustain a drug habit. As explained by Thornburn and de Haan (2017) not having reliable or emotionally responsive familial environment leaves open the dysfunctional peer relationship as the 'primary mediators' of their behaviour. Other findings in my research that have strong links with literature is the theme of trauma. Participants in this research had experienced unstable environments as children, and for many, experienced familial abuse, and low socioeconomic backgrounds. These outcomes resonate with the research undertaken by Wilson and Widom (2010), found that abuse and sexual molestation during childhood positively correlated with entry into street-based sex work. These circumstances led children to run away from homes, increasing their likelihood of falling into street culture. For participants who had run away to seek respite and escape from their life situations, they claimed that they had engaged in street-based sex work as a means of survival. At the time, participants were young and naïve, and had been influenced, manipulated, and lured into the trade by encounters with men and women on the streets. It has been well documented that victimisation has been the major factor in adolescents running away from their family homes and into the realms of those who are engaged with street-culture (Cobbin & Oselin, 2011; Dodsworth, 2012a; Oselin, 2014; Weitzer, 2010; Clarke, Clarke, Roe-Sepowitz & Fey, 2012; Thorburn & de Haan, 2017). These participants felt they had no other option but to rely on membership/association with those who were encouraging them to sell sex for survival and/or to sustain a drug habit. Despite the risks involved in these women running away from their familial homes, they did display decision making power. It could be argued that they demonstrated agency by refusing to remain in a traumatic environment where they were subjected to abuse and neglect.

The results revealed that for several participants, they followed the pathways of their mothers who were also sex workers. As suggested by Beard and colleagues (2010), 'sex work is often handed down from parent to child as the family trade in some cases, or out of a real or perceived lack of other options' (p. 4). Support workers in this study reiterated these findings. They were acutely aware of mother-daughter duos. Having worked with these women over decades, they had often observed mothers and their daughters working the streets, supporting each other's drug addictions. As identified by research, children of drug-affected parents are more likely to engage in a similar, if not the same, pathway (Bear et al., 2010; Dodsworth, 2012b). Children then become caught up in the impenetrable cycle of drug abuse and street-based sex work. This perpetual cycle is demonstrated by Dodsworth (2012b), who found that mothers who are sex workers experienced complex childhoods, insecure relationships, loss, rejection and substance abuse. As shown, these elements all contribute the children of cis-women street-based sex workers become cis-women street-based sex workers themselves (Bear et al., 2010).

Intervention and prevention are essential at an early age, particularly for young people experiencing abuse and mental health issues which could be considered a root cause of risk. Research suggests several structural and individual interventions that have demonstrated effectiveness with high-risk youth, particularly those who have been homeless and experienced life on the streets. In their systematic review, Zhuo Wang and colleagues (2019) identified that structural interventions such as the provision of stable housing, drop-in centres and skills building alongside individual interventions such as cognitive behavioural therapy and family-based therapy, found decreases in substance abuse and depression. They also note a gender variance in outcomes post exposure to such interventions. Females even if having higher rates of depression than males, tended to respond more positively and have a greater reduction of depression when exposed to psychological treatment and shelter services. The authors recommendations were for a more personalized and flexible approach to address the specific needs of youth as the dynamics of homelessness and service access are complex (Zhuo Wang et al., 2019).

In looking at motherhood, drug abuse and street-based sex work, scholars have found that women engaging in drug abuse or who are incarcerated because of drug abuse and who have engaged in sex work are more likely to be viewed as deviant that their male counterparts. Being criminalised in this way challenges dominant perceptions of motherhood as the ultimate identity of women (Gunn & Canada, 2015). Women who participated in this

research were acutely aware of the negative labels given to them by society and experienced the trauma of losing children. Most participants had children who were not in their care, yet there remained a strong attachment. As experiences of the participants revealed, the process of losing children could send them into a downward spiral of further drug abuse and reliance on sex work. Participants who lost children through custody battles with partners, intimate partner violence or from using drugs were factors that led them into street-based sex work. The loss of children had a profound impact on participants, who often turned to heroin use to cope and escape from the resultant emotional distress. For those women who were already struggling with a pre-existing heroin addiction, they increased their use to further ease their pain. Farahzad (2015) found that women involved in street-based sex work who lost custody of their children were more likely to engage in, or augment, existing illicit drug usage. These results further illustrated that of these women, most had been removed from their own families as children and placed in care systems. However, this connection was not identified or discussed by any of the participants in this research.

Participants in this study who had lost custody of their children desperately sought to retain custody of, or at least maintain a secure relationship with, their children (Farahzad, 2015). One participant's children were removed from her by the children's father because of her sex worker status. Although at the time she had been 'dabbling' in drugs, this increased drug use and resultant addiction as a coping mechanism. According to Dodsworth (2012b), the concepts of sex worker and mother are diametrically opposed. The idea that a woman can work as a sex worker and be a mother is seen by society as morally abhorrent, prompting identity crisis and further guilt, shame, and self-perceived stigma for women. One of the participants discussed how she felt shame at losing her children and felt severely punished for being a sex worker. This was also the case for another participant, who was discovered at the local needle exchange by the children's paternal grandparents. She expressed humiliation and shame as her reaction to this and turned to heroin to ease these feelings.

These experiences of shame and guilt associated with motherhood further heightens self-perceptions of stigma and discrimination (Dodsworth, 2012b; Weitzer, 2010). As stipulated by stigma theorists, self-perceived stigma has the capacity to negatively impact women more than the actual stigma itself (Pyett & Warr, 1999; Quadara, 2008; Schmitt, Branscombe, Postmes & Garcia, 2014; Stuart, 2009).

In recognising the pathways through which women enter sex work and the type of sex work they choose, is essential in further understanding their social determinants of health. For

instance, drug-addicted women are more likely to enter street-based sex work as they cannot forego any of their earnings as required when working in a brothel, which are needed to fund their addiction (Benoit, Quellet, Jansson, Magnus & Smith, 2017b). Risk factors that have been identified in these experiences of the women who participated in this research include institutionalisation, familial drug abuse, entering toxic relationships with those involved in the trade, and drug experimentation. All these risk factors are interfaced by the stigma's attached to street-based sex work as compared with brothel-based sex work, which I discuss in the next chapter.

In the second part of this chapter, I looked at the differences between working in brothels and street-based sex work. The study participants identified numerous reasons why cis-women street-based sex workers chose working outdoors as opposed to indoors, such as parlours and brothels. As a non-homogenous group, there are environmental deciding factors in where a woman chooses to work (Crusick, Brooks-Gordon, Campbell & Edgar 2010; Jeal & Salisbury, 2007; O'Doherty, 2011). Participants who had worked in brothels and parlours acknowledged that the health and safety components of indoor work cost a hefty percentage of their wage (Jeal & Salisbury, 2007). This tended to be common knowledge among cis-women street-based sex workers and perhaps, considering this knowledge, women who have not experienced brothel-based sex work may have been deterred and therefore continued to work on the streets.

For several participants who did work in brothels, they initially chose to work in these venues before opting for street-based sex work. Interestingly, participants' experiences in brothels did vary. It was clear that it was dependent on the type of management and culture that underpinned these experiences. For some participants, because they were young and new to the industry, some brothel owners and managers took advantage of them. As recounted by Belinda, upon entering the industry at a young age, she was under the impression that all workers were to tend to her manager's sexual needs. This had made her feel unsafe and exploited, it also led her to street-based sex work where she worked on her terms and was not accountable to anyone else in the industry.

Similar to participants working on the streets, participants with experiences in brothel work indicated to keep working in a brothel had to maintain a double life to hide their occupation from significant others. This dual identity makes it difficult for women to live authentically among friends and family. Having to lie about their occupation to family and friends was burdensome and created elevated anxiety levels (Begum, Hocking, Groves, Fairly & Keogh,

2012). For example, participants felt that their anonymity whilst working in the brothel could be compromised at any time. Unfortunately, brothel managers and owners had capitalised on the stigmas that kept women's desire for autonomy to force cooperation. I could not imagine living in such fear and heightened levels of stress and anxiety. I believe more research into the mental health outcomes and resilience of workers in brothels who do live dual lives is needed.

On the other hand, for those that have been outed, research indicated that sex workers feel the 'exhaustion of concealment,' and thus, disclosure can relieve some of this burden. However, once their identity as a sex worker is revealed, there is the ongoing fear that they will be heavily stigmatised (Wiederhold, Wolfe, Blithe & Mohr, 2017).

Participants that experienced work in brothels discussed the issue of competition between peers. Obviously if clients chose another brothel-based worker, women would lose out financially. This led to women profiting on their attractiveness which was frustrating given the number of hours spent and wasted 'sitting around'. There are instances where such competition can potentially manifest as jealousy towards co-workers. For instance, with a Trish's co-worker outing her, this may have been fuelled by jealousy. This can ultimately undermine camaraderie between co-workers and increase the burden of secrecy (Wiederhold Wolfe, Blithe & Mohr, 2017). I argue that this competition is a result of the male gaze, harnessed through the idea of what constitutes the ideal female form according to western culture patriarchy (Ponteretto, 2016). The idea of the male gaze is to empower men through the sexualisation and objectification of women. Women's feelings and self-worth are no longer her own, instead it is dictated by how she is '"framed' by male desire" (Loreck, 2016: para 3). A woman is a spectacle, the male the voyeur, and we see this phenomenon prolifically throughout popular culture – I argue that the male gaze is more frequent than its counterpart, the female gaze. For the sex industry, specifically the industry capitalising on female sexuality, this is enhanced and popularised through mainstream representations where such popular culture has glamorised the escort/brothel worker (Coy, Wakeling & Garner, 2011). This glamorisation, which has been termed by Coy and colleagues (2011:442), as the 'pimp and ho chic' conceals the actual harm and symbolic violence inherent in the sex industry and tends to reproduce unequal participation in the labour force (Coy, Wakeling & Garner, 2011). I am not saying here that the sex industry inherently caters to the masculine where the male gaze clearly plays a role, rather, in the age of consumerism, it becomes standardised and accepted. I further argue that compared to brothel culture, street culture

tends to be removed from the idea of the male gaze. From the discussions of participants, it seems to be that issues women encounter on the streets such as violence and abuse are associated with notions of gendered roles. It must be kept in mind, and I reiterate, women enter brothel-based and for that matter, street-based sex work for a variety of reasons. This is not a homogenous group of women. For instance, those who had worked in brothels, each participant demonstrated either positive or negative experiences dependent on the culture and management style of the brothel.

There are many differences as to why women enter into street-based sex work opposed to brothel-based sex work. Jeal & Salisbury (2007) found that women who enter street-based sex work do so primarily due to drug dependence, whereas those working in brothels or parlours are more likely to do so for living expenses. The study findings further indicated that participants who increased their heroin addictions, or who began an addiction, transitioned from brothel-based work to street-based sex work. Albeit more dangerous and riskier, this gave them more flexibility in their working hours and greater control over their financial position (Benoit, Quellet, Jansson, Magnus & Smith, 2017b).

Much of the scholarly literature in this field focusses on why indoor work is the safer option, rather than looking at the reasons why sex workers make the decision to leave indoor work for street-based sex work (Weitzer, 2011). Interestingly, Weitzer (2011) claims that it is uncommon for cis-women street-based sex workers to transition to brothel-based sex work and suggests that one reason for this is their lack of skills in social interaction: and managing prolonged social interactions with clients and brothel management. Although participants did not raise any concerns about ability to navigate different social interactions, it could be an implicit problem that women were too ashamed to identify or were simply not aware of. They did mention their inability to function in the broader community – perhaps this could also be applicable to working in brothels. These findings further endorse claims of other literature, where sex work is not a homogenous group, but, rather, that there are environmental factors that share where a woman chooses to work (Crusick, Brooks-Gordon, Campbell & Edgar 2010; Jeal & Salisbury, 2007; O'Doherty, 2011).

The choice to move from brothel-based sex work to street-based sex work suggests participants were agentic by making choices in relation to their financial situation. Weitzer (2005; 2006), suggests that engaging in sex work is an emancipation or 'resistance' by women from sexual norms ingrained in society. Having a choice offers women a freedom. Women as sex worker chooses to support herself and/or her family through brothel-based sex

work. For cis-women street-based sex workers, although they mainly work to support an addiction, it is their choice to work on the street instead of brothels simply because the financial outcomes were better (Beegan & Moran, 2017).

Ultimately, ethical conduct and management tend to vary from brothel to brothel, and this demonstrates that levels of conduct are inconsistent between brothels. For instance, several women were able to have accommodation in the brothels. This demonstrates a level of altruism across some of the brothels, whereas in others, they are subjected to exploitation. Clearly there are many contradictions experienced by women working in brothels.

This research acknowledges that for participants it is the inflexibility of working hours, expectations of brothels to be compensated for the facilities (a cut of the worker's wage) and threats to women's autonomy that are barriers for women remaining in brothel-based sex work. It is street-based sex work that mainly appeals to those who are attempting to sustain a drug habit, predominantly because of the flexibility in hours (they can choose when to work and how long), as well as being able to keep all their earnings from jobs. Working in dark, isolated places on the streets would also assist with women being able to maintain anonymity. In brothels, women's anonymity at times is compromised by not only other women, but also by clients recognising them.

Both parts of this chapter, entrance into street-based sex work and brothel-based sex work versus street-based sex work have shown that for many women, their vulnerabilities have been exploited not only because they have experienced dysfunctional childhoods or have been through institutionalisation, but because they are sex workers (either street or brothel-based) living within the parameters of masculine ideals. Throughout their pathway into street-based sex work, some became easy prey for men and women on the streets who capitalised on their naivety and the fact that they are female and marketable. For those who ventured into brothel-based sex work prior to street-based sex work, they were subjected to the patriarchal regime, consistent with gendered roles and ideals of masculinity, that underpinned brothel management and the looming threat of disclosure as a means of control and domination. However not all experiences were negative for women. Some felt grateful for brothels offering shelter without a hidden agenda.

We can see throughout these results there is much symbolic violence encountered by participants during their sex work journeys. It is essential this is recognised more broadly so that a cultural shift may be ignited in relation to the shifting of gender norms and the building

of more tolerance towards sex workers. It is also essential that social determinants for drug abuse are addressed for youth in crisis to assist young women and open choices for them.

Chapter 7: Experiences of enacted and perceived stigma and discrimination

Today I chatted with a couple. M was an ex-worker; S, her partner, had been in and out of prison all his life. We chatted briefly about general stuff. Then M asked if I was a worker, and I explained that I was a researcher investigating how women experienced stigma and discrimination. M explained that there was discrimination everywhere, especially in the form of violence. S told me a story about Amanda Byrnes, a worker that he was with in the 1980s, who was murdered. He was watching out for her when a mug picked her up. They drove off and he (the mug) raped her. The car had no internal handles. It was a group of men; somehow, she escaped and was running along St Kilda beach, naked. They followed her, caught her, slit her throat, and stabbed her. S called the police when she did not come back and said the police did nothing. He thought they were discriminating against her because she was a worker (*Journal Extract, August 2011*).

7.1   Introduction

In exploring the research question of how women experience enacted stigma and discrimination and experience internalised stigma, this chapter comprises two main parts. The first part of this chapter discusses the types of enacted stigma participants had experienced. Enacted stigma is where women had experienced stigma directly from others. It was apparent that participants experienced numerous manifestations of stigma (where the public know they are cis-women street-based sex workers) and discrimination (where because of this knowledge, they are treated differently) which I propose is driven by standards of masculinity. I pair stigma and discrimination to demonstrate that it is the stigma of being a cis-woman street-based sex worker has led to these women being treated differently – in other words, discriminated against. Stigma and discrimination were enacted through a variety of individuals and not just the men (clients) encountered by participants. It was a frequent occurrence from community members, health professionals, intimate partners, and law enforcement.

Throughout the interviews, and after explaining definitions of stigma and discrimination to participants, it was evident that most women I interviewed experienced enacted stigma and discrimination through a variety of sources. Following a thematic analysis, experiences broadly fell into four categories. A fifth category was incorporated in this analysis, which encompassed the observations of stigma and discrimination by support workers, as it further reinforced participant experience. The categories were classified as follows:

- Stigma and discrimination from the public: "They're showing their kids the prostitutes."

- "Stigma and discrimination from the police: "You do a job for me and I won't charge you."

- Stigma from service providers: "She really treats me like I'm a piece of shit."

- Stigma from clients: "A man dumped me in Geelong and I had to walk home"

- Support workers witnessing stigma: "My judgements are suspended."

The second part of this chapter considers the impact of perceived and/or internalised stigma and discrimination on cis-women street-based sex workers' self-esteem and wellbeing. Coping mechanisms, such as drug and alcohol abuse, are discussed, as well as other self-

protective behaviours, such as the construction of dual identities. For women who had partners, when asked to consider disclosure of their occupation they experienced fear. Faced threats of losing custody of children due to their line of work. The thematic analysis yielded the following two themes:

- Self-perceived stigma: "It's my own fault I'm a prostitute whore."

- Fear of disclosure: "I knew he'd leave me in a heartbeat."

7.2 Stigma and discrimination from the general public: "they're showing their kids the prostitutes."

Stigma and discrimination can take many forms, the most obvious manifestation being through violence (which is explored in more detail in Chapter Eight). However, subtle behaviours and actions, characteristic of symbolic violence, could also impacted the wellbeing of cis-women street-based sex workers. In this context, symbolic violence is a demonstration of a higher social status from those who are stigmatizing and discriminating against cis-women street-based sex workers. It is also a construct of gender relations where notions of masculinity position women as inferior in general, and cis-women street-based sex workers as unworthy. Throughout this chapter, symbolic violence can be seen as not always an act of physical violence, but a way of ensuring cis-women street-based sex workers know where they are socially placed. It was demonstrated that although the enacted stigma from the public occurred sporadically, it still contributed to the diminishment of their self-worth and contribution in community. Many women felt embarrassed, angry, and humiliated by the public's response to their lifestyles and status as a street-based sex worker, particularly when little was known about their personal circumstances.

Alison was angry and felt that those who made abusive comments and stigmatised her did not understand what it was like to be homeless with a drug addiction. When she experienced these types of abuse, and humiliation she felt hurt and angry:

> *Yeah, and they'll point, and they'll laugh [passers-by]. Do you know what I mean? Just the way they look at you…So they've got no understanding whatsoever of what it was like to live on the streets or have an addiction. So it does hurt. It hurts in that sense, it's like, you've got no idea, you know what I*

mean? I haven't had anything served on a silver fucking platter… (Alison, sex worker).

Throughout her many years on the streets, Barbara, an older street-based sex worker, had seen stigma and discrimination take place regularly and see how it humiliates women. This demonstrates that attitudes towards cis-women street-based sex workers have not changed over the years. She admitted being ashamed of what she did as a living and could not understand why families would point out cis-women street-based sex workers to their own children. It was as though they were on display as another form of humanity. I could see that Barbara was distressed when recounting her experience of families driving by:

You see the cars drive past, and they have their wives and their kids in the car and they're all pointing driving back…They're showing their kids the prostitutes and that, it makes me embarrassed…(Barbara, sex worker).

Trisha was visibly pregnant and frequently experienced people staring at her while working the street which made her feel uncomfortable. Despite pregnancy, she still managed to attract clients. Trisha explained that even prior to becoming pregnant, she felt that people stared because they knew what she did for a living and why she was doing it; being pregnant simply exacerbated her awareness:

People in shops, the local milk bars and cafés, people at the front of those cafés. [They] just stare, whisper, dirty looks, families that drive up the street and stuff, mouths are dropped. That's all (Trisha, sex worker).

I had the feeling that Trisha in some way had desensitized herself to the symbolic violence that she was experiencing from the public as it had happened for so many years.

Throughout most of their careers as cis-women street-based sex workers, women had frequently experienced and witnessed symbolic violence through public humiliation daily, most often from passers-by. Belinda claimed she had watched other sex workers experience stigma and discrimination through abuse and public humiliation, and it was very distressing for her. As a sex worker herself, she was empathetic towards her colleagues and angry at how cruel people could be to vulnerable women. She recalled a night where one of the girls was filmed by a group of young women 'for fun'; they not only filmed the 'sluts' and threatened to post the footage on Facebook. They also threw eggs at them. The young women who

filmed them and threw eggs had the satisfaction of publicly humiliating these cis-women street-based sex workers:

> *These young girls, it was a Friday night and they'd a video camera and they were video footage [sic] everybody and saying ohhh, these sluts are going to be on Facebook, and this girl got egged in the face like within from me to you away [distance]…. Like, I was lucky I didn't cop anything like that …. she copped them that hard I could hear and… (Belinda, sex worker).*

Several participants explained it was not uncommon, during the night, to have eggs thrown at them and to be verbally abused by men driving by. For instance, one of the participants Nadia, even after eight years of working on the streets, explained she was lucky to not have experienced stigma and discrimination through violence, as she worked mainly during the day.

Participants reported that physical abuse was also a frequent occurrence in street-based sex work, a risk that women experienced and understood, yet were still willing to take to financially support themselves. Participants explained that physical abuse occurred regularly and easily as cis-women street-based sex workers are perceived as easy targets who are unworthy of any justice –a belief aligned with masculine ideals where sex workers are not fitting in with prescribed social norms, warranting such perceptions. Bernie provides an example of this. She was angry when recalling her experiences of having eggs thrown at her. She believed that this cowardice happens mainly at night because it is difficult to pinpoint perpetrators and gives the clients an advantage. This could potentially explain why clients are more attracted to cis-women street-based sex workers rather than brothel-based workers:

> *Like, when we're standing there, having eggs and shit thrown at us, for fuck's sake… [it happens] at night, mainly then. Fucking carloads of idiots. I've had a full Beam can [a full Jim Beam can] hiffed at me. It hit me in the leg. I've been watched and then robbed at the end of the night...[Bernie, sex worker).*

Participants also experienced clients, or 'mugs', robbing them of their belongings and/or their earnings. Bernie believed that this form of stigma and discrimination occurred because women were viewed as undeserving of an income and as an easy target for theft. Other participants had been robbed at the end of their working day. Jess was robbed by a client, who stole her handbag and clothes. This was clearly an exercise in humiliation and a form of

punishment for being a worker, as she was left by a client '*standing there (on the street at night) naked, in a pair of socks*.

As can be seen through these results, many participants experiences tended to parallel with beliefs that are bolstered by gendered roles. For participants who, as cis-women street-based sex workers, deviated from gendered norms, it appeared that the stigma and discrimination enacted could be justifiable by the perpetrators. Alongside direct abuse, women experienced symbolic violence, a more nuanced form of stigma and discrimination, which was characterised by actions such as being stared at, whispered about, or filmed.

7.3 Stigma and discrimination from police: "You do a job for me and I won't charge you."

The participants in this study also experienced stigma and levels of discrimination from police. A street-based sex worker for over two decades, Dee was considered the matriarch of the streets. During this time, she had witnessed stigma and discrimination from a broad range of people, including the police. According to Dee, there was no benefit in reporting an assault or rape to the police, as nothing would come of it., '*Where does she go? To the police station to get told to fuck off?*' Dee recalled the story of a girl she had encountered one night, who had just been robbed. Dee discovered the girl had been to the police station and had not received any help:

> *[The girl who was robbed] had no shoes on and you couldn't see that, because I'm blind as a bat, that she was crying, but the way she carried herself, I knew…I said what's the matter and she said nothing. I said bullshit. I said stop and I said come on. I said what's this? What's going on? And then she told me, and she just broke down even more. I said have you been to the police? Then she told me about her experience there and how she got no response, which is fucking disgusting. She ended up walking away [from the police station]. She was visibly upset, balling her eyes out. They could have seen this [the police], but they chose to ignore her (Dee, sex worker).*

As a support worker for cis-women street-based sex workers at the St Kilda Gatehouse, Amanda felt that the police deliberately intimidated one of the sex workers she supported. The worker was strip-searched, even though the reason for detainment was a shoplifting charge from the previous week, and in this context very unwarranted. Amanda felt that this was a prime example of how certain members of the police force used their position to

maximise humiliation. The question remains, however, whether they would do this to non-sex workers who shoplift. In this instance, the intent was to further dehumanise this sex worker and, according to the support worker, 'intimidate':

> *The other day she [sex worker] was picked up again outside here by four detectives, and they cuffed her in the street and put her in the police car and someone came racing in and said 'They've taken her, they've taken her to the police station', so I went down to the police station and I got to talk to her on the phone…She came out and she said, 'They strip-searched me, why would they strip-search me?' and, honestly, I think it was intimidation. It was an unrelated charge and they strip-searched her. [What was the charge?] Shoplifting from a week or so ago. [Why would they strip-search you for shoplifting?] To intimidate her and frighten her. She was incredibly humiliated (Amanda, support worker).*

The sex worker was impacted from this experience and had a difficult time coping with the humiliating experience. Clearly this was an exercise in power and authority over her. Unfortunately, Trisha had experienced stigma and discrimination from both police and community. She had been verbally abused and had observed colleagues endure the same. Trish felt lucky she had not been subjected to the types of physical violence other cis-women street-based sex workers had:

> *More police and some blokes just whistle and just talking dirty, thinking they're workers and they just treat them, talk to them like shit, they're nothing but trash, I've learned that, no, I haven't really seen much else… [Have you experienced abuse?] No, not for violence. More abusive threats and stuff but no, no violence or anything, which I'm lucky, considering all the shit that some guys have done to girls… (Trisha, sex worker).*

Throughout his time working with cis-women street-based sex workers, Jamie had also witnessed serious incidences of stigma and discrimination towards sex workers from the police. He recalled a time when police were investigated by the Office of Police Integrity (OPI) for the way they had been treating the cis-women street-based sex workers:

> *In St Kilda* [site of research]*, they've had a crackdown on some of the police that were participating in that type of stuff. Years ago, with the OPI, they jumped on a few of the police that were caught out, and they've tried to clean up the St*

Kilda police station. They were asking girls, 'You do a job for me and I won't charge you'. Every now and then the girl would come in and tell the story, and with us you don't know whether real, not real, and we just refer them to other people, and I think the OPI would set up ways that they could get proof. [It did come to a head that it was actually going on?] Yes, with a few of the police (Jamie, support worker).

