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Another Decade of Social Scientific Work on Sex Work: A Review of Research 1990-2000

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The international, psychological and sociological research literature on prostitution from 1990 through 2000 is reviewed. The stage is set by scanning topics and perspectives in earlier writings. Then the research is discussed under the following headings: (a) HIV related research (HIV prevalence studies, factors in condom use, and prevention program evaluation); (b) sex workers' background and motivational issues (early victimization and connected factors, economic motives and connected factors); (c) work related issues (working routines, risks and stresses, and managing risk, work and identity); (d) research on clients, and (e) issues related to social and legal status. The literature is still much more about sex than it is about work. In addition, although an increasing number of authors have criticized the dominance of a deviance perspective over work perspectives on prostitution, the literature still reveals many features of stigmatization. For instance, the wrongs associated with sex work are all too often attributed to the nature of sex work itself instead of to the stigma attached to it or to specific negative circumstances. Likewise, the association between prostitution and negative features (in particular HIV and early victimization) is overwhelming, despite evidence that, for large groups of sex workers, these issues are of limited relevance. Generally, writers fail to adequately differentiate among types of sex workers. In particular, in relation to issues of health and well-being, differentiation among sex workers on the basis of specific features of their working situation (e.g., contexts, routines, relations, conditions) has hardly been studied and is recommended for the future.

Key Words: health, HIV, prostitution, sex work, victimization, working conditions.

Through the previous century, prostitution was an important target of political, medical, and therapeutic intervention as well as of scientific study. Presently, it unremittingly remains attractive to social science scholars. In this review, I have targeted the international social science research published during the last decade, aiming to answer the question of how far we have come in our understanding of sex work. Sex

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work is, for this particular purpose, defined as the explicit and direct exchange of sexual services for monetary gain. Thus, literature on implicit exchange (such as is possible within other sexual relationships), as well as on indirect service (such as is provided in pornography and phone sex), is excluded from this review. The literature will be looked at from a "pro-sex work feminist frame of reference," meaning that sex work is, on principal, considered legitimate work, not violence. At the same time, it is acknowledged that the illegal status of sex work and its consequences do violate the civil and workers' rights and integrity of sex workers. This being so, it may be relevant to stress that, although involved in activist work from time to time, I am principally a social science researcher.

My aim was to summarize the relevant literature. The focus was on the psychological literature, leaning heavily on references in *Psychological Abstracts* and, to a lesser extent, on those in *Sociological Abstracts*. Publications before 1990 are not cited. However, in order to set the stage for the recent literature, main topics and perspectives in earlier writings are described first.

Earlier Research On Female Prostitutes and Their Clients

Appraising the earlier social science literature on female prostitutes (for a more extensive overview see Vanwesenbeeck, 1994), it seems that feelings of abhorrence, astonishment, incomprehension, and fascination have motivated many of the authors. Pressing questions seem to have been: Who are prostitutes, and why do they enter prostitution? Questions about how prostitutes managed were asked much less often and, ultimately, predominantly put in the context of AIDS research. In comparison to prostitutes, clients were studied much less extensively, and the literature on male prostitutes and their clients published before 1990 is too scarce to even discuss under this heading.

Who Are They?

The first studies of "the problem of prostitution" almost exclusively took the prostitute as the unit of analysis and focussed on biological explanations for the presumed "evil characters" and "sick personalities" of women in prostitution. This focus on pathology in the individual prostitute was thoroughly cultivated within the psychoanalytical tradition of the 20th century. In most psychoanalytic work, limited observations are generalized without problem, no distinctions are made between prostitutes, and societal conditions are not considered. Other early psychological research can also be qualified as an ongoing search for pathology in prostitutes in order to explain "who they are." However, many authors

could not come up with unambiguous proof of pathology. On the contrary, strong evidence was produced that the stereotypical images of prostitutes are simplistic and that, as in other professions, a wide variety of personality types and traits existed among prostitutes. Pathology has only been convincingly demonstrated in very specific groups of prostitutes, particularly when there was at least the suggestion of trauma. For the broader population, from the 1970s onward, the evidence from a large body of research started to reveal associations between sexual trauma and psychological or psychiatric disorders. For prostitutes however, the initial "discovery" of sexual trauma and its psychological impact, surprisingly, shifted the attention away from their mental health. Sexual trauma in the context of prostitution came to be investigated as an explanatory factor for entrance into prostitution *per se*.

Why do they enter?

During the second half of the 20th century, early victimization came to be put forward as an explanatory factor by many authors. The (early) research on physical and sexual abuse of women revealed a relatively high percentage of prostitutes among childhood abuse victims and, in addition, evidence of a relatively high percentage of childhood abuse victims among prostitutes was presented. Rates of intrafamilial childhood sexual abuse among juvenile prostitutes reported in American and Canadian studies in the 1970s and 1980s vary between 31% and 73%. Explanations for the connection between childhood abuse and prostitution are often psychodynamic, stressing sex work as a form of counterphobic behavior. Others argued that "the drift into prostitution" of the abused child is a response to informal labeling and subsequent stigmatization, enhanced by factors such as running away, institutionalization, acquaintance with pimps, drug abuse, the need for money, and the lack of employment possibilities. The evidence from several controlled studies empirically supported the suggestion of a link between childhood sexual abuse and prostitution and the relevance of the factors mentioned. However, most of this research was done among specific, select samples of prostitutes; for example exclusively street prostitutes, women recruited in jails, or exclusively ex-prostitutes recruited through social agencies. Clearly, these samples are not representative, and, thus, these findings do not say anything about the population of sex workers as a whole. On the contrary, the literature until the 1990s often described a trap of which we remained unaware as to how many prostitutes it would apply. In addition, evidence began to accumulate that, in particular, the role of recruitment or force by pimps, and the role of drug use as stepping

stones towards a prostitution career, were much less important than was often expected. It was found that hard drug use was related to entrance into prostitution for only a specific group of prostitutes, street prostitutes. Also, pressure applied by pimps was found to affect only relatively small percentages of prostitutes. Reliable figures on the number of women being victims of international women traders hardly existed.

How Do They Manage?

As a result of the major in interest the reasons for being and becoming a prostitute, the reality and consequences of working as a prostitute were studied much less during most of the previous century. Both mental health aspects and victimization had predominantly been studied in relation to the choice for prostitution, not in relation to sex workers' actual and present situation. But, of course, there were some exceptions to this rule. Working routines, for instance, including occupational skills, job satisfaction, occupational ideologies, sexual response and survival strategies, had been addressed by a number of scholars, although always in small samples. In this respect, the autobiographical literature and other writings by sex workers themselves was much more informative. Victimization on the job and its consequences for prostitutes' emotional well-being had also been documented in some studies, again for limited samples, mostly consisting of street prostitutes.

From the beginning of the 1980s onward, the larger body of literature relating to occupational hazards concerned HIV risk. Many medical-epidemiological studies focused on prostitutes as a supposed vector for the epidemic, but the often moralizing, categorizing, unifying, and stigmatizing approach to prostitutes in AIDS research was soon proven wrong by the empirical evidence. At the end of the 1980s it had become clear that, for the Western world, any notion that prostitutes would play a decisive role in the spread of the disease could not be substantiated. Condom use was generally found to be high in commercial contacts, and IV drug use and unprotected noncommercial sexual activity were identified as the most important risk factors for HIV in female sex workers. However, in some African countries and India, the role of prostitution in the spread of HIV appeared to be more important. It came to be noted that the incidence of HIV among prostitutes varied considerably and could only be interpreted in relation to the broader features of the epidemic in a particular area and to the wider organization of sexual activity and prostitution in that area. In addition, although condom use was often presented as an explanatory variable for infection rates, the need for contextualized, differentiated research into the reasons for prostitutes and clients

to either use condoms or engage in unprotected sex became evident by the beginning of the 1990s.

Earlier Research on Prostitutes' Clients

The scientific study of prostitutes' clients, although not as extensive and varied as the study of prostitutes themselves, chronologically shows more or less the same development as that of prostitutes. Until after the first half of the century, a search for pathology characterized the studies, that revealed alcoholism, nonintegrated personality structures, inability of emotional attachment, and masochism. Next, a body of writings appeared in which the absence of pathology in the men being studied was claimed, although some form of pathology, such as a "compulsive need for variety," was sometimes still put forward. Research on motives, as reported by the clients themselves, is relatively more prominent than in the case of prostitutes. Motives often put forward in research before the 1990s included the desire for sexual activity, sexual variety, or certain specific acts. The lack of emotional involvement in contacts with prostitutes seemed particularly attractive for many men as well. Others motives put forward were less shame and anxiety, less fear of pregnancy, less risk of refusal than is the case in noncommercial sexual contacts, mystery and excitement, and visiting prostitutes being an "ego-boosting activity." Practical motives, like being away on business trips, army service, or unavailability of the wife due to pregnancy were also mentioned. Others brought up more social motives, like the search for companionship, the desire for intimacy, and the therapy-like quality of visiting prostitutes. In comparison to prostitutes, clients appeared much more as individuals with conscious and rational motives, and as trustworthy respondents whose answers need no doubt. Researchers seemed to identify more easily with clients than with prostitutes and to have less difficulty with their perspective. It seems to be true when Pheterson (1986) stated, "Whores are being reduced to one image, that neither encompasses mother nor wife, while clients are supposed to represent 'the secret side' of every man. While prostitutes are being reduced to 'whores', the 'john' is being seen as an individual with a certain identity, who also visits prostitutes" (p. 38).

Introduction to Research 1990-2000

Despite the fact that researchers in the late 1980s had already convincingly shown that prostitution is, generally speaking, not a vector in the spread of HIV and despite the criticism on the focus on female prostitutes in the context of HIV, the larger part of the literature on sex work(ers) in the 1990s still is HIV related. Of 423 relevant citations in

PsychLit for the period 1990-2000, half (212) carry the words STD, AIDS, HIV, safe(r) sex, or condom use even in their titles, and many more refer to HIV related issues in their texts. Clearly, many sex work researchers (myself not excluded) have jumped on the HIV bandwagon, whereas others have become interested in sex work only because of HIV.

A second major theme in the literature still pertains to the question, "Why do prostitutes enter prostitution?" and early sexual abuse is still a major area of interest in this context, as will be discussed below. A third theme that has been addressed, in this case increasingly, in the last decade concerns prostitutes working routines, stresses, risks (other than HIV), and ways of dealing with them. In particular the sociological literature now contains a reasonable number of descriptive studies about the daily lives of women and men in sex work. Next, clients of prostitutes have again been the object of study (although still to a limited extent) and will be discussed as a fourth theme. Finally, the ongoing feminist discussion and publications related to legal issues (that are also relatively strongly present in the sociological as compared to the psychological literature) will be discussed.

