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The Harms of Indoor Prostitution for Women: A Research Review

Prepared by
Dr Anastasia Powell and Dr Vicky Nagy

School of Social Sciences
La Trobe University

Introduction and Scope

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

Yet, despite the decriminalisation of brothels in Victoria (and thus the legitimisation of this type of work), prostitution arguably remains a dangerous profession for those who are engaged in it. The danger is often more than physical. The threats to the health and safety of women and men in this industry are the reason why many wish to exit sex work. This research review will present the findings a systematic literature search into brothel prostitution, in Australia and abroad, and discuss the harms experienced in brothel work, and what exit programmes are available for those who wish to leave sex work behind. While many men work in various forms of sex work, prostitution is an extremely gendered occupation where women significantly outnumber men. Thus this literature review will foremost be concerned with harms experienced by women working in the indoor sex industry, and their exiting strategies.

In this literature review we argue that harms experienced by women in the sex industry can take many forms. Harm includes physical violence (beatings, rape, attempted rape, physical traumas etc.) but also emotional and psychological harms, and detrimental impacts of work on the general health of the individual. We have included this broader concept of harm in part to illustrate the extensive range of trauma that women working in brothels are exposed to, partly because all these forms of violence can have far-reaching effects that may not be immediately noticeable, and because these forms of abuse would not be tolerated in other work environments. This literature review does not focus on street prostitution. Partly this is due to the amount of research that has gone into street sex workers, which is considerably more than that into brothel or other indoor sex workers, and partly because in Victoria this form of prostitution is illegal. Our

focus has been on legal sex workers and the effects that their job has on their health, and how they may be able to exit this profession. Australian research is limited and because of this we have also investigated what international research tells us also about brothel workers experiences of harm, their health concerns and future plans.

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

A key concern in any research regarding the sex industry and the experiences of women is to strike an appropriate balance between acknowledging the very real dangers and harms that women can experience in the industry, as well as the agency of individual women and their right to make choices about their lives; rights that sex workers in particular have routinely been denied through legal intervention and regulation. It is important to recognise that women's experiences of different aspects of the sex industry are diverse; many women report positive experiences of sex work as an industry that provides them with financial independence, and flexibility of working hours around children, study and other commitments, that they could not easily find in other forms of work. Moreover, some women experience a high level of personal control over the clients they accept and the nature of work they will or will not engage in; and report positively on the conditions of their working environment. Nonetheless, there are also many women in the sex industry (both indoors and outdoors) who report experiencing physical violence, sexual assault and harassment; concerns regarding mental health; occupational health and safety; and sexual health. In addition, some women are actively seeking support to leave the sex industry and gain skills to assist them in finding alternative work. It is the intention of this literature review to do justice to the diversity of these experiences.

Physical Violence, Sexual Assault and Harassment

International Perspective

The international research literature indicates that 'indoor' forms of sex work (in legal and illegal brothels, as escorts, or exotic dancing) may be comparatively safer work environments for women than any form of outdoor environment (Murphy and Venkanesh, 2006; Sanders and Campbell, 2007; Church, 2001, Brents and Hausbeck, 2005, O'Doherty, 2011). Street prostitution is the most dangerous for women and as such it is perhaps unsurprising that much research has focused on the harms of prostitution in this context. It cannot go unnoticed however, that street prostitution is also the most visible, and thus elicits a disproportionate level of public interest and research focus as compared to the generally hidden sex work that takes place indoors. Yet, the international research evidence demonstrates that while there are features of outdoor work that exacerbate the risks for women (such as isolation and lack of security); brothel and escort work still involve harms for many workers which should not be ignored simply because they take place behind closed doors.

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

(Church, 2001). In contrast, women working in legalised brothels in Nevada, reported low levels of violence being committed against them, however the research also found that the “fear of violence is very much a part of the culture of prostitution” (Brents and Hausbeck 2007, 287); with women undertaking a diversity of strategies to manage the risk of violence and their personal safety on the job.

Outside of the US and UK, the experiences of women working in brothels are likewise highly affected by physical and sexual violence. For example, research by Vanwesenbeeck (1994), of the experiences of workers in the Netherlands where there is an extensive legal sex industry, indicates that 70% of women had experienced verbal threats; 60% had experienced physical assault; and 40% had experienced sexual violence. Meanwhile in a cross-national study of 854 people working in the sex industry across nine countries, Farley et al (2003) found that 71% had experienced physical assaults; 62% had experienced sexual assault; and 89% reported that they wanted to leave the sex industry but had little economic options available to them.

