

# **Occupational Health and Safety of Migrant Sex Workers in New Zealand**

prepared for

**New Zealand Prostitutes' Collective**

by

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Dr Michael Roguski  
**Kaitiaki Research and Evaluation**

*I don't know how it is going to happen, and when it is going to happen, but I just hope that it can be that sex workers can be treated equally without any stigma from the society (Migrant Sex Worker)*

## EXECUTIVE SUMMARY

In late 2011 the New Zealand Prostitutes' Collective (NZPC) commissioned Kaitiaki Research and Evaluation (Kaitiaki) to undertake research to provide an in-depth understanding of issues facing migrant sex workers in New Zealand, with a particular focus on occupational health and safety, and sexual reproductive health. It was intended that the research would provide an evidence base from which NZPC could develop and provide migrant-relevant advocacy and services.

Specific research objectives included:

- understand the New Zealand sex work context in which migrants are working
- identify the specific needs of migrant sex workers with regards to -
  - occupational health and safety needs
  - sexual and reproductive needs
  - any other needs that may contribute to the general health of migrant sex workers
- identify barriers and facilitators to migrant sex workers' receipt of appropriate services and/or required assistance.

### Approach

The study utilised a mixed method approach. First, 12 in-depth semi-structured qualitative interviews were carried out. The aim of the interviews was to contextualise and explore the occupational health and safety needs of migrant sex workers from multiple perspectives, highlight the specific needs of migration sex workers and to identify the barriers and facilitators to accessing services. Participants were selected because of their in-depth knowledge of migrant sex worker experiences or, in the case of the New Zealand Immigration Service, an in-depth understanding of legislation and policy pertaining to migrant sex workers.

A review of anonymised migrant sex workers' sexual and reproductive health clinic records was also undertaken. The review involved a census of migrant sex worker files (n=51) and a random selection of non-migrant sex worker files (n=51) from the 2007 calendar year to 31 July 2012. The aim of the review was to explore whether any trends could be identified which would then inform the focus of key informant interviews.

Finally, a total of 124 migrant sex workers completed a paper-based survey over a three-month period beginning June 2012. Participants were required to be migrant sex workers aged 18 years and over, having lived in New Zealand for no more than six years and to have worked in the sex industry over the last five years. The survey was translated into Chinese, Thai and Vietnamese. In addition, participants had the option of responding to the survey in English.

### A. Qualitative findings

#### Contextualising the needs of migrant sex workers

Participants' responses fell into the following three thematic areas:

- legislative precursors to migrant sex workers' vulnerabilities
- unique needs specific to migrant sex workers

- a series of protective factors.

### **Legislative precursors of vulnerability**

The majority of participants strongly supported an amendment to the Prostitution Reform Act (2003) (PRA) to remove the prohibition for migrant sex workers to engage in commercial sexual services in New Zealand. An amendment was perceived as necessary as it would remove migrants' current vulnerability and risks associated with working underground.

Underscoring changes to the PRA include:

- to date there has been no evidence of trafficking of migrant sex workers to New Zealand
- New Zealand's international obligations requires the provision of the same rights to migrant workers as are currently afforded New Zealand residents
- a fear of deportation may act to dissuade migrant workers from accessing intervention in times of need.

### **Unique needs specific to migrant sex workers**

While migrant sex workers can have some unique needs these are generally based on their culture and language and the fact that they are vulnerable and marginalised within a foreign nation. Two unique needs, creating a degree of vulnerability, were identified:

- language - possessing no, or a limited, command of English was identified as potentially placing migrant workers in a vulnerable position
- health considerations - in terms of primary health care, health professionals related concern that, due to a fear that they may be required to disclose their immigration status, migrant workers often avoid seeking clinical intervention through a general practitioner.

### **Protective factors**

Aside from the various concerns discussed above, migrant sex workers' resilience was noted and discussed in relation to a number of protective factors. Most notably, migrant workers were discussed in terms of the high levels of supportive camaraderie that many migrant groups demonstrate and that this camaraderie underpins the provision of safer sex education, adherence to condom use and as a point of referral to supportive services, such as NZPC. In contrast, workers who were more isolated or lacking support from other workers were seen as more vulnerable. Finally, health professional and NZPC participants commonly referred to many migrant sex worker groups as exceptionally assertive in requesting, and often demanding, services. This is an important consideration in light of the trafficking debate which portrays migrant workers as vulnerable and without voice.

## **B. Review of clinic records**

A review of the New Zealand Prostitutes' Collective's Wellington sexual and reproductive health clinic records was undertaken. Given anti-trafficking literature's concern about the forced nature of sex work it was important to determine if there were indication of a higher rate of unsafe sexual practices, and therefore positive diagnoses, among migrant sex workers.

No cases of gonorrhoea or HIV were diagnosed during the time period for either group. Migrant sex workers had a higher incidence of urinary tract infections compared to non-migrant workers. Relatively high rates of bacterial vaginosis were reported for migrant

and non-migrant sex workers, with non-migrant sex workers reporting significantly higher incidence.

In contrast to anti-trafficking discourse, the review of clinic records provides a strong indication that migrant sex workers engage in high levels of safer sex behaviour. This is further supported by high rates of condom usage reported by the survey participants (third component of the study).

## **C. Survey Results**

Participants were asked a series of questions about their migration experience, current working conditions and satisfaction and, finally, their awareness and access to NZPC.

The majority (94%) of participants reported knowing that they were coming to New Zealand when they left their home country. The remainder appear to have taken a circuitous route common with an overseas experience. Further, the majority either travelled alone, with a friend or a family member. Only one participant reported having travelled with their boss.

Concern about migrant workers incurring debt from travelling to another country to work have been raised by anti-trafficking groups. Specifically, concern has focused on debt to employers. The survey found no indication of employer indebtedness. While participants indicated that substantial sums were expended in travelling to New Zealand the highest costs were generally reported by students. These costs appear to reflect tertiary levels fees placed on international students.

In terms of workplace conditions, the majority of participants found their working conditions either matched or exceeded their expectations. Further, while 70% reported having a boss, the majority did not have a contract. This provides an indication that workers are not locked into a particular workplace or agreement. Furthermore, 82% of participants said that they were happy with their income. Those who were not satisfied commented that they found New Zealand an expensive place to live.

The number of hours worked is also an interesting finding. Most common were reports of working between six and ten hours a day for five or six days a week and seeing between 10 and 19 clients a week. A further 10 percent reported working seven days a week. Despite long hours, over a third of participants (36%) said that they would like to see more clients if they could and 20% said that they would not change the number of clients, whereas one quarter said that they would prefer to see less. Given the interviews with health professionals in the qualitative component of the study, these hours of work may be appreciated in light of the individual's intent to earn as much money as possible before they leave. The risk, however, is that their health can suffer as a result of fatigue.

Positive indications of freedom in the workplace were reflected in the high number of participants who reported that they are paid regularly (94%) and the frequency in which they go shopping (two-thirds going out shopping once a week or more).

In terms of awareness of NZPC, the majority of participants had heard of Auckland's NZPC (76%), with much less awareness of the remaining branches. The high level of awareness about Auckland NZPC can, more than likely, be attributed to the fact the majority of participants were recruited in Auckland. Forty percent of participants reported they had had no difficulties in accessing NZPC's services. Of those that had experienced difficulties accessing NZPC, the majority attributed this to a lack of knowledge about the various support services available (19%).

A number of concerns were raised by the survey. Rather than trafficking these concerns indicate poor workplace/managerial practice. Specifically, it is a concern that 5% of participants stated that their workplace did not allow them to refuse clients. Also there is an indication that some employers place fines on workers. For instance, just under 10%

indicated that it is legal for a worker to be fined. Finally, 5% of participants reported not having easy access to their passports. Unfortunately, the survey did not question whether their employer or a third party had confiscated their passport or whether not having easy access was a problem for the individual. At the least, the individual's ability to access their passport requires some attention.

## **Discussion**

This study drew on three research streams. First, from the perspective of key informants, concern was raised that New Zealand is not meeting its obligations, under a number of United Nations conventions, to migrant workers. Further, current legislation was discussed as creating migrants as an underclass; vulnerable to exploitation.

The primary message underpinning anti-trafficking discourse is that sex workers are vulnerable, exploited and have no agency in their work. The logical outcome of which is that migrant workers will have a higher incidence of sexually transmitted infections as they would be forced to forego safer sex practices: either because of a client's or their manager's demands. The study's second research stream, a review of sexual and reproductive health records, challenges this anti-trafficking premise. Based on the findings of the review, there was no indication that migrant sex workers are at any greater risk of infection than non-migrants. Further, low levels of infection, and commentary obtained from participating health professionals, provides a strong indication of adherence to safer sex practices while working. The concern, however, is a practice, albeit however small, of sex workers who do not use condoms with their intimate partners. It is at the level of intimate partners that appears the greatest risk of infection/transmission.

The third research stream, the survey of migrant sex workers, provides an overview of their experiences and provides a strong indication that participating migrant sex workers have entered New Zealand of their own volition and are generally happy in their work and workplaces.

The survey, however, has raised a number of concerns. Rather than trafficking, these concerns indicate poor workplace/managerial practice. For instance, there are indications that some managers are not allowing workers to refuse clients. Also, the imposition of fines, a poor practice and contrary to the Prostitution Reform Act 2003, can have a detrimental effect on the individual's wellbeing. Finally, requiring attention are reports, by a minority of participants, of not having easy access to their passports.



# **1 INTRODUCTION**

In late 2011 the New Zealand Prostitutes' Collective (NZPC) commissioned Kaitiaki Research and Evaluation (Kaitiaki) to undertake research to provide an in-depth understanding of issues facing migrant sex workers in New Zealand, with a particular focus on occupational health and safety, and sexual reproductive health. It was intended that the research would provide an evidence base from which NZPC could develop and provide migrant-relevant advocacy and services.

Specific research objectives include:

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  - occupational health and safety needs
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  - any other needs that may contribute to the general health of migrant sex workers
- identify barriers and facilitators to migrant sex workers' receipt of appropriate services and/or required assistance.

## **2 LITERATURE REVIEW: OCCUPATIONAL HEALTH AND SAFETY OF MIGRANT SEX WORKERS**

This, and the following two sections, provides a review of occupational health and safety pertaining to migrant sex workers. The current section reviews the occupational health and safety and sexual reproductive health of migrant sex workers in the following countries: Australia, Hong Kong, Macau, Turkey and the United Kingdom. Section 3 provides a review of occupational health and safety considerations in general; namely, a broader review outside of a specific migrant focus. The final section of the literature review, Section 4, reviews sex trafficking literature as it pertains to occupational health and safety.

### **2.1 Australia**

An assessment of Thai sex workers in Sydney was conducted by Brockett and Murray (1994). The authors noted that in 1993 approximately 80% of female migrant sex workers in Sydney were Thai (Brockett & Murray, 1994). The majority of these women arrived in Australia through an arranged bonded contract in which they must work in a specific establishment in order to pay-off the costs of their recruitment and travel to Australia. The authors noted that for most, the reasons for coming to work in Australia was monetary, and despite much speculation about sex trafficking in Asian females, the majority of Thai women reported to have freely opted to work in the sex industry (Brockett & Murray, 1994).

Brockett and Murray (1994), in discussing the health of Thai sex workers, noted a number of issues that act to isolate workers. First, Thai sex workers face prejudice not only from an Australian community, who do not readily condone the sale of sex for a living, but also from the Thai community due to the moral teachings of Buddhism, which dictates that sex work is one of the five businesses that should not be undertaken.

Next, a lack of English often leads to many workers risking their sexual health by not using a condom with clients, with many being pressured by the establishment managers and their agents. They also commented that knowledge surrounding Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) was poor. Brockett and Murray (1994) cited a study conducted by Donovan, Harcourt, Bassett and Philpot (1991) which reported that 89% of gonorrhoea cases diagnosed at the Sydney Sexual Health Centre (SSHC) were Asian sex workers. In response to these findings the SSHC, established the Multicultural Health Promotion Project to service the needs of the Asian sex worker community, with the aim of not only providing information on sexual health in multiple languages, but also to support workers in exercising their right to be free from harm at work (Brockett & Murray, 1994).

A third isolating issue identified by Brockett and Murray (1994) is that Thai sex workers on contract were reported to be seen as being on the lowest rung of the sex industry ladder. Thus, they were vulnerable to having their rights violated, experiencing prejudice and client abuse. While the authors noted that this level of prejudice diminished with the Thai sex worker's improved level of English and positive adjustment to life in Sydney, possible hierarchies that exist within the migrant sex worker community are an important consideration for other studies. Brockett and Murray (1994) concluded that despite the many difficulties facing Thai sex workers in Sydney, from both the Thai community and Australians in general, there has been a marked improvement in this group's working conditions.

A study conducted with Asian female sex workers in Sydney, Australia compared data pertaining to demographic information, migration status and working conditions collected in 1993 and 2003<sup>1</sup> (Pell, Dabhadatta, Harcourt, Tribe & O'Connor, 2006).<sup>2</sup>

Across the decade there was significant change in the age of participants, with the median age of Asian sex workers reported as 26 years in 1993 and advancing to 33 years in 2003. There was also a difference in reported nationalities, with the majority of participants in 1993 (72.5%) indicating that they were from Thailand. However, in 2003 this fell to 41.8%, with the largest majority coming from China (46.1%) (Pell et al., 2006). The authors reported that the 2003 survey saw a significant increase in use of condoms, with reported use increasing from 51.6% (n=47) in 1993 to 84.8% (n=140) for vaginal sex, from 39.6%(n=36) to 66.1% (n=109) for oral sex, and from 25% (n=8) to 77.77% (n=18) for anal sex, despite a decrease in the provision of free condoms in places of employments (Pell et al., 2006). The authors posited that increased adherence to safer sex practices could be attributed to improved and increased promotion of safer sex within brothels and a drop in clients unwilling to use protection, and increasing demand amongst Brothel operators/managers for their employers to wear condoms. In both 1993 and 2003, drug and alcohol use by participants was minimal. Knowledge surrounding the transmission of HIV was strong across the decade. In assessing the changes that occurred between 1993 and 2003, Pell et al. (2006) argue that the Multicultural Health Promotion Project, and the decriminalisation of the sex industry, has made an impact on safe sex practices of Asian sex workers, resulting in better sexual health and improved their overall well-being.

Despite these positive changes, Pell et al. (2006) noted that there were some detrimental changes. The first was a lack of free condoms in the workplace, and the sex workers who indicated that they would still provide services to a client even if they suspected them of having a sexually transmitted infection (STI) (Pell et al., 2006). Pell et al. (2006) reported on research that indicated Chinese speaking sex workers were generally less informed than Thai speakers and suggested that, comparatively speaking, Chinese sex workers have not resided in Australia as long as Thai speakers, and that in China information regarding HIV and STI's is not as readily available as in Thailand.

In 2006, the Scarlett Alliance conducted a needs assessment of Chinese migrant sex workers in Australia. This was the first such study and provided a wealth of knowledge of this particular segment of sex workers. The study was part of a transnational study of Chinese migrant sex workers in a number of nations and the Scarlett Alliance partnered with several sex worker organisations across Australia (Jeffreys, 2008). Forty-three Chinese sex workers across Sydney, Melbourne, Adelaide and Canberra were surveyed, as well as a control group of 29 English speaking Australian sex workers (Jeffreys, 2008). The survey collected information on demographics, working conditions, justice system experience, and income of Chinese migrant sex workers (Jeffreys, 2008).

The research reported that the majority of Chinese sex workers in Australia fell between the ages of 31 and 40, with no participant younger than twenty years old (Jeffreys, 2008). The majority (79%) of those surveyed reported that this was the only time they have moved from their home country to work in a foreign place, and 88% of those surveyed possessed their own visa. Jeffreys (2008) noted that just over one third of participants had worked in the sex industry prior to coming to Australia, with 14% listing their previous

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<sup>1</sup> 1993 study n=91 and the 2003 study n=165.

<sup>2</sup> The participants were sourced via a convenience sample of Asian female sex workers who were using the SSHC and were surveyed as part of an evaluation of the Multicultural Health Promotion Project run by SSHC. A follow-up survey, between September 2002 and November 2003 was conducted to evaluate the similarities and differences in Asian female sex workers across a ten year period (Pell et al., 2006). The authors reported that a number of significant differences were observed (Pell et al., 2006).

occupation as housewife, 12% small business owner, 12% student, with the others previously employed in a range of occupations including farmer, beautician, police officer and mechanic. When questioned about why they had travelled to Australia, 24% stated that they had been to Australia previously, and 24% had travelled to the country because they had a positive view of the sex work industry in Australia (Jeffreys, 2008). The author reported that almost one third of participants (28%) replied that another person had suggested that they should go to Australia (Jeffreys, 2008).

The results pertaining to the working conditions of Chinese migrant sex workers in Australia suggest that conditions were good overall. The author reported that a third of the workers are self-employed or the owner of an establishment (Jeffreys, 2008). The majority of those surveyed worked in establishments and provided full services, which included sex. The author reported that 44.1% of workers divided their fees equally with the business owner (Jeffreys, 2008). The author suggests that these findings indicate that the majority of participants speak more than one language, including English (Jeffreys, 2008). The income that 61.9% of Chinese sex workers earn is more than what they take home in their nation of origin and the rest earned a similar amount (Jeffreys, 2008).

In relation to sexual health and perceptions of the justice system, 97% of Chinese sex workers reported that they used a condom with all customers. This figure equates to condom use reported by the Australian sex workers (Jeffreys, 2008). Jeffreys (2008) also noted that almost all participants (93%) indicated that they would see a doctor if they thought they had a sexually transmitted infection, which is also similar to the figures for Australian sex workers. The study also reported that 84% were aware of their local sexual health centre. Further, Chinese sex workers placed more faith in the Australian justice system than their Australian colleagues, with 50% of Chinese sex workers willing to report a sexual assault that occurred whilst working to the police. In terms of awareness of human rights, 74% understood their rights and a large majority indicated that they considered the laws in Australia to be just (Jeffreys, 2008). Jeffreys (2008) suggested that the results of this survey indicate Chinese sex workers have a positive experience of working in Australia, and 75% of those surveyed indicated that they would return to Australia to work.

## **2.2 Hong Kong**

Research on migrant sex workers from Mainland China was conducted by Zi Teng, a Hong Kong-based non-governmental organisation that works with Chinese and Hong Kong sex workers. One hundred and eight Chinese sex workers completed a questionnaire about reasons for coming to Hong Kong, their working conditions, experiences with law enforcement and occupational health and safety. In contextualising sex work, Zi Teng (2006) found that Chinese citizen's visa eligibility excludes sex work and, as a consequence, sex work is criminalised and is pushed underground. Further, no assistance is available to migrant Chinese sex workers and police persecution is common (Zi Teng, 2006). When asked why they came to work in Hong Kong, the majority of Chinese migrant sex workers (76%) reported having migrated for monetary reasons. Job loss (14%) and issues with their family (12%) were also reported. Many of the participating sex workers had been introduced to the idea of working in Hong Kong by friends, and the majority came to Hong Kong initially as a tourist (Zi Teng, 2006).

The employment conditions in Hong Kong, for the majority of participants, was reported as poor, with excessive working hours and low pay (Zi Teng, 2006). The majority of the participants were self-employed (92%) and worked in excess of 10 hours or more every day, yet only saw around three clients per day, with most earning less than \$US20 per client (Zi Teng, 2006). The results of the research also indicated that the occupational health and safety of Chinese migrant sex workers was not adequate. Due to cost and lack of knowledge of where to access medical help, many migrant workers did not seek

medical assistance when they, through self-diagnosis, believed they had contracted an STI. Rather, workers reported purchasing medication themselves, or waiting until they returned to China. Further, just over half of those surveyed did not always require their clients wear a condom, with 70% of this group indicating that this was due to the fact that clients did not want to use them. A large majority (80%) of the workers did not keep condoms on their person while working due to risk of police searches and arrest. As a result, heavy handed policing and client demand was found to result in migrant sex workers risking their health by not using protection with their clients (Zi Teng, 2006).

The safety of Chinese migrant sex workers in Hong Kong was also identified as a problem. A number of the women had been raped (11 out of 108 participants), and almost 25% had been deceived out of funds by men posing as police officers (Zi Teng, 2006). A number of women reported theft, non-payment for services and violence, with some also reporting that they were hassled by criminal syndicates such as the triads. Not one participant reported these incidents to law enforcement, with sixty-four respondents relying on the support of other sex workers (Zi Teng, 2006). Two main reasons for not calling the police revolved around the fact that if they revealed their occupation they would no longer be able to work in the sex industry as they may be vulnerable to police and/or triad-related harassment (Zi Teng, 2006).

Despite poor working conditions, almost 75% of respondents indicated they would consider working in Hong Kong again. Only a small number reported that they would not with 20% stating that they were not sure (Zi Teng, 2006). On reviewing the results of the research, Zi Teng (2006) not only highlighted the terrible working environment in Hong Kong, but also the discrimination Chinese migrant sex workers face in Hong Kong and how this pushes them even further to the fringes of society. The researchers suggest that the best solution to solving the issues faced by migrant sex workers would be to decriminalise sex work and enforce their rights as workers. This would stop crime syndicates and police from targeting sex workers and help create secure and healthy working conditions for migrant sex workers from Mainland China (Zi Teng, 2006).