Like Jamie, Amanda had seen the consequences of judicial system outcomes and the impact this had on the cis-women street-based sex workers. She recalled the case of a worker who was frightened of the system and was afraid of going to jail for minor charges. Amanda believed this was an example of stigma and discrimination, as the charges against the worker were so minor:

One day we had someone burst through the doors here, really beautiful girl, really smart girl, bad drug addict, hard worker because of her addiction and she had [been] caught the next day and she basically said, 'I haven't got anyone, I'm going to go to jail' and she was just beside herself. Over the next few weeks, I saw her cry and cry and cry, because there was Mother's Day, her birthday – turning 30, all these kind of massive milestones, court, the stress and fear of going to prison, and also having to represent herself in court, where the last time she saw the judge he said to her, 'I am so looking forward to sentencing you'. She was just really fearful. So, I said, 'Look, I'll go with you' and it was my day off, the program hadn't begun yet, so I just went along to court with her…but honestly the charges are so minor. Really, she shouldn't be going to prison… (Amanda, support worker).

The woman Amanda was referring to was found dead from a drug overdose not long after this. It will never be determined whether her drug taking was part of coping with stigma and discrimination, or for other reasons.

Another support worker, Leonie, believed that her role in aiding cis-women street-based sex workers was made more difficult because of her considerable empathy for and understanding of these women. She believed that these women had more important identities, such as mothers, daughters and friends. This corroborates with literature elsewhere that determines sex workers as having agency. To be a mother, daughter and friend, women nurture others

and sustain finances through street-based sex work regardless of the nature of these relationships or what finances are used for:

> *I think that that's what makes my job so difficult, is that I now know these women inside out, upside down, roundabout, and I know them as women. Yes, they are street workers and/or prostitutes, whatever you want to call them, and drug addicts, but behind all of that they're mothers and daughters and somebody's friend and all of that stuff. They're actually human beings who deserve love and respect, regardless of their behaviour. Sometimes their behaviour is terrible. I'm the first one to admit that (Leonie, support worker).*

According to Orchard (2014) there has been little research on the hidden impacts of structural violence that potentially occurs daily against cis-women street-based sex workers. Here we have seen that daily, cis-women street-based sex workers in St Kilda Melbourne are frequently harassed, abused, and humiliated. They are subject to discriminatory behaviours by the public, health care providers and judiciary services.

Although over the years, relationships between cis-women street-based sex workers and the police have improved, there are some members of the police who continually discriminate against cis-women street-based sex workers. For instance, Jane contended that she had a positive relationship with them and if her interactions with them were 'calm and nice', there tended to be no issues. This was also corroborated by other participants, who maintained that they were less likely to be charged if they were civil to police. Kris felt her prosecution and conviction were the result of being disliked by a certain member of the police force, which ultimately affected her chances of entering the workforce (given employer reluctance to hire individuals with a police record). As she never received the paperwork to address the charges/summons, the charges against her were escalated and subsequently entered onto her record:

> *Well, yeah, I had a female copper down here who hated me. Because you can get out of the charges, you know. I was just walking home from the dentist, I was walking home from the doctors or whatever. And this bitch charged me. And what they used to be able to do, is they could go back to the station and do all the paperwork and rah rah rah and post it out to you and that's what she did. Obviously, I didn't get the paperwork (Kris, sex worker).*

7.4 Stigma and discrimination from service providers: "she really treats me like I'm a piece of shit."

Most of the women who regularly attend the St Kilda Gatehouse are referred to healthcare services for a range of reasons. These services have been assisting this vulnerable group for many years and are therefore assumed to have a certain degree of understanding of the issues that cis-women street-based sex workers face. However, participants felt that, at times, service providers discriminated against them because of their occupation. For example, Jane, after many years of struggling to obtain stable accommodation, required paperwork from her doctor to help her get housing through Centrelink. She encountered several barriers in getting the required paperwork when dealing with her doctor and his staff:

> *I have absolutely had enough of him [doctor]. And I've had enough of the fucking bitch of a staff there who don't like me, because she knows what I do for a living. And I'm gonna say, 'I'm sick of you discriminating'...he forgot to sign an important document and you let me sit in that fucking waiting room an hour and a half! She was letting blokes go in, getting scripts, people who have never even been there. I'm going to say, 'I want to talk to the ombudsman, and I want to solve this ok. So when can we solve this? Because you aren't supporting me'...(Jane, sex worker).*

Jane explained that had she not been homeless and struggling to obtain accommodation, she would not have used heroin to cope with her situation.

Stigma and discrimination from one health service staff member towards a street-based sex worker is all it takes to colour their perception of the clinic or service. While there may be empathy from core health professionals, such as a pharmacist, external staff, such as practice managers, receptionists, and ancillary staff, one member has the capacity to undermine this. For example, Dee felt that she was being discriminated against not by the actual service provider, who she found helpful, but by the assistants:

> *[The pharmacists] try and help me as much as they can. If I miss more than three days, I need have to get a new script, but if I miss two days and then go in the third day, then they're a bit shitty, but they're okay about it, whereas there's one person who works there who every time I see her I'm like, oh fuck, cause she really treats me like I'm a piece of shit...(Dee, sex worker).*

The participants who accessed opioid replacement therapy were aware of the potential stigma and discrimination that could face them from different health care providers. As St Kilda is notorious for its 'red light' culture, there is the assumption that most women accessing the therapy are cis-women street-based sex workers. Therefore, whichever way they go, be it methadone treatment or for anything related to sex work, they will encounter stigma and discrimination. Cherie's experience with local medical clinics led her to believe they were discriminating against her not because she was on methadone, but because she was a street-based sex worker. She claimed that *'the two sort of go together, the drugs and the street work'*. She felt conscious of being scrutinized by service providers. She also felt that many assumed she would abuse the medications prescribed to her:

> *You do get looked down upon, to the point that I might get a script for Temaz,[temazepam] which is a lighter sleeping tablet, twice a year. But even then, so you get 25 tablets on a script…And even then they will look at me, 'Oh, you can't take the too many times' and 'You're not abusing them, are you?' You know, as soon as they know that, whereas if they didn't know my background, I don't look like a drug user, they'd never know and they'd give it to me straight off…(Cherie, sex worker).*

Like Cherie, Vera also encountered stigma whilst attending a dentist appointment. She recalled the time when she was at the dentist with headphones on, yet could hear the dentist and his assistant telling jokes at her expense:

> *Yeah, and I've got headphones on, right, because he's drilling, they're telling jokes, 'how do you make a whore moan?'…and – Oh, I'm like, I've got, I can't say anything, I've got like fucking decay up here, he's going, 'Nah, that's just a mark'…Talking to me like I'm a fucking idiot, do you know what I mean? (Vera, sex worker).*

Clearly, Vera felt that because she was a street-based sex worker, the dentist dismissed her comments, and did not consider her concerns to be valid or genuine.

7.5   Stigma and discrimination from clients: "A man dumped me in Geelong and I had to walk home."

Most participants discussed experiences of stigma and discrimination from clients and potential clients. Most frequently, enacted stigma from clients took the form of physical violence (discussed in further detail in Chapter Seven).

Several of the participants encountered other forms of stigma and discrimination from clients. One participant, Jane, had her clothes, bag and money stolen by a client, who continued to torment her, telling her to '*come get ya bag*'. Other women were expected to perform degrading acts free of charge, such as sexual intercourse in public gardens.

Only one of two participants who did not have a heroin addiction, Kylie had been a street-based sex worker for only two years and worked to support herself. She was misled and consequently kidnapped by a client, who refused to pay for her services, instead choosing to abandon her in Geelong. What is most poignant about this is that he obviously felt justified in taking advantage of her and then leaving her stranded:

> *[A] man dumped me in Geelong and I had to walk home…[he said] 'I'd like to take you down to Geelong for lunch, and then go to a motel'. Alright, so we get all the way down there, he asked for a pre-job before a motel. Goes into the pub then, books a table, I thought, asked me to sit in the car. Gets in the car, and he said, 'Right, it's all done, you go in, sit at the table. He said, I'll just go into the men's toilets'. I thought okay, because I had to go to the toilet, too, walk in there with my handbag. I'm there, then I hear this noise, this screeching car, and I come around back out towards the front and I look, and here's this bastard taking out on the main highway. Why the fuck did he do that? He was going to pay me $300. Didn't give me the money, nothing…. I thought, you arsehole, you owe me money and I haven't got a cent, and I walked all the way home from Geelong (Kylie, sex worker).*

This form of violence resonates with many women who have found themselves kidnapped or stranded in a foreign place. Clients who have acted in this manner generally have received a service and will refuse to pay for it. This is underpinned by a sense of entitlement felt by the client or even feelings of emasculation.

Maureen had been in and out of street-based sex work for many years. After an accident left her with a disability, she had problems standing for long periods of time, however, needed to

earn money so she was back as a street-based sex worker. The following discussion with Maureen was captured in the field notes:

> *She said that when she was attacked with a machete, someone looked through a house window and that saved her life. The guy drove off and left her there, bleeding. She said she ran up the street crying, bleeding and asking for help, and some people were even laughing. Maureen said that she felt people didn't help her because she was a working girl…said that once you do wrong by the cops, it doesn't matter what happens, they won't help you properly (Journal entry, 2011).*

7.6   Support workers witnessing stigma and discrimination: "My judgements are suspended."

Support workers are aware of the types of stigmas and discrimination that street-based sex works face. As many of these support workers know workers personally, they are distressed by this and have empathy for these women. They understand the hardships faced and reasons for entering into street-based sex work. As people who provide support to, and regularly interact with, cis-women street-based sex workers, support workers are frequently observe the various forms of stigma and discrimination that participants have experienced.

Jamie, who supports cis-women street-based sex workers, frequently referred them to health services and was privy to feedback of their experiences. He was appalled by the treatment many of the cis-women street-based sex workers received from the community. Jamie had observed stigma and discrimination for over a decade and explained that time had not changed people's perceptions of cis-women street-based sex workers:

> *Some of the stuff that I've, over the years, had fed back to me by the girls, is different people, as soon as they find out that the girls choose to do a bit of sex work, whether it's a GP, other trusted figures in society, have put the hard-word on them… [From the justice system as well?] Even from the justice system, the police. We've had heaps from the police (Jamie, support worker).*

Jamie had witnessed pervasive stigma and discrimination over many years. He stated that while women do get angry, they also accepted abuse and mistreatment as 'part of life' and an occupational hazard. He explained that because of constant stigma, many of women experienced low self-esteem and mental health issues such as depression and increasing drug usage to cope.

Jamie believed that many of the participants constantly abused drugs and alcohol to cope with not only life as a street-based sex worker, but also with perceived stigma and discrimination. This intensified existing mental health issues and low self-esteem:

> *A lot of the mugs all treat girls like a piece of meat, just a transaction to them. Sometimes the girls will report when they're not working, the mugs will put the hard word on them elsewhere. I think some of them get really angry about it, others, it's 'that's part of life', they know that it goes on, so they accept it and get on with life. A lot of the girls have low self-esteem. [Mental health issues?] Definitely, that's huge, drug- and alcohol-fueled mental health – the stats all verify that it's massive. A whole lot of areas there, they're definitely treated differently to your average person in society (Jamie, support worker).*

Hope infers that a masculine articulation of women is apparent. Once again, the deviation of women from the social norms and structures renders them as those who are underserving of the treatment afforded to non-sex working women.

Hope had also seen the stigma and discrimination directed towards cis-women street-based sex workers. As a support worker, she recalled conversations with her co-workers regarding some of the verbal and physical abuse, '*like dirty whore, and even throwing stuff at them*'. After working closely with the street-based sex works for some time, Hope gained insight into and understanding of how past events had led these women to drug abuse and living on the streets. As a result, Hope did not believe she had any right to judge these women:

> *My judgements are suspended in the sense that I would now never jump to a conclusion when I saw someone that looked like they were drug affected, or in a tiny skirt, because there's always a story, one thing I've learnt there's a story behind everything...(Hope, support worker).*

Many of the residents of St Kilda and its surrounds do not share the sentiments of Jamie and Hope who have worked closely and supported cis-women street-based sex workers. Lori, another support worker who continually worked with cis-women street-based sex workers, was appalled by the stigma and discrimination meted out by residents, and felt it was something of an ongoing battle. She noted that residents would make complaints to the council and were actively trying to clear the area of cis-women street-based sex workers. At

times, residents made it their business to pry into the actions of several of the workers, to 'catch them out' and attempt to have them prosecuted through reporting them to the authorities them on any misdemeanor. This has resulted in animosity between the cis-women street-based sex workers and residents:

> *The girls tell us stories of residents yelling at them. There's a guy that lives just over the road that constantly has a camera in his hand and he's always taking photos…(Hope, support worker).*

Jamie corroborated many of the sex workers' experiences with local businesses, healthcare providers and members of the community who stigmatised and discriminated against them. He claimed that many healthcare services, from local chemists to hospitals, would look down on these women:

> *I can definitely tell with some chemists, they'll treat a drug user differently, even going in and picking up your methadone, your waiting times, the way you're treated, according to the client, is different to your normal client who walks in. The other thing I witness is in a hospital, taking someone in with an injury, and they may be drug affected, they'll definitely be treated differently, looked down on, than your standard person going into hospital for an injury…(Jamie, support worker).*

Laura, another support worker, described the way she believed mugs viewed the girls. She believed the mugs saw an opportunity to exert their power using these women, who were vulnerable, desperate and perfect targets:

> *The men have this power thing. They think that once a girl gets in their car that they can do whatever they like to them, because they're not real humans anyway. I actually think that's the crux of the matter, right, it's dehumanising…They are drug addicts and street sex workers and once you add those two things together it equals not human being (Laura, support worker).*

7.7 Perceived stigma and discrimination

I thought that I was going crazy, and they *[my family]* just didn't understand the circumstances, because I'd bought a house, and I was trying to pay this frigging mortgage, and I'd overcommitted myself, and had not a friend in the world, and for my family, who I thought, just before they all found out, we were really close, really close. We'd go there and I'd look after her kids and everything like that. Everything was fine, and once they found out, they ring you up at Christmas. You don't have to come if you don't want to. Birthdays, they have not contacted me for years, but they keep saying, I hope you're getting the help you need, and why didn't you tell us? I just felt like saying well, what have you done? Is it my fault, or is it your fault? If you were stuffed, no matter what it was, I'd break my back to help you. I said to my sister, you know when you had breast cancer, I was looking after your child every Wednesday, and you know what? That's why I failed that fucking degree, I said to her. I said, I put myself out, and now you've just turned your back, and she said, well, you've made your bed, you've put yourself in it. And I said, well, I've asked you to go and get some education about it, I've explained it to them. I said, what's the point of me changing if people like you, your attitude's the same, and I said to them, what am I going to do now? Go to rehab? What? Who's going to employ someone like me, mate? Been in jail, on heroin, everyone knows me being six-foot-one, everyone knows your face. You're not going to get a job, and it's people's attitudes like that is why they do it. *(Molly, 2013)*

7.8 Self-perceived stigma and discrimination: "It's my own fault, because I'm a prostitute whore."

Many participants were ashamed of how they earned their living, and, in several cases, this could be linked to self-loathing. Why women are ashamed would be the result of the patriarchal ideologies that structure society and dictate expectations. Masculinities that perpetuate dominance and control, can punish women; both directly and indirectly; through nominating them as undeserving and non-adhering to how women ought to behave and act. The result of masculine ideologies is that non-participation in them can lead to women questioning their roles and themselves through self-punishment and internalising potential stigmas. In this study, participants expected stigma and discrimination from community and saw themselves as unworthy, as their negative self-perceptions were continuously validated by others. For instance, Christine not only perceived stigma and discrimination, but she also continually berated herself and did not like who she was. During her interview, she said

'*people treat me like shit*'. After asking her why people treated her like shit, she responded with, '*It's my own fault, because I'm a prostitute whore, that's why…So here I am, junkie prostitute*'. Christine refers to the burden of the 'whore stigma' that, according to many academics is truly alive and well. This stigma is interwoven in women's lives both structurally and individually (Pheterson, 1996; Sallman, 2010; Scambler, 2007).

It was clear that self-perceived stigma has a significant impact on the self-esteem of cis-women street-based sex workers. Some participants felt they needed to maintain a façade of confidence to deal with their perceptions of how others saw them. For instance, Belinda described how she would display an air of self-confidence when she knew she was being discriminated against:

> *Yeah, I mean, you have to be confident when you're doing that but, yeah, I guess you don't feel confident, it's all a big façade, you know you're putting on a big show but, yeah, deep down you're like mmm, yeah, it's not as confident as you think, honestly...(Belinda, sex worker).*

Dee had been involved in peer support programs, and her experience working the streets and from the programs told her that nearly all the girls she met had issues with self-esteem. She also felt compelled to portray self-confidence, as this was a means to protect herself not only from the public, but from other sex workers:

> *A lot of people think I am very self-confident and all that, but we only show people what you want them to see and we're all like that. We all portray what we want people to see; I am confident in a lot of the things. Take me outside of my area, this is where I'm comfortable, and take me into a shopping center, I'm a fish out of water…(Dee, sex worker).*

Dee's statement indicated she was uncomfortable when away from the familiarity of the streets. If she had to participate in typical day-to-day activities, such as going to the shopping center, she felt out of place and believed others judged her.

Similarly, Maureen had also internalised external judgement. She described how, at times, she felt others considered her to be dirty. She described a time when she was attacked by a machete and the reaction from others. Some of Maureen's perceptions were recorded in the research field notes:

> *[M] was saying that most people believe she is dirty because of what she does for a living. We agreed that her work is a transaction and that is all. She said that she even cleans cups and stuff she uses, because she believes that people think she is dirty. She said that people think she isn't human (Journal entry, 2011).*

Many of the participants had a propensity to believe they were an inconvenience to both the community and to those who supported them. This would exacerbate their sense of worthlessness and created feelings of isolation and loneliness. Rebecca was very lonely and felt as though she was denied the support needed from family and community. She felt very socially isolated, a social determinant of well-being. Throughout her interview, she admitted to suicidal ideation. She felt as though she was a burden on society:

> *I get very suicidal and it's...yeah. And every time I make an achievement my parents don't want to pat me on the back, I always got to ask community to pat me on the back and I'm sick and tired of it. And every time I go into the sex industry, I get grief and shit like that… I'll be in St Kilda for the rest of my life because St Kilda's always been my home. The community's been sick of supporting me, that's all (Rebecca, sex worker).*

Her comments illustrated her need to self-validate as a worthy participant of the community. Rebecca's belief that she should be accepted, regardless of her choice of lifestyle, is not an unreasonable request of the community.

In contrast, there are some cis-women street-based sex workers who are aware of potential self-esteem issues and who do attempt to overcome them. For instance, Barbara explained that although she acknowledged people looking down at her, she had learnt to recognise what made her happy and dismissed the perceptions of others:

> *I stop, that's not why, but they do, but that's not my worry because I'm me and I have to feel happy me. I don't care what they think… [So you've got a way of dealing with everything?] Well, sort of. I make it up as I go along...(Barbara, sex worker).*

Like Barbara, Chloe maintained a positive self-concept. She was unashamed of her occupation and would confront those who suggested she should feel shame. Chloe believed that her means of survival through street-based sex work was only hurting herself, not others.

She felt that it was the best way to earn quick cash, regardless of whether it was to support her habit:

> So, I've always been of the opinion don't be ashamed of what you're doing. At the end of the day, I'm just utilizing what I have. And I was in a situation where, okay, I didn't really need to support the drug habit, but I did because I was in it (Chloe, sex worker).

Chloe recounted a time when she ran into a high school acquaintance who she knew would judge her. Instead of lying about what she did for a living, she was outspoken and proud. Chloe believed she should not be embarrassed by her occupation. At the end of the day, she earned a lot of money – perhaps more than most professionals:

> Anyway, I ran into her [old high-school friend] and I was on my way down here. Similarly, dressed like this [revealing clothes]. 'Hi, what are you doing?' She goes, 'Yeah, I'm nursing, rah rah rah. What are you doing?' I said to her, 'I'm doing escort work'. She just looked at me. Her jaw just dropped…I mean, I went to a private high school and all that. And her jaw just dropped. And I said, 'I've got nothing to be ashamed of'. I said, 'I'm making more money than you are. I'm working less hours than you are and I'm actually really enjoying what I do'. I don't enjoy it, but… It was all because why should I be embarrassed about what I'm doing (Chloe, sex worker).

7.9   Fear of disclosure: "If he knew he would leave me in a heartbeat."

Most participants did not disclose their occupation to their significant others, because of the perception and fear of rejection by those they loved. Although several participants' current partners were once clients, they remained working in the industry; their partners thought otherwise. Participants were very emotional while explaining that they still worked on the streets and felt they were betraying loved ones (partners, as well as families and friends) as a result. There was also the fear that if partners and families discovered the truth, they would lose custody of their children.

Aimee's partner had never known how she earned an income. She had worked as a street-based sex worker for 12 years. Aimee did not have a habit and worked primarily to cover the costs of living, such as food and rent. She feared that, as the father of her children, if he knew about the nature of her work, he would take the children from her. She stated that because he

was 'very legal minded', he would have the capability of removing them from her custody. Therefore, Aimee kept her work hidden from him. If he knew, she claimed he would 'leave her in a heartbeat'. She lived in constant fear that she would be found out. In the past she had worked from home, and had had clients knocking on her door while the family was home:

> *A few times, knock, knock, knock, knock, and I've thought, 'No', and I'd be sick, because I'd be watching out the window all day long and my kids, a couple of times there'd be mugs across the road sitting in their car waiting for me to come out, and my kids would be coming home from school. When I moved to my new house, I thought, 'That's it'…I was ill [with worry], like every day I was thinking, 'Oh my God, who's going to come knocking on the door?' All I wanted was a little bit of respect from them and they couldn't do it (Aimee, sex worker).*

Aimee felt lucky to have such a supportive network of family and friends around her, who would be more concerned about her safety than the actual sex work. Despite this, she was still worried that not only would her partner take the children away, but that he would also leave her:

> *If my partner knew what I was doing he would be out the door in a second. He'd leave in a second, in a heartbeat…(Aimee, sex worker).*

Megan, a woman in her 40s with four children, was also fearful of losing significant others because of sex work. At one stage in her life, her husband knew she was a worker, but had since believed that, because she no longer used heroin, there was no longer a need to undertake street-based sex work. Although Megan had been on the methadone program for several years, she had relapsed, and supported her heroin habit through 'sneaking down to St Kilda to work the streets':

> *I've got four [children], but I had two to my husband, and I'm still married to this day. I live at home, family life, whatever, and just sneak down here of a day. I just tell him I'm shopping; he thinks I'm out shopping, or I'm with a friend…(Megan, sex worker).*

Megan believed that if anybody knew she was a street-based sex worker, it would ruin her life. She was frightened by the possibility of her children being taken from her, should her husband discover she was working again. Megan was caught in what she called a 'merry-go-

round', where she would use drugs to forget about what she was doing yet needed to work to get the drugs. She also isolated herself from other cis-women street-based sex workers, as she was concerned about the possibility of them outing her to her husband should there be any conflict.

For participants, whose intimate partners knew what they did for a living, they still experienced negative self-esteem. Despite telling intimate partners about their occupation, some participants still experienced damage to their self-esteem, despite disclosure. As Belinda explained, the consequences to the psychological wellbeing of those whose partners stigmatised them were damaging. As demonstrated by stigmatism and discrimination from members of the public, the verbal and physical abuse meted out by intimate partners reinforced their belief that the participants were undeserving of respect. Belinda's partner would often make degrading comments which made her feel unworthy:

> *Partners can be the worst for girls, I think, with degrading and all that kind of stuff, like, I don't know the things they say to you just make you feel so low and vulnerable, and I don't what the word is, just like you don't, I don't know, like you are just a piece of shit... like you're just the hooker that does this or, oh, it's so hard to explain, like they're just knobs, and I swear half of them are the guys that do it to the girls, like...and it's their partners, you know, I mean it's not just people, I mean generally people in society aren't very fucking nice either, but...(Belinda, sex worker).*

Participants explained that it was not only partners who made them feel worthless, but also family members. After dropping out of university, Molly found she experienced stigma and discrimination from not only being a sex worker in a brothel, but also as a street-based sex worker. She felt that society had 'shunned' her. Once her family found out, they also discriminated against her:

> *Basically, I was at university, and I couldn't tell my family that I failed a subject. I moved out of home and I couldn't afford to pay the rent, so I started working in a brothel. I didn't take drugs for a long time and then I found that the stigma was so bad that I didn't want to go back...I didn't want to go back to the real world. Yeah. I'd been shunned from society and that kind of stuff, and then what made it worse was my family found out...(Molly, sex worker).*

Molly noted that she did not want to return to the 'real world', as it would result in further drug abuse. Unfortunately, it was an ex-partner who informed Molly's family about her 'hooking' (street-based sex working), who had been under the impression she was working as a pharmaceutical representative. Molly felt she lost her family at that moment. Even though they were around, they treated her differently, even when she managed to come off drugs:

> *So that stigma is bad enough. If you've lost everyone else, you lose your family,*
> *too, and even though I've been off the drugs, or I went off the drugs and had a kid*
> *and that kind of stuff, they still treat me differently…(Molly, sex worker).*

Molly had felt that as a sex worker, she was shunned by both her family and society. Subsequently, she felt isolated and believed relapsing into a drug habit was the only escape route available. Such an escape route requires maintenance and sustainability; in other words, more sex work to finance more drugs. Molly believed her family could not look at her because they thought of AIDS and other issues associated with sex work. This is one of the stereotypes that underlies many beliefs about cis-women street-based sex workers – that they are vectors of disease. This, however, was Molly's perception; she had not approached her family regarding this stereotype and whether it was how they saw her.

Discussion

As the results unveiled, enacted stigma, where cis-women street-based sex workers are actively viewed as unworthy of social status, is a regular occurrence. As has been illustrated by this study, stigma, and discrimination (where women are subject to being treated differently to others) is sanctioned across most segments of the community, including residents, clients, healthcare providers and business owners, and people the participants regularly interact with. Several participants indicated that the type of stigma and discrimination they experienced was predominantly verbal abuse and, in some instances, unsavory items such as urine were thrown at them (Benoit, Jansson, Smith & Flagg, 2018; Wong, Holroyd & Bingham, 2010). Societal structures propagating such symbolic violence seems to have spurred the stigma and discrimination participants have experienced from segments of society. Bourgois, Prince and Moss (2004) found that society does not resist symbolic violence (through enacted stigma and discrimination), rather it is reproduced through many means such as media, policy and community and is thus reinforced. This is due to the pervasive and entrenched masculine norms of hegemony that have persisted throughout time and remain in our collective imaginations.