Numerous managers, brothel owners and women workers themselves, according to Brents and Hausbeck, (2007) argue that brothel work is safe and is in the interest of women in the sex industry. As the researchers note though ‘one could argue that protection for prostitutes is extended when and where it coincides with the primary goal of brothel owners: profit’ (2007, 277). Whereas women working in brothels may be safer than those women working outdoors, women may only receive the protection of the establishment when it is in the interests of the brothel owner not necessarily in the interests of the individual woman. While actual violence may be comparatively lower inside brothels, researchers have pointed out that women working in brothels often think like victims and feel that every interaction is inherently dangerous (Brents and Hausbeck, 2007; Murphy and Venkatesh, 2006, O’Doherty, 2011). Moreover workers invest a lot into personally monitoring and strategies for managing the ever-present risk of violence against them.

When questioned on how they minimise danger on the job, indoor sex workers in New York City stated that they relied largely on gut instinct (27%); as Murphy and Venkatesh noted, using gut instincts as their means of protection indicates that women performing sex work indoors may have a false sense of security in their environment (2006, 140). Some women, however, stated that after accepting a call from a potential

client they would try to run background checks based on the information the client had provided (Murphy and Venkatesh, 2006). Other interviewees noted that they either met outside their apartment buildings, in hotels, give the client's details to friends and ask their friend to come and check up on them after a predetermined period, or take self-defence lessons (Murphy and Venkatesh, 2006). Women in the legal brothels of Nevada also noted that they relied on owners, managers or the other prostitutes to give them protection if a client became unruly, and some had taken self-defence classes (Brents and Hausbeck, 2007).

Brents and Hausbeck (2007) further outline the sort of precautions taken in legal brothel to protect women. Many of the brothels in their study had intercoms in the rooms of the prostitutes where managers and owners could listen in on the negotiation of the price and service between the client and the prostitute. In instances where the men become aggressive or violent (either because they disagree with the service offered or wish to have their money back) there were people who could step in and protect the sex worker. Panic buttons were also placed into each room for circumstances where the women feels threatened she can call for help. Brents and Hausbeck note that:

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

Other women working in illegal brothels report using management of the environment to protect themselves; through the installation or awareness of where CCTV is located, hiring receptionists, keeping on footwear if a getaway needs to be made, and using sexual acts and positions by which they can monitor their environments continually (Sanders and Campbell, 2007). These measures protect the women in both legal and illegal brothels, but it does underline how dangerous the job can be that these are the conditions under which some form of physical protection can be offered regardless of whether the work is legitimate or not.

For other women involved in indoor sex work physical violence or rape are not necessarily the most common forms of violence experienced. Many women in the indoor

sex industry report being concerned with robberies, non-negotiated sex acts, attempts to or actual removal of the condom, offensive language and harassment (rudeness or disruptive behaviour) or being financially ripped off (Sanders and Campbell, 2006;2007). As Sanders and Campbell found in their research of UK brothel workers, a lot of the women felt that in scenarios where non-negotiated sex acts had been committed the men had felt entitled to the women's body because it had been bought; others still felt that offensive behaviour and language further stigmatised their job and led to negative feelings about the work they were doing. In instances where men removed condoms during sexual acts, women reported feeling like they had just been raped (Sanders and Campbell, 2007). Thinking like a victim, constantly seeing danger in every interaction and feeling unsafe in the work environment leads to various health complaints such as emotional exhaustion and depersonalization (Spice, 2007). Spice (2007) states that these complaints are linked to coercion, violence, negative social reactions, lack of control with clients and inadequate support from managers.

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

The Situation in Australia

Data from Australian research is somewhat limited due there being only a small number of projects that have attempted to investigate violence against women working in the legalised brothels of NSW, Victoria and Queensland. Since the 1990s Queensland and

Victoria have legalised sex work taking place within licensed brothels, while NSW has legalised all sex work and is proposing the introduction of a licensing system for brothels (New South Wales Government, 2011). As Sullivan states:

Australia's liberalizing prostitution laws were intended to contain highly visible and expanding brothel and street prostitution trade; lessen the impact of prostitution on communities; prevent any criminal involvement; protect against sex trafficking; protect against the sexual exploitation of children and protect the sexual health of people in prostitution and buyers; and prevent violence (2012, 142).