## **2.3 Macau**

Choi (2011) conducted research in Macau which analysed data collected from a community survey of 491 migrant sex workers from Russia, Vietnam, Thailand and Mainland China over a number of years. The study provides an in depth look at the disparities between the four nationalities in terms of their social circumstances, their occupational environment, understanding of HIV/AIDS and their exposure to issues that affect their well being (Choi, 2011). Choi (2011) chose to concentrate on three main health issues encountered by sex workers in China, these being the use of condoms, condom slippages/breakages, and abuse by clients. In terms of their right to work legally in the sex industry in Macau, Choi (2011) explained that Vietnamese, Thai and Russian women are able to enter the city and work legally in the industry on a three-month visa, with most employed within indoor establishments. However, women from Mainland China are only entitled to a two-week holiday visa. In practice, this means that engaging in sex work is illegal. The majority of Mainland Chinese workers are self-employed and based on the street.

The major findings of the study highlighted a number of the differences between the various nationalities of the sex workers. The participants from Mainland China and Thailand were the most underprivileged. Overall, they had the least years of schooling, were older, hailed from farming areas, were divorced and had offspring to look after (Choi, 2011). Choi (2011) commented that the results indicate that Thai women were confronted with the highest rate of financial burden and the highest rate of drug use (14%). Nevertheless, the Russian participants, who hailed from the highest socio-economic background, also had a high level of drug-use (12%). The sex workers, regardless of

nationality, all kept in touch with their families (97%) and the majority sent money back to their homes (85%). The author commented that this finding is contrary to much of the literature on sex workers that present women as the victims of trafficking. This finding would denote that most women came to Macau to earn money to improve their life and the life of their families back home (Choi, 2011).

The study found that socio-economic status and the working environment of the women impacted on the three health factors that were examined (Choi, 2011). Vietnamese sex workers were most likely to have not used a condom in the last three months (41%), with Thailand ranking second at 39%. Approximately a quarter (23%) of Russian and Mainland China sex workers reported not using a condom. Regression analysis indicated that not using a condom when having sex with a client was significantly linked to the establishment's (e.g. brothel) policy on condom use, older age, culture, lack of schooling and having offspring (Choi, 2011). Condom breakages/slippages occurred at a higher rate for workers from Mainland China (54%), with Thai women experiencing the least at 18.6%. Abuse at the hands of clients was high, with the workers from Mainland China reporting the most sexual (42%), verbal (46%) or physical (27%) violence (Choi, 2011). The author proposed that the lower levels of abuse seen with workers from Vietnam, Russia and Thailand was due to the fact that they worked in establishments, rather than on the street, however, Choi (2011) noted that abuse is still frequent for these three nationalities, with 18% being subjected to verbal abuse, and 15% reporting physical violence and sexual assault. Analysis of the findings on violence indicate it is significantly related to understanding of safe sex, culture, schooling and financial position (Choi, 2011).

Condom slippages and breakages were linked to sex worker disempowerment (Choi, 2011). Choi commented that most significant factor in condom breakage was client-perpetrated violence and that as the levels of violence increase so do the chances of condom breakage (Choi, 2011). As discussed, women from Mainland China experienced the most condom failings and interviews conducted with the participants suggest that, rather than being a problem with the way the condom was used, it was intentional destruction by the client to secure non-condom sex. Choi (2011) argued that the fact Chinese sex workers have to work on the street, they are left more open to abuse by clients and have less resources on hand to deal with it.

In discussing the implications of the research, the author suggests that due to the overlapping nature of the three health variables examined, any future sex worker health programmes must incorporate all factors, not just look at one aspect of sexual health, such as condom use (Choi, 2011). Currently the Macau Health Department programmes places the onus on the female sex worker to use protection with clients, however, the migration policy of Macau, which prevents Mainland Chinese sex workers from working legally in the city, leaves them open to police raids and abuse by clients (Choi, 2011). According to Choi (2011) this is a situation that needs to change. The author also suggests that any new programmes should be shaped to meet the needs of each individual group of sex workers, as the results of the study illustrates that migrant sex workers are not one in the same (Choi, 2011).

## **2.4 United Kingdom**

A study conducted by the Institute for the Study of European Transformations at the London Metropolitan University examined the relationship between migration and sex workers in the United Kingdom (UK), through discussions with migrants who came to work in the sex industry (Mai, 2009). Interviews were conducted with 100 participants (67 females, 24 males and nine transgender individuals). Most of the participants came from Eastern Europe (46 participants), with 22 migrating from Latin America and eight from Asia. The remainder came from Australia, Jamaica and the United States. The majority of female participants worked indoors or as strippers or self-employed escorts, with the

male and transgender participants mostly working as self-employed escorts (Mai, 2009). The author noted that approximately 10 participants did not provide sexual services in exchange for remuneration but worked as servants or card boys<sup>3</sup> (Mai, 2009). The interviews explored motivations for coming to the United Kingdom, what part their community and family ties played in their move, how they came to be working in the UK sex industry, their life before migrating, and the working conditions they encountered (Mai, 2009).

The interviews with the migrant sex workers revealed that the motivations for migrating to the UK were diverse and varied (Mai, 2009). The reasons given ranged from moving to improve their English, fleeing war and oppression, improving their economic situation, moving to live with family, and/or to study. The UK was also used as a stepping stone by a few migrants with the desire to work and move to other nations such as the United States or other European Union member states (Mai, 2009). The majority of participants came to the UK with the help of family or friends. Acquaintances that they already knew in the UK provided assistance, advising on how to get to the UK, what travel papers were needed, and what sort of jobs were available once there (Mai, 2009). Mai (2009) commented that the backgrounds of those interviewed also varied greatly, with some coming from highly advantaged positions in society, and others from deeply disadvantaged situations. A number of the migrants were highly skilled (for example, one participant was previously a lawyer and another a paediatrician), while others were poorly educated (Mai, 2009). Many migrants chose to work in the sex industry as this offered better pay and working conditions than were found in other unskilled work available to them in the UK (Mai, 2009).

The working conditions, of those interviewed, were generally good overall. The majority of participants indicated they had positive dealings with their managers and clients, with many expressing that their clients were courteous and kind. However, a number of migrant sex workers reported occasions of hostility and fear of theft (Mai, 2009). Mai (2009) stated that there were a number of factors which contributed to the standard of working conditions experienced by migrants working in the sex industry. Their knowledge of English, their right to work legally in the UK, and their personal and occupational connections all impacted on the experience they had working in sex industry. A number of participants expressed that discrimination against sex workers and their absence of immigration papers left them exposed to exploitation and injustices (Mai, 2009). However, only a small proportion of the female participants (nine of the total female participants 67, 13%) believed that they had been exploited.<sup>4</sup> Mai (2009) argued that the findings indicate that, contrary to popular belief, the vast majority of migrant sex workers were not victims of sex traffickers. Most went to the UK willingly and chose to work in the sex industry as a way to better their situation and that of their families (Mai, 2009).

When questioned about the laws surrounding the sex industry in the UK, the majority of migrants postulated that the criminalisation of clients would not stop them working but it would make the life of a migrant sex worker more difficult and result in a black market sex industry that disempowers sex workers (Mai, 2009). All of the participants believed that sex work should be fully decriminalised, which would afford migrant sex workers full rights and privileges. The author suggested that current UK policy on sex work, which aims to stop the trafficking and abuse of sex workers is actually pushing the industry underground, exposing sex workers to the kind of injustice the laws are attempting to stop (Mai, 2009). Taking on board the results of the research, the report suggests that sex work in the UK

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<sup>3</sup> A card boy is an individual who is paid to place cards advertising sex workers in local phone boxes (Whittaker & Hart, 1996)

<sup>4</sup> Four of the nine women (6% of the total number of female participants) could be classified as trafficking victims, revealing that they had been totally misled and coerced into sex work, having no agency in which to change the situation.

be decriminalised, which would allow migrants to obtain papers easily and allow official recruitment of sex workers from around the globe (Mai, 2009). The research also suggests that those who have been exposed to injustices and suffered abuse need to be fully supported and be able to access leave to remain in the UK. In terms of advancing programmes for migrant sex workers, Mai (2009) asserts that they need to provide information regarding what sort of work is available to them as migrants, provide language courses at no charge, provide emotional guidance and educate sex workers as to the processes and realities of abuse, and also inform them of their rights and the means in which they can exercise them. Organisations that work with sex workers (e.g. police and support groups) can also work more efficiently together to advance the rights of sex workers and educate them (Mai, 2009).

## **2.5 Turkey**

Gülçür and İlkkaracan (2002) investigated migrants experiences of working in the Turkish sex industry. Their study focused on migrant sex workers from ex-Soviet states, who are commonly referred to as 'Natashas' within Turkish society. Gülçür and İlkkaracan (2002) uncovered a number of themes including the reasons for migrating to Turkey, the women's encounters with clients and pimps, their dealings with police and government and broader health issues. The researchers interviewed key informants (clients of sex workers, local sales people, and bartenders) and migrant sex workers, observed migrant sex workers, and analysed local and international media reports (Gülçür & İlkkaracan, 2002). The study found that the women generally entered Turkey on a one month visa, with no right to work, although most stayed longer, applying for new one month visas by crossing in and out of Turkey, applying for alternative visas or simply staying on illegally (Gülçür & İlkkaracan, 2002). In regards to the legality of migrant sex work in Turkey, Gülçür and İlkkaracan (2002) explained that Turkish law does not allow migrants to work in the sex industry and enforces policies surrounding sex worker registration.

Gülçür and İlkkaracan (2002) found that the predominant reasons for migrating to Turkey were for monetary or personal reasons. Many female participants had stated that they had wished to work in Western Europe, but were prevented by strict visa laws. Turkey was perceived as a reasonable second choice destination and many women had migrated to Turkey because of relative ease in gaining an entry visa (Gülçür & İlkkaracan, 2002). The majority of women interviewed came freely to work in Turkey and the closeness to their home nation, the chance to explore new cultures, and personal growth were among the reasons given for migrating to Turkey (Gülçür & İlkkaracan, 2002). Their interactions with clients and pimps were not always positive, with many women being subjected to abuse, especially after they first arrived in Turkey. Many told how this abuse had abated over time, due to their ability to now avoid these kinds of situations. Not all women worked with pimps: generally they had to resort to colluding with them when business was slow, but all women admitted that they were afraid of them (Gülçür & İlkkaracan, 2002). When working with a pimp, women also had to hand over half of their fee (Gülçür & İlkkaracan, 2002). All the migrant sex workers interviewed relayed how verbal and sexual persecution while street walking was common, as was robbery and refusal to pay for services (Gülçür & İlkkaracan, 2002).

Because migrant sex work is illegal in Turkey this results in persecution by the police and arrest, with some women reportedly being threatened with deportation even when on a valid visa (Gülçür & İlkkaracan, 2002). The police were reported to frequently hassle all blonde women, using intimidation tactics and violence to extort large bribes from migrant sex workers. Participants reported that these fees could range from \$US25 to \$US100, almost 10% of what a sex worker would earn in one week (Gülçür & İlkkaracan, 2002). Further, migrant sex worker participants indicated that they had interactions with police as regularly as three times a week to four times a month (Gülçür & İlkkaracan, 2002). The



authors commented that the police were essentially pimps, as they were received a portion of a sex workers wage (Gülçür & İlkaracan, 2002). A second financial pressure was the price of accommodation. The accommodation available to migrant sex workers was overpriced and inadequate, with landlords exploiting the illegal status of migrant sex workers and enforcing inflated rents (Gülçür & İlkaracan, 2002).

Migrant sex workers' illicit work and status also restricted their right to obtain health care and other utilities, such as banking. The inability to open bank accounts left the women exposed to robbery and the lack of access to Turkish health care meant that they had to pay expensive health care fees (Gülçür & İlkaracan, 2002). In regards to their occupational health and safety, despite being aware of the risk of HIV, the women indicated that they were often powerless to demand safer sex. Gülçür and İlkaracan (2002) reported that many clients refused to wear condoms, despite insistence by the sex workers and only 1-2% of clients complied with the workers request. All women indicated that they had sexual health checks on the occasions that they returned to their home nations (Gülçür and İlkaracan, 2002). Gülçür and İlkaracan (2002) also reported that many migrants expressed how their working conditions led to many sex workers developing problems with alcohol and experiencing depression.

In summarising the findings, Gülçür and İlkaracan (2002) noted that controls surrounding sex work and migration leave women open to persecution and extortion by law enforcement. The illegal status of migrant sex workers ensures that they have to constantly bargain with authorities to delay deportation or arrest. The risks surrounding the lack of condom use and the inability to negotiate with clients, the inferior living conditions and lack of access to affordable medical services all impact negatively on migrant sex workers. The authors suggest that the Turkish government needs to review its laws surrounding sex work, especially those that impact most heavily on the workers. The policies currently in place ensure that migrant sex workers are vulnerable to abuse by landlords, law enforcement and other governmental authorities. The authors insist that the rights of migrant sex workers need to be acknowledged through decriminalising sex work. This would ensure that all occupational rights apply to workers within this industry and allow migrant workers to access the services they require (Gülçür & İlkaracan, 2002).

## **2.6 Similarities and differences across the studies**

The studies discussed above share many similarities. A number of the studies outlined indicated that the occupational health and safety and general well-being of migrant sex workers were poor (Brockett & Murray, 1994; Pell et al., 2006; Zi Teng, 2006; Choi, 2011; Gülçür & İlkaracan, 2002). There were exceptions, as with the study on Chinese migrant sex workers conducted by Scarlett Alliance (Jeffreys, 2008), which reported positive working conditions and good sexual health practices among the women, and the overall good working conditions of migrant sex workers in the United Kingdom (Mai, 2009). In a number of the studies, immigration laws and the criminalisation of sex work left migrant sex workers exposed to exploitative practices by police and authorities, rendered the women powerless in negotiations with clients surrounding safer sex and prevent them from accessing essential health care (Brockett & Murray, 1994; Pell et al., 2006; Zi Teng, 2006; Choi, 2011; Mai, 2009; Gülçür & İlkaracan, 2002).

The working conditions and experience of migrant sex workers in the Australian studies, while not always positive in every aspect, was generally better than those of other nations (Brockett & Murray, 1994; Pell et al., 2006; Jeffreys, 2008). In discussing the findings of their study which assessed the changes in the working conditions and sexual health of Asian sex workers in Sydney, Pell et al. (2006) argued that the Multicultural Health Promotion Project and decriminalisation of the sex industry has made an impact on safe sex practices of Asian sex workers. The research conducted by Scarlett Alliance reported

that the Chinese migrant workers had sexual health practices that were statistically equal to that of Australian sex workers, a large majority had full understanding of their rights and had faith in the justice system (Jeffreys, 2008). The findings reported by Brockett and Murray (1994) in relation to Thai sex workers in Sydney were not as encouraging, with language barriers making it difficult for women to negotiate condom use with clients or management. The authors also noted that sexual health knowledge was also poor among this group of migrant sex workers (Brockett & Murray, 1994). Discrimination and abuse was reported by Thai sex workers, however, the authors report that the situation is improving for Thai sex workers and their working conditions and life tends to improve the longer they are in Australia (Brockett & Murray, 1994).

In comparison, the working conditions and occupational health and safety of Chinese migrant sex workers in both Hong Kong and Macau were poor (Zi Teng, 2006; Choi, 2011). Heavy handed policing and the socio-economic status of the Chinese migrant sex workers in Hong Kong were identified as the main contributors to the use of condoms and overall safety of these sex workers (Zi Teng, 2006). Migrant Chinese sex workers also faced heightened levels of violence in Macau, when compared to Vietnamese, Russian and Thai migrants (Choi, 2011). As noted by Choi (2011) socioeconomic status also played a role in the occupational health and safety of migrant sex workers in Macau, with those who were poorer suffering more violence and as a result more condom slippages/breakages. Exposure to sexually transmitted infections were also a problem for migrant sex workers in Turkey, Gülçür and İlkkaracan (2002) noted that the majority of clients refused to wear condoms despite the sex workers insisting on it.

The majority of studies highlighted the illegal nature of sex work as being central to the issues faced by migrant sex workers (Brockett & Murray, 1994; Pell et al., 2006; Zi Teng, 2006; Choi, 2011; Gülçür & İlkkaracan, 2002). The criminalisation of sex work and often the illegality of their working status, left migrant sex workers open to police persecution, violence by clients, lack of negotiating power and limited access to medical care and other services (Brockett & Murray, 1994; Pell et al., 2006; Zi Teng, 2006; Choi, 2011; Gülçür & İlkkaracan, 2002).

The conclusions of the Turkish (Gülçür & İlkkaracan, 2002) and the United Kingdom studies (Mai, 2009) suggest that the health and safety of migrant sex workers can only be improved by decriminalising sex work and allowing migrant sex workers to access services that will ensure they stay safe and healthy while working..

### **3 OCCUPATIONAL HEALTH AND SAFETY IN SEX WORK**

As outlined above, migrant sex workers around the globe face numerous occupational health and safety concerns. Many of the issues confronted are the same as those encountered by non-migrant sex workers, although the illegal status of many migrant sex workers may lead to a greater exposure to these harms. According to Ross, Crisp, Månsson and Hawkes (2011), the occupational health and safety of sex workers has been largely disregarded due to the focus on the safeguarding the health of clients and moral discourses that denounce sex work. In discussions surrounding the occupational health and safety of sex workers, Groneberg, Molliné and Kusma (2006) argue that sex workers face many issues including violence, harassment, infections, bladder problems, stress, depression, alcohol and/or drug addiction, latex allergy and death. This section briefly examines the occupational health and safety risks most commonly reported by sex workers with a focus on health concerns, violence and how the legal environment can impact on the health and safety of sex workers. Please note, unless explicitly stated, the participants in the studies were comprised solely of female sex workers.

#### **3.1 Legal context**

The legal context under which sex work is conducted plays an important role in the health of sex workers according to Alexander (1998), who examined how the legal restrictions surrounding sex work in the United States, including soliciting, engaging in or agreeing to engage in sex work, and living off the earnings of sex work, to name but a few of the laws prohibiting commercial sex in the United States, impact on the health and safety of sex workers. For instance, in attempts to evade arrest, many street workers reported entering client cars without having the time to properly assess the client's potential for violence. Further, many sex workers reported choosing not to carry condoms for fear of being searched by police (Alexander, 1998). Ross et al. (2011) noted how laws prohibiting sex work often resulted in sex workers not reporting violence they encounter to police due to fear of arrest or fact that they will not be believed. The illegal nature of sex work and lack of legal protection aids in promoting violence against sex workers, and reinforces the inferior work conditions they are exposed to (Ross et al., 2011). In contrast to situations outlined by both Ross et al. (2011) and Alexander (1998) above, the review of the risk and risk management post decriminalisation in New Zealand by Abel and Fitzgerald (2010) reported that many sex workers felt they were better able to negotiate with clients and report violence to the police, as they now had the backing of the law. This indicates that the legal context does indeed have a prominent role in the occupational health and safety of sex workers, and that sex work is safer in a decriminalised context.

#### **3.2 Physical and mental health**

There is much variation in the types of risks that sex workers are exposed to. These disparities are often linked to such elements as power and the setting in which a sex worker operates (Barnard, 1993). An Australian study conducted by Seib, Fischer and Najman (2009) looked at the differences between sex workers in three areas of the industry in Queensland, comparing the experiences of 247 female sex workers working in licensed brothels (n=102), as private sole operators (n=103) and illegally (n=42). In Queensland, certain sectors of sex work have been legalised, however, street-based workers, escort agencies and unlicensed brothels are still illegal (Seib et al., 2009). The authors reported that in general there were no vast differences in the physical health of those who work illegally (mostly on the street) and those who work in legal sectors of the sex industry in Queensland (Seib et al. 2009). The authors did find a difference in the mental health of those who worked illegally, with 44.7% (n=17) of the illegal workers surveyed scoring low on mental health items, compared to 16.5% (n=16) of private sex

workers and 12.2% (n=12) working in licensed brothels (Seib et al., 2009). Although further examination of this link exposed the fact that street-based sex workers' difference in mental health status was attributed to factors outside of their work; many reporting having come from disadvantaged backgrounds and histories of drug use, child abuse and childhood violence (Seib et al., 2009).

Interviews with sex workers in New Zealand has revealed good overall levels of health, however, a number of interviewees expressed difficulties surrounding the emotional and mental strains of their work (Abel & Fitzgerald, 2010). Long shifts and working throughout the night were found to contribute to stress and burn-out (Abel & Fitzgerald, 2010). An excerpt from an interview with one of the participant's Jenny, explained how 11 hour long night shifts, difficulties sleeping throughout the day, the caffeine intake required to stay awake throughout the night and the inability to eat properly while at work can all impact negatively on the health of a sex worker<sup>5</sup>. A private sex worker, Kate, described how the isolated nature of private sex work and the stress surrounding times when there are a lack of clients contributed to the strain she felt (Abel & Fitzgerald, 2010). As Abel and Fitzgerald (2010) noted, burn-out is something that is not exclusive to sex work and is experienced by other workers across numerous occupations. For instance, research by Aiken, Clarke, Sloane, Sochalski & Silber (2002) found high levels of burn-out experienced by nurses. No difference in levels of burnout were found in a study by Vanwesenbeeck (2005) that compared the levels of burn-out between sex workers (comprised of female, male and transsexual workers), nurses and patients being treated for employment-related psychological problems.