Public displays of enacted stigma, where cis-women street-based sex workers are seen as second-class citizens and experience discrimination such as physical and verbal abuse, suggests that these are people who believe they are less likely to experience punitive measures due to the status ensconced within patriarchal notions of the 'whore' (Vanwesenbeek, 2001; Sallman, 2010). Participants verified this through their commentary on negative public reactions to their lifestyles, and women's own perception that they were deserving of abusive treatment. Interestingly, enacted stigma is also more frequent from people under the influence of alcohol or drugs such as methamphetamines, as they feel less inhibited in displaying such volatile behaviours. Issues associated to this are the inability for the client to orgasm which potentially increases unpredictable behaviours (Wagner, Pitpitan, Chavarin, Magis-Rodriguez & Patterson, 2013). Further issues associated with drug affected clients is the prospect they may be less willing to use condoms, increasing risk of STI transmission.

The study's findings also suggested that stigma and discrimination from clients was ubiquitous and problematic. Participants were clear that several clients, or 'mugs', do not view cis-women street-based sex workers as human beings, rather, that cis-women street-based sex workers are a convenient means to express pleasure, aggression and control. This further fuel sex workers' sense of hopelessness and exacerbates mental health and low self-esteem issues (Benoit et al., 2015; Love, 2015; Mellor & Lovell, 2011). According to Fleming and colleagues (2019: 197), such violent behaviour is a means for men who feel emasculated to 'recoup masculinity'. Men who feel that their masculinity is challenged from society are more likely to reaffirm their masculine identity through living up to gendered norms (Fleming et al., 2019). These can manifest in maladaptive ways through increased anger, anxiety, and risky behaviours (Fleming et al., 2019). As noted by Shumka and colleagues (2017), some men who purchase cis-women street-based sex workers do so to reaffirm their sense of manliness and provides men, specifically those who are at the lower end of the masculine spectrum, a way to "feel like a man again" (p. 1). It has also been determined that clients of cis-women street-based sex workers experience less shame than sex workers themselves, an indictment of the patriarchal "assumptions that men are justifiably driven to seek sexual variety or are excused for not being able to attract or afford a conventional relationship" (Thaller & Cimino: 6).

Throughout the literature, healthcare and welfare providers were perpetrators of stigma and discrimination against cis-women street-based sex workers (Lazarus et al., 2012; Mellor &

Lovell, 2011). Participants discussed their experiences of stigma and discrimination while encountering service providers and found them to be judgmental and unwilling to provide them with appropriate service. Participants felt that because they were sex workers, they were dehumanized which left women feeling angry, resentful, and denied basic rights. This enacted stigma experienced by the participants is consistent with the findings of Lazarus et al. (2012) who also found sex workers were more likely to be subjected to stigma and discrimination by health services. Participants felt that they were treated with disdain and did not receive the appropriate care they were entitled to. Women also felt that not only their occupation, but also their addictions, already sources of personal embarrassment, led to further discrimination and dismissiveness when accessing services (Beyrer, Malinowska-Sempruch, Kamarulzaman & Strathdee, 2010; Brener, Hippel, Kippax & Preacher, 2010; Lazarus et al., 2012). In a systematic review of sex workers accessing health services Ma, Chan & Yuen Loke (2017) found that alongside stigma and discrimination as a primary barrier in health seeking behaviour and care access, there is the need to deliver sensitive and non-judgmental care. To achieve this, health services need to be equipped with the nuances and knowledge of the sex industry. The authors suggest sensitivity training of all health professionals and students in health-related to undergo such training to alter their preconceptions of sex workers (Ma, Chan & Yuen Loke, 2017). In this case, it would be directed to cis-women street-based sex workers. Integrative services need to be affordable, physically accessible, and potentially subsidised to encourage health seeking behaviours among the sex work population. Assurance of patient confidentiality is of the upmost importance to gain trust and develop rapport with this vulnerable population.

Participants believed that it is the stigma and discrimination were the reasons behind personal choices of social exclusion. These are women mistreated by the public, local communities, healthcare services and business owners. Not only had these previous experiences fueled the internalisation of stigma and discrimination leading women to feel alone, misunderstood, and isolated, but further contributed to, or exacerbated, the cycle of addiction and drug abuse. Escaping their foreseen realities of labelling and stereotyping by community will often increase or maintain drug usage. As found by Benoit and colleagues (2015), sex workers used drugs to cope with stigmatisation, and accepted derisive comments against them (Carrosco et al., 2017). Nearly all the participants experienced low self-esteem, felt suicidal or discussed their suicidal ideation and depression, which was due to experiences of not having a sense of belonging, feelings of shame because of their lifestyles, and persistent and recurrent

victimisation (Yuen et al., 2016). Several stigma theorists have noted that mental health issues frequently arise from enacted stigma and discrimination and can potentially lead to depression, anxiety, and post-traumatic stress disorder (Ahern, Stuber & Galea, 2007; Benoit et al., 2018; Roxburgh, Degenhardt & Copeland, 2006). Cis-women street-based sex workers are more likely to experience mental health issues more so than non-cis-women street-based sex workers, which is a major public health concern (Altemus, Sarvaiya & Epperson, 2014; Love, 2015; Rossler et al., 2010). Albeit most women experiencing these health and wellbeing issues, two participants in this study explained they took pride in their work. They refused to allow judgements of others impact them. Although these women were fully aware of the ubiquitous of stigma and discrimination enacted against cis-women street-based sex workers, they had approached the work as something they personally chose to do. This finding correlates with Chisholm (2019) who discovered that for women, by operating a framework of empowerment and financial independence, women have the capacity to emancipate themselves from stigma and discrimination (I argue it would more accurately be the 'whore stigma'). From this context, it is suggested that repositioning oneself as a contributor to economies creates a distance from judgements, labelling and stereotypes and encourages sexual freedoms (Chisholm, 2019). If this was recognised as a socially legitimate occupation rather than a denial of agency, or as a subordinate of masculinity, perhaps the whore stigma may be mitigated or eradicated all together.

The support workers who participated in this study continuously witnessed volatile behaviours and treatments perpetrated against and identified these acts as stigma and discrimination. These types of experiences have been documented in the literature, where women who are known to be injecting drug users have regularly experienced stereotyping and discrimination not only because of their work, but also because of substance abuse (Argento et al., 2014; Armstrong, 2014; Lazarus, 2012; Quadara, 2008; Rowe, 2004; Sallman, 2011; Sanders, 2004; Wong, Holroyd & Bingham, 2011). Earnshaw and colleagues (2013), and Beyrer and colleagues (2010) agreed that individuals on methadone maintenance therapy or who had a history of addiction were non-compliant, opportunists and out-of-control by healthcare workers. Therefore, it is not uncommon for sex workers to be denied access to healthcare services due to these assertions around accessing services and medication for methadone therapy. (Smith Earnshaw, Copenhaver, Chinazo & Cunningham, 2016). For many cis-women street-based sex workers, accessing primary health care is essential for their health and overall wellbeing. Furthermore, substance abuse stigma and discrimination are a

familiar matter across the literature and has been associated with 'undertreatment' by healthcare service providers. This consequently becomes a barrier in accessing care, as women are fearful of the possibility of stigma and discrimination enacted against them (Jeal & Salisbury, 2004; McGinty et al., 2015). As identified by Lazarus et al. (2012), stigma acts as a barrier for sex workers in accessing appropriate health care and can be detrimental for women, as health issues can remain untreated. The uncertainty of whether they will be subjected to stigma and discrimination has a significant impact on sex workers health seeking behaviours.

The results demonstrated that for some participants, encounters with certain members of the police force tended to be discriminatory and stigmatised (Dewey & St. Germain, 2014; Klambauer, 2018). Although there was acknowledgement that police presence has not resulted in as many punitive outcomes than in past decades, there were still instances of inappropriate behaviours by the police towards participants. Support workers recalled that in the past, the Office of Police Integrity was involved in investigating issues pertaining to police demanding sexual services in lieu of arrest for these women. Participants discussed the verbal abuse and dismissive interactions experienced with some police members, corroborating previous findings that suggested some police do have the propensity to mistreat cis-women street-based sex workers (Lazarus et al., 2012; Pinkham & Malinowska-Sempruch, 2008; Quadara, 2008; Dewey & St Germain, 2014; Klambauer; 2018). Many of the participants used various strategies when interacting with some police members to ensure a more positive outcome, such as being cooperative and not 'back chatting'. According to Kurtz and Upton (2017), following their exploration into masculinities through storytelling by police, idealised masculinities influenced police cultures where women were viewed by police through a misogynistic gendered lens. In the context of sex workers, their situational vulnerabilities create the perfect platform for police to enact their idealised heteronormality which leads to the stigmatisation and discrimination of women (Ellison & Smith, 2017). Yet this is not to say that all members of the police for act in discriminatory ways towards cis-women street-based sex workers. On several occasions whilst at the At Kilda Gatehouse, women and support workers discussed collaborations between sex workers and the police to apprehend drug dealers and other wanted criminals and identified certain members of the police force that regularly visited the area as empathetic and understanding.

The results revealed that the idea of cis-women street-based sex workers disclosing their status to significant others, or their status being discovered by significant others, was

terrifying for many of the participants. They expressed how stigma and discrimination would interfere with these relationships and lead to disrespect, disappointment, and isolation. In discussing this topic, the visible horror of being outed was obvious for women, especially for those women with children. Several participants were noticeably upset while discussing the hypothetical situations of being discovered. This meant that for many participants, they lived in constant fear of being 'found out' and took measures to ensure their anonymity. Women were afraid that being discovered would result in rejection, the breakdown of their families and the loss of their children. Further concerns were that their intimate partners would leave them. This was why they chose to work at night where they are discreet, anonymous, and shielded by the dark. According to Lazarus et al. (2012), sex workers were reluctant to disclose their status to their families and support networks, as street-based sex work is not considered a legitimate occupation. The ever-present whore stigma results in female sex workers fearing rejection and, to compensate for this, they often constructed dual lives and lived dual lives, causing additional mental distress/further increasing their mental distress (Abel & Fitzgerald, 2010; Groves et al., 2008; Crusick, Brooks-Gordon, Campbell & Edgar, 2010; Koken, 2012; Lazarus et al., 2012). Support programs through peers and other services to assist, encourage and support women in disclosing their sex work status should be a public health consideration (Lazarus et al., 2012). Another important way of dealing with disclosure and associated stigma and discrimination is to shift attitudes towards sex work. These are agentic women who are not second-class citizens because they choose survival sex. Shifting those normative codes that women engaging in too much sex makes them a 'bad' may dilute strong beliefs of the 'whore stigma.'

The notion of self-perceived stigma (Landry & Mercurio, 2009; Thornicroft, Brohan, Kassam & Lewis-Holmes, 2008) is an insidious, self-deprecating issue that tended to be prevalent in nearly all participants. It deteriorates any semblance of self-esteem and contributes to negative outcomes, including mental health issues and substance abuse (Lazarus et al., 2012; Mellor & Lovell, 2011). Considerable research has discussed the impact of self-perceived stigma on cis-women street-based sex workers, particularly in relation to women not accessing health services, as they would rather suffer the condition than endure the reproachful, disdainful attitudes of healthcare professionals (Lazarus et al., 2012; Mellor & Lovell, 2011). Structural stigma (Corrigan et al., 2005; Hatzenbuehler, 2017) is also effective in amplifying women's sense of unworthiness through legislation, such as the criminalisation of street-based sex work. This signals to the public (and to sex workers) that such an

occupation should not be recognised and should instead be a crime (Nagy & Powell, 2010; Sullivan, 2007; Weitzer, 2017). As previously identified, cis-women street-based sex workers are therefore left to assume that there is no role for them among community. As with theoretical notions of stigma and discrimination, the internalisation of stigma is consistent with Corrigan, Rafacz and Rusch's (2011) model of self-stigma. This model, although directed more towards individuals who have mental health issues, tends to resonate with cis-women street-based sex workers. Self-stigma entails a process beginning with the acknowledgement of labelling and stereotypes, and then applying these labels to the self. As noted by the Rafacz and Rusch (2011), this model is highly associated with self-harm, hopelessness, and low self-esteem. Participants demonstrated that they had applied labels to themselves, the self-harm generally manifested through the cycle of addiction.

As noted by support workers, these women have an unfortunate tendency to resign themselves to abuse and stigma as an occupational hazard. This cyclical pattern of self-loathing because of stigma and its symptoms is difficult to break – particularly when participants are caught in the cycle of addiction. The results revealed that all support workers who participated in the study were acquainted with these women personally and professionally and had observed the impact of stigma and discrimination against them. They witnessed the attempts of residents to oust the trade from the area, including their complaints to local council about any support services for women operating in the area. This is substantiated by research, which has found that anti-sex work rhetoric has been cultivated among residents of communities. Cis-women street-based sex workers are nuisances who attract unsavory characters to communities, undermining community gentrification (Kingston, 2013; Quadara, 2008).

Chapter 8: A life of violence

Maureen was a very kind woman and was saying that there is a lot of violence with the girls. Girls shouldn't rob the mugs, because retribution comes in the form of violence to whichever girl is there. She said that they experience a lot of discrimination from the police, so much so that girls won't report being raped. They can foresee the discrimination already. She's never robbed a mug, but they still become violent. She said that they treat you as less than human and feel entitled to behave violently towards them. She was run down by a mug in his car and had a really bad limp as a result. Watching her walk to the toilet looked painful. She said that her sister was a nurse and told her that once she has an operation, she would be as good as gold. She was getting compensation from the TAC, but it's taking its time. She said that it would have been quicker if she hadn't been on the drugs when she was run down, because she wasn't thinking properly. Maureen said she no longer takes drugs. Her partner said he used to be a violent man and was nearly done for murder. He was no longer as violent. I realised he was the man who got Maureen hooked on heroin in the first place. She clearly adored him and said that he looked out for the girls for nothing.

Maureen said that there were some mugs out there who wouldn't hesitate to kill them. He said he has punched people because of the way blokes have spoken about the girls. He remembered when he was in prison and some guy was in prison because he had raped a girl. He was saying, 'I'm in here because of a stupid slut', no remorse, so he beat the guy up. Maureen said that some sick arseholes act out their power on the weak and that is why they target the girls. It is a power thing; they think they can get away with it. Violence is a terrible thing that happens to the girls. Why can't it be a simple transaction? Maureen stated that she thought it best that they made Grey and Greeves streets a red-light district, to stop occupational violence. I agreed. I explained about the idea of tolerance zones and said that organisations such as the Gatehouse and Resourcing Health and Education in the Sex Industry (RhED) they were keen to have tolerance zones as, not only would it...., but would also act as first-hand witness to violence (Journal Extract, April 2011)

8.1   Introduction

This chapter outlines the physical violence that most participants had experienced working as cis-women street-based sex workers. The chapter highlights that the types of, including symbolic violence and physical violence perpetrated against them was not only from clients, but also intimate partners. Many participants had historical experiences of violence, indicating a broad patriarchal culture that disadvantages not only sex workers, but women in general. Unfortunately for sex workers, their historical experiences of violence translated into their adult lives meaning that there was almost an expectation of violence. There were six main subcategories that emerged from the data analysis on violence:

- Rape and court: "I've been raped and all that kind of stuff."

- Clients on ice: "the guys on ice, they want to party on".

- Cis-women street-based sex workers robbing clients: "The girls who rob clients are asking for trouble".

- Intimate partner violence: "My partner is a drug dealer, and he bashes me".

- Regular clients: "I've got to get at least three or four more safe customers before I can just stop completely."

- Support worker perceptions: "My judgements are suspended"

Nearly all the participants experienced some form of violence in their lives, yet the majority experienced violence whilst working the streets. This is an indictment of the perception some clients have of cis-women street-based sex workers as easy targets. The workers themselves understand that clients feel as though they are easy prey, that they may get away with hurting them and that they deserve the violence. For instance, Alison had only recently returned to the streets as she had relapsed with her heroin addiction. She was incredibly careful with the hours she chose and would work mainly throughout the day. Alison indicated that although had a previous experience of violence with a client, did not want to discuss it. Alison felt that cis-women street-based sex workers were never sure of whom they were getting into a car with, and that the violence could come from any client:

But, of course, getting in cars with men, you don't know. It can be pretty scary and people have tempers and you can't always tell the ones who are going to actually do something, so the violence will actually come from the client, not so much stigma...(Alison, sex worker0

Alison indicated that clients felt as though they would get away with violent behaviour and because they believed her to be a 'dirty slut' she deserved it:

Yeah, that's right, [clients feel they have a right to be violent] of course. They know there's no one protecting me, they think, people are just going to judge me, I'm a dirty slut, so I deserve it...One man was actually sentenced to ten years for something that he'd done to me a while ago on going to work...It's terrifying out there because you don't know who you're going to get in the car, and once you're in that car, there's nothing you can do. I mean, it's a male, once you're in that car, that's it (Alison, sex worker).

Alison's experience was congruent with findings from the literature that indicated clients felt as though they were within their rights to commit violent acts against sex workers (Menaker & Franklin, 2012). Although she reported that the client who had 'done something to her a while ago' was serving ten years in prison, some women were in the process of going through the judicial system for violent acts perpetrated against them. This is discussed in the next section.

8.2 Rape and court: "I've been raped and all that kind of stuff."

Many of the women interviewed had been raped and assaulted. Yet of those who were raped, a substantial number did not report the incidence to authorities for fear of prosecution for solicitation. Women found that reporting rape was not beneficial to them, and they were concerned they would not be believed. There was also fear of retaliation from the rapist if they found out they had been reported. The women who were raped had commonly experienced other forms of violence such as beatings and kidnapping. Interestingly, there was an unspoken acknowledgement by participants that rape was an occupational hazard.

Dee had also only recently returned to the streets. She recalled her overall experience of clients attacking her while on the job. She almost seemed nonchalant while telling her story, as though violence was an expected part of the job:

> *I've been beaten up before by a man. I've had to get the scissors out of my bag*
> *and hold them at people and tell them to leave me alone. I've been raped and all*
> *that kind of stuff (Dee, sex worker).*

Dee felt as though the whole incident of being raped was somehow her fault. She said that because she was molested as a child, she could not speak up about the rape. Throughout her childhood, Dee spent time in foster care, as her mother could not manage her. She explained that being molested as a child meant she could not talk about her rape to the police. She did not want to relive past traumas. As she explained:

> *I've been molested and stuff when I was a kid, and I can't deal with that. So, if I*
> *can't deal with that, then I'm not going to be able to deal with that kind of stuff…*
> *I couldn't speak [to the police]. I could speak about what I was doing and that*
> *stuff, but when it came to telling the police about exactly what happened [being*
> *raped], I couldn't speak about it (Dee, sex worker).*

The nonchalance in Dee's statement that she had been "raped and all that kind of stuff" is symptomatic of the typical victim blaming experienced by women working the streets. This echoes the findings of Menaker and Franklin (2018) where the sexist attitudes of some clients contributed to the beliefs of sex worker culpability, leading clients to victim blame.

The nonchalance in Dee's statement can also be construed as violence as inevitable. This echoes the findings of Armstrong (2014) who observed that cis-women street-based sex workers tend to dismiss risks of physical violence as inexorable. Armstrong (2014) further notes that cis-women street-based sex workers also minimise instances of violence as a protection strategy to maintain their wellbeing. These findings do not stray far from Benoit and colleagues (2019) 'occupational stigma' where sex workers will reframe their internal narratives about sex work stigma and discrimination and its impacts to protect themselves from the detrimental impacts of stigma and discrimination. For Dee, perhaps she minimises her experiences of rape as something that is expected to protect her wellbeing. Afterall, experiences of violence for cis-women street-based sex workers is as an occupational hazard.

Like Dee, Beth was molested as a child and was also raped by a client. However, she reported her attack to the police and was going through the judicial process. Beth recalled that in her experience as a street worker, she had had her throat cut, and been kidnapped, abducted and nearly murdered. Apparently, her rape case was nearly thrown out of court; the police lost the

evidence. She assumed this would not happen to a woman who was not a street-based sex worker:

> *I was raped down here, my throat cut, you know severe rape, kidnapped, abducted, nearly murdered and it got thrown out of court. So yeah it was a hung jury…[I went] straight to the police [after the rape], straight away to the police, they took all the clothes. Lost half my clothes that were given in evidence like at court I was like where's the rest of the evidence? Lost it. A rape.   He [perpetrator] paid a real high-up guy who wrecked me on the stand and I was getting aggressive and you could see I was, you know, he was touching subjects that had nothing to do with it (Beth, sex worker).*

Beth believed that because the man who raped her could afford an expensive lawyer, the judicial process had been unnecessarily protracted and resulted in a 'hung court'. Beth stated that there was a focus on her occupation as a cis-woman street-based sex worker and felt this should not have been relevant in her interview, as 'rape is rape'. If it were a court case for a woman who was not a sex worker, there would likely be no hung jury (see chapter 2 relating to cis-women street-based sex workers and the media). Sadly, Beth was found dead about six months after the interview. The circumstances around her death remain suspicious, even though it was claimed to be suicide.

The participants noted that the types of attacks committed by clients could be aggressive and lethal. Many felt lucky that they had not ended up dead. Every day that these women were on the street they were constantly placing themselves at risk and, unfortunately, it wasn't uncommon for clients target them for rape. Corinne was raped and hurt so badly by a client that she ended up in a coma and was surprised she was still alive:

> *Anyway, I had a client, and I woke up two weeks later in The Alfred hospital in a coma….yeah, he raped me [over the course of several days]…fuck, it sounds different saying it [out loud]…(Corrinne)*

At the time of the interview, Corinne was going through the court system for her kidnapping. It was difficult to have a lucid conversation with her, as she was severely drug affected. Notwithstanding, she managed to make it clear why she believed some men felt they could attack cis-women street-based sex workers:

> *I've just had a County Court case for my kidnapping. I was kidnapped, so...*
> *[what makes men think they can do that?] Because they probably think you're*
> *lonely, and I've got no brain, and I'm a prostitute, I'm lonely and sad and they*
> *can do it, because they do it to someone a dad or a brother, someone to stick up*
> *for them, they're weak cunts (Corinne, sex worker).*

Corinne said what was quite apparent within these findings – that some clients attack cis-women street-based sex workers because they are seen as vulnerable, easy targets, who are only 'prostitutes'. This is clearly structured stigma and discrimination that leads to violence. This group has no protection and are the least likely to contact authorities. Corinne also believed that perpetrators attack cis-women street-based sex workers because they have no form of retaliation, making cis-women street-based sex workers an easy target for these predators. In fact, for most women who are victimised, they are afraid to report the attacks for fear of retaliation.

Bernie was also in the middle of a rape case. She claimed to have been robbed and drugged by a client. This rape case was now going through the courts; however, she had no confidence in the judicial system:

> *Yeah, I've been watched and then robbed at the end of the night. I'm also in the*
> *middle of a rape case…I got drugged…Knowing my luck, the little rat will get*
> *off…(Bernie, sex worker).*

Bernie had witnessed other instances where a rape case had been taken to court and the perpetrator had been found 'not guilty' with his crime. Women were also reluctant to enter into legal proceedings for fear of prosecution from the police.

The participants who had been raped argued 'what's the point' when asked as to why they had not reported their rape to the police. They believed they would not be taken seriously. Those who had reported attacks had little to no faith in the Australian justice system. Beth's experience was an example of this, given her claim that the police lost the evidence from her rape case.

8.3   Clients on ice: "The guys on ice, they want to party on"
Methamphetamine (also known as ice) is becoming more problematic for cis-women street-based sex workers, given the propensity for those under the influence of ice to be violent.

Unfortunately, ice has not only become the drug of choice for many drug users, it can also cause users to be exceedingly violent and aggressive.

The combination of a client on ice and stigma and discrimination against cis-women street-based sex workers has devastating. Vera, a heroin user, and cis-woman street-based sex worker, had been on the streets of St Kilda since her teenage years; she is now in her early thirties. Vera claimed that a client punched her in the face because he was high on ice and frustrated because he couldn't orgasm:

> *I was just standing on that side street, just down there, giving him a head job, time was up, he was on ice, you know? And they think that because they've given you fifty bucks that you're there 'til they have an orgasm. Well, because they've had ice they're not going to come for days, you know what I mean? And I said to him, listen buddy, you paid for a head job, not an orgasm, and all of a sudden, fucking wop. Do you know what I mean? My bottom teeth went through my front lip, I ended up having, I don't know, seventeen stitches in my top lip…(Vera, sex worker).*

Vera had also experienced violence from clients on ice. She claimed that although they were high and wanted to party, they could not achieve orgasm. In keeping with Vera's experience, Jess stated that these men became violent because they were frustrated. Compared to clients who are drunk, Vera stated that men on ice behave more aggressively:

> *No, not even the drunks, because they're scared of the coppers, it's more the druggies. The guys on ice, they want to party on because and, because they can't come, they become aggressive…*

In sexual situations, men high on ice have difficulties reaching orgasm, and perhaps feel frustrated and humiliated that this has happened in the presence of a street-based sex worker. Cis-women street-based sex workers have learned to acknowledge and take precautions when choosing clients who show signs of having abused the drug. They are aware of the violent propensities of these clients, and some women will avoid servicing a client who is high on ice altogether. Unfortunately, some women do not escape the unpredictable, violent behaviour of ice addicts. As discussed in chapter 2, Tracy Connelly was attacked by an ice user and subsequently lost her life.

8.4 Cis-women street-based sex workers robbing clients: "The girls who rob clients are asking for trouble".

Several of the participants discussed the fact that some cis-women street-based sex workers would rob their clients, which perpetuates more violence, as some clients seek retaliation. These interviews illustrated men retaliating do not necessarily punish the individual who committed the crime; they take revenge on any street-based sex worker they can get a hold of. Women who experienced violence from clients because of a robbery were too afraid to report the incident to the authorities, despite the fact they were not the perpetrator of the theft. Unfortunately for Karen, she was on the receiving end of punishment for someone else's robbery. She had met with a client who, unbeknownst to her, was looking to attack any street-based sex worker due to having previously been robbed. After they negotiated prices, the client drove her to a nearby suburb. Karen believed the client was pulling out his wallet, yet instead he pulled out a knife:

> *I thought he was getting his wallet out, but he pulled a knife and I just said to him, what are you doing? And he said, you fucking bitches, you fucking ripped me off, rah, rah. I said, it wasn't me. I didn't rip you off…[he said] You're all the same, I fucking want my money back, and I said, I haven't got your money. Well, I'm going to fuck you then. I just said, do what you've got to do. Just don't fucking stab me. He raped me and just kicked me out of the car (Karen, sex worker).*

When asked whether she reported the crime, Karen said, '*No, because I thought if I do, and the police catch him, he'll come back again'.* This incident affected her so significantly that she believed not even the authorities could protect her. She was sincerely afraid this man would kill her.