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

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

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

Psychological, Occupational and Sexual Health

International Perspective

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

As legalised brothel work is in the minority world-wide rather than the majority, there is a dearth of research comparing the situation of legal brothel workers and examining the impacts of their working environment on their health. But the research conducted at illegal brothels can pinpoint the sort of problems that legal sex workers may

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

The Situation in Australia

Both women interviewed in Sydney and Queensland reported that they also had to regularly deal with customers who objected to condom use. Of the brothel workers in Perkins and Lovejoy's (1996) study, 9.7% had clients who objected to condom use, while Seib et al found that 64% of the brothel workers surveyed in Queensland had clients who sometimes offered them extra money for sexual services without a condom, and 18% were all or most of the time offered the extra money (2009). This illustrates how the women constantly have to deal with the threat of STIs, HIV/AIDS due to clients who do not have the health and safety of the sex worker in mind at all. As Sullivan states, research

indicates that sexually transmitted diseases are recorded only in low levels in Victorian brothels, however “workers in *both the licensed and unlicensed sector* would offer unsafe sex for the right price” and some reported that demand was rising for sexual activity without condoms’ (2012, 152). This in turn could lead to increased health risks for brothel sex workers.

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

Perkins and Lovejoy (1996) also surveyed women in the sex industry about the strategies they pursued to improve their health and wellbeing. Of the 124 brothel workers, 41.9% exercised regularly, but only 33.9% maintained a healthy diet or kept pets, and only 35.5% had a hobby with which to relax. The researchers concluded that ‘these [unhealthy lifestyle], and other problems, including the industrial tensions, means that brothel work is more likely than call girls’ operations to impair the health of the women involved’ (Perkins and Lovejoy, 1996, 516). As with all the above mentioned international research into violence against women working in brothels, Australian studies have supported the argument that brothel sex work is detrimental to the physical and psychological health of women.

Health problems reported by sex workers in Perkins and Lovejoy's (1996) study includes stress (60.5% reported suffering it), chronic fatigue (28.2%), emotional anxieties (33.1%), depression (36.3%), feelings of isolation (20.2%), loss of sexual pleasure (31.5%), bad diet (54%) and a lack of exercise (30.6%) (1996). In addition, Seib et al (2009) reported that 18.6% of licensed brothel workers in Queensland had mental health problems. Meanwhile, Harris et al (2011, 395) found that the use of alcohol and marijuana for sex workers 'as a leisure practice appears to have mitigated the mental health risk of sex work'. However, there is no data about whether the women who report psychological issues had those issues prior to entering sex work or if it developed during their time as brothel workers.

Overall, there is very limited data available on the health and welfare of brothel workers in Australia, but the data that exists indicates that women in Australia suffer similar forms and levels of violence in sex work as women abroad. The research currently is limited in the age of the data collected, the number of women interviewed in each study constitutes a small sample, and the fact that there is limited research into the health and wellbeing of prostitutes working in brothels and suffering from various acts of violence on their person. In the following section we will discuss the research literature in Australia and internationally for women who wish to leave the harms of the sex industry behind and take up other forms of work.

Exiting Brothel Sex Work

International Perspective

Most women, internationally and in Australia, enter sex work due to economic constraints and the promise of "easy" money. But many find that they are incapable of leaving behind sex work due to a variety of reasons, quite often economical. As Murphy and Venkatesh (2006, 143) note the longer that women are involved with brothel sex work (legal or illegal) the more their opportunity to exit diminishes due to 'the organisation of indoor sex work affects the ability of women to formulate social relationships that help them to exit the trade'. Reasons for not being able to exit the sex industry include financial constraints, the stigma of prostitution, the need for flexible workplaces, drug use and lack of education (Oselin, 2008; Murphy and Venkatesh, 2006;

Cusick et al, 2011; Groves et al, 2008; Sullivan, 2007). First we will outline what international research has discovered about methods and motivations for exiting sex work, and secondly present findings from Australian research into this topic.