HIV Related Research

Although, generally speaking, aspects of individual, organizational, and societal relations shape the potential for HIV transmission, research among sex workers has been focused mostly on individual relations and, in particular, sexual relations between sex workers and their clients. Most of the studies are now focused on condom use and the factors determining it, but still some are purely epidemiological. Most of these address HIV infection rates, but some (also) look at other STDs.

A couple of remarks need to be made concerning the populations now studied in HIV related research on prostitution. First, it is sad that HIV is basically (still) the only theme under which non-Western populations are addressed to a relatively large degree (although knowledge on the former Soviet Union and Eastern Europe is still remarkably scarce). Clearly, the spread of the virus in the non-Western world and the role prostitution has played in transmission patterns in some countries must be seen as major reasons for this. Nevertheless, the strong focus on disease and infection when sex workers in the developing world are studied must be criticized for the same reasons as has been done for the Western world. The body of literature creates a discourse that is often moralizing, categorizing, unifying, and stigmatizing.

Secondly, whereas the earlier literature focused almost exclusively on the female sex worker, male sex workers and transsexual and transvestite sex workers are now represented to an increasing degree. As

well as female sex workers, these groups have at first been studied primarily as vectors of HIV transmission. Surprisingly, however, they are mostly seen as vectors into "normal" society via their "normal" clients, and much less as a risk to "homosexual" society (cf. Morse, Simon, Osofsky, Balson, & Gaumer, 1991). Another group increasingly represented in HIV research is clients of sex workers, and sex workers' HIV risk within the context of their private lives is addressed now more than it was before as well.

Another, more doubtful, development in HIV related research is that it seems sex workers have also been discovered as convenient, attractive, accessible subjects for testing out new (HIV related) products. Examples are the testing out of the safety and acceptability of nonoxynol-9 (Rustomjee, Karim, Laga, & Stein, 1999; Visness, Ulin, Pfannenschmidt, & Zekeng, 1998) and the female condom (Madrigal, Schifter, & Feldblum, 1998; Sinpisut, Chandeying, Skov, & Uahgawitchai, 1998; Witte, El Bassel, Wada, Gray, & Wallace, 1999). Concerning the latter, it is striking that female sex workers in Costa Rica evaluated the female condom positively, whereas street workers' opinions in New York were notably negative. Sex workers in Thailand expressed positive evaluations but, nevertheless, hardly ever used it. It is not only because of these contradictory findings, however, that the use of sex workers in test research calls for great care and caution on the part of the researcher. Ethical issues are at stake here. More than is currently the case, researchers should always keep the interest of the target group in mind.

HIV Prevalence Studies

The results of HIV prevalence studies in much of North America and Europe indicate that those prostitutes who are HIV infected are primarily injection drug-using prostitutes (Des Jarlais, Friedman, Goldsmith, & Hopkins, 1990; Jackson & Highcrest, 1996; McKeganey, 1994a; Pyett, Haste, & Snow, 1996; Spina, Mancuso, Sinicco, & Vaccher, 1997). There is substantial evidence that it is the injecting, not the use of drugs or the sex work itself, that puts this group at risk. Rhodes, Donoghoe, Hunter, and Stimson (1994) did not find higher levels of HIV prevalence among drug-injecting prostitutes than among other female drug injectors in London. Darrow, Boles, Cohen, et al. (1991) reported that 2% of noninjecting sex workers tested in San Francisco were HIV positive, compared to 15% of injecting drug users (IUDs). In The Netherlands, none of noninjecting drug-using sex workers, compared to 30% of drug-using prostitutes with a history of injecting, tested positive for HIV (van Ameijden, van den Hoek, van Haastrecht, & Coutinho, 1994). In Spain,

4% of noninjecting and 55% of injecting prostitutes tested positively for HIV (Estebanez et al., 1998). In Italy, 39% of IDUs as compared to 6% of "professional prostitutes" were HIV positive (Spina et al., 1997).

Other researchers have shown that an "unprofessional" setting, in a more general sense, is a risk factor. Roy et al. (2000), for instance, found having engaged in prostitution to be a risk factor for HIV infection (next to having injected drugs and being born outside Canada) among street youth in Montreal. Logan and Leukefeld (2000) found that, among female crack users in Kentucky, those who exchanged sex had higher rates of STDs than those who did not, attributable to higher numbers of sexual partners, higher frequency of sex, and more drug use before and during sex. A link between "sex for crack exchanges" and HIV risk has further been illustrated by Ferri and Gossop (1999) in Sao Paulo, Brazil, by Inciardi (1995) in Newark, and by Weatherby et al. (1999) in southern Florida.

There is some evidence that migrant prostitutes in Europe show relatively high levels of HIV and other STDs. In the study by Spina et al. (1997) in Italy, a subsample of migrant professional prostitutes showed a prevalence of 16% as compared to 6% among the whole group. The authors concluded that increasing prevalence rates among professional prostitutes are due to an increasing entry of sex workers from "foreign countries." In as far as this pertains to supposedly higher HIV prevalence rates in these countries of origin, clearly it depends on which country or specific region we are talking about.

For the non-Western world, the more recent documentation on HIV prevalence rates is extremely diverse, which is in fact not surprising realizing that this encompasses the whole of Africa, Asia, and Latin America. Prevalence rates are notably high in some African countries (e.g., 58% among female sex workers in Burkina Faso; Lankoande et al., 1998). In South Africa, HIV infection rates among 145 female sex workers recruited from truck stops were found to be 61% among those who reported to have anal sex with their clients and 43% among those who did not have anal sex (Abdool, Salim, & Ramjee, 1998). Civic and Wilson (1995) and Brown, Ayowa, and Brown (1993) noted that some African men's preference for "dry sex" increases sex workers HIV risk because drying agents increase risk of lesions of the vagina as well as of condom breakage. Asowa Omorodion (2000) has drawn attention to the extensive sexual networking of commercial sex workers in Nigeria and Pickering, Okongo, Nnalusiba, Bwanika, and Whitworth, (1997) have done the same for sex workers along the Trans-Africa highway in Uganda.

Findings in Asia as well as in Latin America show great diversity also. In some studies, rather positive outcomes have been obtained. None of 1,873 female sex workers in Surabaya, Indonesia, were HIV

positive (Joesoef et al., 1997). In southern Vietnam, HIV-1 sero-prevalence was found to be 5% among 968 female sex workers (Thuy, Nhung, Van Thuc, Lien, & Khiem, 1998). Also for female sex workers in Mexico, a relatively low HIV prevalence rate (1%) has been reported (Uribe Salas et al., 1997). On the other hand, Bhave et al. (1995) found a prevalence rate of 47% among sex workers in brothels in Bombay. In Thailand, rates found were 20% among male sex workers (Kunawararak et al., 1995) and 22% among female sex workers (van Griensven, Limanonda, Chongwatana, Tirasawat, & Coutinho, 1995). Most recently, still relatively high rates of STD infections and low rates of condom use have, for instance, been documented among commercial sex workers in Cambodia (Morio, Soda, Tajima, & Leng, 1999), in Madras, India (Asthana & Oostvogels, 1996), and in Surabaya, Indonesia (Joesoef et al., 1997). In terms of infection with STDs other than HIV, unprotected oral sex seems to be a risk factor. Wong and Chan (1999) found that the 30% of sex workers in Singapore who did not use condoms consistently when performing oral sex were 17 times more likely than others to contract pharyngeal gonorrhoea over a period of 6 months, irrespective of ethnicity, class, or number of clients.

For male sex worker samples, HIV rates do not differ significantly from rates of HIV infection among men with homosexual contacts in general (Browne & Minichiello, 1996a; Weinberg, Worth, & Williams, 2001). Weinberg et al. explained the similar infection rate (in spite of relatively risky sexual practices of male sex workers) by the fact that, at least for New Zealand, the "pool of infection" for the sex worker population is relatively small (p. 283). The same may be true for transsexual sex workers and the transgender/transsexual community in general. However, HIV-risk behaviors (in particular, receptive anal sex), injecting behavior (in particular, hormones), and connected HIV prevalence rates seem to be extremely high in this group (e.g., Vennix et al., 2000; Yep & Pietri, 1999). Elifson, Boles, Posey, et al. (1993), for instance, found 68% of 53 American transvestite prostitutes to be positive for HIV-1. Grandi, Goihman, Ueda, and Rutherford (2000) found a HIV prevalence rate of 40% among transvestite sex workers in Sao Paulo, Brazil (and a 22% rate among male "hustlers"). Subsequently, HIV prevalence in a sample of drug-using transvestites in Rome was 67% (Gattari et al., 1992). However, among Roman transsexuals who hardly reported a history of injecting drug use, a rate of "only" 20% was found (Verster, Davoli, Camposeragna, Valeri, & Perucci, 2001). Absence of injecting drug use may also be one of the reasons HIV (and hepatitis B) prevalence among transvestite and transsexual commercial sex workers in Pakistan (known as Hijras) was found to be low, despite the preva-

lence of syphilis being remarkably high among this group (Baqi, Shah, Baig, Mujeeb, & Memon, 1999). In addition, there is some evidence that integration into the male sex worker scene might be a protective factor for transsexual sex workers. A study by Boles and Elifson (1994b) in Atlanta, Georgia, found that transvestites integrated into the nontransvestite male prostitutes' community are discouraged from engaging in receptive anal sex, especially without condoms. This may help to explain their lower HIV prevalence rate compared with transvestites working in areas less integrated into the male prostitute community, the authors suggest.

For the Western world, there is strong evidence that sex workers may be more at risk of HIV infection within the context of their private sexual lives than in terms of their work (Albert, Warner, & Hatcher, 1998; Fritz, 1998; Jackson & Highcrest, 1996; Joffe & Dockrell, 1995; Pyett, Haste, & Snow, 1996; Taylor et al., 1993; Walden, Mwangulube, & Makhumula Nkhoma, 1999). In addition to reasons for noncondom use that apply to everyone, the condom may become the symbol of detached, businesslike sex for sex workers, and the contrasting need for intimacy may serve as an extra barrier to condom use in their private, nonpaying encounters. This seems to be true for sex workers in non-Western countries as well. In Cameroon, for instance, a sample of 2,266 female sex workers, all tested for HIV, was used to investigate the accurateness of various measures of condom use, varying in specificity (always-to-never versus per coital act) and reference period. Remarkably, the only condom use measure showing a consistent protective effect was using condoms with nonclients (Weir, Roddy, Zekeng, & Ryan, 1999). In Brazil, Lurie et al. (1995) identified an important factor in differential commercial versus private risk. They found that three times as many sex workers feared violence from noncommercial sexual partners if they insisted on condom use than they feared from clients (74% vs. 23%). On the other hand, Cusick (1998) described how prostitute status and the condom as an emblem of prostitution are also sometimes used as arguments for condom use in noncommercial contacts.