Bernie, a street-based sex worker, explained that many girls who 'ripped off' their clients would be subject to repercussions and believed they 'asked for it'. She stated that as a method of retaliation, some clients would 'sometimes rape you while on the job':

> *Some of them ask for it though. Stealing people's wallets and stealing off the clients and whatever else. Sometimes they rape you when you do a service for them…They just see you as a piece of meat…(Bernie, sex worker).*

As indicated by Bernie, given their occupation as cis-women street-based sex workers, some clients seem to believe they have the authority to enact violent punitive measures against them, regardless of whether it is the individual who robbed them; these clients believe it is deserved. Perhaps clients who have been robbed do not approach police because they will then be identified as soliciting services from a street-based sex worker or being caught out seeking their services (and fear their own stigmatisation and discrimination). Instead, they prefer to take matters into their own hands through rape and/or other forms of violence.

Heroin addiction causes desperation among cis-women street-based sex workers. It seems that women constantly avoid having to 'hang out', a term used to describe heroin withdrawal, at all costs. The physical and mental anguish experienced whilst 'hanging out' is indescribable. Literature has shown that individuals will engage in risky behaviour and disregard consequences to get a fix of the drug (Kerley, DeShay & Copes, 2019). Trisha believed this was why reason so many cis-women street-based sex workers would rob clients. She stated that the workers are so desperate, they would willingly place themselves in danger:

> And that's how some of the girls get in danger too, and ask for trouble, is because they're hanging out that bad and all are on drugs and that out of it they'll do anything, just to rob them. They're not stupid, find out, bash them and hurt them and then get rid of them…If the girls do that [rob clients] they're asking, they are asking for trouble, that's how I can see it. They shouldn't be doing it and you get, if you do that, you're losing clients, get less money anyway, so there's no point doing that crap…(Trisha, sex worker).

Like Trisha, Marie believed that women who robbed their clients asked for trouble. Marie had been involved in the sex industry for many years. She was a 42-year-old woman who began her career on the street when she was just 16. She had witnessed the transient nature of street-based sex work and did not support women who robbed their clients. As a woman who valued her reputation as an honest sex worker, Marie was empathetic towards the clients who had been robbed. She had recently noticed her clients were more concerned about her robbing them:

> I've noticed, especially the last couple of months, that I have had a few clients picking me up and they've all turned around and told me different stories such as, "A couple of weeks ago I picked up a working girl here and, and I, I gave her money to do a job and so forth, and while she was at it she was actually going

through my pockets to try and get as much more money out of me", and I turned
around and I said to this guy, "Look, you don't have to worry about that with
me". I said to him, "I'm out here, I've got a good reputation, I'm out to provide a
service for you, not to rip you off or mug you" ...(Marie, sex worker).

Throughout the interview, Marie tended to justify the violent retaliation of clients. She believed that the men she serviced were just as hard working as she was. Although she felt sorry for the clients who were 'ripped off', she recalled a time, about 12 to 15 years ago, when she thought a client was going to kill her because she was an associate of the woman who robbed him. She claims that the 'poor bastard' was going to kill her:

Twelve to fifteen years ago, I was...when I was working here in St Kilda and
there was lady, a working girl, and she had this bad reputation for ripping off
guys, and unfortunately this was late at night and this guy picked me up and we
just went around the corner and he provided me the money for the service and
then all of a sudden he put his hands around my neck, he was going to strangle
me and he was saying to me, "I want you to tell me where this woman is. I want
you to tell me where she is" and I kind of, and this is late at night and this guy
was practically going to kill me because...and I mean, this poor bastard was
going to kill me for something that...I know the woman...(Marie, sex worker)

Marie stated that this incident occurred over a decade ago. This illustrates that the issues of violence keep recurring and remains on the streets. Men retaliating with such extreme violence is appalling, and it raises the question as to whether these same men would retaliate in the same manner if the situation were different? For example, if they were robbed by a shopkeeper or a wayward teenager, would they react with the same degree of violence? Or is this a symptom of stigma, where the premise is that women who are cis-women street-based sex workers deserve this type of treatment because they are subhuman?

8.5   Intimate partner violence: 'My partner is a drug dealer and he bashes me'

> *D was calling one of the girl's boyfriends a 'fucking maggot' and after what she told me I had to agree with her. D explained how the boyfriend got the girl addicted to heroin so she would support his heroin addiction. The girl was already vulnerable with a drinking problem and he exploited this to his advantage. One time when she was out on the streets working, a client attacked her with a machete. She grabbed the blade with her hand to save herself and as a result she was cut very badly. She needed surgery. As soon as she was out of hospital, she didn't have time to recover because her boyfriend forced her to go out and work the streets for his drugs. D had also informed me that he had done this to two other women. I was disgusted (Journal, 2012)*

> *K was discussing with me that she had married a man that was very violent towards her and he threatened to stab her every night, and eventually he did. She said that she couldn't remember if it was her first or second husband who was abusive or both. K ended up having a nervous breakdown because she couldn't cope with the violence and ended up turning on the district nurse. She said she 'just cracked'. I could see how this could happen. All this tragedy and hardship would eventually break you. She said for years she couldn't sleep at night, but now she is medicated, she finally can (Journal, 2012)*

Intimate partner violence is one of the most common forms and persistent forms of violence against women (Stockman, Lucea & Campbell, 2013). (Stockman, Lucea & Campbell, 2013). Throughout the interviews, this was an apparent and recurring issue for many of the women who participated. Most participants experienced several forms of intimate partner violence – from verbal abuse to kidnapping, physical and sexual abuse. Many were terrified of their abusers, and experienced stigma and discrimination from them because of the nature of their work. Thankfully, Belinda was able to leave her abusive relationship. She discussed the way partners can make a woman feel unworthy, and how her own partner was emotionally and physically violent towards her and the children:

> *Thank god I just got a restraining order actually…I mean, partners can be the worst for girls, I think, with degrading and all that kind of stuff, like I don't know*

155

the things they say to you just make you feel so low and vulnerable, and I don't
what the word is, just like you don't, I don't know, like you are just a…He was
very violent, evil, very manipulative, very head-fucking. Very umm could push
your buttons to the T. A lot of old, a lot older than me. Alcoholic…(Belinda, sex
worker).

Belinda explained that her fear of her partner kept her bound to him for several years. She knew for some time that she had to get out of the relationship. She felt as though her partner simply wanted someone to look after him. Belinda believed that the toxic relationship she was in was very much like an addiction, which she kept returning to. She felt as though there was no escaping her situation. She became used to the put-downs and was 'used to feeling like shit' with her partner:

There was no escape though, like, I couldn't escape from it, like, I think I was a
bit too easy for him to be with and he was too easy, like someone to look after, he
just has to have someone there…Yeah he'd go nuts and hit me and it would be a
big fall out and not seeing for a few weeks and then going back or let him back,
just this vicious, just cycle of violence and crap. I think it's like a drug addiction
you know…that's what this relationship felt like, a toxic, venomous habit that I
just could not stop going back to…(Belinda, sex worker).

As with other participants who were in an abusive relationship, the Department of Human Services took away Belinda's son. Her partner had thrown her six-week-old son on the couch and had his hand around her throat. Belinda called the police when she had the chance and decided then that she wanted her partner out of her life:

I wanted him out of my life, I don't know what I was…so I think I needed to be
medicated like maybe post-natal depression or something but…they said you
can't look after your son, you can't keep him safe and I'm like, yeah, because he's
here and…they took my baby son away and I went to court and they said look you
don't look like you can keep yourself safe and away from this man…(Belinda, sex
worker).

Like Belinda, Melissa was also trying to get custody of her child. Her partner was also a violent and controlling man. She stated that although he was not her daughter's biological father, he was still granted custody, despite her claims that he was a drug dealer and very

dangerous. She described how she did everything to escape her partner, who she felt was, *'one of the most worst* [sic]*, extreme sociopaths, he lives his life putting me down, it's all crap'*. She felt she had no support from the judicial system and that no-one was listening to her about her daughter's carer. She was currently trying to appeal to Department of Human Services that this man was a drug dealer and had custody to receive childcare benefits from the government**.** To cope with, and escape from, her problems, Melissa turned to heroin:

> *I said to them [DHS], I will swear on my daughter's life, right? I'll show you where the drugs are, I said, and you know what? That's her fucking money, and it's my arse on the fucking street, this is my life. Yeah, and your life, you do the things how you feel inside, so if you take heroin, it means you feel low, so that's how it works…(Melissa, sex worker).*

As with Melissa, Melanie's partner was also a drug dealer. She was a street-based sex worker who was also immersed in the practicalities of dealing drugs on the streets, as well as the culture of sex work in general. This was where she met her partner. Melanie believed that having a baby to her drug-dealing partner would ensure her protection, however, that protection came at a cost:

> *I started dealing and stuff like that. I was around good people in the area. I got a bit greedy. I then asked for protection, which I thought was someone looking over my shoulder while I was dealing in the city, in Russell Street, many years ago, and I didn't know what protection meant, you know? Protection meant a baby or whatever the case was. I got pregnant, I was against abortions, he ended up using all my dope, I went through fucking hell watching what sort of person he was; I got belted...(Melanie, sex worker)*

As in the case of many other participants who were heroin addicts, Melanie lost custody of her son. This was a common theme among these women. Children (except for some) were frequently placed in the care of family members, causing considerable anguish for many women who were powerless against their families when issues of visitation arise in ensuring access to their child.

Penny was a rare case among those who were interviewed as she did not sustain a heroin addiction. Penny had six children, one of whom had died. She had been married twice, both times to violent men. She had four children during her first marriage and two children in the

second marriage. Penny lost custody of all her children due to alcoholism, however through attaining sobriety, regained custody of them. Her entry into street-based sex work was to support herself and her children financially; she had only been on the streets for two years. Now in her fifties, she had suffered a great deal from her two violent ex-husbands. Penny met her first husband when she was just 14 years old, and believed that he would eventually change his abusive, violent ways, but this was not the case. She was fearful for the lives of herself and her children. Penny suffered from post-traumatic stress disorder and found it hard to sleep at night because of her ex-husband's constant, violent threats about killing her in her sleep:

> *He punctured my lung while I was sleeping, choking on my – blood coming out of my mouth, I was dying. He sat over me by knife point over the top of the bed. Because he suffered from paranoia. We'd get so drunk, and he'd sit there and say, he'd wake you up all night, he had me keeping guard. Not for sex. [He would think that] People were outside the windows, "Somebody's there", he'd be sharpening knives while you're trying to sleep. He had me keeping guard…You say hello to his brother-in-law or the family and he says, "Are you trying to fuck him?" And he'd smash you, he'd belt you…(Penny, sex worker).*

This emotional and physical abuse from her first husband continued for many years. Penny's youngest son, her fourth child, was only three years old when he was killed by a car reversing out of a driveway. Following this devastating event, Penny could not bear to remain in the house because of the memories. Penny discussed her traumatic experience of dealing with a violent man, the loss of a child and her pathway to alcoholism:

> *So my husband was a very violent and angry man, he just said no, this is our home, this is where we stay, that's it, there's no discussion. So basically I went on to have a breakdown, kept drinking, tried to practically drink myself to death until I went and got help, went into a rehab. Ended up back with my children, but I took them from my husband (Penny, sex worker)*

According to Penny, if it weren't for the violence, she endured from her two ex-husbands, she would not have ended up as a street-based sex worker. Although she was able to find other employment after she left her second violent husband, her illness (respiratory) meant that her working life was limited.

Similar to Penny, Barbara was an older worker who had recently returned to the streets; she entered into another violent relationship following her previous violent relationship. Her daughter was also a street-based sex worker and had also experienced domestic violence. Barbara recalled a traumatic incident where she believed her partner was going to take her life:

> *Yeah, kidnapped me, held a knife to my throat, taken me to a park, was going to put me down, gaffer tape me that night and put me down a mine shaft in Ballan. I was shitting myself...*

Barbara described the decline of the relationship into violence and abuse. Her partner was a methamphetamine user and eventually took out his frustrations on her:

> *It was coming, it was coming, and I could feel him being nasty to me for nothing. I wasn't...I didn't deserve it [violence] and I found that if his friends shifting all his drugs went the wrong way, he doesn't use heroin but he does use ice and but more...(Barbara, sex worker).*

Barbara had been significantly abused by two partners. At some point during her second violent relationship, she decided that she had had enough and finally left her abuser; this was something that gave her strength and confidence in herself.

For some women, violence is an everyday occurrence. If they are not recipients of violence from their partners, they receive it from their clients. As Carly explained, although her partner of six years was violent, she was still more afraid of the clients, as their level of unpredictability scared her. At least with her partner, she knew what to expect. She discussed clients who had grabbed her head and forced her to perform fellatio. She also had one client strangle her while having sex:

> *And my oldest kid's dad beat the crap out of me for six years, but I'm still more scared of them because I don't know what they're capable of. I know who they know and I know what they can do. I wish I could disappear for a while, but I can't. I had one of them...[making a strangling gesture] Both fingers in my...And he was literally saying to me "I'm nearly finished, I'm nearly finished. This is helping" and I'm thinking, please, just hurry up. Ten minutes he's saying, "I'm*

nearly finished" and I'm barely breathing, literally every now and then I had to
pull his fingers off...(Carly, sex worker)

During these interviews, t very few of the women who endured intimate partner violence reported received support from families or friends. Given the severity of the violence they regularly endured, perhaps they were too fearful to reach out to others. Only a couple of women had sought help. Angela explained that her alcoholic partner would become 'extremely violent', however, she would leave him to get out of the situation before anything could happen to her. Angela was fortunate to have friends and family to turn to:

> *Yeah, very violent, extremely violent. He would drink and then not sleep all*
> *night and then it would just be crazy stuff. So I'd be leaving the home at two and*
> *three in the morning and walking – we moved to Queensland, so I'd be walking*
> *from Broadbeach to Surfers, to my girlfriend's place, with two young babies. It*
> *was hideous. Anyway I just said – I've got my mum. My mum came up and lived*
> *in Queensland with us for moral support, and then it just got out of hand and*
> *mum and I and the kids all came back to Melbourne...(Angela, sex worker).*

During her interview, Penny also mentioned that at one time she did leave her home and stay at a friend's house. This friend was, in fact, a friend of her partner. She stated that he frowned upon the violence that Penny was frequently subjected to. Following an episode of violence, Penny talked about staying with this friend:

> *Anyway, I went and stayed with a friend for a couple of months, and that was a*
> *friend of his, actually, who was a good man, and took the children there. Of*
> *course, argued with my husband and all the rest of it, called him a bastard and*
> *said, "How could you do this to your wife? What's wrong with you?" He was just*
> *a friend who didn't like the way that his friend treated his wife, because he was a*
> *violent man and he'd seen it before (Penny, sex worker).*

Intimate partner violence has detrimental effects on women and their children. From what we have seen, many women who have been violently abused by their partners experience extensive physical and emotional trauma. Two participants entered the sex trade to escape financial dependence on a partner. It took several participants years to gather the courage to leave their violent partners. However, once they were out, they felt stronger.

8.6   Regular clients: 'I've got to get at least three or four more safe customers before I can just stop completely'

The cis-women street-based sex workers who had regular clients did not experience as much violence or stigma and discrimination. The cis-women street-based sex workers who did not have regular clients exhibited riskier behaviours, and experienced higher levels of violence. Those who maintained regular clients routinely organised a place and time for their sessions. Melissa stated that during her career as a street-based sex worker, regular clients meant she was safer and felt that her clients supported her. She said that that her regulars were '*actually nice people who understand them'*. She likened their interest in her to a form of counselling:

> *They're actually nice people to me, yeah. They understand, because I've seen them for years and they always ask how I'm going, how my family is. Yeah and it's like counselling (Melissa, sex worker).*

As with Melissa, Camilla viewed her regular clients as friends, as they did not discriminate against her because she was a street-based sex worker. Camilla believed her clients respected her because she told them that the money she earnt was not for drugs. She said most of them treated her well and they managed to form friendships with one another. She claimed, *'It's more friendship, with benefits on the side'*. Camilla felt safer than the other cis-women street-based sex workers, as her clients now came to her. This has also helped her to live what she believes to be *'as normal a life as possible'*:

> *I'm probably a lot [very] different to the other girls. For a while there, probably for the first six months or so, I was working from the cars, working day and night. Then we [herself and her partner] actually got kicked out of home. So we moved into a motel here. But I was taking clients home, occasionally still working from the cars. And now we've been in full accommodation for three-and-a-half years and most of my clients come home…I only work four hours a day now. So I start at 11 a.m. and finish at about 3 pm… He [partner] comes home at 3:30 p.m. and we try and live as normal a life as possible outside that (Camilla, sex worker).*

Marie claimed that it's her regular clients who kept her returning to work in the sex industry. She has developed long-term relationships with several of her clients over the course of nearly 18 years. Whenever her regular clients were in Melbourne, she would meet up with them:

And I mean, and it's awesome, and that I think it's what keeps me coming back to wanting…to be in the sex industry, but at the same time, like I've said, I was only 16 when I started and I'm 42 now, I'm nearly 43 and until today, I still do have regular clients, actually three of them, two to three of them that have known me for nearly 17/18 years…(Marie, sex worker).

To have a regular client base as Melissa, Camilla and Marie do seems to positively impact these workers emotionally and physically. They described the men as predictable and therefore safer. They felt there was genuine friendship between some of these clients. For women like Penny and Marie, who have admitted to social exclusion and loneliness, these regular clients counter this. They expressed a genuine interest in each other's lives. They also benefit financially from the regular work. By having her regular clients, Camilla felt as though she had what was akin to a 'normal' life. These women were much safer and had not experienced violence from their regular clients.

8.7 'I've seen it for years' – perceptions of support workers

Social and community workers are all too aware of the violence that regularly that many cis-women street-based sex workers regularly experienced. For people such as Jamie, who had worked with the homeless, the drug-affected and the cis-women street-based sex workers for many years, it was common to see the impact of violence across all facets of female cis-women street-based sex workers' lives, including violence from partners, experience of abuse during childhood and from clients:

That's the norm. The girl and their partner both using drugs, violence will be part of it, guaranteed. So they've got it from the mugs, some have it from their partners and the violence growing up as teenagers and stuff like that (Jamie, support worker).

Jamie was aware that violence had become a 'norm' for many of the women and suggested that part of this normalisation was 'learned helplessness'. A he described it, the violence was expected, as the women had experienced it throughout their lives and as a consequence believed that was how they should be treated. Jamie recalled an incident where he came to appreciate that women believed it was normal for partners to be violent towards them:

[it is how they expect to be treated?] Yes, and sometimes when you talk to them, their partners are in prison. I remember one in particular, she said "Look I've

been playing up, my partners in prison, when he comes out he'll just give me a good flogging and I'll be back to normal again". So in her mind it's just the norm…just a flogging then back to normal…(Jamie, support worker).

This resignation to violence was pervasive across all study participants, as they believed it was an inevitable part of their occupation. Halle, another support worker, was astounded when one of the women she perceived as less vulnerable was attacked. She recognised that the violence perpetrated against cis-women street-based sex workers could potentially happen to any of the women, regardless of who they are. Halle explained:

[Sex worker] comes in and has been bashed by a mug, like put her teeth through her lip, bashed, her whole back was red and swollen. I mean [sex worker] is not a small woman…It was that thing; it was [sex worker] who I would never have thought vulnerable. I mean of course she is because she's out here…(Halle, support worker).

Halle wanted to have 'a bit of a psychological analysis of what goes through a mug's heads'. She wanted to ask clients of their internal perceptions of sex workers:

Excuse me, excuse me. Yeah that, [violence] yeah that. What is it that makes you think it's okay to do that? Not even, just how do you represent these women in your mind? What is it you see them as, and do you think you're helping them out by paying them, or do you think, you know, what is it that you…(Halle, support worker).

It is apparent Halle recognised that some male clients believed perpetrating violence against cis-women street-based sex workers was acceptable. Halle wants to question clients because she recognised that in the minds of violent and abusive clients, there is a gender imbalance with cis-women street-based sex workers which is underpinned by constructed social norms. Her observations correlate with the literature indicating that men who view cis-women street-based sex workers as inferior and sub-human will assert their power and control through violent means (Coy, Wakeling & Garner, 2011).

Leonie was also a support worker at the St Kilda Gatehouse. She believed the reason men perpetrated violence towards cis-women street-based sex workers was because it offered a sense of power. As she stated:

The men have this power thing. They think that once a girl gets in their car that they can do whatever they like to them because they're not real humans anyway. I actually think that's the crux of the matter right, it's dehumanising…They are drug addicts and street sex workers, and once you add those two things together it equals not human being. I think that if people saw the humans behind...(Leonie, support worker.

Leonie was able to articulate the way in which some clients perceived cis-women street-based sex workers to be inhuman; as they deviated from societal norms due to drug use and sex work, they therefore could not be considered as real human beings.

Discussion

Violence is a symptom of stigma and discrimination (Wolffers & van Beelan, 2003; WHO, 2005). Many of the participants had been subjected to some form of violence, usually from clients – the most blatant form of stigma and discrimination (Decker, Pearson, Illangasekare & Sherman, 2013; Sallmann, 2011). Nearly half of the participants interviewed stated they had been sexually assaulted (raped); one participant was of the belief that it was to be expected, given the nature of the work. Yet to have a more contextualised understanding of why these women experienced violence, it is important to distinguish symbolic violence from that perpetrated against women due to the stigma and discrimination of their trade (Bourgois & Schonberg, 2009). The interview data also revealed that some of the violence cis-women street-based sex workers experienced contributes to the theory of symbolic violence as many women explained the nuances of their violent experiences which also fell beyond the sex trade. For instance, the various forms of violence experienced by women occurred throughout their personal lives as well as when they were working due to gendered power imbalances. This symbolic gendered violence extends beyond the physicality to women's feelings and beliefs of their self-worth (Simic & Rhodes, 2009). For example, several women tended to normalise their experiences of violence given their historical experiences of familial abuse and intimate-partner violence. This normalisation can be seen by the participant Dee who nonchalantly reported "I've been raped and all that kind of stuff." This suggests that gendered power associated with beliefs about idealised masculinity has been internalised by women who believe that because they stray from the ideal feminine, they are 'bad' women.

It was clear from that data that violence is pervasive among cis-women street-based sex workers operating in Melbourne, Australia, with client-enacted stigma and discrimination

predominantly taking the form of violent behaviour. Rape, sexual assault, slit throats, hit-and-runs, kidnap and physical assault are among types of violent encounters experienced from clients by this group of women. The women in this study were aware of the reason's clients attack them. Many stated that they felt they were targeted by such violent behaviour from clients as they were perceived as unworthy prostitutes with no recourse to criminal justice. This is in line with the findings of Argento and colleagues (2014) who found that sex workers continually face disproportionate levels of violence. This historical imprint tends to repeat itself generation after generation.

These findings from this research align with studies around the world claiming that gender-based violence against cis-women street-based sex workers is indicative of the structural stigma that cis-women street-based sex workers are subjected to – a phenomena that directly influences the health of stigmatised individuals (Hatzenbuehler & Link, 2014; Argenta et. al., 2014; Shannon, Strathdee, Shoveller, Montaner & Tyndall, 2009). The 'whore' stigma, as well as other forms of structural stigma associated with unequal gender relations, is symptomatic of rape and violence and, as participants acknowledged, clients believe it is impossible for a sex worker to be raped (MacLeod et al., 2008; Pauw & Brener, 2003; Pheterson, 1993; Scambler, 2007). The ubiquitous belief that a street-based sex worker is subhuman is clearly dangerous to sex workers, as it indirectly gives clients permission to do to them what they want (MacLeod et al., 2008). Such men view these women as easy prey, available for exploitation for their own self-satisfaction. Consistent with Link and Phelan's (2001) interpretation of stigma power, where stigma is used to exploit others and used to exploit and repress others, committing violent acts against these women provides male clients with a sense of power. It has been suggested that clients who use violence against street-based sex worker are exerting a level of power and control over these women to validate their sense of masculinity and male proprietary (Coy, 2017). Participants were also cautious of those male clients who were under the influence of drugs and/or alcohol, as they were more likely to resort to violence. This finding corroborates evidence that clients who are abusing drugs and alcohol are more likely to be violent towards cis-women street-based sex workers (Decker et al., 2010; Decker et al., 2013; Schwitters et al., 2015).

The analysis found that coerced and forced sexual acts in the context of methamphetamine/ice abuse could lead to violent outcomes for cis-women street-based sex workers. Cis-women street-based sex workers are all too familiar with the duplicitous and unstable behaviours of users of these drugs, as the propensity for violence renders these

clients as some of the most dangerous; these are men who struggle to control their violent behaviours whilst on the drug (Gizzi & Gerkin, 2010). As a result, some women will not service them. Many clients who are on ice may display mental health issues, which include heightened levels of anxiety, psychosis, and paranoia (Banerjee, Proud & Edwards, 2015), therefore, attempts to negotiate with these men may be futile. Women claim they are vigilant when negotiating with, or considering, clients who may be on ice. As McKetin and colleagues (2006) discovered, men who used methamphetamines had a greater predisposition to antisocial behaviour and had considerable difficulty in controlling their violent behaviour. In the sexual setting, men high on ice can experience difficulties achieving orgasm, and can potentially feel frustration and humiliation as a result, particularly if this happened in the company of a street-based sex worker (Dolatshahi, Farhoudian, Falahatdoost, Tavakoli & Dogahe, 2016). Women on the street have learned to acknowledge this risk and take precautions when choosing clients who are showing signs of having abused various types of drugs. They are aware of the violent propensities of these clients, and some women will avoid servicing a client who is high (Armstrong, 2014).