In the New Zealand context, Abel and Fitzgerald (2010) compared the results of their survey which assessed the general health, mental health and energy and vitality of male and female sex workers to general population data collected by the New Zealand Health Survey 2004, which utilised the same survey. The results found that there were no significant differences between sex workers and the general population for general health, energy and vitality; although, those sex workers working within a brothel environment did report marginally higher levels of general health when compared to street workers. The authors reported a significant difference in mental health scores, with sex workers scoring lower on perceived levels of mental health when compared to the general population (Abel & Fitzgerald, 2010). In evaluating the reasons for this difference in mental health scores, shift work was considered as one of the possible explanations. The work environment was also considered by Abel and Fitzgerald, (2010) to be a possible factor, as they noted that many street-based sex workers tend to be more susceptible to violence which could cause strain. Abel and Fitzgerald (2010) also point out that the majority of younger participants in their survey were street workers, and research by Vanwesenbeeck (2005) showed that older sex workers coped with the stresses surrounding sex work more adequately than younger workers.

The stigma associated with sex work was highlighted as a crucial factor in the increased rates of poor mental health (Abel & Fitzgerald, 2010). Day and Ward (2007), in summarising the findings of their longitudinal research on sex workers in London<sup>6</sup>, reported that stigma and criminalisation have the greatest impact on the mental health of sex workers. Stigma towards sex work, according to Day and Ward (2007), was found to hinder access to medical services and promote the erroneous and widely held belief that sex workers are over represented as suffering from some form of contagious disease. Research conducted in New Zealand following decriminalisation illustrates that the legitimacy of the sector has not been found to reduce stigma felt by sex workers (Fitzgerald & Abel, 2010). Vanwesenbeeck (2005) also indicated that stigmatisation was

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<sup>5</sup> No comparisons between sex workers and shift workers were identified. However, the authors assume that this likely to be experienced across the shift worker population.

<sup>6</sup> Day and Ward's (2007) study was conducted from the mid-1980's to 2000.

a major contributor to the burn-out suffered by sex workers. Vanwesenbeeck (2005) also found that lack of agency, organisation factors such as an absence of support from management/more experienced workers and decreased desire to work in the sex industry all contributed to the burn-out experienced by sex workers. The author reported that the work location was not significantly related to burn-out (the sample comprised of escorts, window workers, club workers, brothel workers, sex shop workers, and those who operate from home) (Vanwesenbeeck, 2005).

Post-traumatic stress disorder (PTSD) is another mental health issue that has been linked with sex work (Ross et al., 2011). A study that looked at the prevalence of violence and PTSD in a group of male, female and transgender street workers in Washington D.C. reported that 42% of their participants met the criteria for PTSD (Valera, Sawyer & Schiraldi, 2000). Analyses indicated that male sex workers reported higher levels of PTSD than the transgender workers, with no other significant differences found (Valera et al., 2000). Further analyses found that there were two factors that were significant predictors of PTSD among sex workers: sexual and physical abuse as a child. These factors were found in the general population (Valera et al., 2000). It should be particularly noted that no factors associated with sex work, such as violence, were found to be significantly related to PTSD (Valera et al., 2000).

A number of PTSD and sex work-related studies have been conducted by Melissa Farley (e.g. Farley, Baral, Kiremire & Sezgin, 1998; Farley & Barkan, 1998; Farley, Lynne & Cotton, 2005; Farley, Cotton, Lynne, Zumbeck, Spiwak, Reyes, Alvarez & Sezgin, 2003). However, these studies need to be treated with caution as Farley has outlined a paternalistic view of sex work and has categorised sex work as a form of violence against women (Farley et al., 1998). She has also denigrated the occupational status of sex work by referring to female sex workers as 'prostituted women' (Farley, 2004). As these definitions do not accord with those used in the current review, the research carried out by Farley has not been included.

### **3.3 Violence**

Research conducted in New Zealand has highlighted how street workers experience a greater risk of violence than those sex workers who operate indoors (Plumridge & Abel, 2001). The study interviewed 303 female sex workers, 78 of whom worked on the streets of Christchurch and 225 who worked indoors (Plumridge & Abel, 2001). Although 83% of all participants reported negative experiences, describing such situations as refusal to pay, robbery, verbal abuse and physical violence, street workers experienced such incidents more often and these were generally more serious. For example 21% (n=61) of street workers reported being forced to have sex without protection compared to 9% (n=20) indoor workers and a greater number revealed that they had been physically assaulted or raped (Plumridge & Abel, 2001). The study by Plumridge and Abel (2001) was conducted before the decriminalisation of sex work in New Zealand in 2003; however, according to Abel and Fitzgerald (2010) even after the Act the situation is unchanged as street workers are still more vulnerable to violence, although one street worker reported that she felt the streets were safer since the law came into force. Positively Abel and Fitzgerald (2010) indicated that sex workers were now more likely to report violence to police, more so than prior to the 2003 Act, but the stigma involved with working in the sex industry resulted in some people not feeling comfortable in turning to the police when they experience violence.

### **3.4 Sexually transmitted infections**

Sexually Transmitted Infections (STI) have also been identified as a prominent occupational health and safety risk with a number of factors influencing the level of risk.

For instance, Ross et al. (2011) reviewed literature surrounding STIs and sex work and identified the following six determinants of risk:

1. sexual risk behaviour (particularly condom use)
2. health-seeking behaviour, including screening
3. client characteristics
4. the risk levels of other (non-commercial) partners
5. underlying power dynamics, including socioeconomic status.
6. the legal environment (2011, p. 6 – 7).

Sexual health is an important issue to sex workers (Plumridge & Abel, 2000) and research has shown that sex workers in New Zealand, Scotland, and England generally have high levels of sexual health knowledge and condom use (Plumridge & Abel, 2001; McKeganey & Barnard, 1992; Ward, Day, Green, Cooper & Weber, 2004). Plumridge and Abel (2000) surveyed 303 sex workers about their sexual health and the large majority of the women (96%, n=290)<sup>7</sup> reported regularly going for health checks. Further, Plumridge and Abel (2001) reported high levels condom use among both outdoor and indoor female sex workers, and in another New Zealand study, condom use was also found to be high following the 2003 Prostitution Reform Act (Abel & Fitzgerald, 2010). According to Abel and Fitzgerald (2010), the occupational safety and health manual that guides the health and safety of sex work in New Zealand's decriminalised environment is a powerful weapon, as sex workers have legal backing to demand that clients use condoms; and there is also no fear of carrying condoms on your person, as sex work has been decriminalised. Plumridge and Abel (2001) reported that not one of the women considered vaginal or anal sex to be safe without a condom. In regards to other sexual services the vast majority of New Zealand female sex workers reported that condom use is necessary, with the exception of hand jobs, in which 67% of indoor workers and 40% of outdoor workers considered to be okay to perform manual release without protection (Plumridge & Abel, 2001). In a small number of situations where condoms were not used, the reasons given for this included the fact that the client refused to use one, the sex worker knew the client, or extra money was offered for services without a condom (Plumridge & Abel, 2001). Sex worker determination and the power in the client-worker negotiation were found to be key to condom use and the authors noted that this was similar to international research (Plumridge & Abel, 2001).

In a study that examined the HIV-related risk behaviour of street-based sex workers in Glasgow, interview participants reported a high level of condom failures, 18 of the women (26.4%, n=68) indicated condom breakage in the last month (McKeganey & Barnard, 1992). The breakages were generally attributed to engaging in vaginal and anal sex with a non-lubricated condom. Another explanation was that clients often attempt to deliberately break condoms (McKeganey & Barnard, 1992). In examining the prevalence of STI infection in London from 1985 to 2002, Ward et al. (2004) reported a drop in the number of past and current STIs across the years. The study compared data from 1050 sex workers who first attended a sexual health clinic between 1985 and 1992 or between 1996 and 2002. The drop in current STIs between the two cohorts was significant with the presence of an STI dropping from 25% to 8% and reports regarding past STIs also dropped from 80% to 32% (Ward et al., 2004). The authors found that the only risk associated with STIs among their participants was reduced use of condoms for oral sex (with clients) and they attributed the drop in the number of reported STIs to an increase in condom use for vaginal sex (Ward et al., 2004).

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<sup>7</sup> n=302 participants answered this question.

### 3.5 Alcohol and drug use

Alcohol and drug use have been commonly linked with sex work (Plumridge & Abel, 2001; Ross et al., 2011; O'Neill, 1997; Cox & Whitaker, 2009). Although as Cox and Whitaker (2009) point out this relationship between sex work and drug use is complex. For instance, Cox and Whitaker (2009) examined various risk factors among drug-using male and female sex workers in Dublin. In relation to their drug use and sex work, the authors found that the majority of their participants entered sex work to fund their habits and that the extra money earned from sex work often led to increased drug use. Entering sex work to pay for drugs has also been reported by O'Neill (1997). Drug use amongst sex workers in Christchurch, New Zealand was explored by Plumridge and Abel (2001). Plumridge and Abel (2001) reported that overall, 54% of the women never drank alcohol while at work (62% of street workers and 51% of indoor workers). Overall, 56% of the women stated that they never used drugs at work, but there was a significant difference between the number of indoor workers that used drugs while at work (33%), compared to 76% of street workers (Plumridge & Abel, 2001). When queried about the reasons behind the use of alcohol or drugs at work, 49% of outdoor workers and 21% of indoor workers indicated that they did so to get through the work, 22% of outdoor workers and 29% of indoor workers did it because they liked it and 14% of outdoor workers and 29% of outdoor workers used drugs as it was considered to be a crucial part of the worker/client social interaction (Plumridge & Abel, 2001). Ross et al. (2011) also found that the working environment and the requirements of certain sex work can also lead to alcohol use. A study of alcohol consumption by Latinos working in low-class bars (cantinas) in which sexual services are paid for in alcohol, reported that the average daily consumption of alcohol was high, with most sex workers drinking an average of eleven beers (Fernández-Esquer, 2003). Those sex workers who are employed in bars where clients are encouraged to purchase alcohol, not only presents issues regarding safety of the worker and the use of protection, but also has implications for the long-term health. The author listed liver disease, gastrointestinal cancers, heart disease, obesity, neuro-psychiatric impairment as some of the risks of alcohol consumption (Ross et al., 2011).

## 4 SEX TRAFFICKING

Contemporary associations of sex work and human trafficking are reminiscent of historical efforts to criminalise and/or eradicate prostitution (Roguski, 1997; Segrave, Milivojevic, & Pickering, 2009). Roguski (1997) identified three discursive voices that nullify sex workers' assertions of agency: the paternalistic and pathologising, the moral, and the abolitionist feminist. The paternalistic perspective generally portrays sex workers as needing some form of intervention, often therapeutic, and proponents strongly argued that only those who were in some way damaged, such as early childhood sexualisation, could consider sex work as an option. At the heart of this perspective is that prostitution is degrading and prostitutes are a helpless victim of circumstance in need of a rescuer to either reform or help them select better options. Within a western context, those aligned with the moral perspective commonly transform Judaeo-Christian teachings to underscore harsh repression and demands for the eradication of prostitution. Arguments for eradication have historically rested on the threat prostitution poses to the *moral* fibre of society. Implicitly this has incorporated the sanctity of marriage being undermined and that prostitutes epitomise sexual sin. The abolitionist feminist perspective, while complicated by a number of positions within feminism, underscores the need to eradicate prostitution because prostitution perpetuates women's inequitable societal position, as prostitution, it is argued, is synonymous with male dominance and women's commodification and subjugation.

While these discursive positions have attempted to nullify sex workers' assertions of personal agency, the strength of their various, often interwoven, positions waned in the later part of the 20<sup>th</sup> century (Bernstein, 2007). In response, Doezema (2005) has argued that the drive to continue to nullify the legitimacy of sex work resulted in a transformation of the various nullifying positions and resulted in a recoding of the various arguments under the umbrella of sex trafficking: an emotive term which reinforced the coerced and victimised nature of sex workers.

Internationally, the association between migration and sex work has largely been represented as a problem of human trafficking for sexual exploitation (Mai, 2009). Though there are multiple forms of trafficking, including forced labour or services, servitude, slavery and the removal of organs (United Nations, 2000), the global fight against trafficking has largely focussed on the trafficking of women into sex work.

According to Segrave et al. (2009), the most prominent trafficking discourse is that of the neo-abolitionists. This anti-sex work perspective presents a picture of the all migrant sex workers as young women who are coerced and unwillingly trafficked, abused (Tomkinson, 2012) and only too willing to be rescued and returned to their homeland (Sanghera, 2012). Sex workers' rights advocates and third world feminists contest this perspective, and stress the distinction between voluntary and forced prostitution (Doezema, 2002).

The image of the helpless, female, coerced victim has been used to legitimise the regulation of the commercial sex industry throughout history (Spencer & Broad, 2012), and Kempadoo (2012) posited that the anti-migration and anti-sex work agenda of the nineteenth and twentieth century moral crusades to end 'white slavery' are very much present in today's sex trafficking discourse.

In 1904 the International Agreement for the Suppression of the White Slave Traffic was formulated to tackle the international movement of European women into sex work, which spawned laws aimed at abolishing sex work (Kempadoo, 2012). In 1949 the first United Nations Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others that dealt with trafficking was formulated and superseded previous international agreements on White slavery (Chuang, 2010). The Convention, although not widely ratified, closely tied sex work to trafficking and slavery (Chuang, 2010)



and, like its predecessor, advocated the abolishment of the sex industry (Kempadoo, 2012).

Although the 1949 United Nations Convention has been replaced, the legacy of this legal association between sex work and trafficking still reverberates today. For instance, the conventional framing of sex work as exploitation and a human rights abuse is reflected in contemporary sex trafficking debates which evolved in the 1970s as an outcome of the second wave of feminism (Kempadoo, 2012). Further, the heated sex work debate of the late 1970's and 1980's is today repeated within the sex trafficking debate (Spencer & Broad, 2012). The work of radical feminists and feminist abolitionists, such as Barry (1979; 1995) and Jeffreys (1997) have had a major influence on the neo-abolitionist perspective (Lee, 2011). The sex trafficking debate has seen battle lines drawn between neo-abolitionists and pro-sex work advocates (Desyllas, 2007).

The sex trafficking debate has also heavily influenced international legislation and definitions of human trafficking. In 1998, the United Nations recognised the need to update the definition of human trafficking and develop new legislation that did not link sex work and human trafficking as closely as did the 1949 United Nations Convention (van Liempt, 2006). The need to expand the definition of trafficking to include other forms of labour was, however, overshadowed as sex work was to be the focal point of two years of protracted negotiation that took place at the United Nations Centre for International Crime Prevention in Vienna. The debate centred on whether the new trafficking in person's definition should encompass just forced sex work or also voluntary sex work (Chuang, 2006). As Dempsey (2010) highlighted, though the neo-abolitionist and non-abolitionist factions campaigned for the end of trafficking for sexual exploitation, the neo-abolitionists' desire for the eradication of the commercial sex industry proved to be a stumbling block to agreement.

The neo-abolitionist discourse mirrors the anti-sex work discourse forwarded by such abolitionist feminists as Kathleen Barry (1995) and Shelia Jeffreys (1997); regarding sex work as a form of patriarchal oppression and essentially violence towards women (Lee, 2011). In contrast, pro-sex work advocates, such as the Global Alliance Against Traffic in Women (GAATW) and the Network of Sex Work Projects (Chuang, 2010; Desyllas, 2007), advocate for sex work to be regarded as a legitimate occupation (Chuang, 2010; Doezema, 2005; Desyllas, 2007; Roguski, 1997). Challenging the neo-abolitionist position, anti-abolitionist and sex workers' rights groups argued for a definition of trafficking that differentiated between sex workers who voluntarily work in the industry and those that were coerced (Outshoorn, 2005). The anti-abolitionist groups argued that if the definition were to include those who willingly migrated to work in the sex industry; this would deflect from the central issue which was to prevent coerced migration (Chuang, 2006). Distinguishing between forced and willing sex work was also vital to the pursuit of rights for sex workers, to ensure safe working conditions (Outshoorn, 2005). The debate between the two opposing factions hinged on questions surrounding consent and coercion. The neo-abolitionists, in accordance with traditional abolitionist notions, argued that sex work could never be a consensual choice (Chuang, 2006). This faction views sex work as a violation of human rights and deny agency to women who choose to work in the commercial sex industry (Doezema, 2002). Conversely, the anti-abolitionists argued that women, who willingly work in the sex industry, even if illegally, should not be denied the freedom to work in whatever industry they wish.

In 2000, the debate finally culminated in the United Nations ratifying the following definition of trafficking in persons:

- a) Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of

exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

- b) The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph a of this article shall be irrelevant where any means set forth in subparagraph a has been used (United Nations, 2000, Article 3, paragraphs a & b, p. 42).

This definition differentiates between voluntary and forced coerced prostitution, which was regarded as a win for the anti-abolitionists (Desyllas, 2007). However, Doezema (2005) argued that by differentiating between 'trafficking' and 'voluntary prostitution' via the use of the term 'consent', the UN Trafficking Protocol:

*. . . offers nothing to sex workers whose human rights are abused, but who fall outside of the narrowly constructed category of 'trafficking victim' (p. 80).*

Other problems with this definition revolve around the failure to come to an agreement on how "exploitation of the prostitution of others" or "other forms of sexual exploitation" should be defined. A stalemate resulted in a note declaring that states could ". . . address prostitution in their domestic laws" (UN, 2000, para. 64). Ditmore (2012) posited that this allows nations such as New Zealand to have legislation which decriminalises sex work. However, conversely it allows other nations such as the United States to introduce strict anti-sex work trafficking legislation that has repercussions for both migrants and sex workers (Chuang, 2006; Doezema, 2002).

Although the neo-abolitionists failed in their quest to have all migrant sex workers defined as trafficking victims, they have had much more influence on United States legislation and definitions of trafficking in person (Chuang, 2010). The United States Trafficking Victims Protection Act (TPVA) provides a separate definition for trafficking in persons, differentiating it from other forms of human trafficking (Chuang, 2006).<sup>8</sup> The TPVA definition is utilised by the United States Department of State (USDOS) in their annual Trafficking in Persons (TIP) report (Chuang, 2010).

The TIP report provides an annual ranking of how countries are advancing in the fight against human trafficking (Desyllas, 2007). Each country is placed in one of four Tiers, as specified by the TVPA (USDOS, 2012). A Tier 1 ranking signifies that a nation is addressing human trafficking issues and meets the TVPA's minimum standards. Tier 2 and Tier 2 Watchlist countries are not complying with minimum standards, but are acknowledged for their attempts to comply. Tier 3 countries are not attempting to comply and have non-humanitarian sanctions placed on them by the United States.

New Zealand is ranked Tier 1 in the latest TIP Report (USDOS, 2012). According to the 2012 TIP Report, New Zealand is a source country for the domestic sex trafficking of underage girls, especially Māori and Pacific children, by 'gang controlled trafficking rings' (p. 265). The report also indicated that foreign females (originating from China and Southeast Asia) who are recruited to work in the sex industry in New Zealand are at risk of 'coercive practices' (USDOS, 2012, p. 265). Though the report identified that no victims of trafficking had been identified in New Zealand in the last year, it recommended that New Zealand needs to be more proactive in identifying potential trafficking victims and significantly increase the investigation and prosecution of both sex and labour traffickers (USDOS, 2012). Anti-abolitionists have challenged the TIP report for providing global assessments that lack sufficient evidence to support often inflammatory claims (Lee,

<sup>8</sup> The TVPA refers to "severe forms of trafficking in persons" as:  
a. sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or  
b. the recruitment, harbouring, transportation, provision, or obtaining of a person for labour or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (TPVA, 2000).

2011). Further, assertions, as in the case of New Zealand, of a problem of domestic trafficking of underage girls, fuels a moral panic surrounding trafficking and reinforces abolitionist efforts to eradicate prostitution (Weitzer, 2007).

While definitions have been the focus of much debate, estimates of the number of trafficked persons produced by such organisations as the International Labour Organisation (ILO), have come under much scrutiny and have been challenged for lacking any evidentiary basis (Lee, 2011; Wylie, 2006). For instance, in 2009 a warning from United Nations Office on Drugs and Crime (UNODC) (2009a) declared that:

*Over the past decade, trafficking in persons has reached epidemic proportions. No country is immune (n.p.).*

Other examples include the International Labour Organisation (ILO) which has estimated that between 2002 and 2011, 4.5 million people were trafficked into forced labour for sexual exploitation (ILO, 2012). Further, according to the organisation, 98% of these 4.5 million individuals were female (ILO, 2012). Next, the UNODC (2009b), while not citing figures, estimated that 79% of human trafficking occurs for sexual exploitation. These estimates are alarming; however, anti-abolitionists are highly sceptical of their validity (Weitzer, 2007). For instance, Kangaspunta (2003), an analyst from the UN's Global Programme against Trafficking in Human Beings commented "Even though some high-quality research exists, most of the data are based on "guesstimates", which, in many cases, are used for advocacy or fund-raising purposes" (p. 84).