As Oselin notes 'existing research all cite prostitution-helping organizations as primary pathways that enable female prostitutes to exit prostitution' (2008, 2). Sanders (2007), Cusick et al (2011), Baker et al (2010), and Spice (2007) all agree that formal agencies are required to help get women out of the sex industry. However, they all also point out that the individual must want change in their lives. Ultimately, it is important that services and programs work to enhance women's agency and capacity to make decisions about their lives; which may include assisting women to develop additional skill sets, job application and interview skills, secure and stable housing, as well as access to financial advice and planning.

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

workers. As Spice states, the majority of welfare groups and organisations, focus on harm prevention (especially of HIV/AIDS) rather than on exiting, so there is space for the development of projects and groups targeting indoor sex workers and supporting them to exit the industry. Spice also agrees that there is a need for 'recognition ...to the heterogeneity and differing needs of this population in order to be able to target interventions appropriately' (2007, 324).

Most women who have been interviewed have stated that legitimate employment seems like a step down from their current position *vis-à-vis* wages, flexibility and autonomy (Murphy and Venkatesh, 2006; Cusick et al, 2010; Sanders, 2007; Carson and Edwards, 2011). Although women do express a desire to leave sex work behind it is often due to wanting to raise children or because they feel vulnerable to the violence that is part of their work (Murphy and Venkatesh, 2006). However, access to housing, training, education and other forms of employment are often absent for women who have worked in sex work. As part of the broader social initiative 'Sweden provides funding and support for women to leave prostitution, including access to housing, counselling, education and job training' (Carson and Edwards, 2011, 73). This is in contrast to the UK model where there is often on temporary sources of funding (Cusick et al, 2010), and one which has a "responsibilisation" agenda which 'has influenced how individual sex workers are expected to take control of their involvement in sex work; otherwise, the criminal justice system will be the mechanism through which women are "supported" out of sex work' (Sanders, 2007, 76). However, the process of exiting the sex industry is often a long and hard road for many sex workers to take, and few women exit the industry quickly and without re-entry (Baker et al, 2010; Sanders, 2007; Cusick et al, 2010). As Sanders argues 'the structural, political, cultural and legal factors, as well as cognitive transformations and agency, are key determinants in trapping women into sex work' (2007, 77). Criminalising the exit process (if not completed quickly enough or within one step) as well as a lack of governmental and formal agency support will prevent women from exiting brothel work. Cusick et al suggest that a 'national strategy should be supporting the development of holistic needs-based services of which exiting support is one important element' (2010, 154). All researchers agree that sex work support projects need more than just intermittent funding and require this funding in order to 'provide good practice in service provision, including the provision of exit support' (Cusick et al, 2010, 154).

Sanders' findings of exiting strategies and possibilities found that indoor sex workers often moved on to better jobs than street sex workers when provided with incentives, opportunities and formal help. Some of the women interviewed had moved on to office work, counselling, graphic design, teaching, researching, social services and tertiary education (Sanders, 2007). Sanders identified four reasons and exit strategies that women involved in brothel work will leave: reactionary routes (violent attack, personal change in situation, fear of increased violence and hostility, pregnancy) which are often transitory; gradual planning (leaving permanently but taking several years to achieve, financial planning, retiring from sex work after a "career" in it, fear of not being taken care of by the state in the future, real sense of wanting legitimate work); natural progression (getting older, new plans needed to be made); "yo-yo pattern" (trapped by the industry, psychological stress requiring a "time out") (Sanders, 2007). Baker et al concur with Sanders after examining other models for exiting prostitution that have been presented by researchers (2010). Rather than expecting sex workers to leave the industry in one move without long term support from government or other agencies, Baker et al suggest an Integrated Model with six steps. The first stage is immersion, that is the stage where women have not yet contemplated leaving the industry; the second stage is awareness comprising of visceral awareness (realising that things are changing in the environment and within the individual) and conscious awareness (when the woman acknowledges her feelings); the third stage is deliberate preparation (where formal and informal support is sought, however actual behavioural change may not be initiated); the fourth stage is initial exit (when both formal and informal resources are utilised and action is initiated); the fifth stage is re-entry which may only happen in circumstances when behavioural change has not happened fully in the fourth stage; and the final stage is final exit (when an ex-role is created). As this illustrates it is not possible to create one plan or initiative to help women exit brothel work, but rather organisations and government policies need to be fluid and understand what differences shape the experiences of prostitutes working in brothels, and support women in their decisions and goals in order to facilitate final exit from sex work.

