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Patterns of sexual commerce among women at US Syringe Exchange Programs

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Abstract

In the USA, the majority of research on sex work has examined the experiences of women recruited from social locations commonly referred to as the 'sex industry', such as street strolls or escort services. This paper presents data from female syringe exchange participants who had sold sex in the last 30 days. The women interviewed for this study report a much broader array of commercial transactions than found in previous US studies, including selling sex to women, paying men for sex, and considerable role fluidity between buying and selling. In addition, approximately one-third of the women report only selling sex 1 day per week or less, and appear to be more socio-economically stable than women who sell sex more often. We argue that this data suggests the existence of an array of commercial sexual transactions outside of the socially recognized sex industry, and that social location may affect condom use.

Résumé

Aux USA, la plupart des recherches sur le travail du sexe ont examiné les expériences des femmes recrutées dans des espaces sociaux couramment évoqués comme faisant partie de «l'industrie du sexe», tels que le trottoir ou les services d'escortes. Cet article présente des données provenant d'entretiens avec des participantes à des programmes d'échanges de seringues qui avaient vendu leurs services sexuels dans les trente derniers jours. Ces femmes font part d'une gamme de transactions commerciales beaucoup plus large que celles constatées dans des études américaines précédentes, comprenant le commerce du sexe auprès d'une clientèle féminine, le paiement d'hommes pour des rapports sexuels, et une grande fluidité entre l'achat et la vente de services sexuels. De plus, environ un tiers d'entre elles indiquent qu'elles vendent leurs corps seulement une fois par semaine ou moins, et semblent être plus stables du point de vue socio-économique que les femmes qui vendent leurs corps plus fréquemment. Nous soutenons que ces données suggèrent l'existence d'une gamme de transactions sexuelles commerciales en dehors de l'industrie du sexe socialement reconnue, et que les espaces sociaux du commerce du sexe peuvent avoir un impact sur l'usage du préservatif.

Resumen

En la mayoría de estudios realizados en los Estados Unidos sobre el trabajo sexual se ha analizado la experiencia de las mujeres captadas en lugares de encuentro que normalmente se conocen como la 'industria sexual', es decir, la prostitución en la calle o las agencias de señoritas de compañía. En este artículo presentamos datos de mujeres que participaron en los programas de intercambio de jeringuillas y que habían practicado la prostitución en los últimos treinta días. Las mujeres entrevistadas para este estudio afirman que existe un mayor abanico de transacciones comerciales que las que se hallaron en estudios anteriores llevados a cabo en los Estados Unidos, por ejemplo vender

sexo a mujeres, pagar a hombres por sexo y una gran fluidez de roles entre compra y venta. Además, aproximadamente un tercio de las mujeres informaron que vendían sexo sólo un día a la semana o menos y parecían gozar de una situación socioeconómica más estable que las mujeres que se prostituían más a menudo. Sostenemos que estos datos indican que existe toda una serie de transacciones comerciales con el sexo fuera de lo que socialmente se reconoce en la industria sexual y que el lugar donde ocurren este tipo de transacciones puede influir en el uso del preservativo.

Keywords: *Women, commercial sex, sex industry, syringe exchange*

Introduction

Research on sex work in the USA has examined a wide variety of locations in which sex is sold in an organized and systematic fashion. Studies have examined sex work in hotels (Reichert and Frey 1985), brothels (Whittaker and Hart 1996), bars (Weinberg *et al.* 1999), call services (Lever and Dolnick 2000), and various forms of street hustling (Miller 1995, Bourgois 1996, Chapkis 1997, Maher 2000, Sterk 2000). Studies of drug users (Paone *et al.* 1995, 1999, Tortu *et al.* 1998, Weeks *et al.* 1998, Valenciano *et al.* 2001, Tyndall *et al.* 2002, Weber *et al.* 2002, Spittal *et al.* 2003), often include rates of participation in commercial sex as part of a larger examination of HIV risk behaviour. Research has focused disproportionately on street prostitutes, a segment of the sex industry that is simultaneously marginal and vulnerable but also quite visible and accessible to researchers (Pheterson 1996, Chapkis 1997, Weitzer 2000, Vanwesenbeck 2001). The identification of factors shaping risk for HIV and other diseases has been a significant area of concern across populations and study sites.