Further support of the need to be sceptical of trafficking-related estimates can be found in reference to global prosecution figures which are significantly less than the estimated prevalence of trafficking in persons. For instance, the ILO (2012) estimated that worldwide there are 20.9 million victims of all forms of human trafficking (state-enforced forced labour, labour exploitation and sexual exploitation) at any one time between 2002 and 2011. The recent TIP Report (USDOS, 2012) included data on global prosecutions, convictions and victims of trafficking. Between 2007 and 2011, worldwide there were 30,426 prosecutions and 18,164 convictions for the trafficking of persons. Over this time period, 155,470 victims were identified (USDOS, 2012). The reasoning behind the massive discrepancies in prosecutions and estimates has attributed to the hidden and criminal nature of trafficking (Wylie, 2006), definitional ambiguities (Newman & Cameron, 2008), poor methodology (Sanghera, 2012) and a total lack of understanding of the trafficking process (Segrave et al., 2009). Nonetheless, these figures are presented by media and politicians with no disclaimers regarding accuracy (Weitzer, 2007). These figures have shock value (Weitzer, 2007) and as Zhang (2009) argued, inflated estimates justify the need for stringent migration laws and the criminalisation of the sex industry.

Anti-trafficking legislation has also been criticised for not only negatively impacting on migrant sex workers but on the commercial sex industry in general (Chuang, 2010). It is posited by neo-abolitionists that the criminalisation of the purchase of sex will reduce demand and thus reduce harm to women (Dempsey, 2010). However, pro-sex worker rights advocates stress that criminalising those who sell sex, or their clients, only serves to push the sex industry underground (Chuang, 2010). In her assessment of Scandinavian research, Chuang (2010) contended that rather than protecting sex workers, the criminalisation of clients under Swedish law, had increased the risk for sex workers. According to Chuang (2010), the criminalisation of the purchase of sex work in Sweden greatly reduced the visibility of the sex industry, making it harder for sex worker projects to reach vulnerable workers, placing these sex workers at greater risk. Chuang (2010) also argued that the fear of arrest stopped clients coming forward to assist police in the prosecution of traffickers and pimps (Chuang, 2010).

Finally, criticisms of the anti-trafficking agenda have focused on the rise of a trafficking in persons rescue industry (Agustín, 2007). Rescue campaigns to save the assumed victims of sex trafficking generally involve raids by law enforcement

and interventions by aligned non-government organisations (Agustín, 2007; Chuang, 2010). Agustín (2007) is critical of such 'social helpers' as the 'victim' being 'saved' is commonly stigmatised and is placed in an untenable and often worse position (Agustín, 2007). While raids on brothels are common (Chuang, 2006), their efficacy has been questioned by the Global Network of Sex Work Projects (2011) in reference to United Kingdom police Operation 'Pentameter 2,' which resulted in 822 premises across the United Kingdom being raided. According to the police, they were in search of 25,000 trafficking victims. A report following the operation described that 167 victims of trafficking were rescued (Strategic Information Response Network, 2008). However, it is unknown if the situations of the 167 labelled as trafficking victims fit the UN Trafficking Protocol definition of trafficking. According to Davies (2009, para. 30) most of these 167 victims "... absconded from police, went home voluntarily, declined support, were removed by the UK Borders Agency or were prosecuted for various offences". According to an unnamed government report, sourced by Davies (2009), a number of the supposed victims made it clear in interviews that they were not trafficked. Also, further investigations into a number of the purported trafficking cases revealed that information pointing to trafficking was either false, or incomplete (Davies, 2009).

The high proportion of rescued 'sex trafficking victims' who return to work in the sex industry is problematic for the neo-abolitionist rescue industry (Chuang, 2010). The neo-abolitionists have tried to explain this return by arguing that those who go back suffer from false consciousness. Supposedly, this can be attributed to their victimisation which explains why they are not thankful to have escaped the sex industry (Chuang, 2010). Soderlund (2005) is critical of this neo-abolitionist position and suggested that the false consciousness argument reflects a "paradigm-saving technique, one that encourages activists to dodge potential pitfalls in their own interventionist strategies" (p.79). Additionally, often those who do stay with their rescuers are contained in shelters for long periods of time and have little freedom or agency whilst in the care of their rescuers (Chuang, 2010). Chuang (2010) and the Global Network of Sex Work Projects (2011) have also voiced concerns that raids can result in all those who work on a premises being exposed to police brutality and detention, whether they are coerced migrant sex workers or not. If returned to their homelands, migrant sex workers also face the challenge of reintegrating back into their community (Sanghera, 2012). As Chuang (2010) pointed out, many 'rescued' women may not wish to be sent back home, as their reasons for migrating may have been to escape oppressive circumstances.

International anti-trafficking legislation does not only affect migrant sex workers, but all migrants (Agustín, 2007). The anti-sex work theme of the neo-abolitionist trafficking framework has been adopted by anti-immigration organisations as evidence for the need to tighten immigration laws (Global Network Of Sex Work Projects, 2011). These tougher laws, rather than preventing trafficking and protecting possible trafficking victims have actually seen migrants engage with third parties to arrange their migration, exposing them to potential exploitation at the hands of a third party (Global Network Of Sex Work Projects, 2011). Miller (2004) is critical of the reasons for tough migration laws and suggested that law makers have used "... sexual harm as a justification for restraining women's movement" (p.34). A dominant anti-trafficking framework that revolves around the criminalisation of sex work so far has done little to protect those vulnerable from trafficking. It could even be argued that the neo-abolitionist legislation only serves to push the sex industry further underground, leaving migrant sex workers with few rights.

## 4.1 Summary

Sex workers, regardless of migrant status, are routinely exposed to a number of occupational health and safety risks. Occupational health and safety of sex workers is greatly influenced by the legal and policing environment. A lack of legal protection creates

an environment in which violence towards sex workers goes unchallenged and there are increased risks of the transmission of sexually transmitted infections and a reduction in sex workers' ability to negotiate with their client (Ross et al., 2011). Substance abuse is also a risk, as O'Neill (1997) and Cox and Whitaker (2009) reported that participants indicated they entered sex work and use the money earned to fund their drug habits. Substance abuse also appears to surface due to job roles that require sex workers to encourage the purchase of drinks at strip clubs and in the case of cantinas, alcohol is the form of payment for services (Ross et al., 2011; Fernández-Esquer, 2003). Plumridge and Abel (2001) reported that the majority of their participants did not use alcohol or drugs while working, however, some of the reasons for use of drugs while at work were: to get through their shift; because they enjoyed using drugs; and because it was considered sociable to do so.

Sexually transmitted infections represent one of the more commonly discussed risks, with Ross et al. (2011) outlining the multi-dimensional determinants of this risk which involve not only condom use and screening, but issues involved with clients, the legal environment and power. The studies discussed indicated that condom usage is high amongst sex workers, sexual health is important to those who work in the sex industry, and that overall sexual health knowledge is good (Plumridge & Abel, 2001; McKeganey & Barnard, 1992; Plumridge and Abel, 2000). A drop in the number of STI's was also reported by Ward et al. (2004) between 1985 and 2002, which according to the author's could be attributed to a rise the practice of safer sex.

Violence is also a risk that linked to sex work and in the New Zealand context, while both indoor and outdoor sex workers experience violence, those who work on the street tend to be exposed to more severe violence which occurs more frequently (Plumridge & Abel, 2001). Street workers were also found to be at greater risk of mental health problems, although this appears to be due to the background from which street workers originate, rather than sex work per se (Seib et al., 2009) and as noted by Abel and Fitzgerald (2001) the younger age of street workers and fear of violence may also contribute to lower scores in perceived mental health amongst this group of sex workers. Overall though, while burn-out was health risk that sex workers are exposed to, they were at no higher risk than other occupations (Vanwesenbeeck, 2005; Aiken et al., 2002). While self-reported mental health scores were lower than the general population in Abel and Fitzgerald's (2010) study, as Vanwesenbeeck (2005) and Day and Ward (2007) argued this can be attributed to the stigmatisation of sex workers more so than any other reason.

Other occupational health and safety risks that are not commonly linked to sex work, such as repetitive strain injuries, jaw, back and foot problems, have all reported to be health issues faced by sex workers (Alexander, 1998). As with any worker whose occupation requires close contact with the public, sex workers have a heightened risk of contracting infectious diseases such tuberculosis (Alexander, 1998). The myriad of occupational health and safety risks faced by sex workers are varied, and are linked to not only knowledge and power, but the legality of sex work. In New Zealand, the decriminalisation of sex work in 2003 resulted in the production of an occupational safety and health manual, which provides a legal backing to the insistence of condom use and provides other guidelines that provide a safer working environment for sex workers (Abel & Fitzgerald, 2010). Since the decriminalisation of sex work, those in the industry reported feeling more comfortable with demanding condom use and reporting violence to police (Abel & Fitzgerald, 2010), which highlights how the laws surrounding sex work can influence a number of the occupational health and safety risks that sex workers face.

## 5 METHODOLOGY

The current study involved three research streams: in-depth semi-structured qualitative interviews, an anonymised review of migrant sex workers' sexual and reproductive health clinic records and a survey of migrant sex workers.

### 5.1 Qualitative interviews

A total of 12 in-depth semi-structured interviews were carried out in Auckland and Wellington; two of New Zealand's largest urban centres. The aim of the interviews was to:

- contextualise the occupational health and safety needs of migrant sex workers
- elicit rich information, from multiple perspectives, about the health and safety needs of migrant sex workers
- highlight needs specific to migrant sex workers
- explore barriers and facilitators to these sex workers accessing the services/assistance required.

**Table 1: Interview Participant Characteristics (n=12)**

Stakeholders	Female	Male
	n	n
Brothel operators	2	-
Immigration Lawyer	-	1
Health professionals with a high sex worker patient focus	2	
NZPC members	2	1
Migrant/refugee organisation	2	
NZ immigration		1
Human rights organisation	1	
<b>Total</b>	<b>9</b>	<b>3</b>

Participants were initially recruited through NZPC's brothel, legal, clinical and sex worker networks. Snowballing methodology was then used to identify and recruit additional participants.

Eligibility to participant in the interviews was reliant upon the individual possessing an in-depth knowledge of migrant sex worker experiences or, in the case of the New Zealand Immigration Service, an in-depth understanding of legislation and policy pertaining to migrant sex workers.

Interviews lasted between 60 and 90 minutes and, with participants' consent, were audio recorded. Interviews were then transcribed.

## 5.2 Review of clinic records

Analysis of anonymised NZPC sexual and reproductive health (gathered at the on-site clinic) was carried out by a health professional associated with the Wellington clinic. The aim of the review was to explore whether any trends could be identified which would then inform the focus of key informant interviews.

The review involved a census of migrant sex worker files and a random selection of non-migrant sex worker files from the 2007 calendar year to 31 July 2012.

A series of key indicators formed the basis of the review. These consisted of indications of unsafe sexual behaviour<sup>9</sup> (gonorrhoea and HIV) and infections commonly associated with high rates of sexual activity (urinary tract infections and bacterial vaginosis).<sup>10</sup> This framework was adapted from Ward, Day, Green, Cooper and Weber's (2004) study of prevalence amongst sex workers in London. It was then honed in consultation with NZPC's sexual and reproductive health practitioners.

To safeguard participant confidentiality the review was carried out by the clinic's registered health professional. The data was then fully anonymised before it was provided to the principal researcher.

The analysis focused on comparing migrant and non-migrant sex workers' prevalence of each health indicator. Differences between populations were tested through a series of chi-square tests.

## 5.3 Migrant sex worker survey

A paper-based survey was administered to migrant sex workers over a three-month period beginning June 2012. The survey was replicated from Ziteng's (2006) Hong Kong study and aimed to survey participants about their migration and work experiences, working situation and access to support.

### 5.3.1 Participants

A total of 124 surveys were completed by migrant sex workers.<sup>11</sup> The sample consisted of one transgender sex worker with the remainder being female. Participants ranged in age from 18 to 25 years through to six sex workers aged over 50. Forty-one percent of participants had achieved a tertiary qualification, with only 11% having had no more than primary school education. Over a third of participants (39%) reported being in an intimate relationship (married or de facto partner). Just over half the participants had one or more children (55%), with one child being most common (38%). One or more of the children were under 14 years of age for just under a third of participants (30%). Table 2 provides a breakdown of the participants' demographic characteristics.

<sup>9</sup> Positive Gonorrhoea and HIV tests are an indication of engaging in sexual intercourse without a condom.

<sup>10</sup> Note, Urinary Tract Infections and bacterial vaginosis are not associated with unsafe sexual behavior. Rather, they are associated with high rates of sexual activity and, in reference to bacterial vaginosis, can be brought on by the use of lubricants and sexual activity which can negatively affect the vagina's natural flora.

<sup>11</sup> An additional three surveys were completed but later removed as it was determined the participants had always lived in New Zealand and did not meet the research criteria of a recent migrant to New Zealand.

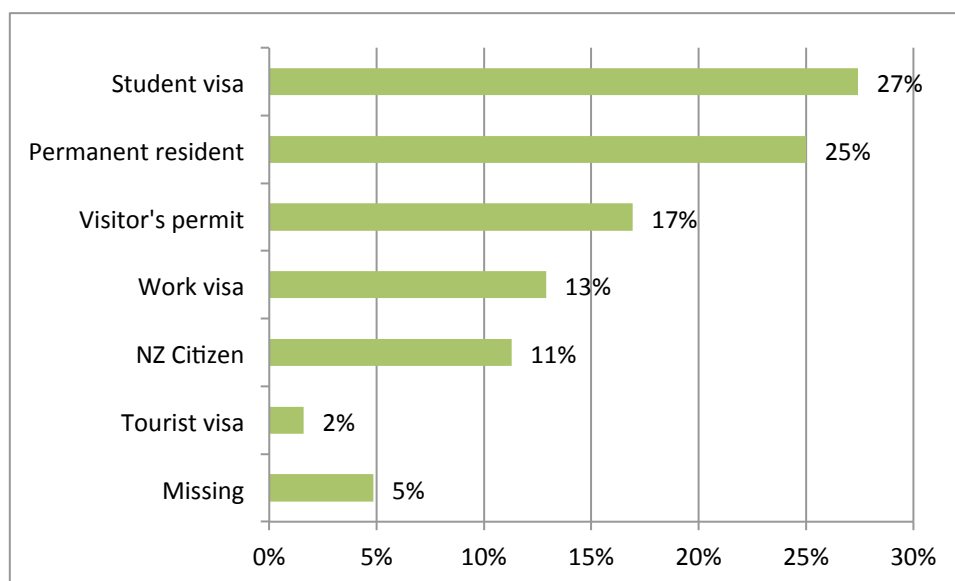
**Table 2: Migrant Sex Worker Survey Participant Characteristics (n=124)**

Characteristics	n	%
Gender		
Female	123	99%
Transgender	1	1%
Age Range		
18 to 25 years	20	16%
25 to 39 years	63	51%
Over 40 years	41	33%
Relationship status (current)		
Single	47	38%
De facto	20	16%
Married	28	23%
Divorced/separated	27	22%
Widowed	2	2%
Number of children		
0	54	44%
1	47	38%
2	18	15%
> 2	2	2%
No response	3	2%
Highest level of qualification		
Tertiary	51	41%
Graduated high school	35	28%
Some high school	23	19%
Primary school	13	10%
None	1	1%
No response	1	1%

Participants were also asked what country they identified as “home”. Just over one third reported (37%, n=46) regarding New Zealand as their home with the remaining participants identifying their country of birth as home.

Over a third of participants had permanent immigration status either as a permanent resident (25%, n=31) or as a New Zealand Citizen (11%, n=14). The majority of participants reported holding a visa. These included: including student visas (27%, n=34), visitor permits (19%, n=23), or work visas (13%, n=16).



**Figure 1: Participant Immigration Status**

### 5.3.2 Survey content

The survey consisted of 54 questions divided into four sections. The survey was designed to be completed within 30 minutes. Most questions were closed-ended ('yes' or 'no'), 15 questions gave participants the option of selecting multiple responses (e.g. *what languages do you speak at work?*). In all questions participants had the option to not answer the question and skip to the next one by selecting 'no response' or 'don't know' as response.

The four sections of the survey were as follows:

- basic demographics and participant characteristics
- migration experience
- working situation
- occupational health and safety.

In addition to the 53 questions compiled by Zi Teng, the survey replicated one question from Abel & Fitzgerald (2010) (*for what reasons do you stay working in the sex industry*). The inclusion of this question enabled a comparison with New Zealand non-migrant sex workers.

The survey was translated into Chinese, Thai and Vietnamese. In addition, participants had the option of responding to the survey in English.

### 5.3.3 Participant recruitment

Participants were recruited through NZPC coordinators and staff networks in Auckland, the central North Island and Wellington.<sup>12</sup> Migrant sex workers visiting an NZPC site were invited to complete a survey. Even though the survey was designed to be self-administered NZPC staff were available to provide clarification or complete the survey in cases of limited literacy. The confidential nature of the survey was reinforced by asking participants to seal the survey in an envelop and placing the envelop in a designated box.

<sup>12</sup> Christchurch NZPC declined to participate in the survey because of the continued impact of the Christchurch earthquakes.

In Auckland and the central North Island staff actively recruited participants by visiting venues and drawing on established networks. The bulk of participants were recruited through an Auckland-based staff member, fluent in Chinese and Thai, whose key role is to liaise with Asian sex workers in the Auckland area.

Participants were required to meet the following eligibility criteria:

- aged 18 years or older
- migrant sex workers
- having worked in the sex industry in New Zealand over the last five years
- lived in New Zealand for no more than six years.

For each completed survey, participants received a \$20 reimbursement in acknowledgement of their time.

## **5.4 Ethical considerations**

An application for ethical approval for the study was submitted to the Victoria University of Wellington Human Ethics Committee detailing procedures for fully informing those being asked to take part in interviews about the research, obtaining informed consent, providing feedback at the conclusion of the study and procedures for storing and maintaining the confidentiality of information. Ethics approval was granted in April 2011.

The provisions of the Privacy Act 1993 with respect to confidentiality and methods of obtaining, storing and destroying information were adhered to in this study.

## **5.5 Data Analysis**

### **5.5.1 Qualitative data**

A process of constant comparative analysis was used throughout the lifespan of the research which meant comparing:

- different individual and stakeholder perspectives
- data from the same individuals at different points in time
- analysis from interviews and lessons from existing literature.

In practice this meant that codes/themes were created within an analysis framework. Throughout the fieldwork, information was defined and categorised through a continual review of interviews and fieldwork notes. As a result, emerging patterns were continually tested through the interview as well as the exploration of new questions that arose in the preceding interviews. This process of constant comparative analysis also provides an opportunity to explore, at greater depth, reasons underlying emerging patterns. Quotes are used to illustrate the various codes/themes that emerged.

### **5.5.2 Quantitative data**

The migrant sex worker survey and clinical data was analyzed using SPSS. It was then screened for any errors and inconsistencies. Simple descriptive analyses were then produced (mean, range, frequency counts and percentages). Cross-tabs were produced to compare responses. Some assumed differences were noted and a series of Chi-Square were conducted. Only significant differences are reported.

## 6 CONTEXTUALISING THE NEEDS OF MIGRANT SEX WORKERS

A series of in-depth interviews explored participants' views on the unique needs of migrant sex workers. Responses fell into three areas. First, legislative precursors to migrant sex workers' vulnerabilities were identified. Precursor-based discussions framed migrant sex workers' occupational health and safety as integrally linked to existing legislation. Next, a series of unique needs specific to migrant sex workers were identified. Finally, a series of protective factors were discussed. This section provides a review of each area.

### 6.1 Legislative precursors of vulnerability

All participants, excluding the NZ Immigration Service representative, stressed that existing legislation treats migrant sex workers inequitably. Most notably, under the Prostitution Reform Act, 2003 (PRA), migrants who require visas to work in New Zealand are prohibited from working in the sex industry. As such, under the PRA those on student and working visa are excluded from working as sex workers.

While the current law was lauded as having greatly improved conditions for sex workers in New Zealand the same privileges have not been awarded to migrants.

Participants challenged the law on the basis that:

- it places migrant sex workers in an inequitable provision under the law
- there is no evidence of migrant sex workers having been trafficked to New Zealand
- legislation places migrant workers in an untenable position.

#### 6.1.1 Inequitable provision under the law

A number of inequities were identified through the interviews. The first inequity centred on the PRA itself and the fact that the law inequitably allows non-migrants to engage in sex work while prohibiting migrants. This double standard was described as illogical and an inconsistent framing of the law.