Factors in Condom Use in Commercial Sex

Although condom use is often and still found to be high in commercial sex in Europe and the U.S. (for an overview see McKeganey, 1994a), it seems invariably low in various African sites. Campbell (2000) found prostitutes working in a South African squatter camp near a gold mine to use condoms in fewer than 10% of their commercial contacts. Cameron, Witte, Lapinski, and Nzyuko (1998-1999) observed high levels of HIV related knowledge and threat, but low levels of protective

efficacy among sex workers and their clients in Kenya. Likewise, Varga (2001) found high HIV awareness but high-risk behavior among sex workers in Durban, South Africa. However, also most recently, both Outwater et al. (2000) and Gysels, Pool, and Bwanika (2001) found relatively high levels of condoms use among, respectively, female sex workers in Tanzania and clients and sex workers in Uganda. Findings for Asia are, again and as well, diverse. For Thailand, for instance, Robinson and Hanenberg (1997) reviewed evidence studies showing that the proportion of commercial sex acts protected by condoms increased from 14% to 94% between 1989 and 1993. However, Morris, Podhista, Wawer, and Handcock (1996) reported for the same country that 73% of 239 men who had commercial and noncommercial sex in the past 6 months used condoms inconsistently with both types of partners.

Traditional health behavior models, such as the Theory of Reasoned Action, have often been used when studying factors in condom use and have indeed been shown to explain condom use among sex workers to a certain extent in some recent studies (e.g. Sneed & Morisky, 1998). However, notions on the limited usefulness of these models, in particular in the context of sex work, have now almost become a tradition in their own right (e.g., Bloor, McKeganey, Finlay, & Barnard, 1992; Browne & Minichiello, 1995; Vanwesenbeeck, van Zessen, de Graaf, & Straver, 1994). Notably, aspects such as subjective meanings, issues of power, actual control over the interaction, and contextual factors have been insufficiently considered in traditional individualistic, rational models and are now often stressed as important.

Recent studies on reasons for condom use or nonuse mostly confirm what started to become clear in the 1980s. One contextual factor first and foremost determining condom use in commercial sex worldwide relates to the economic situation of the sex workers involved. In the Western world, economic incentives may sometimes play a role for both female (e.g., Jackson & Highcrest, 1996) and for male sex workers (e.g., Simon, Morse, Balson, Osofsky, & Gaumer, 1993), and relatively strongly so during periods of economic recession. In the non-Western world, however, economic hardship is a much more structural matter of fact for many sex workers and accordingly associated with their noncondom use. Wawer, Podhisita, Kanungsukkasem, Pramualratana, and McNamara, (1996) have documented that in Thailand, for instance, the pattern of maintaining strong financial ties with the family by sending income to parents, siblings, and other relatives, and, thus, the financial pressure is very high among sex workers. This is especially true among those from the North. In addition, many Thai sex workers have debts to their employers, which is found to be an additional factor in their infec-

tion risk (van Griensven et al., 1995). Wojcicki and Malala (2001) documented for Johannesburg that economic hardship and consequent competition between women for clients contributes to unsafe sex.

Another contextual factor playing a crucial role in condom use pertains to working sites and connected working conditions. Here, there are interesting differences between the Western and the non-Western world. Condom use in the Western world seems to be higher in indoor, organized prostitution (brothels, clubs, windows) than in outdoor and unorganized forms (street, home) (e.g., Deren, Shedlin, Davis, & Clatts, 1997 for New York City; de Graaf, van Zessen, Vanwesenbeeck, Straver, & Visser, 1996 for The Netherlands; Pyett & Warr, 1997 for Australia). Indoor workers may sometimes be subjected to pressure from brothel owners to accept certain acts and norm violations, but street workers are more at risk because of their relatively quick working routine, a lack of negotiation time as a consequence of police control, and relative high levels of violence in the streets. In the non-Western world, in particular Asia, however, women working in brothels and nightclubs are found to be more infrequent condom users than so-called community-based women. This has been documented for Indonesia by Joesoef et al. (2000), for Thailand by van Griensven et al. (1995) and by Kilmarx et al. (1998), for Cambodia by Prybylski and Alto (1999), and for Southern Vietnam by Thuy et al. (1998). The authors explained this by the fact that brothel-based sex workers, often originally from rural areas and also living in these brothels, remain in a situation of relative isolation and relatively little freedom in decision making in comparison to women working from their own houses. In addition (and in connection to that), brothel-based women are often younger, from lower social-economic strata, less experienced than their community-based colleagues, and living in the bigger cities relatively shortly.

Control over interaction and negotiation with clients appears to be crucial. Wong and colleagues (Wong, Archibald, Chan, Tan, & Goh, 1994, Wong, Chan, Koh, & Wong, 1995) identified low self-efficacy, lack of condom negotiation skills, and barriers such as fear of annoying clients as reasons for noncondom use among female brothel-based sex workers in Singapore. In addition, some sex workers were misinformed, believing that regular clients are safe. Others were fully passive in negotiating condom use due to their perceptions of lack of social support from peers and brothel keepers, and another group appeared to be uninterested, apathetic with fatalistic perceptions of AIDS. Pickering, Quigley, Hayes, Todd, and Wilkins (1993) discovered that, in The Gambia, condom use in commercial contacts decreased, among others, with the number of clients a prostitute had served: Condoms were used for

91% of contacts with the first client and declined to only 37% with the 10th or later clients.

For male sex workers as well, client control, as opposed to sex-worker control, over the interaction has been associated with unsafe sex. Browne and Minichiello (1996a) argued that the lack of power of the male prostitute depends on factors such as their position in the trade, length of time as a sex worker, age, financial and educational status, knowledge of life as a sex worker, sexual skills, drug and alcohol intake, and comfort with sexual identity. In our own study (de Graaf, Vanwesenbeeck, van Zessen, Straver, & Visser, 1994) among 27 male sex workers in The Netherlands, those who identified as gay appeared to be at greater risk. Reasons for this were that they more often worked from their own homes, where contacts were generally more intimate than on the streets, or in brothels, where feelings of familiarity, trust, and sexual attraction towards clients often led these men to have receptive anal intercourse and to abstain from condom use. Also in studies by Boles and Elifson (1994a) and Elifson, Boles, and Sweat (1993) homosexual male sex workers were shown to have higher levels of HIV infection because of more risky practices (including receptive anal sex and a high numbers of partners) with nonpaying, but also with paying, partners. Homosexual male sex workers may derive more pleasure from some clients or perceive some of them as more attractive, which may be a stumbling block in using condoms (e.g., Joffe & Dockrell, 1995; Simon et al., 1993).

Likewise, regularity and attractivity of clients may bring some female sex workers to sometimes abstain from the condom (e.g., Morris, Pramualratana, Podhisita, & Wawer, 1995). In our own study (Vanwesenbeeck, de Graaf, van Zessen, Straver, & Visser, 1993a; Vanwesenbeeck, 1994; Vanwesenbeeck, de Graaf, van Zessen, Straver, & Visser, 1995), consistent condom use was most likely when women had a moderately positive but definitely businesslike working attitude. When professionalism entailed an all too client-friendly attitude, selective risk taking was likely. Relatively *unselective* risk-taking and, thus, higher risk was associated with more negative working attitudes and less identification with the professional group, less favorable working conditions, higher financial need, lower levels of well-being and job satisfaction, and higher rates of victimization, both off and on the job. Alegria et al. (1994) and Burgos et al. (1999) found an association between depressive symptoms, drug use, and HIV infection risk behavior among Puerto Rican sex workers. Drug-using prostitutes, in general, may be more subjected to economic incentives for noncondom use. Gossop, Powis, Griffiths, and Strang (1995), however, for 51 sex workers in London, did not find an overall association between drug use and the likelihood of

unprotected sex. On the other hand, they did find unprotected sex to be linked to alcohol consumption.

Attitudinal, interactional, and contextual factors have been connected to clients' protective behavior as well. In a study of 559 clients we (de Graaf, van Zessen, Vanwesenbeeck, Straver, & Visser, 1997) found that inconsistent condom use was more likely among clients who were less highly educated, had a higher number of commercial contacts, and more contacts with "steady" prostitutes. Inconsistent condom users were either more emotionally motivated to visit prostitutes than were consistent condom users, or they exhibited a stronger need for sexual variation. They were notably men who were caught between compulsive attitudes towards visiting prostitutes while having a negative attitude towards prostitution and towards prostitutes in general. An earlier study among a smaller sample of Dutch clients had also found evidence for a specific group of "recalcitrant condom users," who do not want to play by the rules because they do not accept the game (Vanwesenbeeck et al., 1994). These clients seem to visit almost exclusively the more vulnerable women. In connection to this, we found that the formation of sexual networks between different sorts of prostitution, through unsafe sexual contacts in two or more different sorts, involved only 3% of the men interviewed. Prostitution in The Netherlands is thus not a single sexual network but consists of a number of sparsely connected circuits (de Graaf et al., 1996). Plumridge, Chetwynd, Reed, and Gifford (1996) identified four discourses of risk among 24 clients in New Zealand. A discourse, which turned upon the concept of a "cordon sanitaire," dividing "safe sites" from "dangerous ones," predominated. Others revolved around notions of "fatalism" or "invulnerability" and notably street visitors felt they deployed "expert judgement" to decide whether individual women would carry risk.

Prevention Program Evaluation

Many investigators have reported on the effects of STD/HIV prevention programs aimed at sex workers and their clients. Sometimes success is reported. Examples are the following. Levine et al. (1998) showed that the implementation of an outreach intervention program in Bolivia in the first half of the 1990s, in which female sex workers were counseled, resulted in a strong decline in the prevalence of STDs and a doubling of condom use among the target group. Wong, Chan, and Koh (1998) developed and evaluated the sustainability of an intervention focusing on developing sex workers' negotiation skills, educating clients, and mobilizing support from peers, brothel owners, and health staff in promoting condom use among brothel sex workers in

Singapore. Negotiating skills improved in comparison to those of a control group. Consistent refusals of unprotected sex in the intervention group increased from 44% at base line to 65% at 5 months, 74% at 1 year and 91% at 2 years follow-up with a corresponding decline in gonorrhoea. Singh and Malaviya (1994) found increased condom use and no increase in HIV prevalence between 1988 and 1990 among female sex workers in Delhi, India, after an intervention including group discussion, poster distribution, peer counseling, and video presentations regarding safe sex. In Thailand, effective governmental interventions encouraging the use of condoms in commercial sex are claimed to have increased the proportion of commercial sex acts protected by condoms (Hananberg & Rojanapithayakorn, 1998). Also in Thailand, a specific intervention including training sessions with peer educators proved successful in that it increased the percentage of sex workers refusing unsafe sex (even when the client offered to triple the price) from 42% to 92% (Visrutaratna, Lindan, Sirhorachai, & Mandel, 1995). In Malawi, the presence of peer educators was shown to lead to an increase of condom use with paying partners for both sex workers and clients, although not so with nonpaying partners (Walden et al., 1999). Miller, Klotz, and Eckholdt (1998) reported significant reductions in paid, unprotected sexual intercourse and oral sex following an HIV prevention intervention for male prostitutes and other patrons of New York City "hustler" bars.