As previously indicated, a considerable number of study participants who experienced rape and assault from clients did not report these incidences to the authorities. In addition to feeling shame, as well as fear of attracting unwanted attention, women were reluctant to report the abuse due to fear of receiving an unsympathetic or disbelieving police response. These findings reflect those of several studies such as Ross and colleagues (2012), Sallmann (2010) and Quadara (2008), who found women were reluctant to report rape due to the ambivalent responses of police. Viewing rape as an 'occupational hazard' is a perception interconnected to concepts such as the 'rape myth' the core assumption of this concept is that as a sex worker a woman cannot be raped, and to victim blaming (MacLeod et al., 2008).

Aligned with Koken's (2012) theory, which developed from exploring the stigma experienced by escort workers, a coping strategy for cis-women street-based sex workers may be 'anticipatory stigma', where women will not report rape to the police, as they are guided by their expectations of how police will react once made aware of their identity as cis-women street-based sex workers. In fact, the results of this research indicated that women did perceive rape to be an occupational hazard and believed that being raped by clients was somehow their own fault. Interestingly, some women discussed it rather nonchalantly – as though it was part of the job. The few women who did report rapes and assaults to authorities, experienced negative and disappointing responses from the police and the judicial system.

Some of the participant experiences included inadequate legal representation and lacklustre and/or superficial police investigation. There is already mounting evidence that legislation dictating street-based sex work as a criminal offence is highly stigmatising and detrimental to the health and well-being of women (Abel & Fitzgerald, 2010; Benoit et al., 2018; Quadara, 2008; Weitzer, 2017). This type of 'victim blaming' and gendered injustice fails to protect women and undermines their legal rights and safety. From this analysis, it is apparent that many of the participants do not believe that the Australian justice system has the capacity or maturity to support them. These actions by the Australian court system should be documented as a violation of the rights of these women, regardless of their occupation.

Some women can escape the cycle of violence, but most are entrenched in it. Escaping is the exception, not the rule. The study documented gendered power relations of intimate partners, a salient theme that emerged from the analysis. The results revealed that there was a tendency for cis-women street-based sex workers to maintain relationships with partners who were physically and emotionally violent towards them (Argento, Muldoon, Simo, Deering & Shannon, 2014; Decker et al., 2013). This intimate-partner violence reported by the participants reflects the cycle of violence that has been shown to underpin domestic violent relationships (Argento et al., 2014; Decker et al., 2013; Noll, 2005).

Structural stigma and the whore stigma can only exacerbate this issue of gendered power relationships, where the partner of a street-based sex worker feels they have the right to enact violence against their partner, who is seen as unworthy (Shannon et al., 2007). Scholars have found that sex work exacerbates gender-based violence. For several of the participants, their relationships involved drugs, where their partners were either addicts themselves, or sold drugs or were both addicts and dealers. For those women whose partners did sell drugs, there remains the assumption that men were supplying them with drugs and using this as another means of control (Shannon et al., 2007). As noted by Huynh and colleagues (2019), intimate partners of female sex workers tend to uphold a nostalgic fantasy for domination over their partners. To achieve this end, violence was the method they used to establish or re-establish a sense of control and masculine positionings, particularly when men felt their relationship was challenged by outside forces. The regulation of women's bodies was paramount leading female sex workers to experience further vulnerabilities which undermined self-determination.

Corresponding with elements of the cycle of violence, women were terrified of their abusers and relationships continued for many years out of fear. As noted by Ulibari et al. (2010),

women lack relationship power, which places them in a subservient position where they are not challenging their partners, thus at times able to avoid such violence. They also found that injecting drugs and having a partner who was engaging in sexual activities with someone else increased the risk of violence twofold. In the context of this study, several women had partners who were involved in the local drug scene, were known to be dangerous drug dealers and were capable of continued intimidation should the relationship end. As shown in this study, it is also widely understood (and has been shown by existing research) that for some street-sex workers, their partners have initiated a heroin addiction/got them addicted to heroin so that the woman will become a sex worker to support their addiction (Argento et al., 2014; Blanchard, Nair, Bruce et al., 2018). As a result of past or current drug use by these women, there is also the possibility for the partner to feel justified in treating them violently. Research findings indicate that humiliation, stigma, and constant degradation from partners was enough for women to feel unworthy and less than human, and the fact that partners knew they were sex workers compounded the humiliation (Argento et al., 2014). Outcomes of intimate partner violence have been correlated with substance abuse, post-traumatic stress disorder and other mental health issues. Pregnancy and sexually transmitted diseases are also known to be outcomes of such sexual violence (Noll et al., 2003; Silverman & Loudon, 2010). For many women, the experiences of violence from intimate partners tends to pose a greater threat to their wellbeing. Although the literature does tend to focus on women leaving violent partners and then supporting themselves through sex work as a demonstration of agency (Choudhury & Anglade, 2013), I argue that intimate partner violence poses substantial trauma for many sex workers already engaged in the industry. Thaller and Cimino (2016) argue that the lack of economic opportunities for women have seen the woman's body as viable currency in any sexual relationship (i.e., material goods, housing, money for drugs). According to Thaller and Cimino (2016), gender discrimination and economic need has been a force behind women entering into risky working conditions and violent relationships, thus the bifurcation of intimate partner violence and sex work is thus tantamount. Experiencing stigma and discrimination from their partners, and the violence that often follows made several of the participants feel more unworthy and underserving than experiences from others. Escaping violent partners demonstrated a keen sense of agency by participants for the preservation of their own well-being regardless of whether they continued working as cis-women street-based sex workers. More scholarly literature is required to further understand structurally women's experiences with violent partners, agency, and the intersection of street-based sex work. Throughout the interviews, women demonstrated various levels of agency

from making choices to working as a street-based sex worker instead of a brothel for financial reasons, to taking control of their wellbeing through ending violent relationships with intimate partners. These women can operate independently, albeit with difficulty, risk, and hardship due to diminished choices (Gattrell, 2010).

The results of this study highlights the dangers of cis-women street-based sex workers robbing clients as extremely hazardous. Consistent with the findings of Rowe (2011), cis-women street-based sex workers robbing their clients is known to instigate violence. Many participants did not look favourably on those women who robbed clients, as it placed them in danger, and propagated further stigma and discrimination against them. Yet in explaining why some women resort to theft, several participants explained that such women had reached a point of desperation in their addiction (Rowe, 2011). However, in seeking retaliation, clients will not necessarily target the woman who robbed him, rather, he will retaliate against any female sex worker. It is common for the retaliation to be violent and has, at times, resulted in rape and kidnapping.

The support workers interviews for this research observed that the violence experienced by sex workers was cyclical and regular. The cis-women street-based sex workers frequently told the support workers of their experiences of violence throughout childhood. For many cis-women street-based sex workers such violence had become normalised, specifically inter-partner violence. Support workers observed the injustices cis-women street-based sex workers experienced and have witnessed 'learned helplessness' when women are confronted with violence (Oselin & Weitzer, 2013).

Women also felt that they were to blame for some of the violence they were subjected to. Kanagaratnam et al. (2012) found that women who experienced intimate-partner violence would accept blame as a means of coping with the situation. Other support workers acknowledged the strong relationship between violence and stigma, as cis-women street-based sex workers were not seen as human beings (Mellor & Lovell, 2011).

Participants' experiences of violence can be attributed to sociocultural belief systems that are entrenched in gender inequities (Jewkes, Flood & Lang, 2015). This study has shown that women predominantly experience violence at the hands of men, aligning with literature substantiating that sex workers experience the most violence from their intimate partners, followed by clients, indicating a gender imbalance between men and women (Argento et al., 2014; Deering et al., 2014). Cultural assumptions, such as women's role in society as the

subordinate sex, whose primary function is that of carer, has become deep-rooted in societal belief systems (Flood & Pease, 2009; Jewkes et al., 2015). These historical views of women's place and role have permeated contemporary beliefs. Instead of taking on the role of the mother, wife and subordinate, these women are seen have behaved in unacceptable ways. They are then viewed as society as the 'whore', as a deviant, dirty and uncontrollable, unworthy of participating in society and in need of punishment (Pheterson, 1994). As discussed throughout this thesis, structural violence through legislation and media discourses further promulgates these belief systems (Nagy & Powell, 2010; Weitzer, 2017). As theorised by Benoit et al. (2017a), legislation and policy in relation to sex work is based on the premise of 'moral politics. Consequently, this structural violence contributes to the perpetrators' justification in attacking sex workers, as they are seen as nothing more than a 'whore'. For the participants in this study, these results indicated that women could internalise these beliefs. On numerous occasions, participants would use self-deprecating language. They referred to themselves 'prostitute whores' and felt as though they were dirty, unworthy and undeserving (Flood & Pease, 2009; Sallman, 2011).

Link and Phelan's (2014) theory of 'stigma power' is also relevant, particularly in relation to gender-based violence. Participants' intimate partners and clients tended to assert their dominance and control through violence. In line with this theory, these men were keeping women beneath them to exploit and humiliate them for their own personal control and satisfaction (Quadara, 2008; Sallman, 2011; Shumka, Strega & Hallgrimsdottir, 2017). From a gender-based violence context, the study revealed that participants were kept under control by both partners and clients. Several women were reliant on their partners for support and love, yet at the same time were oppressed by partners through constant threats, stigma, discrimination, and experiences of violence against them.

Regardless of the violence participants experienced from random clients, some felt safer and more financially secure as they were able to keep regular clients who were more predictable. These were men who were perceived to be predictable and were therefore 'safe'. Several of the participants developed genuine friendships with these clients, and admitted to relying on them for comfort, support, and companionship. While these were experienced as reciprocal relationships, they were maintained within the boundaries of a business transaction. This is reflective of the findings of Rowe (2006), who observed that some women developed relationships and friendships with clients. Such reciprocal relationships have the potential to become genuine friendships, which for some participants have lasted many years.

Participants tended to be reliant on regular clients which enabled them to work during their preferred hours. They did not have to put themselves at risk during the night and, although it was not overtly discussed, seemed not to feel judged by these clients. Participants with regular clients routinely organised a place and time for themselves and their clients, meaning they had control over their working conditions. Having regular clients also assisted women in feeling as though they had a sense of normality in their lives.

This chapter has shown the types of violence and abuse that cis-women street-based sex workers can be subjected to by male clients and intimate-partners. What has been most salient throughout this chapter is that the gendered norms contribute to violence and other forms of stigma and discrimination that participants experienced. An upstream approach to address the structural stigma and discrimination towards street-based sex work is essential to build tolerance and to create a cultural shift that will benefit cis-women street-based sex workers. This is also imperative to ensure that violence against sex workers is not pushed underground.

Chapter 9: Conclusion and Recommendations

This study sought to capture data from support workers at the St Kilda Gatehouse, as well as from cis-women street-based sex workers. It primarily focussed on stigma and discrimination that reinforced previous research, which considered stigma and discrimination as an element of the research, rather than as a focus. This research was based in St Kilda, Melbourne, where information and insights into the stigma and discrimination experienced by cis-women street-based sex workers has remained a gap in knowledge.

In this study, qualitative data was collected through semi-structured in-depth interviews, observational data and through analysis of media. Such an approach provided the researcher with an immersive experience and assisted in gaining a nuanced understanding of the lived experiences of cis-women street-based sex workers. The year-long time frame collecting data facilitated the establishment and maintenance of several important relationships, including support workers, sex workers and, in some instances, their partners, volunteers and external organisations affiliated with the St Kilda Gatehouse.

This study has relevance to the street-based sex work community, as well as to legislators and policymakers in terms of decriminalisation and harm minimisation. It was also intended to provide cis-women street-based sex workers with an awareness around the harms of stigma and discrimination and how it is socio-culturally manifested.

One of the limitations of this study was that ethnic diversity was not captured among cis-women street-based sex workers. However, those visiting the Gatehouse were predominantly of Caucasian background. This may not be representative of all cis-women street-based sex workers, as women of different ethnic origins may be less visible and more vulnerable a group. However, the nature of the work itself places all women at risk and subjects them to stigma and discrimination.

Interviews with police was considered prior to commencement of the research, however, rejected. This would have offered the research another dimension into the experiences of local police managing and dealing with the street subculture. However, experiences with police were discussed by the women and support workers, which provided an understanding of the relationships between women and police, which was both positive and negative.

Importantly, this study has provided insight into the different pathways that women take that lead them to street-based sex work. As children and adolescents, many women had experienced childhood abuse and neglect. Institutionalisation and residential care systems tended to facilitate participants' introductions into the drug culture through their peers. Women who had fled the family home had also come across those who introduced them to heroin. Once they had become older, and those supplying them with the drug stopped, women then entered street-based sex work to finance their habits. Not all women in this study had reported a background of abuse, some had experimented with drugs throughout school years, but independent of the origin of introduction to drugs they had become, for many women, a gateway for heroin use and addiction.

9.1 Patriarchal norms and masculinity

As this study has shown, much of the shame cis-women street-based sex workers experience and internalise is connected with the social affirmation of patriarchal social norms, including attitudes and behaviour. This highlights the extent to which the 'whore stigma' is a pervasive phenomenon, one which views sex workers as immoral and unworthy, and tends to follow cis-women street-based sex workers daily (Sallmann, 2010; Wagenaar & Altink, 2012). Myths around the unchaste woman have been a common thread throughout civilisation and, as demonstrated through contemporary scholarly literarature, it has not yet relented. One might imagine that given the scholarly and political knowledge and understanding of social conditioning and gender inequity, that the historical foundations of gender norms and the related persecution of women would have changed contemporary views about cis-women street-based sex workers. However, this research into the experiences of cis-women street-based sex workers has demonstrated that gender norms that discriminate against these women persist.

Many women in this study had their children removed due to their addictions. One participant had her children removed by her partner because he discovered her street-work despite her best efforts to conceal it. Others would not tell partners and family of their sex worker status for fear of losing their children. This fear is associated with the knowledge that the social expectations of women are for them to be mothers, homemakers and carers. Clearly these cultural perceptions are aligned with a gender order where deviation from the expected role of motherhood deems a woman as unworthy.

Most women in this study experienced intimate-partner violence in physical form. Through looking at violence through the lens of gendered norms and symbolic violence, violent and abusive partners sought to dominate and control women, whether this was through physical and psychological violence or through withholding drugs from them. As cis-women street-based sex workers, women felt that partners enacted stigma and discrimination against them, further subjecting them to emotional abuse and a sense of unworthiness.

If we are to eliminate any form of gender-based violence or gender hierarchies, there is an obvious need to significantly change our culture and its values. This has the potential to shift material opportunities that create advantages for women and emancipate them from social constraints of the idealised woman who is a mother, carer, and homemaker (Thaller & Cimino, 2016). It is imperative to keep in mind this question: How can we significantly shift attitudes towards women, and cis-women street-based sex workers in particular, that are entrenched within a gender order that continues to be shaped by flawed perceptions of masculinity, to those that are formed and shaped by gender equity and equality for all women and free them from stigma and discrimination?

9.2 Stigma and Discrimination

Stigma and discrimination ostracize women from their communities by exacerbating their sense of shame for the lifestyles they lead. The stigma and discrimination associated with street-based sex work is interwoven with various elements of broader stigma, such as structural stigma and individualised models of stigma. As this research has demonstrated, the issues around structural stigma, through mediums such as the media, have devastating consequences for women. The attitudes towards criminalisation, which feed into the stigmatised discourse and narratives constructed by the Australian media, have negative consequences for cis-women street-based sex workers. As reported and represented in the media, cis-women street-based sex workers are frequently constituted as victims and blamed for their own experiences of marginalisation and violence. In this regard, the whore stigma seems to be alive and well. The comparison this research made between the media portrayal of the experience of Tracy Connelly and Jill Meagher demonstrated this. Public sentiments towards Jill Meagher were significantly different compared to that of Tracy Connelly. Where Jill was perceived as the innocent, married woman, holding down a job, Tracy was presented as putting herself at risk by working on the streets, and so it was inevitable that this would have happened to her. What woman in any situation, regardless of where she is, deserves this

at all? As the media continually demonstrate, the whore stigma is pervasive and inextricably linked through the ways in which political/legal and public/media views of street-workers shape individual perceptions and experiences that inform stigma and discrimination.

9.3 Perceived Stigma and Discrimination

This study has demonstrated that there are severe implications for cis-women street-based sex workers when experiencing and perceiving stigma and discrimination that lead to mental health issues, violence, and access to services. When a street worker internalises stigma, they are less likely to access the appropriate health services required which can be potentially harmful. Furthermore, other services such as judicial services are also less likely to be accessed. As participants in this study revealed, the prospect of accessing police after a rape or an assault is diminished for fear of police discriminating against them and not following appropriate legal formalities. Further, mental health issues as a result of perceived stigma can lead to exacerbated drug usage and further risk-taking behaviours.

The research also showed that participants were reluctant to reveal their sex-worker status as a result of perceived stigma and discrimination. Women in the study stated that there is no way that they would want certain significant others to ever know they are sex workers. They fear the removal of their children, ostracism from those they love, and judgement. Some of those who had revealed their status did experience a diminishment in their support networks. For those who remained discreet, having to lead dual lives was an additional burden as they lived in constant fear of being 'outed, which caused increasing tension and stress. Being 'outed' had both personal and legal implications that significantly impacted the wellbeing of the women.

9.4   Decriminalisation

As can be seen across the literature, specifically in Kings Cross Sydney and New Zealand where street-based sex work is decriminalised, there has been an alleviation of violence and stigma and discrimination against cis-women street-based sex workers. Although there is still some violence in these locations, it has indeed been significantly minimised. When sex work is criminalised, it pushes the industry underground which makes women more vulnerable and susceptible to violence and abuse by clients and partners (as demonstrated in this study). We can also see how structural stigmas are influenced by criminalisation, as it sends a clear message that this is an unacceptable occupation for women. This perpetuates a view that women engaged in street-based sex work should be punished, and therefore I argue that the

criminalisation of sex workers leads to both judicial and symbolic violence. Moral objections to decriminalisation are often associated with a fear of the trafficking and coercion of women and young girls into the trade. Yet this is misleading, as several women in this study have implied that they chose the work to meet financial ends. To cultivate tolerance of street-based sex work, and for the reduction of violence and abuse and an increase in better working conditions, I argue that there is an urgent need to institute decriminalisation in Victoria. As this study has illustrated, the physical and verbal violence that cis-women street-based sex workers experience on a regular basis is significant, and this can be changed through legislation. In November 2019, the first review of sex work legislation was conducted in Victoria since 1985.[4] The internet has seen the rise of sex work advertising which was not anticipated at the time of drafting the new law. Although, street-based sex work remains unlawful, recent news reports have indicated that there has been a dramatic reduction in solicitation offences of both cis-women street-based sex workers and of clients (Tomazin, 2019). The internet now paves the way for workers to have 'hook up' applications on their phones to engage with clients which has, to some degree, changed the industry landscape. However, this changed landscape is without issues: violence, stigma and discrimination are still present in the lives of these women despite having less visibility.

To improve the lives of cis-women street-based sex workers, policy makers must view the evidence and understand the experiences of women who are affected by criminalising street-based sex work. I am surprised that Tracy Connelly's murder did not ignite necessary political discussions. Once again, this suggests that pushback from the public is evidence of mainstream perceptions in relation to women would require a significant restructure of social attitudes of gender and women and men's sexual desires, behaviours and labour. This change in attitudes and behaviours requires, in part, a change in the ways in which women, and female sex-workers, are represented in the media.

9.5   The role of the media

The tone of the media when covering street-based sex work, particularly in Victoria, is one that tends to sensationalise the roles of sex workers through reporting biased information of the chaos underpinning their lives. This reinforces and perpetuates stigma and discrimination, gender norms and symbolic on a structural level, which, I argue, contributes to the inertia of

---

[4] Gotocourt.com.au. Criminal Law. Website. Sex Work and the Law (Vic).
https://www.gotocourt.com.au/criminal-law/vic/sex-work-law/#:~:text=Street%2Dbased%20sex%20work%20is,be%20charged%20with%20criminal%20offences.

policy makers in addressing issues of decriminalisation. I further argue that the media are accountable for the inaccurate portrayal of cis-women street-based sex workers through depicting them as helpless, exploited, drug addicted victims. These perceptions are perpetuated without knowing the full histories and personal stories of the women involved. Cis-women street-based sex workers are not a homogenous group of women. As this study has shown, the individual accounts provided by participants of their experiences are both contextual and unique.

9.6   Recommendations

This research has established a need for future research and legal/political. social interventions and prevention initiatives to educate the public about stigma and decrease discrimination. Changes in legislation are also necessary, specifically policies around decriminalisation as a method of decreasing stigma and discrimination for cis-women street-based sex workers. Reassessing health service delivery models is also essential to increase accessibility for women.

It is recommended that stigma should be a social determinant of health, particularly in any further research undertaken on cis-women street-based sex workers. As noted by Benoit and colleagues (2018), evidence has demonstrated that stigma and discrimination is based on fundamental inequalities which are akin to other determinants of experience that including race, socioeconomic status, education levels and sexual orientation. Reframing stigma and discrimination as a determinant of health would encourage more research into the experiences of cis-women street-based sex workers to have a deeper understanding of the actions required to address stigma and discrimination. The same methods that address social determinants of health through education, campaigns and evidence-based practices would provide insight into the impacts and interventions possible.

Issues around legislation need to be addressed to revisit how decriminalisation has the capability to reduce structural stigmas (Bruckert & Hannem, 2013). Other countries, such as New Zealand, have demonstrated that changes in legislation have reduced the severity of violence against street-based sex work, as well as increased the propensity for women to feel that police are approachable for reporting incidents (Abel, 2014). A more inclusive consultation process needs to be undertaken by those directly involved in the industry to increase their visibility and to explore options around decriminalisation in order to prevent violence and abuse of cis-women street-based sex workers.

For many adolescents who are considered unmanageable by their families, consideration should be given as to whether institutionalisation is the most effective solution. Further investigation needs to be undertaken in relation to how these systems manage children and provide the most appropriate peer relationships possible, as these are children who are significantly vulnerable and susceptible to the influenced of, and vulnerable to, others. It has been suggested that organisations and service providers harness a model of self-determination in the prevention of drug abuse for young people. Programs that focus on self-determination tend to meet the needs of young people who have experienced institutionalisation better than traditional care models. Other recommendations are for policymakers to consider the unique needs and contexts of young women who have gone through the foster care system to address alternatives to survival sex. In addressing gateway drugs, there is a need for further research into the link between recreational drug use, such as 'party drugs', and the subsequent pathways into street-based prostitution. These are a group of youths who are not necessarily exposed to childhood victimisation or abuse but, rather, are influenced by their peers.

Health services need to become more accessible and responsive to the needs of cis-women street-based sex workers. In China, an innovative solution was trialled where a clinic implemented processes and practices that were responsive to sex workers' needs. Staff received appropriate training, hours were extended, and the clinic was also available to the public in an effort to reduce stigma and discrimination. A significant increase in sex workers accessing the clinic was found (Ma, Chan & Yuean Loke, 2017). This demonstrated how critical it is to listen to the needs of sex workers. For Victoria to improve the health and wellbeing of sex workers, particularly cis-women street-based sex workers, I recommend that this type of consultation is crucial across all aspects of their lives.

References

ABC News. 2013. "Jill Meagher's husband Tom Meagher says justice system failed her and Adrian Bayley's sentence is a disgrace". *ABC News.* Retrieved 2017: *http://www.abc.net.au/news/2013-06-19/tom-meagher-says-justice-system-failed-his-wife/4766620*

Abel, G & Fitzgerald, L. 2010. Risk and risk management in sex work post–Prostitution Reform Act, in *Taking the Crime Out of Sex Work: New Zealand's sex workers' fight for decriminalisation*, edited by Abel, G., Fitzgerald, L., Healy, C & Taylor, A. The Policy Press: Bristol.

Abel, G.M. 2014. A decade of decriminalisation: Sex work 'down under' but not underground. *Criminology & Criminal Justice* 14, 5, 580-592.

Abrams, D., Hogg, M.A., & Marques, J.M. (Eds.) (2005). *The social psychology of exclusion and inclusion*. New York: Psychology Press.

Ahrens, K.R., Garrison, M.M & Courtney, M.E. 2014. Health Outcomes in Young Adultsw From Foster Care and Economically Diverse Backgrounds. *Pediatrics,* 134, 6, 1067-1074.

Akerman, P. 2013. The legacy of Jill Meagher. The Australian. Retrieved January 2018: *http://www.theaustralian.com.au/news/inquirer/the-legacy-of-jill-meagher/news-story/121efd9a0ee165c9ca2c03c6003fccba?sv=ffa5cf36c4408d7179c63fd82e232aac*

Antai, D. 2011. Controlling behavior, power relations within intimate relationships and intimate partner physical and sexual violence against women in Nigeria. *BMC Public health*, 511, 1–11

Arai, L., Heawood, A., Feder, G., Howarth, MacMillan, H., Moore, T.H.M., Stanley, N & Gregory, A. 2019. Hope, Agency, and the Lived Experience of Violence: A Qualitative Systematic Review of Children's Perspectives on Domestic Violence and Abuse. *Trauma, Violence, & Abuse., 1-12.*

Argento E., Muldoon, K.A., Duff, P., Simo, A., Deering, K.N & Shannon K., 2014. High prevalence and partner correlates of physical and sexual violence by intimate partners among street and off-street sex workers. *PLoS ONE*, 9, 7, 1–8

Armstrong, L. 2010. Out of the shadows (and into a bit of light): Decriminalisation, human rights and street based sex work in New Zealand. In K. Hardy, S. Kingston & T. Sanders, eds., *New sociologies of sex work* 39-59. Surrey, UK: Ashgate.

Armstrong, L. 2014. Diverse Risks, Diverse Perpetrators: Violence Risk Perception Among Cis-women street-based sex workers in New Zealand. *International Journal for Crime, Justice and Social Democracy*, 3, 3, 40-54.

Armstrong, L. 2016. "*Who's the Slut, Who's the Whore?":* Street Harassment in the Workplace Among Female Sex Workers in New Zealand. *Feminist Criminology* 11, 3, 285-303

Armstrong, L. 2017. From law enforcement to protection?: Interactions between sex workers and police in a decriminalised street-based sex industry. *British Journal of Criminology* 57, 3, 570-588

Arnot, A. 2002. *Legalisation of the sex industry in the State of Victoria, Australia: The impact of prostitution law reform on the working and private lives of women in the legal sex industry*. Masters Thesis, Department of Criminology, Faculty of Arts, University of Melbourne

Australian Bureau of Statistics' (ABS) 2012. Personal Safety Survey (PSS). Preventing Violence Together. Retrieved May 2018: *https://pvawhub.whwest.org.au/wordpress/wp-content/uploads/2014/01/abs-personal-safety-survey-2012-summary-whw.pdf*

Australian Government. 2010. Social inclusion in Australia: How Australia is faring. (Retreived January, 2012: *http://scoa.org.au/resources/388607_72752_SI%20How%20Australia%20Is%20Faring.pdf*).