*Prostitution is no longer a criminal activity and yet we don't allow people to come in [to New Zealand] and work. Yet all other work we allow people to come in for (Human rights organisation)*

*I don't see why they can't get a work visa [that includes sex work]. Why shouldn't they be a sex worker versus working in a café? (Health professional)*

*At the end of the day whether you agree with the morality of the occupation, the fact is, it's a legal occupation for New Zealanders. So why are we making foreigners into criminals for something that is legal for a New Zealander? That is what I object to. The morality issue here is having a law that says New Zealanders can work in this occupation but you're a criminal if you [migrant] do it (Lawyer)*

*Are we [New Zealand] saying that that sex work is a valid occupation but that this is one occupation that you are not allowed to come in here and take up? (Human rights organisation)*

Next, concern was raised that, under New Zealand's international obligations migrant women are entitled to the same rights as any non-migrants, including sex workers.

*The rights of migrant workers, in general, are covered under various treaties and under the United Nations. So then, if the rights of migrant workers are considered then why not the*

*rights of migrant sex workers because they are workers as well. So I think that's a question we really have to ask (Migrant/refugee organisation)*

*If you look at what we [New Zealand] are signed up to, New Zealand has signed a lot of conventions that say we agree that people should all be treated the same way, equally, and all have the same rights. Now what we are saying is that we've got a several tier system where sex workers don't have the same rights actually (Human rights organisation)*

Most notably are the rights of women under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 2008), with specific reference to general recommendation 26, adopted in 2008, which states that:

*States parties in countries where migrant women work should take all appropriate measures to ensure non-discrimination and the equal rights of women migrant workers, including in their own communities.*

Further, a pertinent specific measure is found in article 26(a):

*Lifting of discriminatory bans or restrictions on immigration: States parties should repeal outright bans and discriminatory restrictions on women's immigration. They should ensure that their visa schemes do not indirectly discriminate against women by restricting permission to women migrant workers to be employed in certain job categories where men predominate, or by excluding certain female-dominated occupations from visa schemes.*

Given New Zealand's commitment to CEDAW it appears that current prohibitions against migrants working as sex workers are incongruous with the rights afforded New Zealand residents.

Finally, in relation to immigrants who have been awarded a student visa, participants raised the inequitable immigration policy that allows students to work up to 20 hours per week while they are studying as long as the work does not involve commercial sexual services.

*And they have said to me, "Our options are, we're studying, we can get a job cleaning for minimum wage or we can become a sex worker. Work for minimum wage and not earn enough money to cover all our rent and whatever bills we have or we can be a sex worker; work a few less hours and make enough money to actually live and study (Brothel operator #1)*

### **6.1.2 No evidence of trafficking**

Participants were sceptical about the inequitable treatment of migrant sex workers under the law given that there has been no proven case of sex trafficking in New Zealand.

*When we look at people trafficking there have been no proven instances of people trafficking in New Zealand, no prosecutions (NZ Immigration Service)*

*I don't know of any place where girls have been actually abused, held against their will or had their passports taken off them (Brothel operator #1)*

*I have had no experience of girls who have been unknowingly dragged into the country and been made to work as sex workers because they've been told for whatever reason that their kids would be harmed if they don't or they'll never get out of the country if they don't (Brothel operator #2)*

Rather than trafficking in New Zealand, participants' concern centred on the way in which sex work is reported by the media and politicians to provide a distorted image of sex work and an unbalanced view of trafficking internationally.

*The impact of the moral panic is just horrendous. Because that is all that people hear about. Sensation sells papers and any trafficking stories people just jump on. So that's what people remember. The minute you say to someone, "I work in the sex industry" they go, "It's terrible the way they traffic the girls into countries and take their passports off them and tie them to their beds and beat them up". The reality for me is that it just feeds that whole public misconception of the sex industry (Brothel operator #1)*

*The image of the poor, trafficked, vulnerable sex worker that some of the media puts forward is, from my observation, nothing but a load of the proverbial (Lawyer)*

*I just think it is a load of bollocks. I'm sure that there are people in the world who are trafficked for sexual purposes but I am also sure that it's nowhere near the problem or numbers that anti-traffickers make it seem like anti-traffickers are causing a lot more harm internationally than any trafficking ring. The problem is that anti-traffickers are more likely to be backed by a church or to be funded by someone who has some misguided view of what's actually happening or how to get some fame or how to get some job in a foreign country and try and hunt out traffickers (Brothel operator #2)*

*I squirm when I think of the harm that non-government organisations can do. When inadvertently they think they are doing right. It's the whole wrapping of prostitution with trafficking and not identifying it (NGO representative)*

Similar to the literature review's findings, participants traced anti-trafficking groups' adherence to negative conceptualisations of sex work to an inherent paternalism and a drive to eradicate prostitution.

*There is a fixation, an inherent belief that no one is willingly involved in sex work and the belief that all sex workers need to be rescued and shown a better way of living. Anti-trafficking groups are usually evangelical. It is kind of a rescue mentality. It is a very paternalistic model: the rescuer who knows best (NGO representative)*

Paternalism was identified as underpinning the NZ Immigration Service's focus on migrant sex work. Aside from the obligation of the Immigration Service to monitor and enforce the Immigration Act, the Immigration Service representative related that the sex industry is viewed as a high risk and vulnerable industry despite his previous comments that there has been no known incident of sex worker trafficking in New Zealand.

*Over and above that [the Immigration Act] I think that we have an understanding that we have an obligation to monitor the potential for exploitation in high risk and vulnerable industries and sex work would be one of them. Their work would be one of those that we want to monitor to make sure that girls who are working in that industry are not being subjected to trafficking (NZ Immigration Service)*

Also, all participants, excluding the NZ Immigration Service, agreed that anti-trafficking groups nullify an individual's agency in deciding to engage in sex work and instead challenge such assertions with accusations of false consciousness.

*I get very alarmed when these groups [anti-trafficking groups] don't give sex workers any agency whatsoever. I have heard it said in a number of different settings recently. I was in a conference in Melbourne and the presenter said, "Of course people don't always realise they have been trafficked and you have to tell them." It is scary, you know, to say, "You don't know you've been trafficked, but we know. So it's up to us to rescue you" (NGO representative)*

In an attempt to provide balance to the anti-trafficking panic, the following comments were made to stress that the popularised portrayal of endemic trafficking is illogical given client

demand; as there are few clients who would be willing to solicit the services of someone who is obviously poorly treated and coerced.

*There is just not that many men with that little conscience. Say what you like about men, but there is just not that many that would support a business that is trafficking, obviously trafficking and making them have sex against their will. Because it would show. There just isn't enough clientele that would make it worthwhile (Brothel operator #1)*

*It would surprise me if it does happen [Brothel operators forcibly restricting a migrant sex worker's movements]. New Zealand is a pretty free place; unless the brothel owners physically lock them up I think it's fairly easy for them [migrant sex workers] to move around and get information. My experience from the clients I have represented is that the girls who are working in brothels and unlicensed brothels talk to each other. So I find it difficult to believe that there are girls who are being held captive. I think the Liam Neeson "Taken" images portrayed by some of the media are a figment of an over-hyped imagination (Lawyer)*

### **6.1.3 Sex workers placed in an untenable position**

The prohibitive nature of the PRA, excluding migrants from engaging in sex work in New Zealand, was discussed as placing migrant workers in an untenable position. This was raised in terms of having created barriers to migrant sex workers seeking assistance from agencies, and as potentially creating a space for underground activities and ultimately placing migrant sex workers at risk.

#### **a) Seeking intervention**

Given that migrant sex workers are not afforded the same rights as non-migrants they are placed in a vulnerable position of not being able to freely, and without the fear of deportation, seek assistance from the police or immigration. As such, migrants were continually afforded a second-class status.

*One of the reasons migrant sex workers are not really visible or come forward for help is probably because of their residential status in New Zealand. Because if they are non-permanent residents and on visas there is a fear that they will be deported (Migrant/refugee organisation)*

*Amongst many migrants there is a general fear of authorities based on their experiences in their own countries. So if something goes wrong for them in a situation they are unsure who to turn to. This is especially true for migrant sex workers as they are working outside of the law (NGO representative)*

*They aren't able to openly say what they do. And, if something happened to them, they wouldn't have access to get help (Brothel operator #2)*

*If I was a migrant worker and I was in a situation where I had actually no legal rights and I was in fear of being busted and deported and no one else that I worked with was because they weren't migrant sex workers well I guess I would feel frightened and hard done by (Brothel operator #1)*

*As a migrant sex worker there is always a feeling that you could be deported and fined and never allowed back in the country (Brothel operator #2)*

In addition, migrant sex workers were reported as not seeking intervention because of negative experiences with the NZ Immigration Service. Negative experiences included

surprise brothel inspections and threats of deportation. Participants' concern rested on immigration officers' abuse of their limited powers.<sup>13</sup>

The Immigration Act 2009 generally carried over powers that were in the Immigration Act 1987 allowing authorised immigration officers to:

- enter and inspect the records of accommodation providers and employers, when investigating people who may be working in New Zealand unlawfully, or people with no right to remain in New Zealand
- require people suspected to be liable for deportation or turnaround to provide certain information or documents.

Further, according to the PRA, a migrant worker can be deported if there is sufficient belief, on reasonable grounds, that a migrant has engaged in the provision of commercial sexual services. The difficulty with the reasonable grounds requirement is that it is necessary to prove that commercial sexual services were provided.

*They [New Zealand Immigration Service] go in there with forms and they serve Deportation Liability Notices and they do it illegally because they write on those forms "You were found providing commercial sexual services. I've not had a client yet that was 'found' providing commercial sexual services. As Justice Young said, finding a lady sitting on the couch in the waiting room in skimpy clothes is cause for suspicion but it is not evidence that you have 'found' someone providing commercial sexual services" (Lawyer)*

*Another thing, immigration officers carry out sting operations. One calls up and pretends to be a client and goes in. "Oh how much is it?" and pretends to get another \$50 and goes outside and a minute later four of them burst in. That's illegal. Immigration officers must, at all times prior to carrying out any immigration business, identify themselves. "Hi I am X. I am an Immigration Officer and I am here to check your premises out. Do you mind if I come in and pretend to be a client so I can bust you in five minutes?" Of course it's a no brainer that prior identification is not going to work for them. And whether they like it or not, what Immigration [New Zealand Immigration Service] is doing is unlawful (Lawyer)*

Such negative experiences with NZ Immigration Services were reported as reinforcing fear of authorities and acting as a barrier to migrants seeking assistance should the need arise.

## **b) Underground activity**

Underground activity was a term commonly used to refer to illicit sex worker activities that occur despite the law's prohibition.

*We have this amazing decriminalisation law in New Zealand but migrant sex workers are not eligible which makes them work under the radar (Brothel operator #1)*

Participants differed according to how they viewed the emergence of underground activities. The NZ Immigration Service made a number of comments that indicate a belief that the sex industry is likely to attract a criminal element. This position reflects the representative's belief that illicit activities are, outside of migrant sex work considerations, a component of the industry.

*The only thing I can say about sex work is that it can attract people. I'm talking about employers now and people on the periphery who are skirting across the law if you like. It is safe to assume there are some criminal elements to the industry. Some employers are going to be pretty good with robust employment practices and treat the girls well. While*

<sup>13</sup> <http://www.immigration.govt.nz/migrant/general/generalinformation/immigrationact/factsheets/iopowersfactsheet.htm>

*some employers are a front for other criminal activities in the background (NZ Immigration Service)*

In contrast, the remaining interview participants focused their comments on how the existing law (PRA) provides room for conditions that can lead to the creation of underground activities. The divergence of views appears to reflect the degree to which sex work is viewed positively as a labour issue or whether moral attributions are placed on the industry. Needless to say, both camps acknowledged that underground activities can lead to inappropriate workplace practices: namely long hours, unclean environments and compromise an individual's agency in deciding whether or not they choose to carry out a job. Of note, the risk of inappropriate workplaces was discussed as equally impacting on migrant and non-migrant workers.

*These girls are not necessarily migrant workers that I've had experience with. These are girls that have worked in the kind of places that a lot of migrant workers end up working. They are just factories. They are nothing like the movies or the way the media talks about sex work. They are dirty, there is a lack of security and the girls are expected to work under less than optimal conditions. You know, drunk clients. Seeing client after client. Like a factory. There is no real care for the service because they are charging the minimum amount so clients are not expecting a huge standard service so girls are not expected to provide a huge amount of service. So everything is kind of low expectation. But the thing is, these are the places that would be willing to hire migrant workers. This is where a lot of migrant girls end up working as they are the only places that will work with migrants (Brothel operator #1)*

As such, underground activities place workers at risk of exploitation.

*This puts them at risk of being underpaid or in a worse case scenario being abused. It puts them at risk of financial abuse or they have to work longer hours or in not so nice conditions (Brothel operator #2)*

*When you talk about migrant sex workers, inherently there is a greater risk for more vulnerability amongst that group. Because you have got people who are working illegally, so the moment you start to work illegally, your status in New Zealand is at risk. That then increases the opportunity for others to exploit that situation for their own benefit. We find this, not only in sex workers, but across the board in illegal work. Unscrupulous employers or others involved in that industry will hold individual workers to ransom on the basis that they will do them in when they won't do what is required. . . That generally means that you work longer hours, you work for less pay and you work in conditions that ordinarily your average worker would not agree to (NZ Immigration Service)*

Also, participants raised the concern that migrant sex workers are compromised in not being able to easily change workplaces.

*They have fewer choices where they can work. They wouldn't have the options to come and work somewhere like here because I don't employ someone who doesn't have all their papers [entitlement to work under the PRA]. So migrant sex workers don't necessarily get the same level of safety that Kiwi or actual legal workers are afforded. The options to go somewhere else are very limited (Brothel operator #1)*

Risks associated with underground activities were also discussed with the abuse of authority figures discretionary powers.



## 6.2 Unique needs specific to migrant sex workers

Two unique needs, language and health considerations, specific to migrant sex workers were identified. These needs create a degree of vulnerability.

### 6.2.1 Language

Possessing no, or a limited, command of English was identified as potentially placing migrant workers in a vulnerable position. This was especially raised in terms of being able to access information and communicate concerns to an English-speaking individual.

*If they don't speak English it makes it slightly different in that they would need someone to assist them with that or be in the right environment in which to be able to work safely with a lack of English. But apart from that I can't see any different needs (Brothel operator #1)*

### 6.2.2 Health considerations

Interviews were carried out with registered health professionals working in dedicated sex worker clinics in Wellington and Auckland. Both health professionals were asked what they believed were the unique needs of migrant sex workers and the degree to which these needs might be linked to their migrant status. Rather than migrant status per se, both participants identified a series of needs directly related to migrants' legal position under the PRA.

In terms of primary health care, both health professionals related their concern that, due to a fear that they may be required to disclose their status, migrant workers often avoid seeking medical intervention through a general practitioner. As a consequence, migrants were reported as presenting with escalating conditions that could have been easily treated if reported at time of onset.

*One of the primary issues is that they [migrant sex workers] don't have a doctor. They don't have a GP. So sometimes their general health is bad. I think there are questions about are working so therefore, they won't go to a GP because they may be asked about their visas (Health professional)*

Further, workers' immigration status can incur non-resident clinic charges which, in many situations, was reported as cost prohibitive.

*They might not go to a doctor because, maybe, they are new to Wellington and they can't get a GP for love or money because they are full. They haven't got enough money for the after hours and so they struggle on. And so they often come here and complain how sick they are (Health professional)*

*Some of them go to the after hours but a non-resident has to pay \$100 (Health professional)*

## 6.3 Protective factors

Aside from the various concerns discussed above, migrant sex workers' resilience was noted and discussed in relation to a number of protective factors. Most notably, migrant workers were discussed in terms of the high levels of supportive camaraderie that many migrant groups demonstrate and that this camaraderie underpins the provision of safer sex education, adherence to condom use and as a point of referral to supportive services, such as NZPC.

*They are pretty switched on to putting on condoms. I think what happens is the sisterhood of the Asian groups are better at teaching their peers than the Kiwi groups. I think there is much more camaraderie in teaching them (Health professional)*

In contrast, workers who were more isolated or lacking support from other workers were seen as more vulnerable.

The two participating health professionals discussed that patients generally reported a high and consistent use of condoms in their work and explained that incidences of sexually transmitted infections could be attributed to workers who chose not to use condoms with their intimate partners. This is discussed in more depth in Section 7.

Finally, health professional and NZPC participants commonly referred to many migrant sex worker groups as exceptionally assertive in making requests and often demanding services. This is an important consideration in light of the trafficking debate, which portrays migrant workers as vulnerable and without voice.

## 6.4 Suggested improvements

The majority of participants strongly supported an amendment to the PRA to remove the prohibition for migrant sex workers to engage in commercial sexual services in New Zealand.

*I think it is just like any other industry. If they come here and they have the skills give them the ability to be able to apply those skills in whatever level of the industry their skills are good for. Give them the same opportunity as any other sex worker and any other migrant worker. If they want to do it and have the skills why shouldn't they be afforded the same level of choice and back-up (Brothel operator #1)*

*The PRA needs to be amended to make sure that migrant sex workers have the same rights as non-migrants (Human rights organisation)*

In practice, an amendment would more than likely require migrants to apply for a visa to engage in commercial sexual services and allow students to work in the sex industry for up to 20 hours a week. It is implicit that the age requirement under the PRA would remain unchanged.

Of note, the NZ Immigration Service was the only interview stakeholder who had reservations about changes to the law. Specifically, the NZ Immigration Service related that it would be extremely difficult to administer migrant sex worker visas, although this was not qualified. Further, the Immigration Service also stated considerable research exploring possible impacts of an amendment would be required.

*The question is, do you incentivise it by issuing visas for people to come in and work in the sex industry? Are you then just incentivising more people to come in and work in the sex industry? What then are the consequences of that? What are the downstream impacts of that and how do you regulate it? Potentially you could have more people and less work and an increase in the potential for exploitation? It may well increase the number of people exploiting these girls in the brothels or supporting their illegal movement across borders. I don't know. I think you'd need to do a lengthy and decent impact review (NZ Immigration Service)*

In contrast, participants advocating for changes to the PRA stressed that criminalisation provides opportunities for an individual's exploitation and that an amendment to the PRA, allowing migrants to engage in commercial sexual services, would remove the environments in which exploitation can occur.

*The only reason that people with bad intentions might be attracted to any industry are because there is an element of being able to coerce or have power over someone. So therefore migrant sex workers who are **not** afforded the same rights as Kiwi workers are in a situation that attracts rogues. But if they are afforded the same rights as other sex*

*workers then those people with bad intentions will be weeded out because that is what has happened under decriminalisation (Brothel operator #1)*

Other opposition to NZ Immigration Service's focus on workplace exploitation to maintain legislative status quo centred on existing poor workplace treatment of migrants outside of sex work.

*It is incorrect to focus on exploitation as labour exploitation is not highly organised at all. It's just all pockets of people. With labour law we [New Zealand] allow people to come in and we tie them to a certain place to work, which is difficulty in itself because it just makes them so vulnerable because they know that if they say anything they'll be put right out of the country (Human rights organisation)*

Participants also called for a change to trafficking discourse suggesting a need for alternative terms to focus on labour exploitation while simultaneously moving away from trafficking references which are often emotive, lacking a rigorous evidence base and have become so synonymous with prostitution that 'trafficking' lacks utility.

*There is a huge grey area and I think there is where the trafficking paradigm needs to be brought to an end. Because it is not helpful. It has been completely muddled up in prostitution and it just needs to be got rid of. It is much more useful to talk about labour exploitation. Because if someone is being exploited they are being exploited and they need help (Human rights organisation)*

## 6.5 Summary

The majority of participants strongly support an amendment to the PRA to remove the prohibition for migrant sex workers to engage in commercial sexual services in New Zealand. An amendment was perceived as necessary as it would remove migrants' current vulnerability and risks associated with working underground.

Underscoring changes to the PRA includes:

- to date there has been no evidence of trafficking of migrant sex workers to New Zealand
- New Zealand's international obligations requires the provision of the same rights to migrant workers as are currently afforded New Zealand residents
- a need to remove the fear of deportation that the PRA currently provides to enable migrant workers to access intervention in times of need.

Further, while migrant sex workers can have some unique needs these are generally based on their culture and language and the fact that they are vulnerable and marginalised with a different cultural framework. The most important issue raised was fear of authorities which acts as a barrier to seeking intervention.

## 7 REVIEW OF CLINIC RECORDS

A review of the New Zealand Prostitutes' Collective's Wellington sexual and reproductive health clinic records was undertaken. The review was inspired by commentary that asserted migrants are more likely to engage in unsafe sexual practice, often being encouraged or forced to forego the use of condoms and the assumed higher incidence of STIs amongst migrant sex worker populations.

The review was developed as an exploratory exercise. Anonymised clinic records, between 2007 and 31 July 2012, were reviewed to determine if particular migrant workers had any difference in needs from non-migrants. It was assumed that this would be identified if there were differences in rates of diagnosis between the two populations. Namely, given trafficking literature's concern about the forced nature of sex work amongst migrants it was important to determine if there were indication of a higher rate of unsafe sexual practices, and therefore positive diagnoses, among migrant sex workers.