In some studies the role managers of establishments should and could play has been addressed. Morisky et al. (1998) have argued, for instance, that in the Philippines interventions should address changes in establishment policies and expectations. Sakondhavat, Werawatanakul, Bennett, Kuchaisit, and Suntharapa (1997) have shown that a structured approach to educate brothel managers to adopt a condom-only policy is an effective way to increase condom use in Thailand. However, in Bombay, India, concern about losing business, among madams as well as sex workers themselves, tempered the positive effects of an AIDS prevention intervention (Bhave et al., 1995). Interventions other than educational ones have sometimes proven successful too. Free methadone maintenance appears to reduce drug use and prostitution activities among heroin-addicted street prostitutes (Bellis, 1993). Bell and Brady (2000) have made a plea for "modest monetary incentives" to stimulate attendance at STD clinics, a policy that apparently resulted in good results among street sex workers in Sheffield (U.K.). Pickering, Quigley, Pepin, Todd, and Wilkins (1993) suggested that the distribution of free condoms, rather than the provision of lengthy individual counseling, is needed in areas with

scarce resources, such as The Gambia. Many advise easy and cheap availability of STD clinics.

However, as Evans and Lambert (1997) noted from their interesting qualitative data gathered among sex workers in Calcutta, India, these measures are not always a guarantee for effective treatment of STDs or prevention of HIV infection. They found that "treatment compliance" was a big problem for women who are poor, are always pressed for time, have few sources of social support, and have to rely on their own (health-endangering) work to survive. Thus, services were frequently switched in the middle of treatment if "cure" was not immediately forthcoming, dose schedules were followed erratically, and women tended to stop taking their medicines as soon as they became asymptomatic. The authors recommended that all research and interventions should directly address the socioeconomic context of women's lives in order to improve women's health in the longer term. Asthana and Oostvogels (1996), as well, drawing on their experiences in Madras, India, concluded that community-based HIV/AIDS prevention strategies must be seen as an integral part of, not a substitute for, efforts to bring about comprehensive changes in the social, economic, legal, and political structures that lead to disempowerment in the first place. These authors have fully experienced the many difficulties of mobilizing a community of women who are isolated, scattered, and highly secretive about their profession and of passing by the control of brothel-owners, procurers, and pimps. In addition, too small an honorarium for outreach workers resulted in them selling the condoms they were given, outreach thus becoming just another way of making money rather than being an instrument for community empowerment.

"Integrated" programs are called for in the Western world as well. Brussa (1996) has argued for the integration of HIV prevention programs in more general health services for migrant prostitutes in Europe, as well as the need for cultural mediation, for instance through peer educators, showing that this approach can be very effective. Hardman (1997) has shown the effectiveness of an integrated program, addressing benefits (welfare), parenting skills, health care, housing, counseling and therapy resources, and education for prostitute women with children in the U.K. in the sense that it changed women's attitudes and increased emotional and practical support among the members of the group. On the other hand, Overs and Longo (1997), of the Network of Sex Work Projects in London, have made a plea for specific interventions and, more generally speaking, "SMART" intervention objectives: Specific, Measurable, Achievable, Relevant, and Time-limited (p. 84).

For the Western as well as the developing world, it has been noted

that, in contrast to the effort placed on changing the behavior of prostitutes, clients are still largely ignored by education and prevention projects (e.g., Crane & Carswell, 1992). Faugier and Cranfield (1995) suggested that the media could well be used as an effective method for reaching the client population. Wilson, Manual, and Lavelle (1992) advised, for Zimbabwe, that educational messages towards clients should stress the hedonistic and exhibitionistic dimensions of condom use and should avoid arousing the suspicion or insecurity of clients. Following our findings among clients in The Netherlands, we suggested messages aimed at clients should promote a positive attitude towards commercial sex, such as "be welcome to the game and play it safely" (Vanwesenbeeck, de Graaf, van Zessen, Straver, & Visser, 1993b).

Preventive health roles for prostitutes have proven successful, both as peer educators and as educators of clients (e.g., Campbell, 1991). There is no sign yet, however, that prostitutes are widely credited for their contribution to public health protection. It has also been noted that, unfortunately, few programs have taken into consideration the need for prostitute behavior change with their regular partners (e.g., Crane & Carswell, 1992). In general, sex workers themselves have had too little say regarding the design and implementation of programs, and both their needs and their capacities are undervalued. It seems logical that future projects should also be targeted at clients, partners, and managers. Also sex workers should be involved in all projects aimed at them and at these other parties, and they should be provided with training when necessary (cf. Overs & Longo, 1997; Sterk, 1999).

Sex Workers' Background and Motivational Issues

Background and motivational issues continue to attract a lot of attention where sex work is concerned, surely more than is the case with any other occupation. Fewer authors during this decade have tried to explain sex work as a psychological condition, although some still do. Most recently, for example, Hutto and Faulk (2000) described, from a psychoanalytical framework, the "numerous hidden gratifications" prostitution offered one single prostitute. Alao, Yolles, and Huslander (1999) identified poly-pathology in a 23-year-old prostitute who sought treatment for vaginal self-mutilation. O'Sullivan, Zuckerman, and Kraft (1996) found prostitutes to score higher than controls *only* on the Impulsive Sensation Seeking scale of a personality questionnaire but nevertheless considered this evidence as supportive of the "anti-social personalities" of prostitutes.

Most of the recent literature concerning factors in becoming a prostitute, in particular the literature focusing on young people in prostitu-

tion in the Western world, explores child sexual abuse and, to a lesser extent, voluntary and involuntary running away and homelessness (Shaw & Butler, 1998). Childhood sexual abuse and the situation in the family of origin are much less focused on when non-Western women are studied, and there is evidence that their importance is minimal in comparison to economic motives.

Later, the recent reports pertaining to early victimization and to economic factors will be discussed separately. Before doing so, it should be noted that motivations for sex work, whether in the developed or the developing world, are rather hard to establish adequately in empirical research. Pickering (1994) has made this point by warning against all too easy reliance on questionnaire data and stressing the need for additional "anthropological looking." Regarding her own research among prostitutes in the Gambia, she wrote: "The prostitutes themselves later treated as a great joke our initial acceptance of their tragic accounts of the circumstances that had driven them to prostitution. Yet many studies of prostitution take such replies to questionnaires at face value" (Pickering, 1994, p. 157). A Dutch sex worker once told social condemnation was all the more harsh when she gave evidence that she liked the work. When researchers have difficulty understanding rational, not to mention positive, reasons for choosing sex work and find it easier to think of prostitutes as victims, it is understandable that sex workers will rather stress their victim status and negative motivations for working.

Early Victimization and Connected Factors

As in earlier research, recent researchers have found evidence that prostitution in the Western world is related to a history of sexual victimization (e.g., Farley, Baral, Kiremire, & Sezgin, 1998; Mallory, 1999; McClanahan, McClelland, Abram, & Teplin, 1999; Molitor, Ruiz, Klausner, & McFarland, 2000; Potter, Martin, & Romans, 1999; Sanders, 2001; Schissel & Fedec, 1999; Simmons, 2000; Widom & Kuhns, 1996). But the evidence is often methodologically flawed (cf. Nadon, Koverola, & Schludermann, 1998) and, moreover, contradictory and inconsistent. Remarkably, Fiorentine, Pilati, and Hillhouse (1999) found a history of sexual abuse to be associated with prostitution among males attending outpatient drug treatment programs but not among women in the same population. Akahori et al. (1999) reported that, in Japan, it is curiosity about sex that is the most important motivation (and monetary purposes the next most important) for "juvenile sexual delinquency." Also in Scandinavia, girls seem to predominantly enter prostitution on a part-time basis to supplement their income, have fun, or satisfy their curiosity (Boggs, 1991). Nadon et al. (1998) compared the background

experiences of 45 adolescent prostitutes with those of an appropriate comparison sample of 37 adolescents who were not prostitutes and found that factors such as sexual abuse, witnessing interparental violence, poor self-esteem, and alcohol and drug use failed to discriminate between the prostitute and nonprostitute group. Also Brannigan and Van Brunschot (1997), in a review of research (from mainly the eighties and earlier, for that matter), "failed to establish that incest contributes uniquely to the onset of prostitution" (p. 348). These authors argued that a host of conditions appear to be associated with entry into prostitution, including physical and sexual abuse, dysfunctional families, parental substance abuse, and sexual precocity. Additional analyses of their own data, comparing 42 street prostitutes with 57 junior college students, revealed that both group membership and running away were predicted significantly only by a negative home life and sexual precocity. The authors concluded that, for adolescent females, "breach of family attachments appears to heighten the risk of early sexual involvements that, in the context of gender differences in sexual development, expose them to partners significantly older than themselves, and in significantly larger numbers than would otherwise be the case. These factors help explain the role of dysfunctional backgrounds in entry to prostitution without presupposing a role for unobservable traumas and psychiatric disturbances" (Brannigan & Van Brunschot, 1997, p. 351).

Although they clearly only pertain to a certain group of (young) prostitutes, running away and homelessness have often been described as concurring with prostitution. Biehal and Wade (1999) investigated running away from residential and foster care and found it to be associated with the risk of sexual exploitation, including prostitution. Walters (1999) found an association between homelessness, street survival, and prostitution in the U.S. homeless adolescent population, as did Christian and Gilvarry (1999) for the U.K. and DeMatteo et al. (1999) for street youth in Canada. Simons and Whitbeck (1991), however, studying a sample of runaways and homeless women, claimed that early sexual abuse increased the probability of involvement in prostitution, irrespective of factors such as running away. McClanahan et al. (1999) argued that running away and childhood sexual victimization provide two distinct pathways into prostitution. Whereas running away had a "dramatic effect" on entry into prostitution only in early adolescence, among their sample of female jail detainees, childhood sexual victimization nearly doubled the odds of entry throughout the lives of these women. Drug use did not explain entry into prostitution in this research, although sex workers did use significantly more than others. In another study Potterat, Rothenberg, Muth, Darrow, and Phillips Plummer

(1998) showed that injectable drug use commonly precedes working in prostitution: 75% of the American sex workers in their study who injected drugs reported doing so before beginning prostitution.