Australian Human Rights Commission. 2017. Violence Against Australian Women: Special raporteur on violence against women. Retrieved May 2018: *https://www.humanrights.gov.au/sites/default/files/AHRC_20170120_violence_against_women_submission.pdf*

Banach, L., & Metzenrath, S. 1999. Unjust and counter-productive: The failure of governments to protect sex workers from discrimination. *The Scarlett Alliance and the Australian Federation of AIDS Organisations (AFAO)*.

Banerjee, A., Proud, S & Edwards. 2015. Methamphetamine: Clinical and other considerations. *Medicus*, 55, 6, 36-37

Barber, C., 2019. The Future of Sex Work in California: A Proposal for Inclusive Sex Worker Centered Legislation. Senior Honours Thesis. 19.
https://commons.colgate.edu/theses/19

Barn, R & Tan, J-P. 2015. Foster youth and drug use: Exploring risk and protective factors. *Children and Youth Services Review*, 56, 107–115.

Basnyat, I., 2014. Lived experiences of street-based female sex workers in Kathmandu: implications for health intervention strategies. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care, 16, 9, 1040 – 1051.*

Beard, J., Biemba, G., Brooks, M.I., Costello, J., Ommerborn, M., Bresnahan, M., Flynn, D & Simon, J.L. 2010. Children of female sex workers and drug users: a review of vulnerability, resilience and family centred models of care. *Journal of the International AIDS Society*, 13, Sul 2: mS1–S6.

Beegan, R & Moran, J., Prostitution and Sex Work: Situating Ireland's New Law on Prostitution in the Radical and Liberal Feminist Paradigms. *Irish Journal of Applied Social Studies,* 17, 1, 59-75

Benoit, C., Jansson, M., Smith, M & Flagg, J. 2017a. "Well, It Should Be Changed for One, Because It's Our Bodies": Sex Workers' Views on Canada's Punitive Approach towards Sex Work. *Social Sciences,* 6, 52, 1–17.

Benoit, C., Jansson, M., Smith, M & Flagg, J. 2018. Prostitution Stigma and Its Effect on the Working Conditions, Personal Lives, and Health of Sex Workers. *The Journal of Sex Research,* 55, 4/5, 1-15

Benoit, C., Maurice, R., Abel, G., Smith, M., Jansson, M., Healy, P & Magnuson, D. 2019. 'I dodged the stigma bullet': Canadian sex workers' situated responses to occupational stigma. *Culture, Health & Sexuality*, 22, 1, 81-95

Benoit, C., McCarthy, B and Jansson, M. 2015. Stigma, sex work, and substance abuse: a comparative analysis. *Sociology of Health & Illness* 37, 3, 437-451

Benoit, C., Quellet, N., Jansson, M., Magnus, S & Smith, M. 2017b. Would you think about doing sex for money? Structure and agency in deciding to sell sex in Canada. *Work, Employment and Society*, 31, 5, 731–747.

Benoit, C., Smith, M., Jansson, M., Magnus, S., Flagg, J and Maurice, R. 2018. Sex work and three dimensions of self-esteem: self-worth, authenticity and self-efficacy. *Culture, Health & Sexuality* 20, 1, 69-83

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

Blanchard, A.K., Nair, S.G., Bruce, S.G. Chaitanya AIDS Tadegattuva Mahila Sangha, Ramanaik, S., Thalinja, R., Murthy, S., Javalkar, P., Pillai, P., Collumbien, M., Heise, L., Isac, S & Bhattacharjee, p. 2018. A community-based qualitative study on the experience and understandings of intimate partner violence and HIV vulnerability from the perspectives of female sex workers and male intimate partners in North Karnataka state, India. *BMC Women's Health* 18, 66,

Blithe, S.J Wiederhold Wolfe, A., 2017. Work–life management in legal prostitution: Stigma and lockdown in Nevada's brothels. *Human Relations,* 70, 6, 725–750

Bogart, L.M., Cowgill, B.O., Kennedy, D., Ryan, G., Murphy, D.A., Elijah, J & Schuster, M.A. 2008. HIV-related stigma among people with HIV and their families: a qualitative analysis. *AIDS Behaviour*, 12, 2, 244-254

Boris, E., Gilmore, S & Parrenas, R. 2010. Sexual Labours: Interdisciplinary Perspectives Toward Sex as Work. *Sexualities*, 13, 131–137.

Bossert, W., D'Ambrosio, C., & Peragine, V.2007. Deprivation and social exclusion. *Economica*, 74 (296), 777-803.

Bourdieu, P & Wacquant, L.J., 1992, *An Invitation to reflexive sociology*. University of Chicago Press. Chicago.

Bourdieu, P. 1977 *Outline of a Theory of Practice*. Cambridge, UK: Cambridge University Press.

Bourgois, P., Prince, B & Moss, A., 2004. The Everyday Violence of Hepatitis C among Young Women Who Inject Drugs in San Fransisco. *Human Organisation*, 63, 3, 253-264.Gunn,

Bourguignon, D., Seron, E., Yzerbt, V., & Herman, G. 2006. Perceived group and personal discrimination: Differential effects on personal self-esteem. *European Journal of Social Psychology,* 36, 773-789.

Boushab, B.M., Fall-Malick, F, Melaïnine, M.L.O.C & Basco, L.K. 2017. Forms of Stigma and Discrimination in the Daily Lives of HIV-Positive Individuals in Mauritania. *Open AIDS Journal*, 11, 12–17.

Bowen, R & Bungay, V. 2016. Taint: an examination of the lived experiences of stigma and its lingering effects for eight sex industry experts. *Culture, Health & Sexuality*, 18, 2, 184–197

Boyle, M.P., Personal Perceptions and Perceived Public Opinion About Stuttering in the United States: Implications for Anti-Stigma Campaigns. *American Journal of Speech-Language Pathology*, 26, 921-938.

Bradley, E.H., Curry, L.A., & Devers, K.J. 2007. Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research,* 42, 1758-1772

Braun, V & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 2, 77-101.

Brener, L., Von Hippel, W., Kippax, S., & Preacher, K.J. 2010. The Role of Physician and Nurse Attitudes in the Health Care of Injecting Drug Users. *Substance Use & Misuse, 45,* 1007-1018.

Bruckert, C & Hannem, S. 2013. Rethinking the Prostitution Debates: Transcending Structural Stigma in Systemic Responses to Sex Work. *Canadian Journal of Law and Society,* 28, 1, 43–63

Bryan, A, B.B., Kim, H & Fredriksen-Goldsen, K, I. 2017. Factors Associated With High-Risk Alcohol Consumption Among LGB Older Adults: The Roles of Gender, Social Support, Perceived Stress, Discrimination, and Stigma. *The Gerontological Society of America,* S57, S1, S95–104

Bucci, N and Lynch, J. 2013. St Kilda prostitute brutally murdered. The Age, Retrieved February 2018: *https://www.theage.com.au/national/victoria/st-kilda-prostitute-brutally-murdered-20130722-2qewy.html*

Bungay, V. 2013. Health Care Among Street-Involved Women: The Perpetuation of Health Inequity. *Qualitative Health Research*, 23, 8, 1016–1026

Bungay, V., Halpin, M., Atchison, C and Johnston, C. 2011. Structure and agency: reflections from an exploratory study of Vancouver indoor sex workers. *Culture, Health & Sexuality* 13 1, 15-29

Burris, S. 2002, Disease stigma in U.S. public health law. *The Journal of Law, Medicine & Ethics*, 30, 179-190.

Campbell, C., & Deacon, H. 2006. Unravelling the contexts of stigma: From internalisation to resistance to change. *Journal of Community and Applied Psychology,* 16, 411-414

Campbell, R., Ahrens, C.E., Sefl, T & Clark, M.L. 2003. The Relationship Between Adult Sexual Assault and Prostitution: An Exploratory Analysis. *Violence and Victims*, 18, 3, 299-317.

Choudhury, S.M., Anglade, D.A & Park, K., 2013. From Violence to Sex Work: Agency, Escaping Violence, and HIV Risk Among Establishment-Based Female Sex Workers in Tijuana, Mexico. *Journal of the Association of Nurses in Aids Care*, 24, 4, 368-382.

City of Port Phillip, 2011. Street sex work - Information sheet. (Accessed December, 2011: *http://www.portphillip.vic.gov.au/default/Factsheet_Street_Sex_Work_FINAL.pdf*)

Clarke, R.J., Clarke, E.A., Roe-Sepowitz, D & Fey, R. 2012. Age at Entry into Prostitution: Relationship to Drug Use, Race, Suicide, Education Level, Childhood Abuse, and Family Experiences. *Journal of Human Behavior in the Social Environment*, 22, 3, 270–289,

Cook, J.E., Purdie-Vaughns, V., Meyer, I.H & Busch, T.A.A. 2014. Intervening within and across levels: A multi-level approach to stigma and public health. *Social Science and Medicine*, 103, 101–109.

Corrigan, P.W., Watson, A.C., & Barr, L. 2006. The self–stigma of mental illness: Implications for self–esteem and self–efficacy. *Journal of Social and Clinical Psychology*, 25, 8, 875-884.

Coy, M. 2017. Prostitution in (and out of) policy on violence against women and girls in the UK. *Journal of Gender-Based Violence*, 1, 1, 117–126.

Coy, M., Wakeling, J & Garner, M., 2011. Selling sex sells: Representations of prostitution and the sex industry in sexualised popular culture as symbolic violence. *Women's International Forum*, 34, 441-448

Crapanzano, K.A., Hammarlund, R., Ahmad, B., Hunsinger, N & Kullar, R. 2019. The association between perceived stigma and substance use disorder treatment outcomes: a review. *Substance Abuse Rehabilitation,* 10, 1-12.

Crusick, L., Brooks-Gordon, B., Campbell, R & Edgar, F. 2010. Exiting' drug use and sex work: Career paths, interventions and government strategy targets. *Drugs, Education, Prevention and Policy*, 18, 2, 145-156

Dalla, R. 2002. Night moves: A qualitative investigation of street-level sex work. *Psychology of Women Quarterly*, 30, 276-290.

Dalla, R.L. 2006. "You Can't Hustle All Your Life": An Exploratory Investigation of the Exit Process Among Street-Level Prostituted Women. *Psychology of Women Quarterly*, 30, 276–290

Darlington, C.K & Hutson, S.P. 2016. Understanding HIV-Related Stigma Among Women in the Southern United States: A Literature Review. *AIDS Behaviour*, 21, 1, 12-26.

Deacon, H. 2006. Towards a sustainable theory of health-related stigma: Lessons from the HIV/AIDS literature. *Journal of Community & Applied Social Psychology*, 16, 418-425.

Decker, M.R., McCauley HL, Phuengsamran D, Janyam, S., Seage G.R., Silverman, J.G. 2010. Violence victimization, sexual risk and sexually transmitted infection symptoms among female sex workers in Thailand. *Sexually Transmitted Infections*, 86, 3, 236–40.

Decker, M.R., Pearson, E., Illangasekare, E., Clark, SG & Sherman, S.G. 2013. Violence against women in sex work and HIV risk implications differ qualitatively by perpetrator. *BMC Public Health*, 13, 1, 876

Deering, K.N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., Argento, E & Shannon, K. 2014. A Systematic Review of the Correlates of Violence Against Sex Workers. *American Journal of Public Health,* 104, 5, e42–e54.

Deering, K.N., Shoveller, J., Tyndall, M.W., Montaner, J.S & Shannon, K. 2011. The street cost of drugs and drug use patterns: relationships with sex work income in an urban Canadian setting. *Drug and Alcohol Dependence*, 118, 2, 430–436.

Dewey, S & St. Germain, T. 2014. "It Depends on the Cop:" Cis-women street-based sex workers' Perspectives on Police Patrol Officers. *Sexuality Research and Social Policy*, 11, 256–270.

Dodsworth, J. 2012a. Pathways through Sex Work: Childhood Experiences and Adult Identities. *British Journal of Social Work*, 42, 519-536

Dodsworth, J. 2012b. Sex worker and mother: managing dual and threatened identities. *Child and Family Social Work,* 19, 1, 99–108

Dolatshahi, B., Farhoudian, A., Falahatdoost, M., Tavakoli, M., & Dogahe, E. R. 2016. A Qualitative Study of the Relationship Between Methamphetamine Abuse and Sexual Dysfunction in Male Substance Abusers. *International Journal of High Risk Behaviours and Addiction*, 5, 3, 1–6

Donovan, B., Harcourt, C., Egger, S., Watchirs Smith, L., Schneider, K., Kaldor, J.M., Tabrizi, S. 2012. *The Sex Industry in New South Wales: A Report to the NSW Ministry of Health*. Sydney: Kirby Institute, University of New South Wales.

Duff, C. 2005. Party drugs and party people: examining the 'normalisation' of recreational drug use in Melbourne. *International Journal of Drug Policy*, 16, 3, 161–170

Duff, P., Shoveller, J., Chettiar, J., Feng, C., Nicoletti, R & Shannon, K. 2015. Sex Work and Motherhood: Social and Structural Barriers to Health and Social Services for Pregnant and Parenting Street and Off-Street Sex Workers. *Health Care Women International*, 36, 9, 1039–1055

Earnshaw, V., Smith, L & Copenhaver, C. 2013. Drug Addiction Stigma in the Context of Methadone Maintenance Therapy: An Investigation into Understudied Sources of Stigma. *International Journal of Mental Health and Addiction*, 11, 1. 110–122

Ellison, G & Smith, L. 2017. *Hate Crime Legislation and Violence Against Sex Workers in Ireland: Lessons in Police and Practice*. In: Haynes A., Schweppe J., Taylor S. (eds) Critical Perspectives on Hate Crime. Palgrave Hate Studies. Palgrave MacMillan, London.

Evans-Lacko, S., Brohan, E., Mojtabai, R and Thornicroft, G. 2012. Association between public view of mental illness and self-stigma among individuals with mental illness in 14 European countries. *Psychological Medicine,* 42, 8, 1741-1752

Farnsworth, S. 2015. Jill Meagher's killer Adrian Bayley had history of violent sex attacks; parole board failed to take him off the streets. ABC News. Retrieved January 2018:

http://www.abc.net.au/news/2013-06-11/violent-past-of-jill-meagher-killer-adrian-bayley-revealed/4745406

Farvid, P and Glass, L. 2014. 'It isn't prostitution as you normally think of it. Its survival sex': Media representations of adult and child prostitution in New Zealand. *Women's Studies Journal* 28, 1, 47-67

Felming, P.J., Barrington, C., Maman, S., Lerebours, L., Donastorg, Y & Brito, M.O., 2019. Competition and Humiliation: How Norms Shape Men's Sexual and Violent Behaviours. *Men and Masculinities,* 22, 2, 197-215

Fick, N. 2005. Coping with stigma, discrimination and violence: Sex workers talk about their experiences. *Cape Town: Sex Worker Education & Advocacy Taskforce.* Retrieved October 2011: *http://myweb.dal.ca/mgoodyea/Documents/Health%20and%20wellbeing/Coping%20with%20stigma,%20discrimination%20and%20violence%20-20sex%20workers%20experiences%20SWEAT%202005.pdf)*

Flood, M & Pease, B., 2009 Factors influencing attitudes to violence against women. *Trauma, Violence and Abuse*, 10, 2, 125–142.

Freedman, M. 2013, August 2. Her name was Tracy and she was my friend. Mamamia. Retrieved, January 2018: *http://www.mamamia.com.au/remembering-tracy-connelly/*

Frost, D.M., 2011. Social Stigma and its Consequences for the Socially Stigmatized. *Social and Personality Psychology Compass*, 5, 11, 824–839.

Galarza Fernández, E., Cobo Bedía,R & Esquembre Cerdá, M. (2016): "The media and the symbolic violence against women". *Revista Latina de Comunicación Social,* 71, 818 - 832.

Gale, N.K., Heath, G., Cameron, E., Rashid, S & Redwood, S. 2013. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13, 117, 1-8.

Gatrell, C., 2010. Who rules the game? An investigation of sex-work, gender, agency and the body. Gender in Management: *An International Journal,* 25, 3, 208-226.

Gerassi, L.B., Jonson-Reid, M., Plax, K & Kaushik, G., 2016. Trading Sex for Money or Compensation: Prevalence and Associated Characteristics from a Sexually Transmitted Infection (STI) Clinic Sample. *Journal of Aggression Maltreatment & Trauma,* 25, 9, 1-12

Gerrard, M., Gibbons, F.X., Fleischili, M.E., Cutrona, C.E & Stock, M.L. 2017. Moderation of the effects of discrimination-induced affective responses on health outcomes, *Journal of Psychology and Health*. Retrieved November 2017: *http://www.tandfonline.com/doi/full/10.1080/08870446.2017.1314479*

Gerry, F. 2020. Decriminalising sex work in Victoria. Informit. Victorian Bar News. Retrieved August 2021: *https://search-informit-org.ezproxy.uws.edu.au/doi/abs/10.3316/agispt.20210525047298*

Gilchrist, K. 2010. "Newsworthy" victims? Exploring differences in Canadian local press coverage of missing/murdered Aboriginal and white women. *Feminist Media Studies,* 10, 4, 373-390.

Gilmore, J. 2013, July 23. Woman Brutally Murdered in Inner Melbourne. Kingstribune. Retrieved January 2018: *www.kingstribune.com*

Goffman, E. 1963. *Stigma: Notes on the Management of a Spoiled Identity*. Simon & Schuster Incorporated: New York

Greer, C. and Y. Jewkes. 2004 `Extremes of Otherness: Media Images of Social Exclusion', *Social Justice: A Journal of Crime, Conflict and World Orde*r 32,1, 20-31.

Gunn, A.J & Canada, K, E., 2015. Intra-group Stigma: Examining Peer relationships Among Women in Recovery for Addictions. *Drugs*: Abingdon England, 22, 3, 281-292.

Hackett, A & Strickland, H., 2017. Using the framework method approach to analyse qualitative data: a worked example. *Nurse Research*, 26, 2, 8-13

Hallsgrimdottir, H.K, Phillips, R., Benoit, C and Walby. 2008. Sporting Girls, Streetwalkers, and Inmates of Houses of Ill Repute: Media Narratives and the Historical Mutability of Prostitution Stigmas. *Sociological Perspectives*, 51, 1,119-138

Hallsgrimdottir, H.K., Phillips, R and Benoit, C. 2006. Fallen Women and Rescued Girls: Social Stigma and Media Narratives of the Sex Industry in Victoria, B.C., from 1980 to 2005. *Canadian Review of Sociology* 43,3, 265-280

Hammond, N & van Hoof., 2019. "This Is Me, This Is What I Am, I Am a Man": The Masculinities of Men Who Pay for Sex with Women. *The Journal of Sex Research*, 0, 1-14

Harcourt, C., & Donovan, B. 2005. The many faces of sex work. *Sex Transmitted Infections*, 81, 201-206.

Harcourt, C., O'Connor, J., Egger, S., Fairley, C.K., Wand, H., Chen, M.Y., Marshall, L., Kaldor, J.M and Donovan, B. 2010. The decriminalisation of prostitution is associated with better coverage of health promotion programs for sex workers. *Australian and New Zealand Journal of Public Health* 34, 5, 482-486

Harding, R & Hamilton, P. 2009. Working Girls: Abuse or Choice in Street-Level Sex Work? A Study of Homeless Women in Nottingham. *British Journal of Social Work*, 39, 1118-1137.

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

Harris, M.A., Nilan, P.M., & Kirby, E.R. 2010. Risk and risk management for Australian sex workers. *Qualitative Health Research,* 21, 386-398.

Hatzenbuehler, M. 2017. Structural Stigma and Health. In Major, B., Dovidio, J.F & Link, B.G., *The Oxford Handbook of Stigma, Discrimination, and Health,* 2018. Oxford Press: London

Hatzenbuehler, M.H & Link, B.J. 2014. Introduction to the special issue on structural stigma and health. *Social Science and Medicine*, 103, 1–6.

Hatzenbuehler, M.L. 2016. Structural stigma: Research evidence and implications for psychological science. *American Psychologist*, 71, 8, 742–751

Hatzenbuehler, M.L., Phelan, J.C and Link, B.G. 2013. Stigma as a Fundamental Cause of Population Health Inequalities. *American Journal of Public Health* 103, 5,.813-821.

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

Hong, Y., Fang, X., Li, X., Liu, Y., Li, M & Tai-Seale, T. 2010. Self-Perceived stigma, depressive symptoms and suicidal behaviours among female sex workers in China. *Journal of Transcultural Nursing*, 21, 29, 29-34.

Hubbard, P. 2013. *Out of touch and out of time? The contemporary policing of sex work.* In Campbell, R & O'Neill, M., *Sex Work Now*. William Publishing: USA & Canada.

Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., Jones, L &
Dunne, M.P. 2017. The effect of multiple adverse childhood experiences on health: a
systematic review and meta-analysis. *The Lancet*, 2, 8, 356-366.

Huynh, A., Khan, S., Nair, S., Chevrier, C., Roger, K., Isac, S., Bhattacharjee, P & Lorway,
R. (2019). Intervening in masculinity: work, relationships and violence among the intimate
partners of female sex workers in South India. *Critical Public Health*, 29, 2, 156-167

Irmayati, N., Yona, S & Waluyo, A. 2019. HIV-related stigma, knowledge about HIV, HIV
risk behaviour and HIV test motivation among women in Lampung, Indonesia. *Enfermeria
Clinica,* 29, Supplement 2, 546-550.

Janesick, V.J., 1999. A Journal About Journal Writing as a Qualitative Research Technique:
History, Issues, and Reflections. *Qualitative Inquiry, https://journals-sagepub-
com.ezproxy.uws.edu.au/doi/abs/10.1177/107780049900500404*

Jeal, N., & Salisbury, C. 2004. Self-reported experiences of health services among female
street-based prostitutes: A cross sectional study. *British Journal of General Practice,* 54,
504, 515-519.

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

Jeffrey, L.A and MacDonald, G. 2006. "It's the Money, Honey": The Economy of Sex Work
in the Maritimes. *Canadian Review of Sociology* 43, 3, 313-327.

Jeffreys, S. 2003. *The Legislation of Prostitution: A failed social experiment*. Talk given at
the Swedish Mission side event at the Commission on the Status of Women, United
Nations, New York.

Jeffreys, S. 2010. The sex industry and business practice: An obstacle to women's equality.
Women's Studies International Forum, 33, 3, 274-282.

Jewkes, R., Flood, M & Lang, J. 2015. From work with men and boys to changes of social
norms and reduction of inequities in gender relations: a conceptual shift in prevention of
violence against women and girls. *Lancet*, 385, 1580–1589

Jiminéz, J., Puig, M., Sala, A.C., Ramos, C.J., Castro, E., Morales, M., Santiago, L., &
Zorrilla, C. 2011. Felt Stigma in injection drug users and sex workers: Focus group

research with HIV-risk populations in Puerto Rico. *Qualitative Research in Psychology,* 8,1, 26-39.

Kerkin, K. 2003. Re-placing Difference: Planning and Street Sex Work in a Gentrifying Area. *Urban Policy and Research, 21, 2, 137-149.*

Kerley, K., DeShay, R & Copes, H. 2019. Harm Reduction Strategies and Disinhibitors Among Women Who Use Heroin. *International Journal of Offender Therapy and Comparative Criminology*, 63, 8, 1289-1305.

Kerrigan, D., Wirtz, K.D., Baral, A., Decker, S., Murray, M., Poteat, L., Pretorius, T., Sherman, C., Sweat, S., Semini, M., Jie, N., Stanciole, A., Butler, J., Osornprasop Oelrichs & Beyrer. 2013. The Global HIV Epidemics among Sex Workers. *International Bank for Reconstruction and Development*: The World Bank Washington Washington, D.C.

Kessler, S., Ashenden, D.J., Connell, R.W., & Dowsett, G.W., 1985. Gender Relations in Secondary Schooling. *Sociology of Education*, 58, 34-48.

King, E, J.,Maman, S., Bowling, J.M., Moracco, K.E., & Viktoria Dudina, V. 2013. The Influence of Stigma and Discrimination on Female Sex Workers' Access to HIV Services in St. Petersburg, Russia. *AIDS Behaviour*, 17, 8, 2597–603

Klambauer, E. 2018. Policing roulette: Sex workers' perception of encounters with police officers in the indoor and outdoor sector in England. *Criminology & Criminal Justice*, 18, 3, 255-272

Kleinman, A & Hall-Clifford. 2009. Stigma: a social, cultural and moral process. *Journal of Epidemiology & Community*, 63, 6, 418

Knill, C., 2013 The study of morality policy: analytical implications from a public policy perspective, *Journal of European Public Policy*, 20, 3, 309-317,

Koken, J. 2012. Independent Female Escort's Strategies for Coping with Sex Work Related Stigma. *Sexuality & Culture*, 16, 209–229.

Koubaridis, A. 2015. Who killed sex worker Tracy Connelly? Retrieved January 2018: *http://www.news.com.au/national/crime/who-killed-sex-worker-tracy-connelly/news-story/b009c61963bc0d40ac01c893a6efc1ce*

Krieger, N. 1999. Embodying inequality: A review of concepts, measures, and methods for studying health consequences of discrimination, in Discrimination. In L. Berkman and I. Kawachi (Eds.), *Social Epidemiology.* New York: Oxford University Press.

Krüsi, A., Kerr, T., Taylor, C., Rhodes, T and Shannon, K. 2016. 'They won't change it back in their heads that we're trash': the intersection of sex-work related stigma and evolving policing strategies. *Sociology of Health & Illness* 38, 7, 1137-1150

Kurtz, D.L & Upton, L.L. 2017. The Gender in Stories: How War Stories and Police Narratives Shape Masculine Police Culture. *Women & Criminal Justice*, 0, 1-19.