### 7.1 Demographic information

The clinical review comprised a census of migrant sex workers (n=51) and a random selection of non-migrant sex workers (n=51) who had accessed the sexual and reproductive health clinic.

The ages of migrant sex workers ranged between 18 and 59 years with a median age of 33. Similarly, non-migrant sex workers were aged between 18 and 53 with a median age of 28. All non-migrant sex workers were born in New Zealand. Migrant sex workers came from four geographical areas: Asia, Africa, the Caribbean and Europe. The majority of migrant sex workers came from Asia (n=46, 90.2%), followed by Africa (n=3, 5.9%).

The majority of migrant sex workers had been in New Zealand for less than a year (n=23, 51.1%) with an additional 16 (35.6%) having been in New Zealand between one and five years. A minority of migrants had been in New Zealand for five years or more (n=6, 13.3%).<sup>14</sup>

The majority of migrant reported having been in the industry for less than a year (n=22, 53.7%), whereas the largest proportion of New Zealand-born sex workers had worked in the industry between one and five years (n=17, 47.2%)<sup>15</sup> (see Table 3).

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<sup>14</sup> The length of time in New Zealand was unknown for six of the files reviewed.

<sup>15</sup> Data relating to the length of time having worked in the sex industry was missing from both the migrant and non-migrant records. This equated to 10 and 14 respectively.

**Table 3: Demographic Information**

	Migrant Sex Workers (n)	Non-Migrant Sex Workers (n)
<b>Age</b>		
Range	18 - 59	18 - 53
Median	33	28
Missing	1	0
<b>Country of birth</b>		
New Zealand	-	51
Asia	46	-
Africa	3	-
Caribbean	1	-
Europe	1	-
<b>Years in sex industry</b>		
Less than a year	22	13
Between 1 and 5 years	15	17
More than 5 years	4	6
Missing	10	14

## 7.2 Results

No cases of gonorrhoea or HIV were diagnosed during the time period for either group. Next, migrant sex workers had a higher incidence of urinary tract infections (n=8, 15.69%) compared to non-migrant workers (n=5, 9.80%). Finally, relatively high rates of bacterial vaginosis were reported for migrant and non-migrant sex workers. Notably, non-migrants reporting a significantly higher incidence (n=31, 60.78%) compared to migrants ( $\chi^2 = 10.137$ ,  $df = 1$ ,  $p > 0.05$ ).

**Table 4: A Review of Key Indicators of Sexual Health.  
A Comparison of Migrant and Non-Migrant Sex Workers**

	Migrant Sex Workers		Non-Migrant Sex Workers		P value
	Prevalence	%	Prevalence	%	
Gonorrhoea	0/51	0%	0/51	0%	-
HIV	0/51	0%	0/51	0%	-
Urinary Tract Infection	8/51	15.69%	5/51	9.80%	NS
Bacterial Vaginosis	15/51	29.41%	31/51	60.78%	0.05

NS represents a difference of no significant difference

## 7.3 Discussion

In contrast to anti-trafficking discourse, the review of clinic records provided a strong indication that migrant sex workers engage in high levels of safer sex behaviour. This is

further supported by high rates of condom usage reported by survey participants (see Section 8). Popularised depictions of migrant sex workers generally involve the portrayal of migrants having been forced to engage in sex work; commonly without the use of condoms as the woman is portrayed as possessing no personal agency. In contrast, the participating health professionals unanimously agreed that the bulk of their migrant sex worker clients reported a high, and willing, adherence to safer sex practices and consistently use condoms with their clients.

*No I think they are good. I check every patient I see about condom use and they look aghast at me for even asking. I don't think I've had problems with Asian sex workers a lot not using condoms (Health professional)*

Further, health professionals reported that, while patients generally reported a high and consistent use of condoms in their work, the incidence of any infections might be attributed to workers who do not use condoms with their intimate partners. As such, it cannot be concluded that positive diagnoses of a sexually transmitted infection were acquired through sex work.

*It is very rare for someone who is only working to be diagnosed with an STI. They normally catch the bug outside of work (Health professional)*

*A lot of times their partners don't know that they are working. That's a big concern that their husbands or their boyfriends don't know that they are sex workers so that's why they don't use condoms with them. And I think the infections they get are more often from their partners than they are from their clients (Health professional)*

The incidence of urinary tract infections is noteworthy from an occupational health and safety perspective and complements observations made by the nurses participating in the study. Both nurses raised concern in relation to the length of time worked and the large number of clients migrant workers reported seeing. In contrast to anti-trafficking literature, which positions migrant sex workers as being forced into long hours of work, nurse participants related that many migrants come to New Zealand for short amounts of time with a predetermination to save as much money as possible. Long hours and associated lack of sleep was reported as negatively impacting on their health and often resulted in fatigue and ill-health characteristic of being rundown.

*Probably one of my concerns is that they are here to make money, therefore they work madly. It's not unusual that they are on six day long shifts. So when they come in they're overworked. When first come here they come very rundown. Urinary tract infections, chest infections and sore throats (Health professional)*

Finally, relatively high rates of bacterial vaginosis in migrant and non-migrant populations may be explained by a high use of lubricants and vaginal douching. The common use of vaginal douching amongst some ethnicities was raised a concern as it may predispose workers to bacterial vaginosis.

*It is a concern because if they change the pH of the vagina, which they are doing with over washing, they are far more likely to get bacterial vaginosis (Health professional)*

While douching was not reported as a common practice among non-migrant workers the use of lubricant may explain changes in vaginal flora.

## 8 SURVEY RESULTS

A survey of migrant sex workers was undertaken to understand migration and work experiences, working situation and access to support.

### 8.1 Migration experience

One section of the survey focused on understanding participants' migration experiences. Questions fell into the following four areas:

- the pre-migration context
- motivations for leaving home country
- motivations for coming to New Zealand
- entering New Zealand.

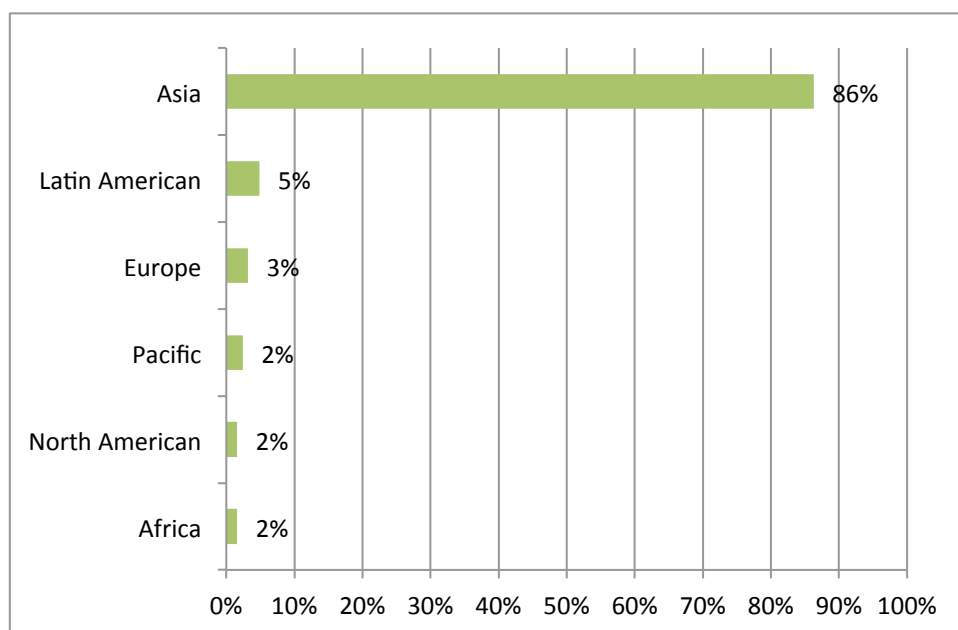
#### 8.1.1 The pre-migration context

Two pre-migration questions were asked: participants' country of birth and their primary occupation.

##### Country of birth

The majority of survey participants (86%, n=107) indicated they were born in Asia. Of these China was most common (n=65), followed by Hong Kong (n=17) and Thailand (n=11) (see Figure 2).

**Figure 2: Country of Birth**



Eighty-three percent (n=101) of participants had been living in the country of their birth before they arrived in New Zealand, and 95% (n=118) were living in the same region in which they

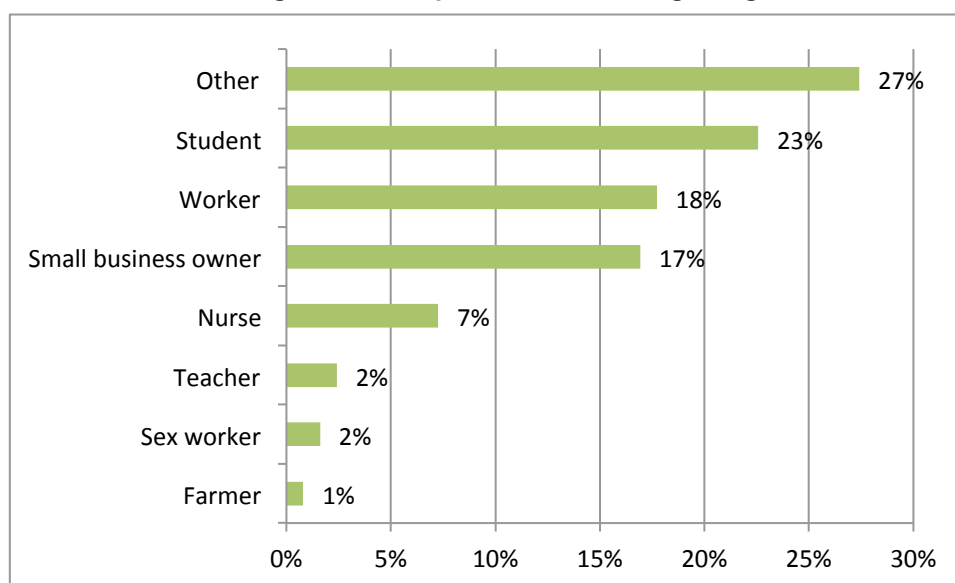
born.<sup>16</sup> Each of the four who had moved from their region of birth had been born in Asia; two were born in China but had been living in the United Arab Emirates and Australia prior to moving to New Zealand. The remaining two were born in Japan but had been living in the USA and Australia prior to moving to New Zealand.

### Main occupation before coming to New Zealand

Survey participants indicated a diversity of occupations prior to migration which reflected a range of backgrounds. They were given eight categories to select from or indicated 'other' as shown in Figures 3 below.

Of the specified categories, prior to moving to New Zealand, participants most commonly reported having been students (23%, n=28). Just under one in five were workers<sup>17</sup> (18%, n=22). Two percent reported having worked as sex workers (n=2). The remaining 26% (n=33) were employed variously in business, health, teaching and farming. The most common response was to indicate 'other occupation' (27%, n=34).<sup>18</sup>

**Figure 3: Occupations Prior to Migrating**



'Other occupation' included:

- housewife (18%, n=22)
- office worker (2%, n=2)
- consultant (1%, n=1)
- flight attendant (1%, n=1)
- hairdresser (1%, n=1)
- massage (1%, n=1)
- police officer (1%, n=1)
- real estate agent (1%, n=1)

<sup>16</sup> Data was missing for two participants.

<sup>17</sup> Worker is synonymous with manual/unskilled labour not requiring indepth or specialized training.

<sup>18</sup> Due to rounding, percentages do not total 100.



- store manager (1%, n=1)
- tour guide (1%, n=1)
- travel agent (1%, n=1).

The low percentage reporting their previous occupation as a sex worker was further supported by a direct question on whether they had ever worked as a sex worker in a country other than New Zealand. Just 10% (n=12) reported they had worked as a sex worker at some point.

One sex workers listed four countries they had previously worked as a sex worker (Australia, England, Spain and Singapore), two listed three different countries (both Australia, Japan, and Hong Kong) and another listed two countries (Canada and England), the remaining respondents listed just one country (which included Africa, Australia, Brazil, China and England).

Eight sex workers (6%) reported they had previously worked in New Zealand as a sex worker, but for the majority (91%, n=113) this was their first time working as a sex worker in New Zealand.<sup>19</sup>

### **8.1.2 Motivations for leaving home country**

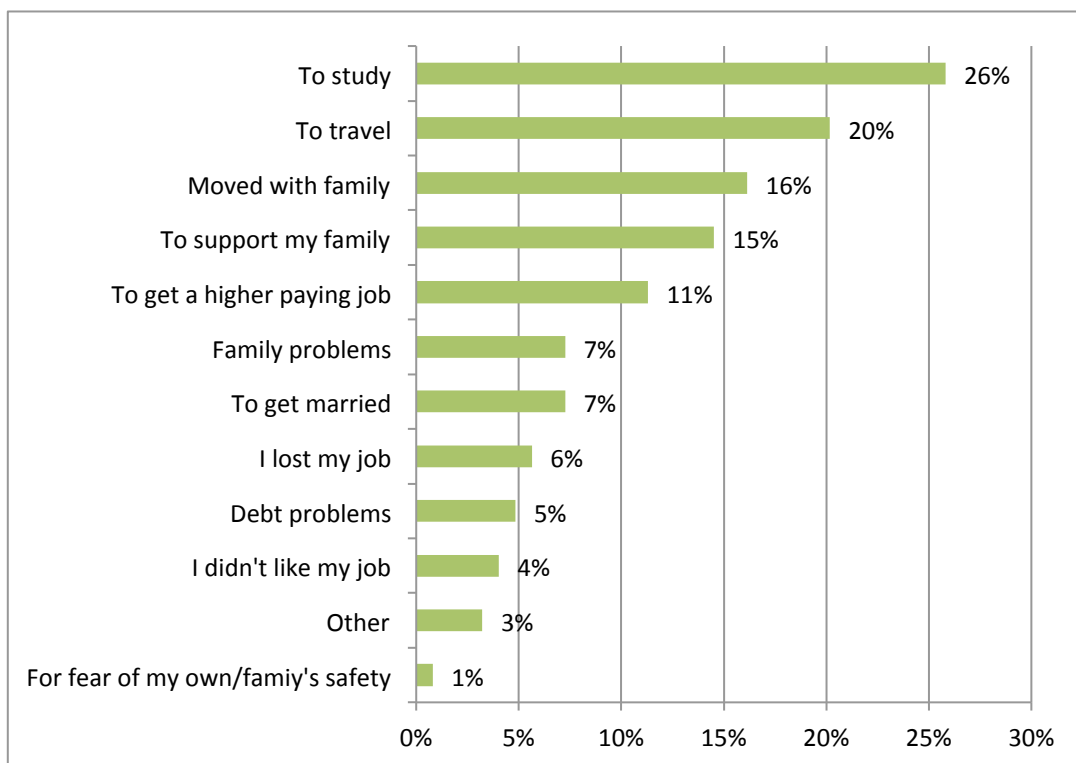
Survey participants were asked to indicate the main reasons they left their home country, they could select more than one reason from options provided. The most common reasons for leaving was to study (26%, n=32), to travel (20%, n=25) or because they moved with their family (16%, n=20). Financial reasons were also common. These included to support their family (15%, n=18), to get a higher paying job (11%, n=14), because they had lost their job (6%, n=7) and/or debt problems (5%, n=6).

Seven percent (n=9) of respondents reported family problems and just 1% (n=1) reported having left their home country out of fear for their own or their families safety. Of those giving 'other' reasons (3%, n=4), three suggested they wanted a better future or new start, and one didn't give a response (see Figure 4).

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<sup>19</sup> Responses were missing for three participants.

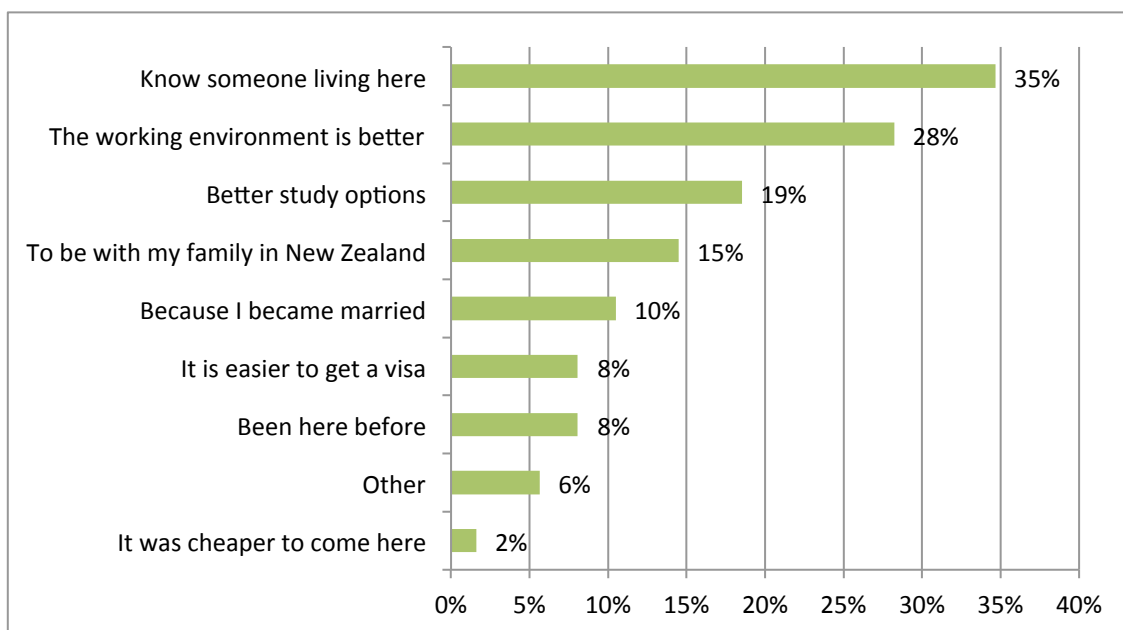
**Figure 4: Reasons Cited for Leaving Home Country**



### 8.1.3 Motivations for coming to New Zealand

The most commonly reported reason for coming to New Zealand was because the participant knew someone already living in the country (35%, n=43). The next most common response was because of the working environment (28%, n=35) (see Figure 5).

**Figure 5: Reasons Reported for Travelling to New Zealand**



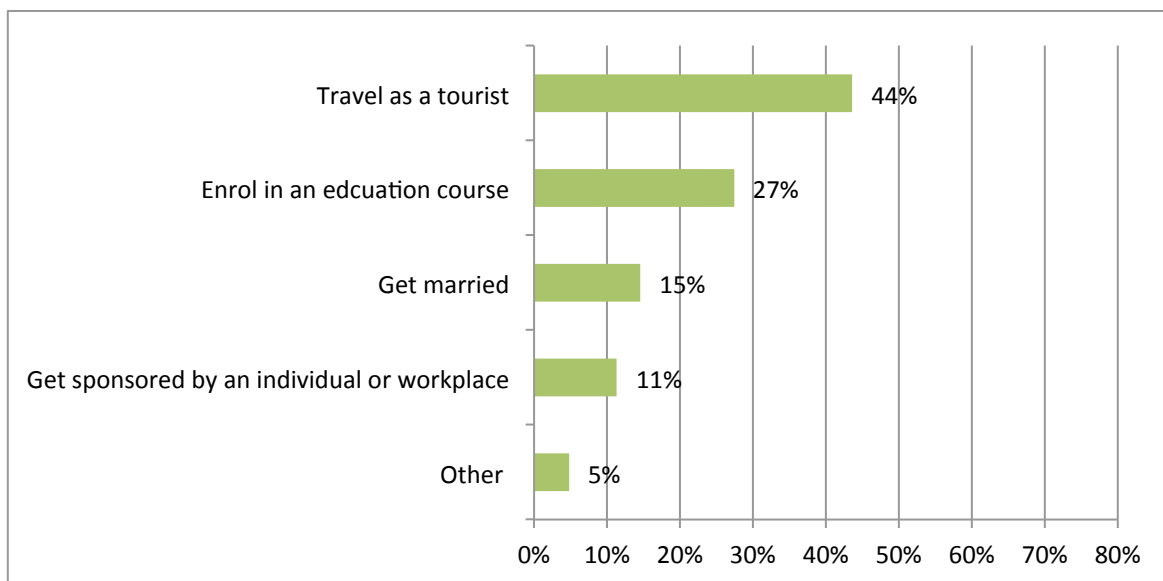
### 8.1.4 Entering New Zealand

Participants were asked a number of migration questions that have been commonly associated with trafficking. Firstly, they were asked what action that took to enter New Zealand. The assumption has been that sponsorship may reflect a trafficking type scenario. Next, they were questioned about the type of assistance the individual received to secure a visa. An indication of trafficking is if their *boss* had assisted them. The third line of questioning centred on the how they actually travelled to New Zealand. The expectation is that those who travel with a *boss* are trafficked. Finally, participants were asked how much it had cost them to travel to New Zealand. This has been included because there has been some commentary that migrant workers are required to pay to work in a foreign country and are required to pay for a *friend* to accompany them.