Shaw and Butler (1998) stressed the fact that, although the weight of evidence in the literature points to the overwhelming prevalence of disruption and discord in the lives of young people involved in prostitution, it is much less clear whether these problems directly cause or indirectly precipitate prostitution. They concluded that any explanation of young people's involvement in prostitution must include personal development, previous life experiences, *and* situational factors (such as housing, unemployment, and peer groups). In addition, they warned that the narrow focus on the supply side leaves a notable gap in the literature on the role that demand plays. "This narrow focus has the potential to spoil the identity of the young people concerned, such that they are defined, studied and provided for largely in terms of their prostitution," Shaw and Butler asserted (p. 179). "And," the authors continue, "this presents us with a biased picture, because it is when prostitution is combined with other forms of activity, such as intravenous drug use, or is accompanied by homelessness and living on the streets, that health risks for the young people involved rise substantially" (Shaw & Butler, 1998, p. 190). Clearly, these authors touched upon some of the important ethical issues involved in sex work research, in particular sex work research focusing on young people in dire straits.

The main problem with the study of early victimization, homelessness, and drug use as explaining factors in working sex is that they remain to be investigated among very specific groups of prostitutes (e.g., homeless youth, incarcerated prostitutes, and/or women working the streets). These groups definitely do not represent all sex workers. In the case of street workers, there is empirical evidence to support that assertion. Garzon Ortiz, Mella Perez, and Ivanovic Zuvic Ramirez (1996) found street workers in Chile, in comparison to workers in facade-providing settings to be, among others, less educated, of lower SES, more likely to report behavior disorders in childhood and adolescence, more likely to have received psychiatric assistance, less satisfied with family relations, have earlier, wider sexual experience. and to report more sexual abuse, pregnancies, and abortions. The only advantageous point for street workers in this study was that they reported less alcohol use. My own research in The Netherlands also identified women working the street as relatively often using hard drugs, being victimized (as a child as well as later on) relatively often, having a notable negative evaluation of their work, and being reluctant to identify with prostitutes as a professional group (Vanwesenbeeck, 1994).

It seems that early victimization, homelessness, and drug abuse can be shown to be factors in the choice for sex work for some groups of sex workers but not for others. Considering the fact that this is not a new observation, the question arises as to why so many researchers keep focusing on these aspects. As a matter of fact, if it were in the interest of these researchers to "save" prostitutes from entering the profession, they would better be advised to investigate why so many victims of early victimization do *not* enter the field. In this context, protective factors could be identified that lead these individuals to resist sex work as a form of counter-phobic behavior, head off stigma as a consequence of abuse, or prevent victims from drift into prostitution.

Economic Motives and Connected Factors

Generally speaking, when prostitutes in the non-Western world are studied for their motives to work sex, the most common and obvious factor emerging is economic necessity and not early abuse. Although specific studies in which those factors are compared are scarce, there are some exceptions. McCaghy and Hou (1994) studied 89 Taiwanese female prostitutes and showed that the majority of these women had very good relationships with their parents before and after they left home. Only 10% indicated negative family experiences as precipitating factors in the decision to enter prostitution. However, approximately one third entered prostitution out of a sense of filial obligation towards their families of origin. Other factors included paying off their own or their husbands' debts, improving their financial situation, deriving other satisfactions from the lifestyle, escaping from difficulties with parents or husbands, and being victimized by force or fraud. Force or fraud played a role for 6% of the sample. Drawing on evidence from Brazil, Penna Firme, Grinder, and Linhares Barreto (1991) suggested that in Third World countries both economic considerations and adventurousness might be of greater significance than those of social stress and abusive socialization in explaining the ontology of female prostitution.

Migration often comes up in connection to economic motivations. Mensendiek (1997), for instance, has illustrated how social, economic, political, and environmental factors have contributed to the migration of women from rural areas of Thailand into the cities, often into prostitution. Besides the obvious economic reasons, she has drawn attention to sociocultural factors, including the matrilineal family structure and women's responsibilities, the religious belief system, and the double standard of gender. Both tourism and development have, in addition, had their negative impact. "Development" has, for instance, resulted in unequal income distribution, loss of farmland, resettlement of hill tribe people, and mar-

ginalization of women. Particularly in the popular literature and the media, it is often stated that migration for prostitution has intensified during the last decades. However, as Kempadoo and Doezema (1998) have argued, sex work across national boundaries is not new to the world. They observed that "it is virtually impossible to state with certainty that numbers have increased, given the lack of figures and documentation of what in most countries is an outlawed and underground activity, and the multiplicity of activities world-wide that constitute sex work" (Kempadoo & Doezema, 1998, p. 15). The huge discrepancies between estimated numbers of prostitutes working in, for example, a city like Bombay (varying between 100,000 and 600,000) should, in their and my opinion, at least be cause for extreme suspicion of the reliability of the research. It is very well possible that certain patterns of migration (e.g., from the non-Western into the Western world) have become more visible lately, resulting in an exaggeration of its increasing magnitude worldwide. Nevertheless, the link of prostitution with women's migration in general, as well as with (increasing) international tourism, suggests that sex workers' travel patterns must be changing. However, when it comes to proper insight into changing patterns of travel and migration for the purpose of prostitution, we have not come very far. Although more researchers are addressing sex tourism by clients, travel patterns of sex workers themselves have hardly been properly documented as yet.

For sex workers from the Western world, economic motivation in a context of limited possibilities, however understressed in the literature, cannot be denied as a major factor in the choice for prostitution either. O'Connell Davidson's (1998) argument, that "wealthy, powerful individuals do not typically elect to prostitute themselves" (p. 3) seems adequate. Basically, as Browne and Minichiello (1996a) put it for male sex workers, "entering into sex work as the outcome of a dignified rational choice for financial gain is the only reason cited within the literature that provides an account of the sex worker as a worker who is subject to the same socioeconomic forces as any other person" (p. 38). Calhoun and Weaver (1996) studied 18 male street prostitutes from a rational choice perspective and reported that financial gain, sexual pleasure, control of work schedule, and affection were the main benefits of working sex for these young men. Economic motives are also clear from findings by Weinberg, Shaver, and Williams (1999) among female, male, and transsexual sex workers in San Francisco. When asked, four in five sex workers among all three groups were willing to leave sex work, but only if they were offered a "square" job for same pay. Nevertheless, Davis (1993) asserted that women in many societies, non-Western included, no longer appear to enter prostitution exclusively out of dire economic

need. "Instead," Davis wrote, "multiple entrance points exist. A large majority appear to drift into deviance as sexually active teenagers who receive little monetary or emotional support from their families. Others may be attracted by easy money, adventure, coercion by pimps, parental rejection or expectation (economic support of family members), and economic opportunities generated by tourism" (1993, p. 2). Indeed a variety of reasons may motivate women (and men) to work sex. Nevertheless, economic gain (be it for the sex worker and/or for other parties) forms an important part of all of the reasons mentioned.

Economic motives and (earlier) victimization can be intertwined in various ways. Castillo, Rangel Gomez, and Delgado (1999) have, for instance, pointed to the many stories of sexual harassment in the workplace among their subjects in Tijuana, Mexico, where a "machista stereotype that unattached women are fair prey for sexual advances" is widespread. These experiences then become a factor in choosing for sex work, because "the options—to have sex with coworkers or to change jobs constantly—are seen as increasingly unviable and unstable" (Castillo et al., 1999, p. 404). Another background factor stressed by these authors is that sex work provides the opportunity to live an autonomous life, in which they are no longer dependent on an abusive, unreliable, or unfaithful partner. Popular images that sex workers of all people are most vulnerable to partner violence (or on the job because of force by third parties) have not been substantiated for sex workers as a group. Shaver (1994) argued that partner violence is gender based rather than work based and that the potential for abuse by partners is not necessarily higher than in noncommercial relationships, considering that one in 10 women in Canada are battered by the men with whom they live. Nevertheless, a context of economic necessity and illegality of sex work renders (migrating) sex workers extremely vulnerable to traffickers and other profiteers that exploit and harass them and violate human rights in numbers of ways and to various extents. As with migration patterns, patterns of trafficking and force and the amount of violation concerned with them, still remain scarcely and very badly documented in the international scientific literature. Nevertheless, many governments put huge emphasis on stopping "forced prostitution," something I will come back to when discussing the literature on legal issues.

Work-Related Issues

Sex work is characterized by a "complex organizational structure" (Davis, 1993, p. 5). However, empirical analyses of the organizational aspects, hierarchical structures, or working relations in sex work are limited. When work-related issues are addressed, authors focus mostly

on the daily realities, routines, and consequences of working sex, although the studies do not reach the number of HIV related studies by far, and they are often applied to sex workers in the Western world only. I will discuss these studies under two headings here, one addressing the recent literature on working routines, stresses, and risk, and another addressing writings about the management of work, risk, and identity.

Working Routines, Risks, and Stresses

Weinberg et al. (1999) recently compared working routines of female, male, and transsexual sex workers in the streets of San Francisco. Among the findings were that women were more likely than men and transsexuals to have a regular work schedule, work more days per week, see more clients, spend less time with their clients, and earn more. On the other hand, women were less likely to report other sources of income. They also found significant gender differences in type of services provided. Regardless of the years worked, fewer women than men provided "hand jobs," whereas women were more likely than men to provide "half-and-half" (a combination of oral sex and intercourse). Transsexuals stood out more often as providing oral sex and receptive anal intercourse than nontranssexuals. They also found striking gender differences in sexual enjoyment with a client. Both in comparison to male and to transsexual sex workers, women much more often never enjoyed their commercial sex and were much less likely to experience orgasm. These differences did not show in enjoyment of private sex. A recreational element is less likely to be part of women's sex work than of men's, the authors concluded. In recent work among 105 female indoor sex workers in The Netherlands, Venicz and Vanwesenbeeck (2000) found large variation in working hours, but, overall, an average working day of almost 9 hours was found. More than a third worked more than 40 hours per week. Almost half had not taken any holidays during the last year. On average, only half of what clients pay is for the women themselves. Clearly, notions that sex work is an easy way of earning quick money are not supported by these data. Brewis and Linstead (2000) have drawn attention to the fact that, even if sex workers may spend many working hours just waiting for clients, it is, amongst others, the inability to predict or to control the pace of work that causes stress. Despite boredom and unpredictability, the situation demands full attention always, not only to protect oneself against possible danger but also to maintain the professional mask and to prevent it from slipping. Sex workers must be vigilant; they can never totally switch off and daydream (Brewis & Linstead).