Most studies of sex work within the USA focus on venues that are socially marked or designated as places where sex can be purchased (e.g., strolls, escort services), and collect data from women and men found in these locations. These sites are generally described as part of the 'sex industry', and services are typically sold in a relatively large scale and routinized fashion. Weitzer (2000) explicitly proposes a research agenda to develop a better sociological understanding of the sex industry, and the mass production of sexual services as a commercial enterprise. The use of the term industry seems appropriate for these contexts, given the organization and volume of work.

In contrast, some studies of sex tourism have addressed boundary areas where the exchange of sex for money or other commodities is more informal and less routinized. This includes contexts where Western female tourists give local men money or gifts in exchange for sex (Davidson and Taylor 1999, de Moya and Garcia 1999, Phillips 1999, Ratnapala 1999). However, informal and/or low-volume sexual commerce, and commercial transactions with female buyers, have not been described in studies of the USA.

Data from the National Study of Syringe Exchange Programs indicates that US sexual commerce is more diverse than previously described. Syringe Exchange Programs (SEPs) are not sex industry locations, but the population that uses syringe exchange includes a relatively high proportion of persons who sell sex. This study assessed SEPs in the USA, and questions about buying and selling sex were routinely asked of all respondents who reported any sexual activity in the last 30 days. This paper reports on data from female respondents who report selling sex, and presents a diverse picture of participation in sexual commerce; respondents sell sex to women as well as men, have multiple sources of income, report varying frequency of participation in sex work, and some respondents buy sex as well as sell it. These characteristics appear to cluster; women who report selling sex infrequently are more likely to also buy sex and to have legitimate sources of income, and show a trend

towards more female partners. When categorized by frequency of participation in sex work, high frequency sex workers (HFSWs) look similar to the drug using sex workers described in other studies, while low frequency sex workers (LFSWs) present a somewhat different picture.¹ We argue that these data raise questions about the social organization of sexual commerce, and indicate a need to learn more about commercial transactions outside of the high volume, socially marked locations often referred to as ‘the sex industry’.

Literature Review

Economic need combined with limited employment alternatives is consistently identified as a major factor motivating women to work in the sex industry (Chapkis 1997, Weinberg *et al.* 1999, Phoenix 2000, Vanwesenbeck 2001). Consistent with this, women report working substantial hours, often amounting to a full-time job (Weinberg *et al.* 1999, Vanwesenbeck 2001). Drug use clearly affects entry into prostitution and can also shape working conditions, particularly through increasing the workers’ need for money (Miller 1995, Bourgois 1996, Pheterson 1996, Chapkis 1997, Maher 2000, Sterk 2000). In addition, drug using women have limited access to other, non-sexual, forms of informal work, so prostitution becomes their central avenue for support when closed out of the formal labour market (Sommers *et al.* 1996, Maher 2000). Studies of drug using sex workers (Medrano *et al.* 1999, Maher 2000, Sterk 2000, El Bassel *et al.* 2001) focus almost exclusively on street hustlers and typically reveal high levels of violence, depression and anxiety, and socio-economic marginalization.

Studies of SEP participants and injection drug users have found that sex work is relatively common among women. The proportion of sex workers among female SEP participants ranges from 15% to 40% (Paone *et al.* 1995, 1999, Valenciano *et al.* 2001), and from 21% to 46% in other drug user samples (Tortu *et al.* 1998, Weeks *et al.* 1998, Tyndall *et al.* 2002, Weber *et al.* 2002, Latkin *et al.* 2003, Spittal *et al.* 2003). Among female SEP participants, sex work has been associated with higher frequency of drug use, elevated rates of injection risk behaviour and of depression and anxiety symptoms, and lower rates of enrolment in drug treatment (Paone *et al.* 1995, 1999). In addition, sex workers at SEP are more likely than other women to be homeless and to receive welfare, and less likely to have a legal job (Paone *et al.* 1995, 1999). Other studies of injection drug users, not SEP-specific, also show elevated risk behaviours among female sex workers compared to other female injection drug users (Tyndall *et al.* 2002, Spittal *et al.* 2003). These studies do not report on the frequency of sex work or numbers of commercial partners, and also do not include data on commercial transactions with female buyers.