#### Action taken to enter New Zealand

Survey participants were asked if they had taken any action to assist with their entry into New Zealand. They were given four options and could select as many were applicable or indicate any other action. The most common action taken was to 'travel as a tourist' (44%, n=54), and just under a third (27%, n=34) had enrolled in an education course. There were only 11% (n=14) who were sponsored by an individual or workplace. Unfortunately, the question did not clearly differentiate between sponsorship on the grounds of work or through a family member (see Figure 6).

**Figure 6: Action Taken to Enter New Zealand**



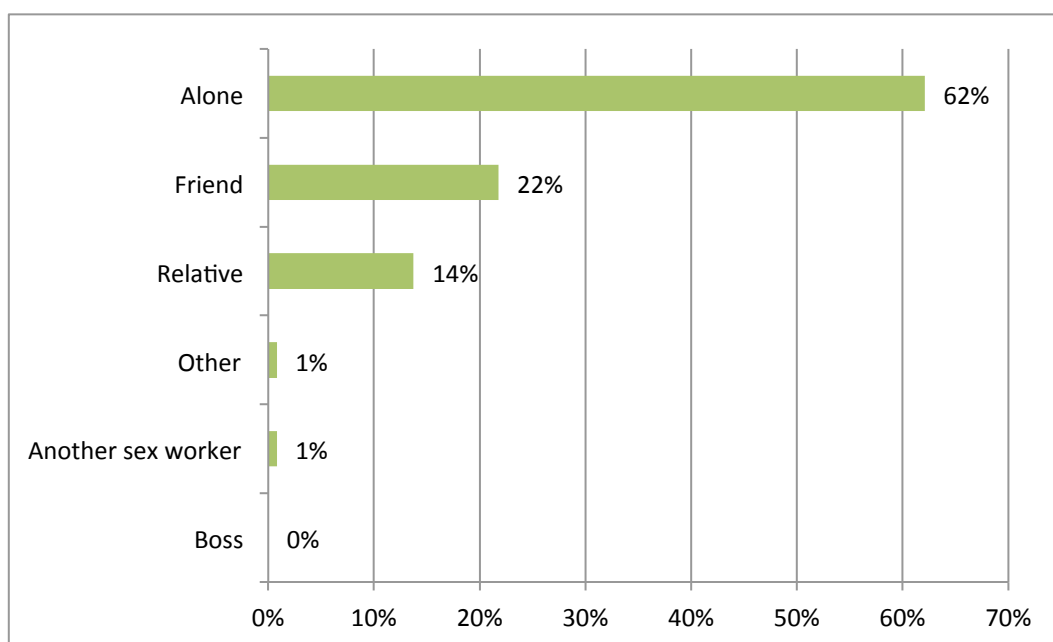
#### Help securing visa

Most commonly, participants had arranged their visa themselves or with help of a family member, partner or friend. Nine percent had used a broker and just 2% (n=2) reported their boss had assisted them in securing their visa. One of these workers indicated they *did not want to do anything else*, while one reported they *did not know how to leave / couldn't get help to leave*. Of those that had some assistance in securing their visa, this assistance came from people living overseas for 17 migrants (14%).

## Travel

The majority of the participants had travelled to New Zealand alone (n=77, 62%). One in five came with a friend (n=27) and another 17 came with a relative or family member. Just one migrant arrived with another sex worker, and none reported being accompanied by their boss. These figures counter a common conception that migrant sex workers are somehow forced to travel to another country (see Figure 7).

**Figure 7: How Participants Travelled to New Zealand**



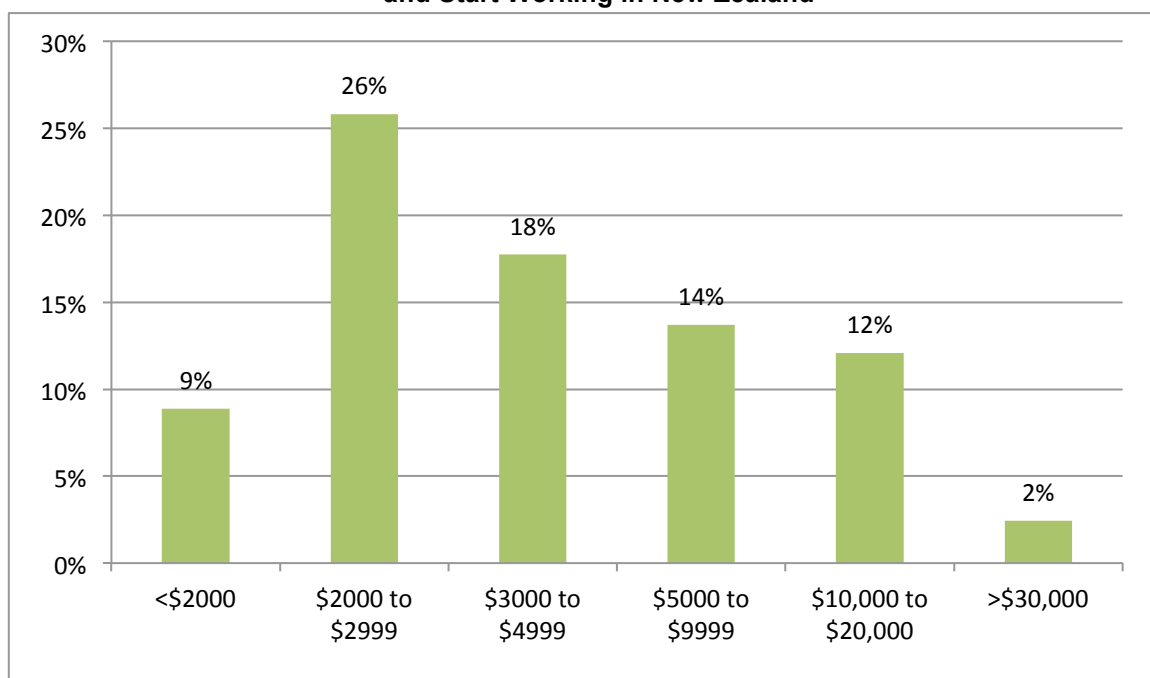
A popularised trafficking image is that migrants either do not know the country of destination or that they had been misinformed, before they left their country, about the actual destination. Encouragingly, the majority of participants (94%, n=117) reported knowing that they were coming to New Zealand. The remaining seven (6%) participants indicated that they did not know. Of these, three participants indicated that they had left their home country to travel 'the world' and had taken a circuitous travel route before arriving in New Zealand. The remaining three participants did not qualify their responses.

## Cost of travel

Participants were asked how much it cost them to travel, enter and start working in New Zealand. The majority of participants (66%, n=82) reported that they had spent less than \$10,000. There were 18 participants (14%) who reported a cost greater than \$10,000. Of these, the majority were students (n=10) and three were on a work visa. The remaining participants stated that they had moved to New Zealand with their family and were now either New Zealand citizens (n=3) or a permanent resident (n=1). The higher costs of \$30,000 or more were reported by three participants who came to New Zealand to study (see Figure 8).

Of note, 17 of the 18 participants who paid \$10,000 or more to travel to New Zealand reported travelling alone. The remaining individual reported travelling with a relative.

**Figure 8: The Cost to Travel (including air fares), Enter and Start Working in New Zealand**



## 8.2 Working situation

Participants were asked a series of questions about their working situations. Questions fell into the following three areas:

- working conditions
- venue and clients
- income.

### 8.2.1 Working conditions

Participants were asked a number of questions about their working conditions. Questions include the type of employment arrangements under which they worked, the hours worked, condom use and indications of freedom and breaches of human rights.

Most participants found their working conditions to be about what they were expecting (40%, n=49) or a little better (28%, n=35). Twelve percent (n=15) found them much better than they were expecting, with just 18% (n=22) finding their conditions a little or much worse than they were expecting.

#### Management

Seven out of ten participants reported that they had a boss (70%, n=87). A similar number (n=88) reported they stayed in one location (i.e. did not move between towns or cities in New Zealand for work).

### Contractual arrangements

The majority of participants reported not having a work contract or employment agreement with their employer (72%, n=89). Of the 30 respondents who did have some form of employment contract, most found their current working conditions accurately reflected their contract (83%, n=25). This suggests a degree of employment transparency and fairness. Four suggested their conditions were better than their contract and just one indicated her conditions were worse than the terms in her contract.

### Hours worked

Participants most commonly reported working between six and ten hours a day, for five or six days a week, seeing between 10 and 19 clients a week. Approximately one quarter of participants reported working 10 hours and over per day (23%, n=29) and 10% (n=13) of participants stated that they work seven days a week.

Over a third of participants (36%) said they would see more clients if they could, 20% said they would not change the number of clients, while a quarter (24%) said they would prefer to see less.<sup>20</sup>

**Table 5: Hours Worked and Number of Clients Per Week**

Amount of Work	Frequency	Percentage
<b>Average hours per day</b>		
1-6 hours	31	25%
6-10 hours	55	44%
10 hours and over	29	23%
On call 24 hours	6	5%
Missing	3	2%
<b>Average days per week</b>		
1-2	9	7%
3-4	44	35%
5-6	55	44%
7	13	10%
Missing	3	2%
<b>Average number of clients per week</b>		
9 or less	35	28%
10-19	53	43%
20-29	28	23%
30-39	5	4%
Missing	3	2%
<b>Total</b>	<b>124</b>	<b>100%</b>

<sup>20</sup>

Twenty-four participants either did not respond to this question or said they didn't know

### Condom use

All but two participants reported that they “*always wore condoms while working*” (98%, n=120). Of the two that did not always use condoms, one said it was because her “*boss tells her not to*” and the other because “*it will keep the customer happy*” and “*because she could charge more*”.<sup>21</sup>

### Freedom and human rights

Nearly all the migrants reported having easy access to their passport (95%, n=118), just five migrants reported that they did not have access.<sup>22</sup>

Further, most participants (88%, n=109) said that their workplace allowed them to refuse clients, with six (5%) reported this was not the case.<sup>23</sup> Of note, only one participant who could not refuse a client did not have access to their passport.<sup>24</sup>

Participants were also asked two questions designed to gauge their knowledge of their rights. The majority of participants (88%, n= 103) said that it is “*illegal for a boss to fine a sex worker if they take the day off*”. While three participants reported that it is only “*sometimes illegal*” (2.4%).<sup>25</sup> Of concern, 11 participants (9.4%) indicated that it is legal for a worker to be fined.

Next, participants were asked if it is illegal for a boss or anyone else to stop a sex worker leaving their job. Again, the majority of participants said that it is not legal (93.2%, n=110). Five participants said that it is sometimes illegal (4.2%, n=5) with three (2.5%) reporting that it is legal.<sup>26</sup>

Freedom to go shopping was explored as a possible indication of unfair constraints being placed on the worker. Most participants reported shopping frequently, with two-thirds shopping once a week or more. Only 6% reported they ‘hardly ever’ went shopping (see Figure 9).

<sup>21</sup> Two participants did not respond to this question

<sup>22</sup> One participant did not answer this question.

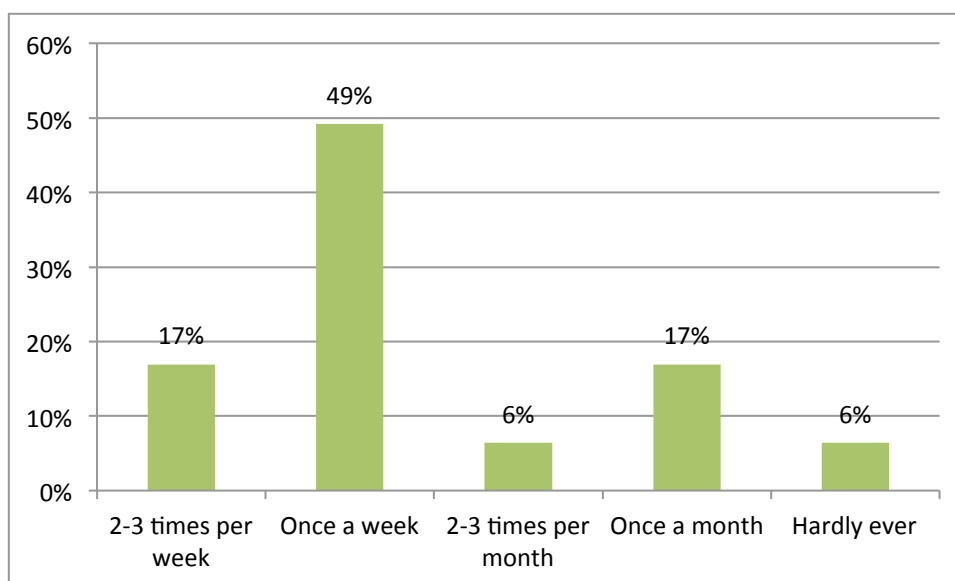
<sup>23</sup> Two participants did not answer this question, and seven responded with don't know.

<sup>24</sup> Of note, further exploration of this participant's responses revealed a number of indicators of personal freedom. For instance, the participant goes shopping once a week, is in contact with NZPC, has travelled and worked in New Zealand on multiple occasions, knew that she was coming to New Zealand and she travelled to New Zealand to get married. Finally, she stated that she would have no problem contacting police.

<sup>25</sup> Nine participants did not answer this question.

<sup>26</sup> Nine participants did not answer this question.

Figure 9: Reporting Shopping Frequency



### Reasons for staying working in the sex industry

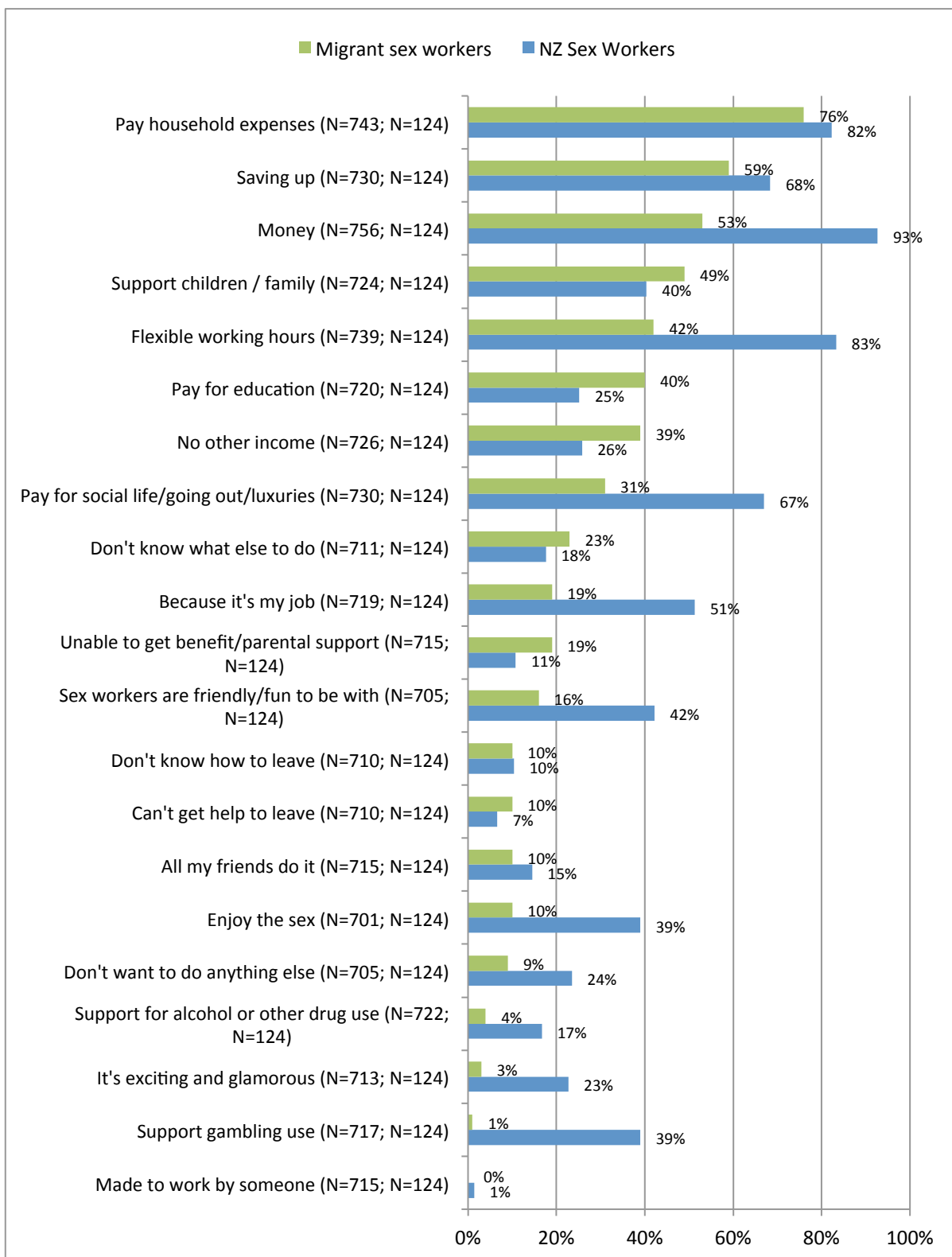
Survey participants typically indicated a number of reasons for staying working in the sex industry, with the average number of reasons being five. The most common reason reported by three-quarters (n=94) was to pay for household expenses. Of particular note is that none of the migrants that participated in the survey reported that they were being made to work by someone (i.e. suggesting human trafficking).

Abel et al (2007) surveyed a large sample of New Zealand sex workers (n=772) and asked them their reason for staying working in the sex industry carried out by Abel et al (2007). Figure 10 below compares their reasons to that of the migrant sex workers in the current study, the chart is ordered in terms of frequency of the reasons given by the migrant sex workers. Reasons given were similar, with earning money or saving being rated highly by both groups. Non-migrant workers seemed to appreciate the flexible working hours and, perhaps more frequently, noted other positive aspects (e.g. ability to pay for social life/luxuries/going out, because sex workers are fun to be with, enjoying the sex).

For migrant workers paying for education and difficulties earning or accessing other income were more common than for New Zealand sex workers.



**Figure 10: Reasons for Staying in the Sex Industry.  
A Comparison of Migrants and Non-Migrants**



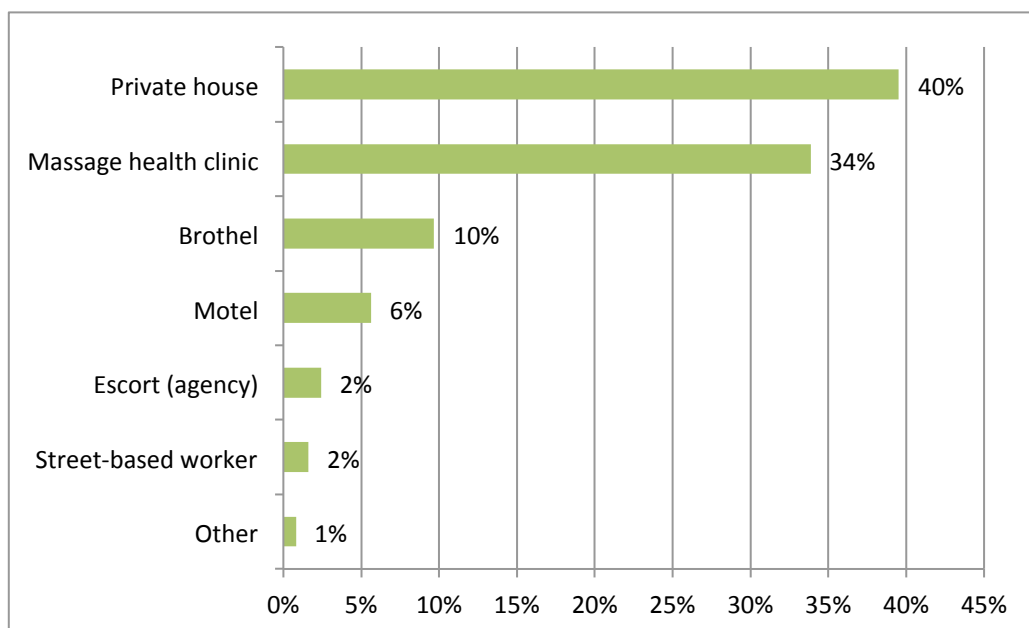
## 8.2.2 Venue and clients

The next series of questions focused on the type of venue in which participants worked.

### Type of workplace

Participants were asked which of six types of workplace they worked.<sup>27</sup> It appeared the vast majority of participants only worked in one type of venue (93%, n=115) while just seven migrant sex workers worked in more than one venue. Most commonly, participants reported working from a private house (40%, n=49) this was followed by working in a massage health clinic (34%, n=42).