Kurtz, S.P., Surratt, H.L., Kiley, M.C., & Inciardi, J.A. 2005. Barriers to health and social services for cis-women street-based sex workers. *Journal of Health Care for the Poor and Undeserved,* 16, 345-361.

Lazarus, L., Deering, K. N., Nabess, R., Gibson, K., Tyndall, M.W and Shannon, K. 2012. Occupational stigma as a primary barrier to health care for cis-women street-based sex workers in Canada. *Culture, Health & Sexuality* 14, 139-150

Liamputtong, P. 2007. Researching the vulnerable: A guide to sensitive research methods. London: Sage Publications.

Liamputtong, P. 2013. Stigma, Discrimination and Living with HIV/AIDS: A Cross-Cultural Perspective. (ed) *Springer Science & Business Media Dordrecht.*

Liamputtong, P. 2017. *Research Methods in Health: Foundations for Evidence-Based Practice* (3rd ed). Oxford University Press: AustraliaMelbourne.

Liamputtong, P. 2020. *Qualitative Research Methods*, 5th edn. Oxford Uniersity Press: Melbourne.

Liebler, C.M. 2010. Me(di)a Culpa?: The "Missing White Woman Syndrome" and Media Self Critique. *Communications, Culture and Critique* 3, 549-565.

Lindorff, M., Prior Jonson, E & McGuire, L. 2012. Strategic Corporate Social Responsibility in Controversial Industry Sectors: The Social Value of Harm Minimisation. *Journal of Business Ethics*, 110, 457–467.

Link, B, G & Phelan, J. 2014. Stigma Power. *Social Science & Medicine*, 103, 24–32.

Link, B. G & Phelan, J.C. 2006. Stigma and its public health implications. *Lancet*, 367, 528-529

Link, B.G & Phelan, J.C. 2001. Conceptualising Stigma. *Annual Review of Sociology*, 27, 363–85.

Link, B.G & Phelan. 2012. Labelling and Stigma. Handbook of the Sociology of Mental Health. Part of the series *Handbook of Sociology and Social Research,* 525 – 541.

Lorack, J. 2016. Explainer: what does the 'male gaze' mean, and what about a female gaze? The Conversation, Retrieved January 2021: *https://theconversation.com/explainer-what-does-the-male-gaze-mean-and-what-about-a-female-gaze-52486*

Love, R., 2015. Street Level Prostitution: A Systematic Literature Review. *Issues in Mental Health Nursin*g, 36, 8, 568–577.

Lowman, J. 2000. Violence and the outlaw status of (street) based prostitution in Canada. *Violence Against Women*, 6, 9, 987-1011.

Ma, P.H.X., Chan, Zenobia, C.Y & Yuen Loke, A. 2017. The Socioi-Ecological Model Approach to Understanding Barriers and Facilitators to the Accessing of Health Services by Sex Workers: A Systematic Review. *Aids Behaviour*, 21, 2412-2438.

Maier, A., Gentile, D. A., Vogel, D.L and Kaplan, S.A. 2014. Media influences on self-stigma of seeking psychological services: The importance of media portrayals and person perception. *Psychology of Popular Media Culture* 3, 4, 239-256

Major, B., Dovidio, J.F & Link, B.G. 2018. *The Oxford Handbook of Stigma, Discrimination and Health*. Oxford University Press.

Major, B., Gramzow, R., McCoy, S., Levin, S., Schmader, T., & Sidanius, J. 2002. Attributions to discrimination: The role of group status and legitimizing ideology. *Journal of Personality and Social Psychology*, 82, 269-282.

Malla, A., Joober, R & Garcia, A. 2015. Mental illness is like any other medical illness: a critical examination of the statement and its impact on patient care and society. *Journal of Neuroscience*, 40, 3, 147–150.

Martinez, A. G. & Hinshaw, S. P. 2016. Mental Health Stigma: Theory, Developmental Issues, and Research Priorities. Developmental Psychopathology. In Martinez, A & Hinshaw, *Mental Health Stigma: Theory, Developmental Issues, and Research Priorities (3rd ed)*. John Wiley & Sons: United States

Mellor, R & Lovell, A. 2012. The lived experiences of UK cis-women street-based sex workers and the health consequences of an exploratory study. *Health Promotion International,* 27, 3, 311–322

Menaker, T.A & Franklin, C.A. 2018. Prostitution Myth Endorsement: Assessing the Effects of Sexism, Sexual Victimisation History, Pornography, and Self-Control. *Psychology of Women Quarterly*, 42, 3, 313-325.

Mendes, K and Silva, K. 2010. Representations of Sex Workers. *Commentary and Criticism*, 10, 1, 99-116

Messerschidt, J., 2012. Engendering Gendered knowledge: Assessing the Academic Appropriation of Hegemonic Masculinity. *Men and Masculinities*, 15, 1, 56-76

Mitchell, K.J., Finkelhor, D & Wolak, J. 2010. Conceptualizing juvenile prostitution as child maltreatment: findings from the National Juvenile Prostitution Study. *Child Maltreatment*, 12, 1, 18–36.

Morettini, F,M., 2016. Hegemonic Masculinity: How the dominant man subjugates other men, women and society. Health and Social Policy. Retrieved March 2020: *https://www.globalpolicyjournal.com/blog/27/10/2016/hegemonic-masculinity-how-dominant-man-subjugates-other-men-women-and-society*

Mulligan, M. 2006. *Creating community supplement: Social profiles of local communities.* Melbourne: Globalism Institute, RMIT University.

Nakagawa, J. T., & Akpinar-Elci, M. 2014. Medical students' knowledge and attitudes toward female sex workers and their occupational risk factors. *International Journal of Medical Students*, 2, 2, 104–108.

O'Doherty, T. 2011. Victimization in Off-Street Sex Industry Work. *Violence Against Women*, 1–20.

O'Neill, M., Campbell, R., Hubbard, P., Pitcher, J and Scoular, J. 2008. Living with the Other: Street sex work, contingent communities and degrees of tolerance. *Crime Media Culture* 4, 1, 73-93

Orchard, T., 2014. Of Sex Work and Survival: Women's Experiences of Symbolic Violence. *11th International Human Trafficking, Prostitution, & Sex Work Conference* September 18 & 19, Toledo, Ohio

Orchard, T., Murie, A., Salter, K., Elsh, H., Bunch, M., Middleton, C & Benoit, C., 2019. Balance, Capacity, and the Contingencies of Everyday Life: Narrative Etiologies of Health Among Women in Street-Based Sex Work. *Qualitative Health Research, 1-12*

Orza, L., Bewley, S., Logie, C.H., Tyler Crone, E., Moroz, S., Strachen, S., Vazquez, M & Welbourn, A. 2015. How does living with HIV impact on women's mental health? Voices from a global survey. *Journal of the International AIDS Society*, 18 (supplement 5), 1–9.

Oselin. S.S., 2014. *Leaving Prostitution: Getting Out and Staying Out of Prostitution*. New York University Press: London and New York

Oswald, S.H., Heil, K & Lutz Goldbeck, L. 2010. History of Maltreatment and Mental Health Problems in Foster Children: A Review of the Literature *Journal of Paediatric Psychology* 35, 5, 462–472.

Pascoe, E, A & Richman, L. 2009. Perceived discrimination and health: a meta-analytic review. *Psychological Bulletin*, 135, 41, 531–554.

Perdue, T.R., Williamson, C., Ventura, L.A., Hairston, T.R., Osborne, L. C., Laux, J.M., Dupuy, P.L., Benjamin, B.J., Lambert, E.G., Cox, J.A & Nathan, V.M. 2012. Offenders Who Are Mothers with and without Experience in Prostitution: Differences in Historical Trauma, Current Stressors, and Physical and Mental Health Differences. *Women's Health Issues*, 22, 2, e195–e200

Perse, E.M and Lambe, J. 2017. *Media Effects and Society*. (2nd Ed). Routledge: New York.

Phelan, J.C & Link, B.G. 2013. Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, 103, 5, 813-821

Phelan, J.C., Lucas, J.W., Ridgeway, C.L &Taylor, C.J. 2013. Stigma, Status and Population Health. *Social Sciences and Medicine*, 103, 15–23

Pinkham, S., & Malinowska-Sempruch, K. 2008. Women, harm reduction and HIV. *Reproductive Health Matters,* 16, 31, 168-181.

Pitcher J & Wijers M, 2014 The impact of different regulatory models on the labour conditions, safety and welfare of indoor-based sex workers. *Criminology & Criminal Justice* 14, 5, 549–564.

Ponterotto, D. 2016. Resisting the male gaze: Feminist Responses to the "Normalisation" of the Female Body in Western Culture. *Journal of International Women's Studies*, 17, 1, pp. 133-151.

Puaw, I., & Brenner, L. (2003). 'You are just whores – you can't be raped': Barriers to safer sex practices among street sex workers in Cape Town. *Culture, Health & Sexuality*, 5(6), 465-481.

Pyett, P., & Warr, D. 1999. Women at risk in sex work: Strategies for survival. *Journal of Sociology*, 35, 2, 183-197.

Quadara, A. 2008. Sex workers and sexual assault in Australia: Prevalence, risk and safety. *Australian Institute of Family Studies*, Issues Paper No. 8, 1-40.

Reavley, N.J., Jorm, A.F & Morgan. 2016. Beliefs about the dangerousness of people with mental health problems: the role of media reports and personal exposure to threat or harm. *Social Psychiatry and Psychiatric Epidemiology*, 51, 9, 1257–1264.

Reidy, D.E., Berke, D.S., Gentile, B & Zeichner., 2014. Man enough? Masculine discrepancy stress and intimate partner violence. Personality and Individual Differences, 68, 160-164.

Rekart, M. 2005. Sex work harm reduction. *The Lancet*, 366, 9503, 2123-2134.

RhED, 2019. Website. "Who Are We?" Accessed 2019: *http://sexworker.org.au/about/*

Richman, L. & Lattanner, M.R. 2014. Self-regulatory processes underlying structural stigma and health. *Social Sciences and Medicine*, 103, 94–100.

Ross, M.W., Crisp, B.R., Mansson, S-A & Hawkes, S. 2012. Occupational health and safety among commercial sex workers. *Scandinavian Journal of Work, Environment & Health*, 38, 2, 105–119

Rossler, W., Koch, U., Lauber, C., Hass, A-K., Altwegg, M., Ajdacic-Gross, V & Landolt, K. 2010. The mental health of female sex workers. *Acta Psychiatrica Scandinavica,* 1, 1–10

Rowe, J. 2003a. (SASC) Who's using? The health information exchange [St Kilda] and the development of a primary care response for injecting drug users. Report for The Salvation Army Crisis Service Retrieved December, 2011: *www.salvationarmy.org.au/.../whos_using/who's_using_book.pdf*

Rowe, J. 2006. *Street walking blues: Sex work, St Kilda and the street*. Centre for Applied Social Research, RMIT University, Melbourne, Australia.

Rowe, J., 2003b. In limbo and in danger: street based sex workers and the issue of tolerance zones. Just Policy: *A Journal of Australian Social Policy, 30, 24-31*

Roxburgh, A., Degenhardt, L., Larance, B., & Copeland, J. 2006. Mental health, drug use and risk among female cis-women street-based sex workers in greater Sydney. *National Drug and Alcohol Research Centre*, Technical Report Number 237, University of New South Wales, Sydney, Australia.

Rusch, N., Lieb, K., Bohus, M., & Corrigan, P.W. 2006. Self-stigma, empowerment, and percieved legitimacy of discrimination among women with mental illness. *Psychiatric Services*, 57, 3, 399-402.

Saldana, J. 2009. The Coding Manual for Qualitative Researchers. Thousand Oaks, California: Sage.

Sallman, J. 2011. Living with stigma: Women's experiences of prostitution and substance Use. *Affilia,* 25, 2, 146-159.

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

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

Scambler, G., & Paoli, F. 2008. Health work, female sex workers and HIV/AIDS: Global and local dimensions stigma and deviance as barriers to effective interventions. *Social Science Medicine*. 66, 8, 1848-1862.

Scarlett Alliance, 2019. Website. "ASPAG 'Final Report 2002'". Accessed December 2019: *http://www.scarletalliance.org.au/library/agspag02/file_view*

Schmitt, MT., Branscombe, N.R., Postmes, T & Garcia, A. 2014. The Consequences of Perceived Discrimination for Psychological Wellbeing: A Meta-Analytic Review. *Psychological Bulletin*, 140, 4, 921–48

Schwitters, A., Swaminathan, M., Serwadda, D., Muyonga, M., Shiraishi, R.W., Benech, I., Mital, S., Bosa, R., Lubwama, G & Hladik, W. 2015. Prevalence of Rape and Client-Initiated Gender-Based Violence Among Female Sex Workers: Kampala, Uganda, 2012. *AIDS and Behaviour*, 19, Supplement 1, 68–76

Scorgie, F., Nakato, D., Harper, E., Richter, M., Maseko, S., Nare, P., Smit, J & Cherich, M. 2013. 'We are despised in the hospitals': sex workers' experiences of accessing health care in four African countries'. *Sociology of Health and Illness.* 33, 1, 50–65

Seymour, K. 2017. "Stand up, speak out and act": A critical reading of Australia's White Ribbon campaign. *Australian & New Zealand Journal of Criminology* 0, 0, 1-18

Shannon, K., Bright, V., Allinott, S., Alexson, D., Gibson, K., & Tyndall, M.W. (2007). Community-based HIV prevention research among substance-using women in survival sex work: That Maka Project Partnership. *Harm Reduction Journal*, 4(20), 1-6.

Shannon, K., Kerr, T., Strathdee, S.A., Shoveller, J., Montaner, J.S & Tyndall, M.W., 2009. Prevalence and structural correlates of gender based violence among a prospective cohort of female sex workers. *British Medical Journal*, 339, 1–8

Shaver, F.M. (2005). Sex work research: Methodological and ethical challenges. *Journal of Interpersonal Violence,* 20(3), 296-319.

Sherwood, J.A., Grosso, A., Decker, M.R., Peitzmeier, S., Papworth, E., Diouf, D., Drame, F.M., Ceesay, N & Daral, S. 2015. Sexual violence against female sex workers in The Gambia: a cross-sectional examination of the associations between victimization and reproductive, sexual and mental health. *BMC Public Health,* 15, 270, 1–10

Shumka, L., Strega, S & Hallgrimsdottir., 2017. "I Wanted to Feel Like a Man Again": Hegemonic Masculinity in Relation to the Purchase of Street-Level Sex. *Frontiers in Sociology,* 2, 15, 1-15

Skinta, M.D., Lezama, L., Wells, G & Dilley, J.W. 2015. Acceptance and Compassion-Based Group Therapy to Reduce HIV Stigma. *Cognitive and Behavioural Practice*, 22, 4, 481–490

Smith, L. 2013. Dehumanising sex workers: what's "prostitute" got to do with it? The Conversation. Retrieved January 2018: *http://theconversation.com/dehumanising-sex-workers-whats-prostitute-got-to-do-with-it-16444*

Smith, L.R., Earnshaw, VA, Coperhaven, MM & Cunningham, CO. 2016. Substance Use Stigma: Reliability and validity of a theory-based scale for substance-using populations. *Drug Alcohol Dependence*, 162, 34–43.

Smyth, G; Harries, P., & Dorer, G. (2011). Exploring mental health service users' experiences of social inclusion in their community occupations. *The British Journal of Occupational Therapy,* 74(7), 323-331.

Stangl, A.L., Earnshaw, V.A., Logie,C.H., van Brakel, W., Simbayi, L.C., Barre, I., & Dovidio, J.F., 2019. The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine,* 17, 31, 1 - 13

Stardust Z, Treloar C, Cama E & Kim J., 2021 'I wouldn't call the cops if I was being bashed to death': Sex work, whore stigma and the criminal legal system. *International Journal for Crime, Justice and Social Democracy*. Retrieved August 2021: *https://eprints.qut.edu.au/211569/1/87410889.pdf*

Strega, S., Casey, L., & Rutman, D. 2009. Sex workers addressing treatment. *Women's Health and Urban Life,* 8,1, 42-53.

Strega, S., Janzen, C., Morgan, Jeannie, Brown, L., Thomas, R and Carriére. 2014. Never Innocent Victims: Street Sex Workers in Canadian Print Media. *Violence Against Women* 20, 1, 6-25

Sullivan, B. 2010. When (Some) Prostitution is Legal: The Impact of Law Reform on Sex Work in Australia. *Journal of Law Reform and Society* 37, 1, 85-104

Sullivan, M.L. 2007a. Rape, Prostitution and Consent. *The Australian and New Zealand Journal of Criminology* 40, 2, 127-142

Sullivan, M.L. 2007b. Victoria's 'Safe Sex Agenda': Occupational Health and Safety for the Sex Industry in *Making Sex Work: A Failed Experiment with Legalised Prostitution*. Spinifex Press: Melbourne

Surratt, Kurtz, Weaver & Inciardi, 2005. The Connections of Mental Health Problems, Violent Life Experiences, and the Social Milieu of the "Stroll" with the HIV Risk Behaviours of Female Street Sex Workers. *Journal of Psychology & Human Sexuality*, 17, 1-2, 23-44

Sutton, C. 2017. 'He attacked me with a baseball bat': St Kilda sex worker talks about the dangers of her job. News.com.au. Retrieved February 2018: *http://www.news.com.au/lifestyle/real-life/news-life/he-attacked-me-with-a-baseball-bat-*

street-sex-worker-reveals-her-life-in-the-most-dangerous-job-in-australia/news-story/13f3cbc94c5875b8c5084a18aa3e8fd5

Tafjel, H. (1982). Social psychology of intergroup relations. *Annual Review of Psychology,* 33, 1-39.

Tafjel, H. 1982. Social psychology of intergroup relations. *Annual Review of Psychology*, 33, 1-39.

Thaller, J & Cimino, A.N. 2017. The Girl is Mine: Reframing Intimate Partner Violence and Sex Work as Intersectional Spaces of Gender-Based Violence. *Violence Against Women*, 23, 2, 202–221.

The Royal Tropical Institute. 2004. Report of the Research Workshop on Health-related Stigma and Discrimination. Retrieved October 2011: *http://www.kit.nl/-/INS/2546/Royal-Tropical-Institute/KIT-Development-Policy-and-Practice--/DEV-Research-and-Advisory-services/Health---/Report-of-the-research-workshop-on-health-related-stigma-and-discrimination.pdf*

The St Kilda Gatehouse Website. 2011. Retrieved November 2011: *http://www.stkildagatehouse.org.au/*

Thoits, P. 2010. Stress and Health: Major Findings and Policy Implications. *Journal of Health and Social Behaviour*, 5, S, S41–S53

Thompson, J & Louise, R. 2014. Sexed Violence and Its (Dis)appearances: Media Coverage Surrounding the Murders of Jill Meagher and Johanna Martin. Outskirts; Crawley, 31, 1-10

Thorburn, N & de Haan, I., (2014). Children and survival sex: A social work agenda. *Aotearoa New Zealand Social Work*, 26, 4, 14-21.

Thornburn, N & de Haan, I., 2017. Connecting through chaos: escape behaviour among sex-working adolescents in Aotearoa New Zealand. Kotuitui: New Zealand *Journal of Social Sciences Online*, 12, 1, 32-40

Tomazin, F. 2019. '*Off the streets and on the net': solicitation charges dwindle as sex workers shift online.'* The Age. Retrieved December 2020: *https://www.theage.com.au/national/victoria/off-the-streets-and-on-the-net-solicitation-charges-dwindle-as-sex-workers-shift-online-20191130-p53fnw.html*

Trading Sex for Money or Compensation: Prevalence and Associated Characteristics from a Sexually Transmitted Infection (STI) Clinic Sample. *Journal of Aggression, Maltreatment and Trauma*, 25, 9, 909-920

Travaglini, L.E., Himelhock, S.S & Juan Fang, L. 2018. HIV Stigma and Its Relation to Mental, Physical and Social Health Among Black Women Living with HIV/AIDS. *Aids & Behaviour*, 1–12

Turan, B., Hatcher, A.M., Weiser, S.D., Johnson, M.O., Rice, W.S & Turan, J.M. 2017. Framing Mechanisms Linking HIV-Related Stigma, Adherence to Treatment, and Health Outcomes. American Journal of Public Health, 107, 6, *American Journal of Public Health*, 107, 6, 863-869

Turley, E & Fisher, J., 2018. Tweeting back while shouting back: Social media and feminist activism. *Feminism and Psychology*, 28, 1, 128-132

Ulibarri, M.D., Roesch, S., Rangel, M.G., Staines, H., Amaro, H & Steffanie A. Strathdee, S.A. 2015. "Amar te Duele" ("Love Hurts"): Sexual relationship power, intimate partner violence, depression symptoms and HIV risk among female sex workers who use drugs and their non-commercial, steady partners in Mexico. *AIDS Behaviour*, 19, 1, 9–18

United Nations General Assembly. 1993. Declaration on the Elimination of Violence against Women. Retrieved August 2018: *http://www.un.org/documents/ga/res/48/a48r104.htm*

Vanwesenbeeck, I. 2001. Another decade of social scientific work on sex work: A review of research 1990-2000. *Annual Review of Sex Research,* 12, 242-289.

Vanwesenbeeck, I. 2017. Sex Work Criminalisation Is Barking up the Wrong Tree. *Archives of Sexual Behaviour,* 46, 1631-1640

Vyncke, B & Van Gorp, B. 2020. Using counterframing strategies to enhance anti-stigma campaigns related to mental illness. Social Science & Medicine, 258, 1-33.

Wagenaar, H & Altink, S. 2012. "Prostitution as Morality Politics or Why It is Exceedingly Difficult to Design and Sustain Effective Prostitution Policy. *Sexuality Research and Social Policy*, 9, 3, 279–292.

Wagner, K.D., Pitpitan, E.V., Chavarin, C.V., Magis-Rodriguez, C & Patterson, T.L. 2013. Drug-using male clients of female sex workers who report being paid for sex: HIV/STI demographic and drug use correlates. *Sexually Transmitted Diseases*, 40, 8, 1-12

Weitzer, R. .2015. Researching Prostitution and Sex Trafficking Comparatively. *Sex Research Social Policy* 12, 81-91.

Weitzer, R. 2011. Legalizing prostitution: From illicit vice to lawful business. New York University Press.

Weitzer, R. 2017. Resistance to Sex Work Stigma. *Sexualities*, 1-13

Weitzer, R., 2005. New direction in research on prostitution. *Crime, Law & Change*, 43, 211-235.

Weitzer, R., 2006. Moral crusade against prostitution. Society. Mar-April, 33-38.

Weitzer, R., 2007. The Social Construction of Sex Trafficking: Ideology and Institutionalisation of a Moral Crusade. *Politics & Society,* 35, 3, 447-475

Weitzer, R., 2010. Sex Work: Paradigms and Policies, in Weitzer, R (2nd Ed), *Sex for Sale: Prostitution, Pornography and the Sex Industry*. Routledge: New York and London

Westerman, D., Spence, P.R and Van Der Heide, B. 2014. Social Media as Information Source: Recency of Updates and Credibility of Information. *Journal of Computer-Mediated Communications* 19, 2, 171-183

Widom, C.S., Czaja, S & Dutton, M.A. 2014. Victimization and Perpetration: A Prospective Investigation. *Childhood Abuse and Neglect*, 38, 650–663.

Wiederhold Wolfe, A., Blithe, S.J & Mohr, B. 2018. Dirty Workers' Management of Hidden Emotions: Selling Intimacy and Seeking Social Support through the Shroud of Secrecy. *Journal of Communication*, 68, 194-217.

Wilson, H. W & Widom, C, S. 2010. The Role of Youth Problem Behaviors in the Path From Child: Abuse and Neglect to Prostitution: A Prospective Examination. *Journal of Research on Adolescents*, 20, 1, 210–236

Wing-Yan Yuen, W., Tran, L., Kong Ho Wong, C., Holroyd, E., So-Kum Tang C & Chi-Wai Wong, W. 2016. Psychological health and HIV transmission among female sex workers: a systematic review and meta-analysis. *AIDS Care*, 28, 816–824

Wolffers, I., & van Beelan, N. 2003. Public health and the human rights of sex workers. Health and Human Rights. *The Lancet,* 361, 1981

Wong, W.C., Holroyd, E & Bingham, A., 2010. Stigma and sex work from the perspective of female sex workers in Hong Kong. *Sociology of Health & Illness*, 33 (1) 50-65.

World Health Organisation (WHO) (2005). Violence against sex workers and HIV prevention. The Global Coalition on Women and AIDS. *Information Bulletin Series, Number 3.* (Accessed November, 2011: http://www.who.int/gender/documents/sexworkers.pdf)

World Health Organisation (WHO) 2005. Violence against sex workers and HIV prevention. The Global Coalition on Women and AIDS. *Information Bulletin Series,* Number 3. Retrieved November, 2011: *http://www.who.int/gender/documents/sexworkers.pdf*

World Health Organisation (WHO). 2009. UNAIDS Guidance Note on HIV and Sex Work. Retrieved May 2018: *http://files.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf*

World Health Organisation (WHO). 2013a. Global and regional estimates of violence against women Prevalence and health effects of intimate partner violence and non-partner sexual violence. Retrieved May *http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/*

Zhuo Wang, J, Mott, S., Magwood, O, Mathew, C., Mclellan, A., Kpade, V., Gaba, P., Kozloff, N., Pottie, K & Andermann, A. 2019. The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review. *BMC Public Health*, 19, 1, 1528

APPENDICES

Appendix A **Practicing Social Inclusion: The Case of Cis-women street-based sex workers and the St Kilda Gatehouse**

Appendix B **Ethics Committee Application**

Appendix C **Participant Consent Form**

Practicing Social Inclusion: The Case of Cis-women street-based sex workers and the St Kilda Gatehouse in Melbourne

The practice of social inclusion is essential for marginalised groups as it facilitates feelings of safety, wellbeing, reduces mental health issues and provides a sense of belonging (Smyth, et al., 2011; Genevieve, et. al, 2011; Australian Government, 2010). In this chapter, we discuss the impacts of stigma and discrimination on cis-women street-based sex workers and how it results in social exclusion. The chapter discusses ways to increase social inclusion through exploring the business of St Kilda Gatehouse, a not-for-profit organisation located in Melbourne, Australia, designed to provide services and support for cis-women street-based sex workers. We will illustrate how a community-based organisation such as the St Kilda Gatehouse can facilitate social inclusiveness for this marginalised group and address issues of social inclusion in their service delivery. We will then discuss the impact that the organization has on women and the local sex worker community.