Many authors have pointed to the fact that, seen from the perspective of sex workers themselves, their working routines and realities

often carry more risks and more troubling risks than that of HIV infection. Experiences with various forms of violence are definitely one of those. Romero Daza, Weeks, and Singer (1998-1999), for instance, mentioned emotional and physical violence, including assault, rape, and murder, to figure prominently in the lives of Latina and Black drug-addicted women in Connecticut. Miller and Schwartz (1995) found that all but one of 16 street prostitutes in Los Angeles had experienced some form of sexual assault on the job. Dalla (2000) documented common experiences of abandonment, abuse, loss, and exploitation for 43 female streetwalkers in Nebraska. Lalor (2000) found 93% of a sample of 30 14 to 18-year-old prostitutes in Ethiopia to be beaten while working the streets. Three out of four had been raped at least once, and one in three had become pregnant at an average age of not even 15. Weinberg et al. (1999), in their study mentioned earlier, found that women and transgender workers were not significantly more likely than men to experience beatings and robbery on the job. With respect to rape, however, the women were much more at risk than were their transgender and male counterparts. Women also stood out as more likely to have been arrested for prostitution-related offenses.

All studies cited above were conducted with people working the streets. People working the streets are more at risk than are other sex workers, both in terms of legal intervention and police arrest (cf. Davis, 1993), as well as with experiences of violence. Church, Henderson, Barnard, and Hart (2001), for instance, have recently compared street and other sex workers in this respect, and they found that street workers experienced significantly more violence from their clients, in particular physical violence, than did women working indoors. Working outdoors rather than indoors was more strongly associated with levels of violence by clients than was the city, drug use, duration of drug use, or age that women began prostitution. Nevertheless, in our study among female indoor sex workers in The Netherlands (Venicz & Vanwesenbeeck, 2000), one in four of our respondents had experienced one or more forms of violence (treats, physical, sexual) on their working sites during the past year. Almost half of the women interviewed had experienced violent episodes with colleagues close to them. More than a quarter of those who had experienced violence, either directly or indirectly, reported symptoms of posttraumatic stress (PTS) at the time of the interview.

Farley et al. (1998), in an extensive study, investigated the incidence of victimization and the prevalence of PTSD among (475) prostitutes in five countries (South Africa, Thailand, Turkey, USA, and Zambia). Their participants (mainly women) revealed a high incidence of experiences with violence in childhood (58% of the overall sample was sexually

assaulted when a child) and during their working lives (73% reported physical assault and 62% rape in prostitution). In addition, current or past homelessness was reported by 72% and a problem with drug addiction by 45%. Overall, two thirds of their sample met the diagnostic criteria for a PTSD diagnosis, with no significant differences between countries. Farley et al. (1998) concluded that prostitution is "an act that is intrinsically traumatizing" and that "the harm of prostitution is not a culture-bound phenomenon" (p. 419). Although this study is clearly revealing, it is a pity that the authors persist in putting forward prostitution per se as a hazard to the psychological well-being in their samples, not the specific victimizing experiences and negative circumstances that were explicitly documented in this study. Nor do they reflect upon the specificity of their sample (again, almost exclusively street prostitutes). Contrary to this, Valera, Sawyer, and Schiraldi (2001), who found that 42% of their sample of street prostitutes in Washington D.C. met the criteria for PTSD, acknowledged that there are distinct subpopulations among inner-city prostitutes.

It needs to be stressed that reasons for both the high incidence of violence and high levels of psychological distress can not be reduced to the nature of the work itself but must be considered in the context of the social stigma attached to sex work. Reasons for the violence perpetrated upon them given by the prostitutes in the Miller and Schwartz (1995) study, for instance, pertained to (stigma-related) attitudes, such as people often see prostitutes as unrapeable, people believe that no harm is done to prostitutes, prostitutes deserve to be raped, and all prostitutes are the same. In another study, El-Bassel, Schilling, Irwin, Faruque, Gilbert, Von, Barga, et al. (1997) compared 176 street recruited, drug-using female sex traders with 170 street recruited, nonsex trading female drug users in Harlem. It was found that, after adjustment for differences in age, ethnicity, pregnancy, perceived AIDS risk, rape, and crack and alcohol use, sex traders were more likely to exhibit psychological distress as measured by the General Severity Index. Sex traders also had significant higher scores on eight of nine subscales of the Brief Symptom Inventory, among which are subscales measuring interpersonal sensitivity, depression, anxiety, and hostility. These authors suggested that the feeling of being stigmatized because of the nature and illegality of their work is likely to contribute to the psychological distress of sex workers. In yet another study, Simon, Morse, Osofsky, Balson, and Gaumer (1992) found that 211 adult male street prostitutes experienced, on average, more than twice as many psychological symptoms as the general population and experienced symptoms with greater intensity. They appeared more suspicious, mistrustful, hopeless, lonely, and isolated. Additional field observations and clinical

impressions led the authors to suppose that these symptoms are as likely to be attributable to sex workers' interaction with their environment as to some innate psychological condition.

Stigma, as evidenced in recent concrete experiences with pestering and other negative social reactions in their private lives, turned up for more than half of the indoor sex workers in our study in The Netherlands (Venicz & Vanwesenbeeck, 2000). As a consequence, hardly any prostitute reported being completely open about her work. One in five said they did not tell anyone (besides their partner if they had one). Thus, stigma puts an enormous burden onto the social lives of sex workers (and on their relationships with private partners if they have them). The management of "double lives" is stressful and hazardous for social support structures, both within and outside the working context. It may not only be stigma that puts social lives under pressure. Ridge, Minichiello, and Plummer (1997), for instance, found that for 24 young male workers on the "scene" in Melbourne their social networks are much more fragmented than one might expect when talking about a "community." According to the authors, network characteristics and dynamics, such as commercial pressures, sexualization, and gender negotiations, tend to work against the establishment of close and supportive friendships. Snell (1995), on the other hand, documented high levels of emotional support from family and friends for the majority of young male sex workers in the U.S. It has been suggested that the stigma on sex work may work differently for males than it does for females. Browne and Minichiello (1996b) showed for male sex workers that they succeed well in avoiding being objectified as sex objects and in deflecting the stigma of sex work away from themselves by using an occupational perspective that associates sex work with masculinity, work, career, and entrepreneurship. The contrast with female sex workers may be in the possible association with biological models of masculinity, viewing sexual activity for men as normal in ways that female sex work can never be associated with biological models of femininity and female sexuality. Thus, female prostitutes are bothered more than male sex workers by stigma and labels of "deviance" and, as a consequence, have to put more effort in managing their identities.

Managing Work, Risk, and Identity

A relatively high number of authors have addressed the cognitive and behavioral strategies by which women (and men) adapt to sex work, cope with the often stressful demands, and manage their stigmatized identities (e.g., Brewis & Linstead, 2000; Castillo et al., 1999; Mallory,

1999). Some authors have addressed drug use as a behavioral strategy (e.g., Young, Boyd, & Hubbell, 2000, who asserted that drug using prostitutes, more so than other drug users, use drugs to increase confidence, control, and closeness to others, and to decrease feelings of guilt and sexual distress), but more often strategies described are of a cognitive nature. Browne and Minichiello (1995) described "self-programming" into a work personality, involving "switching off the true self and going into remote control mode or adopting a role" (p. 611). Castillo et al. (1999) stressed that the attitude of looking at the positive side of an experience, that is otherwise unpleasant, which is common to all the women they interviewed in Tijuana, Mexico, at the same time admitting that sex work need not at all be wholly unpleasant. Rewarding aspects of sex work, as brought forward by these women included the ability to be able to be a good (providing) mother for their children and the fulfillment that care taking and emotional maintenance of their clients brings about. Castillo et al. suggested that this alignment with the stereotype of the "good woman" who services others can be seen as a "defense mechanism against the deadening professionalism of the evil whore stereotype" (1999, p. 408). Thus, the authors have observed, the same forces that propelled them into prostitution (the economic necessity, having to support a family) are the ones that give them the strength to survive its destructive aspects. A coping strategy brought forward by many authors is, what Castillo et al. have called "creating personal comfort zones, marking out boundaries and using specific practices to reserve spaces on their bodies" (1999, p. 413). Many mention "distancing strategies." Brewis and Linstead (2000), for instance, listed the following strategies for identity maintenance and "psychological survival": distancing from the emotional demands of the client encounter (enabling the maintenance of self-identity beneath the public, professional mask); drug use (or, on the other hand, staying absolutely sober); self-programming (like running through preparatory routines through which the role-playing becomes automatic) and internal dialogue; and the meticulous management of time and place, locating different kinds of sex in different geographical, bodily and symbolic contexts. The authors extended their reflection on identity management on to "tactics," such as stressing the educational qualities of sex work and being proud of being a prostitute. Interpreting these as survival tactics rather than as adequate viewpoints and meanings unfortunately reveals the authors' incomprehension of the possibility of a really positive experience of being a sex worker.

In any case, "distancing strategies" are often presented as being directly connected to the nature of sex work. Indeed, a certain dissocia-

tive "proficiency" seems, in the eyes of many, to be called for to be able to work sex professionally or at all. Sex work can be seen as a form of "emotion work" as referred to by Hochschild (1979, 1983) (i.e., a kind of work where one has to act in a way that is known to be false or that actually transforms one's feelings). Prostitution work is to a certain extent built up from fake behavior and untrue emotions on the part of prostitutes: they *play* the whore, they are *on the game*. However, as Shaver (1994), amongst others, has pointed out, distancing strategies are not unique to sex work. Professional distancing is often required as a form of emotional protection while on the job or is integral to a code of professional ethics in other jobs as well. Particularly in the caring professions, the consequences of this distancing are now increasingly described in terms of "depersonalization," one aspect of what has come to be known as burnout and that refers to a cold, indifferent, and cynical attitude towards one's clients. In our last study in The Netherlands (Venicz & Vanwesenbeeck, 2000), burnout was measured among female indoor sex workers. It was found that sex workers did experience somewhat more "depersonalization" than a comparison sample of health care workers did (while having similar scores on the other aspects of burnout). Although this might bring one to conclude that sex work is indeed a form of labor that enhances emotional distancing and connected feelings of depersonalization, it has to be noted that large differences showed between sex workers in this respect. Among the factors associated with depersonalization were negative motives to work sex, a lack of social support, and more experiences with violence and negative social reactions to being a sex worker. Likewise, in an earlier study Vanwesenbeeck (1994) revealed that dissociative symptoms among female sex workers were associated with experiences with violence. Thus, it seems that distancing is not as much associated with sex work per se, but with sex work under certain conditions. Certain groups of sex workers may not show elevated levels of psychological distress. Evidence in support of this, gathered among groups less vulnerable than street workers, is now becoming available. For example, Romans, Potter, Martin, and Herbison (2001) compared 29 female sex workers with a community sample of age-matched women in Australia and found no differences in mental health on the General Health Questionnaire or in self-esteem between the two groups. Neither were there any differences in their assessment of their physical health or the quality of their social networks, and this was the case even while sex workers had been exposed to more adult physical and sexual abuse than the comparison group. Which factors are actually critical in distancing, as well as other measures of psychological well-being, still needs to be studied further.