**Figure 11: Type of Workplace**



### Clients

Respondents were also asked about the ethnic background of their clients. The majority of respondents related that they saw clients of mixed ethnic backgrounds (56%, n=69) whereas approximately one quarter of respondents saw exclusively European clients (26%, n=32), and around one in five reported seeing exclusively Asian clients (17%, n=21).<sup>28</sup>

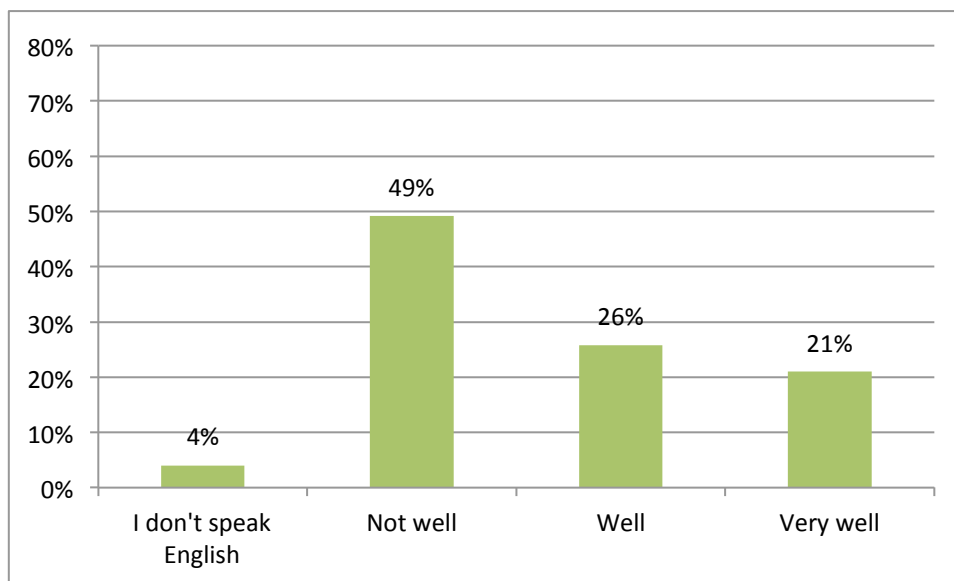
### Languages spoken at work

Just under half the survey participants (47%, n=58) felt they spoke English either very well or well. A similar proportion felt they didn't speak English well (49%, n=61), and only four percent indicated they did not speak English at all (see Figure 12).

<sup>27</sup> Participants were given the option of providing multiple responses.

<sup>28</sup> Responses were missing for two participants.

Figure 12: Knowledge of English Language



The vast majority of sex workers spoke English at work (94%, n=117). Of these 25% also spoke Mandarin (n=31), and 11 percent also spoke Cantonese (n=14). Of the 6% (n=7) that indicated they did not speak English at work, six spoke Cantonese (with three of these also speaking Mandarin) and one worker spoke Korean only.

### 8.2.3 Income

Participants were asked a number of questions about their income. Some questions explored fairness within the workplace, such as whether respondents were paid regularly. Other questions compared income and working conditions to the individual's home country whilst others explore income-related work conditions. Again these questions can be used as an indication of exploitation and/or coercion in the workplace.

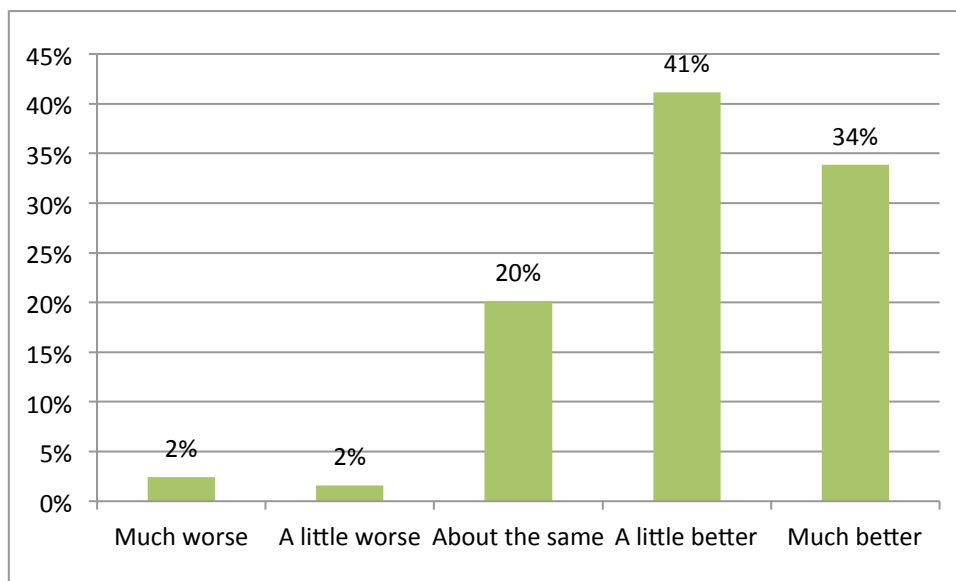
#### Regular payment

Nearly all the participants reported being paid regularly (n=117, 94%). Five reported they were not paid regularly. Of these, two said this was because there were sometimes not enough clients.<sup>29</sup>

#### Current income in comparison to home country

Three-quarters (75%, n=92) of participants reported their current New Zealand income was a little, or much, better than what they would have earned in their home country. A minority, 4%, stated that their New Zealand income was worse (see Figure 13).

<sup>29</sup> Two participants did not answer this question

**Figure 13: The Extent to which New Zealand Income Compares to Country of Origin**

### Income satisfaction

Just 12% (n=15) reported they were not satisfied with their current income with some of these commented that they found living in New Zealand expensive and were struggling on their current income.

### Expenditure

Participants were asked how they spent the majority of their income.<sup>30</sup> Most commonly, 47% (n=58) used their income to support themselves, family and/or partner in New Zealand. Just under a third reported saving the majority of their income (n=35).

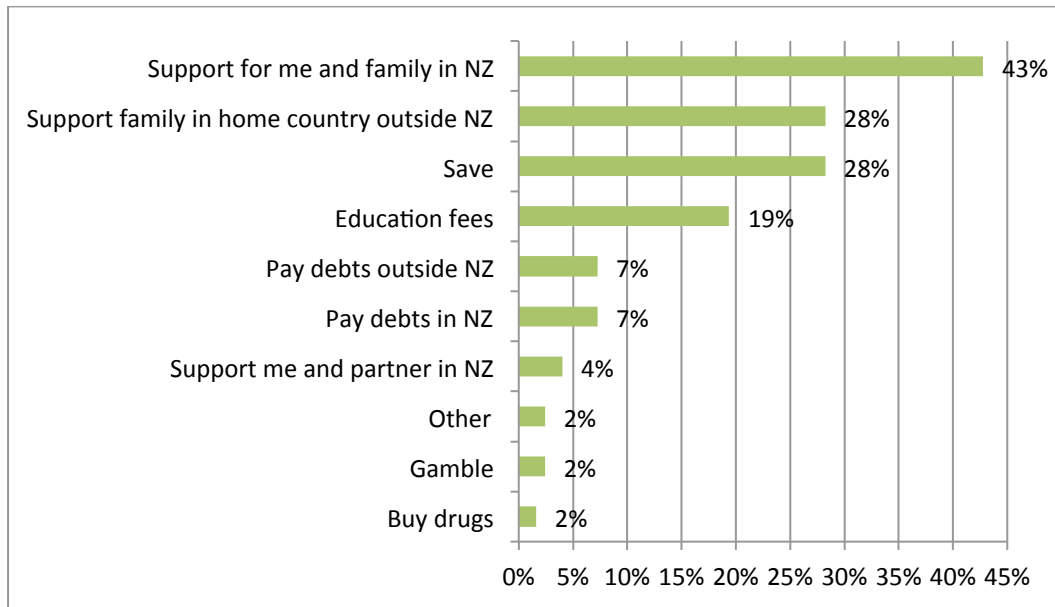
Perhaps more specific to migrants, a third (28%, n=35) reported spending the majority of their income supporting family members in their home country, and 7% (n=9) reported the majority of their income was spent paying debts outside of New Zealand. The same proportion (7%, n=9) reported most of their earnings were spent paying off debt in New Zealand.<sup>31</sup>

Of the 17 who reported their income was spent paying off debt, either in New Zealand or in their home country, seven reported that their debt had been incurred through their travel to New Zealand or through securing their current job (6% of all migrants that participated in the survey) (see Figure 14).

<sup>30</sup> Participants had the option of giving multiple responses.

<sup>31</sup> One participant reported their income was spent paying off debt in New Zealand and overseas

Figure 14: How the Majority of Income is Spent



## 8.3 Accessing NZPC

The final section of the survey explored participants' awareness and use of NZPC's services.

### 8.3.1 Awareness

Participants were questioned about their awareness of the various NZPC branches.<sup>32</sup> The majority of participants had heard of Auckland's NZPC (76%, n=94), with much less awareness of the remaining branches. The high level of awareness about Auckland NZPC may, more than likely, be attributed to the fact the majority of participants were recruited in Auckland. Similarly, low levels of awareness about Christchurch and Dunedin NZPC can be attributed to the fact that the survey was administered in the North Island only.

**Table 6: Awareness of NZPC**

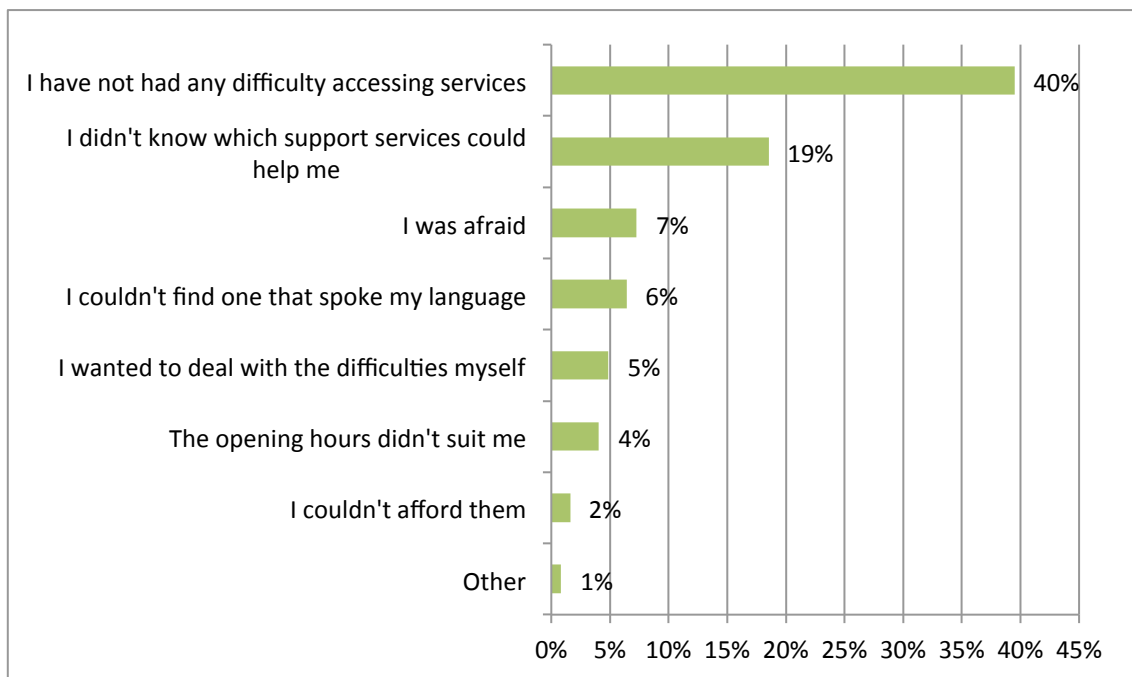
	n	%
Auckland NZPC	94	76%
Tauranga NZPC	16	13%
Wellington NZPC	16	13%
Christchurch NZPC	11	9%
Dunedin NZPC	9	7%

### 8.3.2 Barriers to accessing services

Forty percent of participants (n=49) reported they had had no difficulties in accessing NZPC's services. Of those that had experienced difficulties accessing NZPC, the majority attributed this to a lack of knowledge about the various support services available (19%, n=23) (see Figure 15).

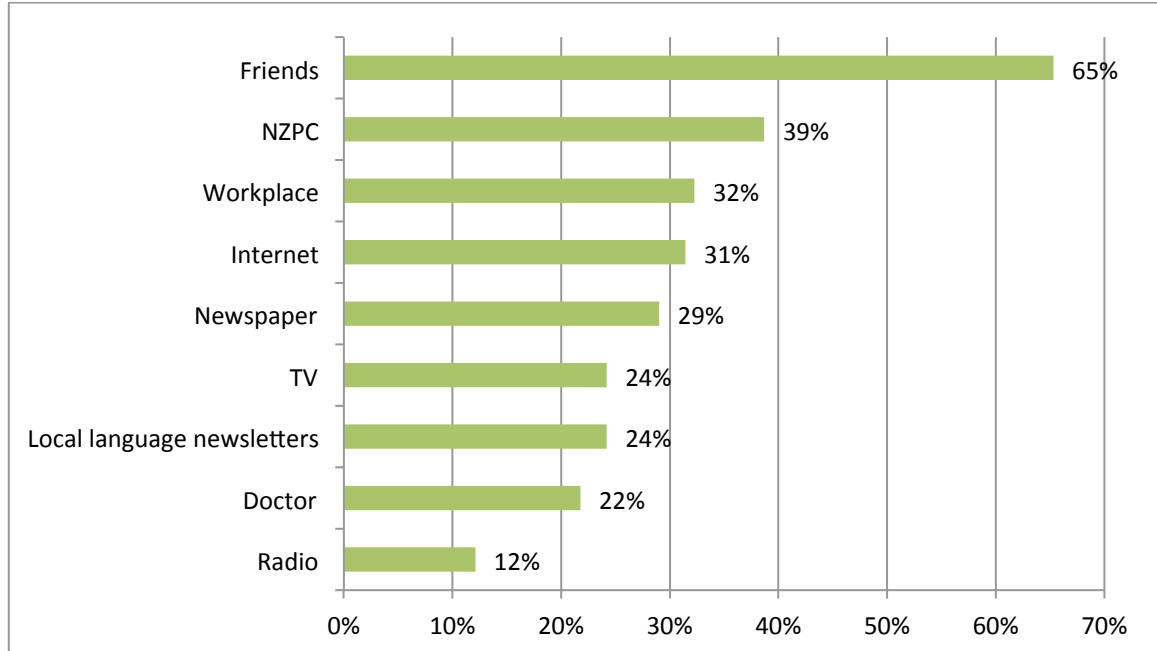
<sup>32</sup> Participants were also questioned about their willingness to access NZPC. Data pertaining to this question has been omitted because over 20% the survey question was incomplete.

**Figure 15: Use and Possible Barriers to Accessing NZPC**



Rather than NZPC, the majority of participants stated that they most commonly sourced information from friends (68%, n=81). NZPC was the next most common source (39%, n=48).

**Figure 16: Participants' Primary Sources of Information**



Health professional and NZPC participants suggested that a number of opportunities exist to promote aspects of NZPC's services. First, the need for early engagement with migrant sex workers arose out of discussions with the health professional participants and their concern over the degree of illness some migrant workers initially present.

*Brothel managers need to look after the girls' health. If they [managers] know they haven't got visas they have to do something for their health (Health professional)*

Next, complementing early intervention, the need for health brochures in relevant languages was also raised.

*Sexual and reproductive health services need to have resources in a variety of languages (Brothel operator #1)*

Participants also raised the need for flyers in pertinent languages outlining the nature of NZPC's services; specifically the sexual and reproductive health is free and that NZPC has no relationship or reporting requirements to state agencies.

*So I think we could do some flyers so every time there is a delivery we should have some flyers in Chinese and translate it for the owners so they don't think we're doing anything underhand. Put it in with the deliveries and ask them to put it on the notice board (Health professional)*

NZPC and health professional participants also raised the need for NZPC to advertise in relevant newspapers, and in particular Chinese media. Of note, however, NZPC has advertised in a number of Chinese newspapers in the past. An article appeared the New Zealand Herald accusing NZPC of inappropriately using taxpayers' funds for targeting illegal migrant sex workers.

*We got attacked by the Herald saying we were using taxpayers' money to develop resources for Chinese sex workers (NZPC)*

While not a survey question, health professional and NZPC interview participants raised concerns that the sexual and reproductive health clinics are in a process of moving from an anonymous to a confidential service. Participants raised this as possibly compromising the success of promotional activities.

Historically, the success of the NZPC sexual and reproductive health clinics rested on its anonymous service. In practice this meant that names were never required and all clinic records were encoded to ensure patient anonymity. Similar practices were practiced by the New Zealand AIDS Foundation in its testing of HIV and syphilis as it was asserted that marginalised populations such as sex workers and men who have sex with men are less likely to engage with health services that risk disclosing their name, work, sexual orientation, or behaviours.

Over the last few years changes in District Health Board requirements has resulted in the steady erosion of anonymous nature of the NZPC health and reproductive health clinics.

## 8.4 Summary

The survey's results provide a strong indication that participating migrant sex workers have entered New Zealand of their own volition, and are generally happy in their work and workplaces.

Concerns about trafficking are nullified by a review of the processes surrounding securing visas, the means in which they travelled and the costs associated with travel. In terms of securing visas, the majority of participants reported having secured these themselves or with the help of a friend or a family member. Two participants (2%) reported that a boss had helped them.

In relation to the means of travel, the majority (94%) of participants reported knowing that they were coming to New Zealand when they left their home country. The remainder appear to have taken a circuitous route common with an overseas experience. Further, the majority either travelled alone, with a friend or a family member. Only one participant reported having travelled with their boss.



Anti-trafficking groups have raised concerns about migrant workers incurring debt as a result of travelling to another country to work. The risk is that the individual is placed in a vulnerable position if the debt is owed to their employer. Fortunately, there was no indication of employer indebtedness. While substantial sums were expended in travelling to New Zealand the highest costs were generally reported by students. These costs appear to reflect tertiary levels fees placed on international students.

The survey's results are also useful in regards to highlighting a lack of exploitation and/or coercion in the workplace. Of note, the majority of participants found their workplace conditions either matched or exceeded their expectations. Further, while 70% reported having a boss, the majority did not have a contract. This provides an indication that workers are not locked into a particular workplace or agreement. Furthermore, 82% of participants said that they were happy with their income. Those who were not satisfied commented that they found New Zealand an expensive place to live.

The number of hours worked is also an interesting finding. Most common were reports of working between six and ten hours a day for five or six days a week and seeing between 10 and 19 clients a week. A further 10 percent reported working seven days a week. Despite long hours, over a third of participants (36%) said that they would like to see more clients if they could and 20% said that they would not change the number of clients, whereas one quarter said that they would prefer to see less. Given the interviews with health professionals in the qualitative component of the study, these hours of work may be appreciated in light of the individual's intent to earn as much money as possible before they leave. The risk, however, is that their health can suffer as a result of fatigue.

Positive indications of freedom in the workplace were reflected in the high number of participants who reported that they are paid regularly (94%) and the frequency in which they go shopping (two-thirds going out shopping once a week or more).

In terms of awareness of NZPC, the majority of participants had heard of Auckland's NZPC (76%, n=94), with much less awareness of the remaining branches. The high level of awareness about Auckland NZPC can, more than likely, be attributed to the fact the majority of participants were recruited in Auckland. Forty percent of participants (n=49) reported they had had no difficulties in accessing NZPC's services. Of those that had experienced difficulties accessing NZPC, the majority attributed this to a lack of knowledge about the various support services available (19%, n=23).

The survey however, has raised a number of concerns. Rather than trafficking these concerns indicate poor workplace/managerial practice. Specifically, it is a concern that 5% of participants stated that their workplace did not allow them to refuse clients. Also there is an indication that some employers place fines on workers. For instance, just under 10% indicated that it is legal for a worker to be fined. Finally, 5% of participants reported not having easy access to their passports. Unfortunately, the survey did not question whether their employer or a third party had confiscated their passport or whether not having easy access was a problem for the individual. At the least, the individual's ability to access their passport requires some attention.

## 9 DISCUSSION

This study has drawn on three research streams. First, from the perspective of key informants, concern was raised that New Zealand is not meeting its obligations, under a number of United Nations conventions, to migrant workers. Further, current legislation was discussed as creating migrants as an underclass; vulnerable to exploitation.

The primary message underpinning anti-trafficking discourse is that sex workers are vulnerable, exploited and have no agency in their work. The logical outcome of which is that migrant workers will have a higher incidence of sexually transmitted infections as they would be forced to forego safer sex practices: either because of a client's or their manager's demands. The study's second research stream, a review of sexual and reproductive health records, challenges this anti-trafficking premise. Based on the findings of the review, there was no indication that migrant sex workers are at any greater risk of infection than non-migrants. Further, low levels of infection, and commentary obtained from participating health professionals, provides a strong indication of adherence to safer sex practices while working. The concern, however, is a practice, albeit however small, of sex workers who do not use condoms with their intimate partners. It is at the level of intimate partners that appears the greatest risk of infection/transmission.

The third research stream, the survey of migrant sex workers, provides an overview of their experiences and provides a strong indication that participating migrant sex workers have entered New Zealand of their own volition and are generally happy in their work and workplaces.

The survey, however, has raised a number of concerns that indicate poor workplace/managerial practice. For instance, there are indications that some managers are not allowing workers to refuse clients. Also, the imposition of fines, a poor practice and contrary to the Prostitution Reform Act 2003, can have a detrimental effect on the individual's wellbeing. Finally, it is noteworthy that five percent of participants reported not having easy access to their passports. The survey did not question whether lack of access to their passport was because of it having been confiscated or whether not having easy access was a problem for the individual. At the least, the individual's ability to access their passport requires some attention.

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