Stigma, Discrimination and Social Inclusion

Goffman's original premise for stigma and discrimination was that it occurred when an individual or group breached the 'norms of identity or being' (Goffman 1967: 144). Goffman's theory states that society will reject an individual on the basis of their race, sexual and/or religious orientation, particularly when these people deviate from the 'norm' (Goffman, 1963). As a result, stigmatisation manifests which, according to Goffman (1963:3), 'is a process by which the reaction of others spoils normal identity'.

Social exclusion occurs when individuals feel shunned by society or a group due to a lack of identification from other groups and/or society members. Feelings of alienation arise as an individual manifests their functional failures within society (Bossert, et. al, 2007). Social exclusion based on stigma is different from other forms of social exclusion as it is dependent on a group's attitudes and actions toward the victim. Attitudes towards the victim are common within the group and are founded on a shared view of social morals and standards (Abrams, et. al, 2005). This type of stigma and discrimination often results in individuals resorting to substance abuse, depression and they experience difficulties accessing appropriate health services (Pinkham & Malinowska-Semruch, 2008; Rowe 2006; Krieger 1999). Yet how stigma and discrimination impacts the individual varies. For instance, the individual may internalise their experience of stigma resulting in low self-esteem, shame or guilt (Rusch, et. et. al, 2006; Royal Tropical Institute 2004; Major, et. al, 2002). Others argue that

the person being stigmatised may learn to accept the stigma and consider they deserve social rejection (Burris 2002). How affected the individual is by their experiences depends on how they cope and perceive the legitimacy of those perpetrating the stigma and discrimination (Campbell & Deacon, 2006; Corrigan & Watson, 2002; Bourguignon, et. al, 2006). Further research is warranted to understand the impact of stigma and discrimination on individuals, specifically for marginalised populations to aid in the development of social policy and appropriate health service delivery.

Brief History of Sex Workers in St Kilda

During the 1880-1900, St Kilda became one of the wealthiest suburbs in Victoria. Tolerance zones (synonymous with 'red light districts') resulted in the de-criminalisation of street-based sex work. The tolerance zones were implemented in St Kilda throughout the 1870s and 80s in an attempt to govern and localise street-based sex work in the St Kilda region (Mulligan, 2006). In the early 1900's the spread of industry moved the sex worker population into the suburbs of St Kilda where the area became known as a 'pleasure centre' for First and Second World War serviceman (Rowe 2006; Lowman 2000; City of Port Phillip, 2011). However, the recent gentrification of St Kilda and adjoining suburbs has been the motivation behind local residents' campaign to rid the area of their long-standing reputation. Subsequently, there have been attempts by resident groups, through their local council, to move cis-women street-based sex workers out of the area. Exacerbated by low unemployment rates, St Kilda has become the central distribution area for street-based sex work, heroin syndicates and criminal activity (Lowman 2000).

The development of The Prostitution Regulation Act in 1986 was an attempt to decriminalise street-based sex work. Yet the influence of the Victoria Government's Upper Houses of Parliament resulted in the criminalisation of street-based sex work (Rowe 2006; Arnot 2002). In 2002, proposals for tolerance zones re-emerged by the Attorney General's Street Prostitution Advisory Council in response to the growing concerns and complaints about cis-women street-based sex workers in the St Kilda. However, recommendations for the introduction of tolerance zones have not been enacted; it remains the only political strategy that has attempted to address issues about street-based sex work in Melbourne (Rowe 2003b). Thus, current regulation is governed through the Prostitution Control Act, (1994) which deems licensed brothels as legal; street-based sex work remains illegal (City of Port Phillip, 2011).

St Kilda Gatehouse

The St Kilda Gatehouse (hereafter referred to as the Gatehouse) was developed in 1992 by the South Melbourne Churches of Christ in response to the increasing rate of cis-women street-based sex workers, drug usage and homelessness in the area (Gatehouse Website, 2011). The Gatehouse in a not-for-profit organisation established to support and work alongside marginalised groups in St Kilda, in particular, cis-women street-based sex workers. The Gatehouse partners and sponsors include

community groups, local government, churches and others. The vision of the organisation is to provide pathways towards life transformation and community connectedness. The Gatehouse operates as a drop in centre that aims to give sex workers a safe and judgement free space to access support workers who can provide referrals to services, discuss issues or simply have a drink and something to eat. The Gatehouse support workers provide referral services, assist women to manage their complex social issues and support women to develop pathways towards drug rehabilitation, find accommodation and judicial information. The core function of the Gatehouse is to provide cis-women street-based sex workers with an environment that is free from stigma and to encourage a sense of belonging and community. As noted on the organization's website: '*St Kilda Gatehouse is based on the Christian principles of inclusiveness, unconditional support, service, and social justice. St Kilda Gatehouse believes every person is worthy of a "home" environment and a "way in" to resources and participation in family, community and social life'*.

The Gatehouse's mission is to provide a safe environment for sex workers that are non-stigmatising, inclusive and supportive. The core value being the provision of pathways towards life transformations and community connectedness are upheld and remains intact and is what the Gatehouse staff seems to excel at. The Gatehouse is open from Monday to Friday, with the exception of Wednesday when it is open from 12 to 5.00pm. The Gatehouse opens on Monday until 8.00pm because there is a barbeque for anyone who wishes to attend. The organisation is conveniently located in the heart of the heart of St Kilda where sex workers work.   It has five staff members and two volunteers and operates under a Board of Governance comprising six members. The organisation operates through a variety of resources. The Gatehouse has 13 supporters including and partners such as Churches of Christ, the City of Port Phillip Council and Grace Church. Partners include Resourcing Health and Education for the Sex Industry (RhED), City of Port Phillip Council, Whitelion and the Good Shepherd Youth and Family Services.   The Gatehouse received funding from trusts and foundations including Helen McPherson Smith Trust, Lord Mayor's Charitable Foundation, Andy Inc Foundation and the Mercy Foundation. The funds and grants received do not compromise the core values of the organisations resulting in the maintenance of the Gatehouse's integrity.

Alongside assistance in navigating the healthcare and service provider sector, the Gatehouse offer women a range of services including assistance with child access visits and visits to court, community meals and celebrations and events. The Gatehouse also celebrates events with women and encourage participation in activities such as joining the local netball team.

For cis-women street-based sex workers, stigma and discrimination has an adverse effect on feelings of being socially included which is compounded by being frequently rejected by their friends, family and community. There is limited research exploring the role of service providers in maintaining social inclusion for cis-women street-based sex workers. The Gatehouse is an organisation that

energetically harnesses social inclusiveness and provides cis-women street-based sex workers with a safe and judgement free social space.

The Study

This chapter is based on data from a larger study that explores the experiences of stigma and discrimination of cis-women street-based sex workers. Qualitative inquiry was selected as it allows the researcher to develop an in- depth understanding of the participants' experiences and the issues under exploration (Liamputtong, 2007). The ethnographic methods of participant observation, unstructured and semi-structured interviews were employed. Qualitative data was collected at the Gatehouse between March and November 2011 and between October and December 2011 twelve cis-women street-based sex workers participated in face-to-face in-depth interviews. All women were from Caucasian backgrounds and aged 21 to 45 years. All but two women, aged between 22 and 49 years old, did street-based sex work to support their heroin addiction or were on a drug addiction treatment program at the time of the interviews. Participants' ages ranged between 22 years to 49 years old. For the ten women with children, the mean age of their children was 12years. One woman was pregnant and three of the women had mothers that had been sex workers. There was a mother and daughter interviewed who were both cis-women street-based sex workers. Seven women were looking for stable housing and three women were homeless at the time of the study.

Results and Discussion

Data revealed that cis-women street-based sex workers experience low self-esteem and feel unworthy members of the community. On a daily basis women experience dirty looks and verbal abuse from onlookers and business owners. Whilst women are working on the streets, they are constantly suspicious of other workers, thereby reluctant to develop friendships when not working. Furthermore, women lack the support networks they need from family and friends to increase levels of self-esteem and their overall wellbeing. Some women were afraid to reveal themselves as sex workers to friends and family, perceiving reactions from others to be negative. Also problematic in the lives of cis-women street-based sex workers is stigma and discrimination in the form of violence and abuse. Women not only experience violence and abuse from onlookers and clients, they also experience it in their personal lives through interpersonal violence.

In discussions about the St Kilda Gatehouse, four centralised themes emerged including: 'Safe and non-judgmental environment;' 'Convenience' 'Sense of Community;' and 'Provision of services'.

The Gatehouse

The Gatehouse continually strives to be socially inclusive of all cis-women street-based sex workers. For women who lack support networks, the Gatehouse was a safe and responsive service that harnesses the philosophy of a judgement-free space for all. This had a positive impact on all sex workers interviewed.

Safe and non-judgmental environment

Cis-women street-based sex workers could access the Gatehouse at any stage of their life and expect acceptance. The organization assisted women to engage with the local community through fun, social and recreational activities. One-on-one services are available that assisted women who wished to exit sex work to transition into other areas of employment. For example, Aimee, who has a steady partner and mother of two, has been a sex worker for 14 years; Aimee does not have a drug habit. Aimee was trying to market her own business and the Gatehouse support workers assisted her to develop her business's website: Aimee could not develop this website on her own:

Very, very helpful. G [support worker] helped me with my website, L [support worker] has helped socially as a friend and in other ways anything that I ask, she's there. I love the gatehouse, this is like my second family, it's good. I love the gatehouse. (Aimee)

Some of the women had the opportunity to discuss personal issues with the support workers and felt they were supported, regardless of the situation they were in. Despite the sex workers' propensity for suspicion of others, the Gatehouse tended to eliminate this by creating a welcome and judgement free environment. Mia felt that the attitudes, non-judgemental philosophies and social inclusiveness of Gatehouse staff and the programs was an example of the way society in general should be treating sex workers:

They provide a lot, they do, they really do. they open up their doors when they're open and as soon as you walk in you see the workers, say it's like, "gidday how you going?". I know the workers that work here at the Gatehouse, but they are a really fine example on how society should be treating us girls.(Mia, single mother 42 years old)

Corinne, who has been a street-based sex worker for over ten years, has two children and had only recently been introduced to the Gatehouse. When we interviewed Corinne, she was suicidal because she was dealing with recent threats of violence from a group of cis-women street-based sex workers. Although Corrine did not 'get any support' from the Gatehouse she felt as though the Gatehouse was a stigma free service where she felt comfortable talking to other workers:

I come in here (Gatehouse) and I can literally talk to someone that knows what is going on and they're not going to judge me and they're not going to put me down or whatever else. I honestly I don't know what I'd do without the Gatehouse. (Corrine, 32 years old)

Belinda, who has four children and no longer has custody of them, felt comfortable accessing the Gatehouse knowing that she will not be judged. She appreciates the way in which she can share her concerns with Gatehouse staff. Belinda also admires the way the staff assisted the women to address their personal issues, especially when their lives seem to be out of control:

Yeah and it's not just about the food and the drinks and the toilet facilities and stuff like you can come in here and share your. What's going on and not be judged you know...ike last week this woman had the worse time in her life and L (support worker) made everything so much better, got on the phone and did all this for me and did that for me because clearly as if you can be fucked going through half of that stuff by yourself and doing it.(Belinda, 25 years old, single)

Convenience

Although there were other services in the St Kilda area (specifically in range of where the workers primarily work, i.e., Greeves Street and Grey Street) that were designed to support sex workers, none compared to the Gatehouse in terms of accessibility, safety, getting provisions and being a non-discriminatory environment for cis-women street-based sex workers. The Gatehouse staff provided services to sex workers beyond their position descriptions and appeared to genuinely have an interest in the well-being of the sex workers. For example, support workers often took women to the chemist for their methadone treatment, or provided them with transport if they were having trouble getting back to the Gatehouse. The staff developed personal '' relationships with the sex workers and offered the women one-on-one support, such as counselling or assisting a woman access a service. This was the place where cis-women street-based sex workers came to obtain a sense of belonging and to feel included in a community.

Other organisations within the St Kilda area that also provide outreach and referral services to cis-women street-based sex workers include Resourcing Health and Education for the Sex Industry (RhED) and the Sacred Heart Women's House. However, Nadia felt that other organisations were not as conveniently located, private and quiet as the Gatehouse. Nadia felt that the Gatehouse was a 'God send' because it was located in close proximity to where most street-based workers recruited clients:

There's the other services all within walking distance but I like this one because it's a quiet street and you don't have to go out on the busy roads for everyone to see and this is the street I work in so I'm not about to take time off work to go all the way up there when I can just come here.(Nadia, 42 years old, affianced, no children)

Although Dee, a worker who has lost custody of her daughter, has accessed other services in the local area, she felt that the Gatehouse staff had nurtured a relationship with her and treated her less formally than other services. Dee felt that she could '*hang out*' at the Gatehouse, whereas she couldn't do this at other support services in the area. Upon questioning Dee about her involvement in the Gatehouse's

regular activities (cooking, helping out with the weekly barbeque) she replied, *'the people know me'*. Dee also felt that if it was not for the Gatehouse and her relationship with the staff '*there's no way I'd be here'*, Dee discussed her experience with other services:

Before I came here I was hanging around at the women's house, the Saturday night mission and I was always going there. Every day I was hanging out there and starving, then I started to come here and now I don't got to the women's house anymore cause they're a little bit different, the way they treat people and stuff like that. .. Whereas here at the Gatehouse you can do whatever you want, go as you please.(Dee, 29 years old)

Sense of community

The Gatehouse provided a sense of community for the women. Aimee's experience of the Gatehouse had always been positive and believed that it was inclusive for all street- based sex workers. When she visits the Gatehouse, she feels it '*is like my second family.'* Despite the lack of support women gave to each other outside of the Gatehouse, women came together at the Gatehouse to chat, play netball in the local netball team and participate in recreational activities such as the weekly barbeque. Aimee believed that at the Gatehouse, feelings of animosity between workers tended to be over-ridden. The Gatehouse brings people together and women have an opportunity to talk and discuss issues they have with one another. Aimee believes if it was not for the Gatehouse, more problems would occur between the workers:

They look after you well here especially the barbeques. It brings a lot of people together around here as well. It's a lot friendlier and girls…there's, if girls aren't getting along it brings them together and they might actually start talking and resolve shit too. I found that. A few girls have done that. They weren't talking and then they have. So this helps. I reckon the Gatehouse is if it wasn't here there'd be a lot more trouble out there. Not just me I'd say a lot of other people as well, I'd say it. There's a lot of good people working in here as well which helps.

Barbara, who has been a worker for two years, also views the Gatehouse as a place where she can socialise with others regardless of how frequently she comes to Greeves Street to work:

I don't come that often and when I do, I only stay, well, well if I do a lot of socialising because I like coming here and talking to the ladies but honestly when I'm out there I'm only doing a couple and then I go, just do what I need and I have found that the girls down here are all great and everything. (Barbara, Grandmother)

Sex workers were able to feel socially included by helping out at the Gatehouse. Women could volunteer to assist in re-arranging and tidying up the facilities and cooking for others. During participant observation at the Gatehouse the first author needed to locate a razor for one of the sex

workers. She approached Doris and Dee who were sorting through provisions out the back and asked them if they had a razor.

Doris and Dee are now out in the kitchen sorting through some stuff that needs cleaning out. They are happy to accommodate and get the razor for me. I get feeling that working together to clean up the stuff is a good thing for Dee because she is contributing. She seems focussed and happy to be doing this. Doris seems to also be enjoying herself. There is a sense of teamwork and togetherness that is happening. (field notes, the Gatehouse, 6 June 2011)

Provision of Services

Women who accessed the Gatehouse did so for similar reasons, such as provision of support, referral, to relax and to eat and drink. Women who went to the Gatehouse were hungry and appreciative of the food that was provided. Every day the tables were set and food such biscuits, lollies, fruit, chips, sandwiches, scones, which had been donated, were laid out for women to eat. There was always tea, coffee, cordial and water available for the women. The women that frequented the Gatehouse knew they could come in at any time and help themselves to food and beverages. In addition, the Gatehouse provided women with tampons, sanitary napkins, condoms, razors, toothbrushes and other toiletries. The Gatehouse also had a supply of clothes for women to take which had been donated by local businesses, council authorities and members of the public. Women wore the clothes on occasions such as court appearances and job interviews.

Belinda appreciated the small comforts and conveniences the Gatehouse offered cis-women street-based sex workers like herself:

But you know little things like that and go get a tampon or a pad or go to the toilet like before you know come like you know half an hour away and my friend we're thirsty, just sit down and have a couple of glasses of cordial just before you have to go out and sit in the sun and try and get work for as long as it's going to take you. (Belinda)

CONCLUSION

I think that the Gatehouse in one word is just fantastic. They provide a lot, they do, they really do. they open up their doors when they're open and as soon as you walk in you see the workers, say it's like, "gidday how you going?". I know the workers that work here at the Gatehouse, but they are a really fine example on how society should be treating us girls. It makes it worse because it works vice versa as well. No, but it's kind of somewhere you can come to if you ever want to have a chat with someone and you're in the area, it's just, it's a good hanging out spot, that's what I'm suppose to say. (Mia, 42 years)

The findings of the study confer with Mia's analysis above, that the Gatehouse creates a safe and non-judgemental environment for cis-women street-based sex workers thereby promoting social inclusiveness. Women can come and go as they please and take the necessary personal items, food and provisions. The women are free to engage in casual interactions with other women and the Gatehouse support workers, and access the professional and recreational services provided by them.

In conclusion, the Gatehouse is an organisation that operates on the ideology of social inclusiveness for cis-women street-based sex workers. Workers feel they can access the organization without feeling judged or stigmatised. Workers experience a sense of community when visiting or simply 'hanging out'. Provisions are available for them and through the support workers, referrals are made or one-on-one counselling is arranged. There is the opportunity for women to come together and cook or become involved in activities offered by the organisation. Women feel that the Gatehouse is situated conveniently, on Greeves Street St Kilda where most clients drive by, and is not as formal as other support services in the vicinity. This model of support and governance should also be replicated on an international level and the integrity, like that of the Gatehouse, should remain intact and not be influenced by social capital and enterprise. From the outset the Gatehouse's mission has been of inclusiveness, unconditional support, service, and social justice for cis-women street-based sex workers. This ideology and associated organizational policies and practices have been operational for 14 years. Women who access the organisation are aware of the socially inclusive culture of the Gatehouse making the organisation unique.

We recommend that the Gatehouse operational model be replicated not only for cis-women street-based sex workers organizations in Australia but for other marginalised populations such as the homeless and drug addicted populations. Unlike other support organisations both domestically and internationally, the Gatehouse lives and breathes the practice of social inclusiveness and has not deviated from this core value since its inception.

Appendix B

Ethics Approval

LA TROBE UNIVERSITY

MEMORANDUM

To:	**Professor Pranee Liamputtong, School of Public Health, FHS** **Ms Rachel Lennon, School of Public Health, FHS**
From:	**Secretary, La Trobe University Human Ethics Committee**
Subject:	**Review of Human Ethics Committee Application No. 10-067**
Title:	**Australia's Female Sex Workers: Impacts of Stigma and Discrimination**
Date:	**20 December 2010**

Thank you for your recent correspondence in relation to the research project referred to above. The project has been assessed as complying with the *National Statement on Ethical Conduct in Human Research*. I am pleased to advise that your project has been granted ethics approval and you may commence the study.

The project has been approved from the date of this letter until 31 May 2013.

This study is approved in terms of its meeting the requirements of human research ethics. Although the degree of risk to the researcher has been considerably reduced in the latest revision, this matter lies outside the Human Research Ethics considerations. There may be value in asking the FHEC Chair to consider and advise on the risk aspects of this proposal.

Please note that your application has been reviewed by a sub-committee of the University Human Ethics Committee (UHEC) to facilitate a decision about the study before the next Committee meeting. This decision will require ratification by the full UHEC at its next meeting and the UHEC reserves the right to alter conditions of approval or withdraw approval. You will be notified if the approval status of your project changes.

The following standard conditions apply to your project:

- **Limit of Approval.** Approval is limited strictly to the research proposal as submitted in your application while taking into account any additional conditions advised by the UHEC.

- **Variation to Project.** Any subsequent variations or modifications you wish to make to your project must be formally notified to the UHEC for approval in advance of these modifications being introduced into the project. This can be done using the appropriate form: *Ethics - Application for Modification to Project* which is available on the Research Services website at *http://www.latrobe.edu.au/research-services/ethics/human.htm*. If the UHEC considers that

the proposed changes are significant, you may be required to submit a new application form for approval of the revised project.

- **Adverse Events.** If any unforeseen or adverse events occur, including adverse effects on participants, during the course of the project which may affect the ethical acceptability of the project, the Chief Investigator must immediately notify the UHEC Secretary on telephone (03) 9479 1443. Any complaints about the project received by the researchers must also be referred immediately to the UHEC Secretary.

- **Withdrawal of Project.** If you decide to discontinue your research before its planned completion, you must advise the UHEC and clarify the circumstances.

- **Annual Progress Reports.** If your project continues for more than 12 months, you are required to submit an *Ethics - Progress/Final Report Form* annually, **on or just prior to 12 February**. The form is available on the Research Services website (see above address). Failure to submit a Progress Report will mean approval for this project will lapse. An audit may be conducted by the UHEC at any time.

- **Final Report.** A Final Report (see above address) is required within six months of the completion of the project or by **30 November 2013.**

If you have any queries on the information above or require further clarification please contact me through Research Services on telephone (03) 9479-1443, or e-mail at:

humanethics@latrobe.edu.au.

On behalf of the University Human Ethics Committee, best wishes with your research!

Ms Barbara Doherty
Administrative Officer (Research Ethics)
University Human Ethics Committee
Research Compliance Unit / Research Services
La Trobe University Bundoora, Victoria   3086
P: (03) 9479 – 1443 / F: (03) 9479 - 1464
http://www.latrobe.edu.au/research-services/ethics/

Participant Information Sheet

Participant Information Sheet

Project title: Australia's Female Sex Workers: Impacts of Stigma and Discrimination

About the Research

This research project will explore stigma and discrimination associated to street based and brothel based sex workers in St. Kilda Victoria and the impacts it has on their lives. The study will investigate sex workers perceived stigma and discrimination alongside actual experiences. The study endeavours to investigate how the daily lives of street-based and brothel based sex workers are affected and the differences stigma and discrimination has between the groups. This particular phase of the study is looking to explore the perceptions of stigma and discrimination against sex workers through the lens of support workers.

Following the first phase of this research, where data was collected by means of observing workers in their own environment, I am now extending this research by undertaking a number of personal interviews with agency and support workers. The aim is to develop a deeper understanding of particular issues related to stigma and discrimination and how individuals experience and interpret it.

By interviewing those that support or provide a service to sex workers such as the Victorian Police, the Gatehouse and other relevant organisations, I will enhance my data by gathering a more holistic impression of the impacts of stigma and discrimination against sex workers. The topics that are likely to be discussed include subjects such as work-relationships, occupational health and safety, work practices, impacts of current policy and legislation such as the Prostitution Control Act (1994), and general experiences of stigma and discrimination. If there is other issues that you feel are relevant to the study and that you would like to rise for discussion, this will be most welcome.

Once the interviews are tape-recorded and transcribed, on request you will be provided with a copy of the transcript to review and make further modifications if you wish to do so. The interview data will be stored at La Trobe University in a locked cabinet for five years and all identifiers will be removed to ensure absolute confidentiality. You are also able to request a copy of the thesis and will receive it after submission and grading. As a participant, you have a right to access information that we hold about you by contacting us on the email address or phone numbers below.

The data collected will form part of my PhD thesis and the information obtained from the interviews may subsequently appear in academic journals or be presented at conferences.

 It is hoped that through dissemination of this thesis and the dissemination of summary reports, your views on working in the sex industry can be genuinely represented and that academic analysis of the data will contribute to the wider debate about the role of the law in the regulation of Australia's sex industry.

About the researcher
Rachel Lennon, PhD Candidate

Institutional address
Rachel Lennon
School of Public Health
La Trobe University
Melbourne, Australia
Ph. 0407 360 943
Email address: rlennon@latrobe.edu.au

Academic Supervisory Team
Professor Pranee Liamputtong: pranee@latrobe.edu.au
Dr. Elizabeth Hoban: e.hoban@latrobe.edu.au

Project title: Australia's Female Sex Workers: Impacts of Stigma and Discrimination

Participant Consent Form

Thank you for taking part in this research. Your contribution to the research will take the form of a personal interview. You must be over the age of 18 years to participate in this study. The interview will take about an hour to complete. With your consent, this will be tape-recorded and transcribed.   If you agree, please tick the box below:

I agree to have my interview tape-recorded

All material gathered from this research will be treated as confidential and the tape-recordings will be securely stored. If external transcription services are employed, any details that might make participants identifiable will be removed first. The transcriptions (excluding names and any other identifying details) will then be retained by the researcher and analysed as part of the study.

The findings of the research will be written up as part of my PhD thesis. These findings may be published, and they may also be used for teaching and research training. The written work may include quotations from the interviews, but individuals will never be identified in any way and all communications between the researcher and the participants will remain completely confidential and anonymous.

It is possible that this interview raises issues that are sensitive and /or very personal to you. If you are disturbed in any way by participation in this interview, please do let me know so that I can offer appropriate support and pause or discontinue the interview as you wish. Your contribution is immensely valuable to me. However, if, at any point during the course of the interview you wish to withdraw from the study, your decision will be respected immediately.

_____

Having read the information sheet and the above statements concerning the collection and use of the research data, I feel that I have adequate information to enable me to make an informed decision to participate in this study. I have been briefed on what this involves and I agree to the use of the findings as described above.

_____
Your signature confirms that you are happy to participate in this interview.

Participant signature: _____

Name: _____ _____ **Date:** _____

I confirm, as the researcher, that I agree to keep the undertakings in this contract.

Researcher signature: _____

Name: _____ **Date:** _____

About the researcher
Rachel Lennon
School of Public Health
La Trobe University
Melbourne, Australia
Ph. 0407 360 943
Email address: rlennon@latrobe.edu.au

Academic Supervisory Team
Professor Pranee Liamputtong: pranee@latrobe.edu.au
Dr. Liz Hoban: e.hoban@latrobe.edu.au