The work-related literature also addresses strategies to avoid work-related risks. Weeks, Grier, Romero Daza, Puglisi Vasquez, and Singer (1998), for instance, documented how addicted street workers are "street savvy" in the ways they looked for cues from a john to assess the kinds and degree of physical and other risks he presented. They relied on a combination of intuitive sense, based on significant experience, and planned preparation, whenever feasible and not impeded by the stresses of addiction, to ensure the least risky environment in which to conduct sexual transactions. These strategies undoubtedly reduce risks, including that of HIV transmission, although they do not eliminate them. Browne and Minichiello (1995) identified six safer-sex strategies, which male sex workers in Australia use to achieve a safer sex encounter. These include the natural mode (treating safe sex as natural and expected), the (client) teaching mode, the alternative sex mode (proposing safer forms of sex), the challenge mode (countering clients' arguments for unsafe sex by challenging evidence), the trick sex mode (using tricks of the trade without the client noticing), and the walk-out mode (simply leaving if the client persists in unsafe sex). Mariño, Browne, and Minichiello (2000) managed to adequately operationalize four of these in a questionnaire: the natural, alternative sex, trick sex, and walkout modes. These authors found that contact with sex health clinics was positively correlated with the use of the alternative sex strategy. They also found that the length of time as a sex worker positively correlated with the use of the trick sex mode, and contact with sex workers' organizations positively correlated with the use of the natural mode. Self-organization is, of course, an important strategy for sex workers in general to deal with their situation. During the last decade, the growth of sex worker collectives and organizations worldwide has been substantial (e.g., Kempadoo & Doezema, 1998). At the same time, self-organization has proven to be a difficult process, an issue I will come back to when discussing sex workers' social and legal status.

Research on Clients

Besides clients' reasons for condom use, as discussed previously, in the recent international literature on clients of sex workers their numbers, their psychology, and their motives have been addressed. Some authors have come up with typologies. Their number appears to be hard to establish. In The Netherlands, only 3% of 18- to 50-year-old heterosexual men admitted to have visited a sex worker in the previous year. However, calculations on the basis of an estimated number of sex workers, average numbers of clients served, and average frequency of visiting, result in an estimate of 16% of the Dutch male population visiting yearly (Vanwesen-

beeck & de Graaf, 1998). In the U.K. (McKeganey, 1994a) and New Zealand (Paul et al., 1995), about 7% of men are estimated to have paid for sex at some time. For Norway the estimate is 13% (Hoigard & Finstad, 1992). Not much has been reported about their demographic characteristics, except that they constitute a very diverse group. O'Connell Davidson (1998), for instance, demonstrated that British sex tourists in Thailand are not a homogeneous group, varying in terms of age and social class. They also varied in willingness to see themselves as punters, but they all have in common that they find sex tourism ultimately affirmative of a particular racialized and sexualized masculine identity, according to the author. Nevertheless, diversity still seems to be more readily acknowledged and stressed for clients than it is for prostitutes. I have not come across any studies focusing on female clients. Surely, in contrast to men, most women do not buy sex. An interesting observation in this context is that women are, on the other hand, much more willing than men to pay for intimacy in the form of psychotherapy, which is, according to Russell (1996) one of the reasons why this is becoming an increasingly successful business in the U.S.

Among recent findings related to clients' motives for visiting prostitutes are the following. Vanlandingham, Knodel, Saengtienchai, and Pramualratana (1998) documented a substantial influence of peers in Thai men's choice for commercial sex. McKeganey (1994b) found a desire for specific sexual acts, the limited nature of the contact, and the clandestine and illicit nature of the contact as the main motives of 70 British men who visited sex workers. Kleiber, Velten, and Wilke (1993) interviewed 218 German clients in written correspondence and 380 on the phone, and they concluded that sexual motives by far outweighed the social motives. Differentiating between their subjects, they identified "the playboy," "the loser," and "the family father." Responses to three scales of a standardized personality test revealed that the men were, on average, neither especially inhibited, insecure, or shy of contact, nor especially self-confident, casual, or open to contact. As in the general male population, some indicated a particularly high tendency towards aggressive behavior. Overall, the men tended to have an above-average level of inhibition in spontaneous or reactive terms. It was a striking result in this study that many men were decidedly dissatisfied with their present life circumstances and expressed a negative view of life.

Other psychological features of clients have been studied as well. In Zimbabwe, men who visit prostitutes appear to have a lower achievement orientation and desire for detailed knowledge than controls and to score higher on impulsivity, pleasure seeking, exhibitionism, and ego-defensiveness (Wilson et al., 1992). In Australia, Xantidis and McCabe

(2000) found (brothel visiting) clients to differ from nonclients in terms of sex role orientation, social-sexual effectiveness, and sensation seeking. Clients were more likely to adopt undifferentiated sex roles and less likely to be classified as androgynous. They scored lower in social-effectiveness (particularly associated with romance and friendship seeking motives for visiting sex workers) and higher on sensation seeking (notably present in the business-like type of client, experiencing his brothel visits as a fully legitimate leisure pursuit). In The Netherlands, Vennix et al. (2000) found that sexual sensation seeking was notably high among clients of transsexual and transvestite prostitutes and sexual networks, both commercial and noncommercial, appeared to be large. In New Zealand, Plumridge, Chetwynd, Reed, and Gifford (1997) examined how the benefits of prostitution are understood, experienced, justified, and explained by 24 clients mainly patronizing massage parlors. They all explained their motivation in paying for sex in terms of pleasure, most commonly using the adjective "relaxation." Restraints from which these men liked to relax were, obviously, physical, but they also referred to the game playing necessary in noncommercial sex and to any further relational obligations from which the exchange of money absolved them. At the same time, respondents were convinced of emotional mutuality and of depth and friendship in their contacts with prostitutes, this myth of mutuality being an axiom of their own pleasure. These clients strategically constructed agentic, desiring "selves" of prostitutes in a way that enhanced their own pleasure and exhibited no crass enjoyment of "force and violence." Likewise, Monto and Hotaling (2001) found low levels of attitudes supportive of sexual violence against women (in particular Rape Myth Acceptance) in men arrested for attempting to hire street prostitutes, although the small number expressing higher levels visited prostitutes more regularly.

Browne and Minichiello (1995) presented a typology of clients that Australian male sex workers themselves use. They distinguished marrieds, easy trade (who are clean, businesslike, come quickly or only want nonpenetrative sex and go), undesirables (those workers would prefer not to service, including violent, dirty, or obese types, and those who try to break safer-sex rules), sugar daddies, and heaven trade (clients whom the worker finds irresistibly attractive). Brewis and Linstead (2000) added "romantics" to this typology, referring to clients who claim to have romantic feelings towards the prostitute. In our own research (Vanwesenbeeck et al., 1993b), men who have social and romantic motives and who "want a bit of warmth or understanding," "a little love or such like," or "holding and being held by someone" comprise only a relatively small group. Prostitutes often consider "roman-

tics" bothersome (no "easy trades"). Moreover, "the romantic scenario" may put a pressure on condom use in commercial sex. But these men must, at least, be credited for their relative positive appreciation of both sex work and sex workers, something still relatively rare among the general public.

Social and Legal Status

Several recent writings reveal notably negative public opinions regarding sex work and sex workers. Earlier, our own findings regarding negative reactions sex workers have to deal with were mentioned as one of the main hazards of the job. May (1999) has documented that only 18% of Americans would favor legalization of prostitution. Those in favor are relatively more often men, Catholics, residents from the Western states, Whites, and those more tolerant towards "deviant" behaviors, such as gambling. Canadian Californian students' attitudes towards prostitutes appear to be more negative than those towards women in general, movie stars, and pornography stars (Polk & Cowan, 1996). Castaneda, Ortiz, Allen, Garcia, and Hernandez-Avila (1996) have documented how Mexican sex workers have to live in a constant double bind, coming into daily contact with society's double standard for women. Peracca, Knodel, and Saengtienchai (1998), however, asserted that a relative lack of severe or lasting social stigma for sex workers is an important part of culture in Thailand. But they relied on the limited, to say the least, observation of the general public's perception of a prostitute's ability to marry! Also, for Thailand, Lyttleton (1994) claimed that the HIV/AIDS campaign by the government, encouraging the use of condoms in commercial sex, has induced a pervasive sense of fear, resulting in denial and stigma for so-called "threatening agents of infection." The public discourse on prostitution shows wide variation between countries. Davis (1993) suggested that "certain theoretical concepts, such as power differentials or sexual inequality, articulated by Western feminists, may be virtually unheard of in non-Western countries, where lay concerns about public decency and morality dominate the discourse" (p. x).

Nevertheless, a depreciative and stigmatizing attitude towards sex work is still voiced in many Western feminist writings as well. Although the number of publications from a "pro-sex work feminist frame" (cf. Dank & Refenetti, 1999) is increasing, prostitution remains a deeply paradoxical issue for feminism. Even if prostitution is seen as work, some authors stress that it is fundamentally different from other types of work. O'Connell Davidson (1998), for instance, asserted that they are not selling regular services of sex workers, but they are selling the pos-

sibility of exerting power over them. Sex workers' own reports of their feelings of power, as well as other evidence (e.g., Vanwesenbeeck, 1994; Wojcicki & Malala, 2001), however, suggest that commercial sex interactions between clients and prostitutes cannot be simplistically understood as men having power and women being powerless and that a large variety of interactions exists with respect to the power issue. Even so, feminist debate about whether prostitution is work or violence is still going strong. Mary McIntosh explained this by the fact that "prostitution implies at once a challenge and an acceptance of the double standard of the status quo. As such it can neither be condemned nor embraced wholeheartedly" (1996, p. 201). Interesting in this context, Browne and Minichiello (1996a, 1996b), noting that male prostitution has long been peripheral to academic interest, explained this, among others, by the fact that male homosexual prostitution contradicts the belief that it is a rehearsal of gender inequity. They argued that male commercial sex may well be understood within traditional perspectives of male sexuality, which may contrast sharply with ways in which female sex work contradicts traditional perspectives of femininity. At the same time, Doezema (1998) argued that "because feminists are undecided whether or not 'voluntary' prostitution exists or how it should be dealt with, their analysis of forced prostitution (or of prostitution as violence) reinforces rather than challenges stereotypical views of female sexuality" (p. 45).