Exiting Brothel Work in Australia

As internationally, women working in licensed brothels in Victoria choose this line of work overwhelmingly because they need money. Bilardi et al have found that 69% of women entered brothel work in Victoria because they needed funds (2010), while Groves et al noted that 54 women out of their sample of 97 entered sex work for this reason (2008). However, the financial constraints on women were not because of alcohol or drug dependency (as often found with street prostitution). As Groves et al note 'like many other women, these women are pursuing further education or training, supporting families, or striving to reach financial goals' (2008, 394). Bilardi et al also found that 37% of sex workers they interviewed were studying towards a qualification (2010). For many of these women their highest education level prior to this study was secondary school. Some women were studying for Advanced Diplomas (8%), Bachelor Degrees (25%), Graduate certificates or diplomas (3%) and Postgraduate degrees (5%) (Bilardi et al, 2010). While these women may be working towards gaining qualifications, many have expressed a desire to leave the industry. Groves et al (2008) note that 33% of their sample had completed university education and a further 12% were currently undertaking further education.

Groves et al (2008) have further found that women would like to leave the sex industry but only if opportunities were given for them to retrain. Forty-seven out of 97 women stated that they would like to leave the industry and 53 out of this sample that the 'opportunity to retrain in mainstream employment would provide them with an option to leave' (2010, 394). Similarly, Bilardi et al have found that in the sex industry women's job and life satisfaction is much lower than in comparison to mainstream Australian women workers. In comparison to Australian working women generally, brothel workers were more likely to be unable to pay their utility bills in the past 12 months (25% vs. 13%), pay their mortgage or rent on time (36% vs. 7%), went without meals (11% vs 3%), asked friends or family for financial help (37% vs 15%) and sought out welfare benefits (15% vs 2%) (2010, 120). Sex workers were also less likely to be satisfied or completely satisfied with their homes, their employment conditions, their financial situations, how safe they felt, how connected they felt with their communities, their health, the neighbourhoods which they inhabited or how satisfied they were with life overall (Bilardi et al, 2010, 120). In contrast Groves et al concluded that while many of the women would

like to leave the industry, 'many of these women do not express a desire to leave the sex industry' on a more immediate term (2008, 394). While the women were less satisfied with their work (in Bilardi et al's research), the authors note that 'given that women on average were significantly more financially stressed than the average Australian community, it is unlikely that they will move into other work unless it is more financially rewarding than sex work' (Bilardi et al, 2010, 121).

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

Research into how or why women are exiting brothel work in Victoria or Australia is limited, as is research into what policies and support is required for brothel workers in order to help them transition out of sex work into other forms of legal employment. Bilardi et al, and Groves et al have only accessed a very small sample of women working in the legal sex industry in Victoria, and even then their results (which indicate a large percentage of women with secondary and tertiary education or training) may be skewed.

Clearly Victorian policy documents, such as the *Improving the Regulation of the Sex Industry and Supporting Sex Workers Who Want to Move On* (State of Victoria, 2007), have not been followed through with as current research indicates that women working brothels in Victoria have been left without formal, governmental support (Sullivan, 2012; Carson and Edwards, 2011). Long term policies, such as those enacted by Sweden, are more beneficial for women seeking to exit sex work than temporary funding and support, or in extreme cases criminalisation of those women who do not move on from sex work.

Conclusion

As this literature review has discussed, brothel sex (legal and illegal) work is currently under researched, both in terms of the violence that is committed against the women and the policies currently in place to aid the exiting of women from sex work into other legitimate forms of labour. We have demonstrated that the harms against women working in brothels are not only physical violence, such as in the form of assault and rape, but also includes harm in the form of the mental and emotional well being of these women, as well as health impacts on their bodies. Some women do use alcohol, legal and illegal drugs to cope with the stresses of their work, and also lead unhealthy lifestyles which impact on their general wellbeing. Exit programmes are currently underfunded in Victoria, and it is necessary for government and formal support groups to identify the needs of brothel workers as being distinct from women working in other sex work, especially street sex work.