Because only the validation and appreciation of "voluntary" prostitution truly challenges traditional perspectives on female sexuality, "voluntary" prostitution is still not much appreciated and is met with criminalization and social stigma. Women who choose to be prostitutes and refuse victim status are most likely to be treated with disdain and loathing (e.g., Shaver, 1994). Doezema (1998) has argued that the distinction between "forced" and "voluntary" prostitution has reproduced the whore/madonna division within the category "prostitute." "Thus," Doezema writes, "the madonna is the 'forced prostitute'—the child, the victim of trafficking; she who, by virtue of her victim status, is exonerated from sexual wrong-doing. The 'whore' is the voluntary prostitute: because of her transgression, she deserves whatever she gets" (1998, p. 47). Doezema's main and revealing argument is, that the distinction between "voluntary" and "forced" prostitution has largely replaced the abolitionist model of prostitution in international discourse. Although the international community has implicitly recognized the voluntary/forced dichotomy, "no international agreement condemns the abuse of human rights of sex workers who were not forced" (1998, p. 41). Moreover, what are clearly abuses of sex workers' rights are too

easily condemned as examples of forced prostitution. The claim to combat "trafficking" is thus used by states to initiate and to justify restrictive policies against sex workers in general, Doezema asserted.

Prohibitive and restrictive policies are common worldwide, and a growing body of evidence shows that they violate sex workers' civil and workers' rights, enhance the power of third parties (clients, managers, pimps, traders, traffickers), and undermine sex workers' social and occupational status, as well as their health and well-being (e.g., Butcher, 1994; Davis, 1993; Elias, Bullough, Elias, & Brewer, 1998). Moreover, they never succeed in reaching their goal of abolishing the sex industry. As one of the posters by The Margo St. James Task Force on Prostitution reads: "It's apparent that these laws aren't working. Because prostitutes still are" (in Elias et al., 1998, p. 290). Other evidence comes from Gil and Anderson (1998), who have documented a resurgence of prostitution, trafficking in women, and related sexual offenses in China despite the government's legal efforts to control it, efforts that appear to be often accompanied by aggressive and, not uncommonly, violent, punitive behavior by "the State." Rio (1991) reviewed studies surrounding issues of legalization and concluded that none of the traditional goals of imposing criminal sanctions, such as deterrence and rehabilitation, are furthered by prohibition. Davis (1993) referred to coercive control as a "revolving door fiasco": "Penalizing prostitutes costs the state huge sums of money for little more than a 'revolving door' situation, whereby offenders are merely recycled through the system and are out on the streets within hours" (p. 3).

Forms of (restrictive) regulation or legalization, however, have also been shown to have their disadvantages, because they always carry more of an element of control than of worker's emancipation. For instance, the legalization of "the chicken ranch" in Nevada has been criticized for its mandatory controls, the lack of freedom offered to the working women, and the costs involved for women combined with an absence of benefits, such as sick leave, health insurance, social security, disability insurance, or worker's compensation (Campbell, 1991). The Netherlands, where prostitution has been formally legalized since October 2000 and where sex work is now regulated by municipal systems of conditioned licensing, is often praised for its policy (e.g., West, 2000). However, being a Dutch sex work researcher myself, I must admit I am not very optimistic as to what advantages this legal reform will actually bring for sex workers, at least in short term. First, immigrant workers with illegal status have become more vulnerable because they are now formally excluded from the regulated, legal circuit. As for sex workers with legal status, many advantages of a legal status have not been real-

ized yet. So far no labor-emancipatory policies or policies against social exclusion or stigma have been proposed. No norms or guidelines concerning working conditions or relations, social security, or labor insurance have been agreed upon. In fact, sex workers have hardly been informed about their new rights and the opportunities a legalized status could bring them. As always, the only authorities actively dealing with sex work are the tax office, the police, and the immigration authorities. Indeed, there is no national (or international) agreement whatsoever yet on how to deal with the many aspects of voluntary prostitution, even when it is formally legalized. An illustration is the observation by Wille and Hansen (2000) that, in Germany, where prostitution is legal in parts of the country and where social security and health assurance are, generally speaking, well arranged, 20% of prostitutes have no health insurance, 72% have no pension plan, and 60% have no life insurance coverage. A legalized status of sex work is prerequisite for a better social position and improved working conditions of sex workers but certainly does not guarantee them. A business that has been illegal for centuries does not "normalize" overnight. The discussion around the many issues involved proves difficult and is evolving only very slowly.

Clearly, sex workers' organizations and activist groups have played and must play an important part in these discussions. But they have relatively little social or political power. Some authors have already even stated their "failure" (e.g., Weitzer, 1991) or their fundamental incapacity to achieve effective change (e.g., O'Connell Davidson, 1998). Principal reasons, such as the lack of interest on the part of the state concerning the conditions under which the commodification of sex operates, have been mentioned in this context. Another reason is the notion that sex work as a business is fundamentally based upon structural economic inequalities and gendered and racial power differentials, so that effective change will always be limited. Other reasons mentioned for the "failure" of the sex workers' rights movement are less fundamental. They refer to the growth of moral majority opinion, the recent need to shift attention from civil rights to health issues "since AIDS," the lack of effective alliance with wider groups, its problematic relationship with its own constituency, and (connected) conflict of interest between various groups of sex workers.

True as these arguments may be, these authors mostly do not acknowledge enough that it is predominantly the social stigma attached to sex work that fundamentally hampers self-organization. Stigmatized, many sex workers are reluctant to identify as professional workers, as has been noted by several authors. Ratliff (1999), for instance, has described how female go-go dancers in the Philippines distance them-

selves from their stigmatized sex-worker identity by describing their clients as "boy-friends." The author discussed the negative health implications of such a strategy, such as the women being less likely to request condom use when the relationship with their clients is socially and emotionally ambiguous. Castillo et al. (1999) wrote the following about Mexican sex workers: "While they frequently insist that prostitution is 'un trabajo como cualquier otro' (a job like any other), and while they underline their professionalism, they also move in and out of prostitution with great fluidity and with little sense of themselves as a potential collective of workers. Strikingly then, the typical research framings of prostitution as either a social problem or as a labor movement fall drastically short of the women's narrative reality" (p. 418). Maher (1996) has noted a "lack of attention to shared cultural practices and occupational norms" (and thus "the erasure of agency from representations of these women's lives") among crack using street-level sex workers in New York City. For The Netherlands, we have noted difficulties for many prostitutes to reflect on their position in terms of workers' rights and adequate working conditions. This is understandable considering the traditional absence of that type of reflection in what has long been (and in many places still is) illegal business. The attitude of bosses and managers has traditionally been one of "take it or leave it" and illegality granted them the opportunity to basically demand as they pleased. Illegality and social stigma has brought sex workers to often accept whatever they were provided with. Emancipation and self-organization from such a situation are difficult and long-term processes, even if the legal situation principally offers possibilities. In addition, it has to be remembered that prostitution is a dependent institution and is part of the larger picture of gender and economic relations. Despite well intentions and efforts by some policymakers, advocates, and sex workers themselves, there may be truth in Davis' statement that "there is no rational policy for prostitution as long as gender discrimination exists" (1993, p. 9).

Conclusion

Evaluating the recent literature in light of what had been done before the 1990s, our understanding of sex work and sex workers has increased in some ways, but not in others. What we have gained is substantially more insight into the factors determining condom use or nonuse in commercial sex. In addition, we have gained understanding of why STD/HIV prevention programs aimed at sex workers do or do not work and of the conditions under which they may show positive effects. We have also gained some knowledge on the stresses associated with sex work and on the ways sex workers deal with those. Basically, it has

become clear (as had already been suggested by earlier evidence as well), that self-determination, autonomy, and control are crucially important when it comes to HIV risk, as well as to general health and well-being. It has additionally become clear that these are exactly the properties that sex workers lack under repressive regimes, illegality, and social stigma. However, prostitution apparently still remains too controversial for many authors to explicitly defend sex workers' rights or document the many ways in which these are abused and violated.

On the contrary, the literature about prostitution is still much more about sex, notably sexual victimization and risk, than it is about work. The groups most researched are the ones that are also the most vulnerable and to whom a victim status most applies (i.e., groups who do not only work sex but for whom additional problems, such as economic hardship, victimization, homelessness, and drug abuse shape their daily realities). Many researchers still study or feature only street workers. Negative findings among these groups, in terms of victimization, risk, and unwell-being are, nevertheless, often presented as a feature of sex work per se. Thus, the association between prostitution and misery prevails. Questions regarding differentiated working conditions and their association with victimization, risk, and unwell-being are investigated only to a very limited extent still. Thus, I feel that Bullough and Bullough were overly optimistic when they concluded in their review in this same journal in 1996, that studies in which prostitution is looked upon as any other occupation "have found favor." Although the image of the prostitute as pathological deviant seems to indeed gradually have vanished from the stage, the image of prostitute as victim is still highly prevalent. Respectful acknowledgement of the survivor skills of many sex workers is increasingly voiced. But an image of prostitutes as workers and entrepreneurs is surely still underrepresented.

Overall, the scientific literature (as well as lay and political discourses) still reveals many features reflective of stigmatization. Mechanisms involved in stigmatization, such as generalizing, stereotyping, thinking "they" are "all alike," interpreting all behavior in terms of the deviant characteristic, and attribution of negative characteristics, turn up in many recent publications. Easily attributing the wrongs and abuses associated with sex work to the nature of the work (instead of to the stigma attached to it or to specific negative circumstances), is one such feature. Persistence of associating sex work with HIV risk (despite evidence to the contrary for many groups) is another. The failure to adequately differentiate between sex workers is yet another. Sex workers are not "the category" they are often taken to be (cf. Pheterson, 1990). Future researchers should, in my opinion, make serious work of adequate differentiation.

Depending on the topic of investigation, this could be done on the basis of gender, sexual preference, drug use, background, motivation, professional attitude, or specific conditions of work. In particular, the latter has hardly been done yet. What we need to know is how specific (legal, cultural, organizational) contexts, conditions, features, routines, and relations in sex work associate with various aspects of health and well-being of specific groups of sex workers. If such insights would be developed during the next decade, I might have the opportunity to present my next review in 2010 in *The Journal of Vocational Behavior*.

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