The possibility of women buying sex in the USA has rarely been addressed, despite indications that a market exists. There is growing evidence of US women buying sex in international tourist contexts (Davidson and Taylor 1999, de Moya and Garcia 1999, Phillips 1999, Ratnapala 1999). The references to female buyers that appear in the literature on the USA or Europe are brief. For example, Chapkis (1997) quotes a female sex worker who has had women clients, and offers a description of a personal experience in Holland as an epilogue to her study of female sex workers. A study of drug users in Baltimore found that 1.7% of women in their sample report paying for sex but then exclude that population from further analysis on grounds that this proportion is too small (Latkin *et al.* 2003). Vanwesenbeck (2001) did not find studies that included sales to women in her review of research on sex work the USA and Western Europe in the 1990s.

There have been some recent US studies of men who buy sex. Monto (2000) and Bernstein (2001) both studied court-mandated diversion programmes for men arrested for purchasing sex. Many of the men expressed the belief that prostitution was not intrinsically

damaging and should be legalized (Monto 2000, Bernstein 2001). Prasad (1999) found that men who bought sex valued the commercial nature of the transaction as 'emotionally honest' and lacking in hypocrisy. They contrasted this to the ambiguities of casual sex with non-commercial partners, and used a language of 'professionalism' in describing prostitution (Prasad 1999). Some sex workers (Chapkis 1997, Nagle 1997, Delacoste and Alexander 1998, Lever and Dolnick 2000) share this belief that professionalized commercial sex is socially valuable. The similarity of language and values articulated by these sex buyers and sex workers suggests some level of shared subculture or 'worldview' in regard to sexual commerce. However, research on sex work, including some studies of gay men/MSM (Boles and Elifson 1994, Schecter *et al.* 1998, Rhodes *et al.* 2000), treat 'clients' and 'workers' as non-overlapping populations. The gender models underlying most research on sex work situate buying as a masculine act and selling as a feminine one, with male sex workers often positioned as feminized (Pheterson 1996). This model obscures the possibility of female buyers and of sex workers who buy sex, as the later would require alternating between different gendered positions. While the majority of sexual commerce may well involve male buyers, there is growing evidence that this is not the only possibility.

Methods

The data presented here are a subset of data from the National Study of Syringe Exchange Programs. For this paper, we are only presenting data from the 338 female respondents who reported selling sex, for money or drugs, in the preceding 30 days. In the study overall, structured interviews were conducted with SEP participants at 18 programmes, representing all regions of the USA except the southeast. Programmes are based in cities or towns of varying size, and distribute anywhere from 60,000 to over 1 million syringes each year. Programmes were randomly selected from a stratified list of all known SEPs in the United States of sufficient size and infrastructure to enable data collection on site.

Respondents were randomly selected from among programme participants who exchange syringes on any given day, resulting in a representative sample of exchangers. The interviewers used a random number table to select potential participants from those waiting in line to exchange syringes. This prevented the interviewer from selecting potential respondents and persons at the exchange from volunteering to be in the study. Des Jarlais *et al.* (1999) provides a detailed description of the sampling procedure. The survey instrument contained items on demographic characteristics (including housing and employment), drug use, syringe access, service utilization, and recent sexual behaviour, including selling or buying sex.

All interviews were conducted using Audio Computer Assisted Self Interviewing (ACASI). This technology enables respondents to directly enter their answers into a laptop computer, regardless of literacy level (Des Jarlais *et al.* 1999). ACASI has been shown to increase reports of stigmatized behaviours across multiple populations, including SEP participants (Des Jarlais *et al.* 1999, Newman *et al.* 2002, Perlis *et al.* 2004). ACASI technology ensures that appropriate skip patterns are followed and responses are within the designated range, but does not allow an interviewer to further explore or clarify responses. After preliminary analysis identified unexpected patterns of commercial sex, we rigorously cleaned the data by manually reading each case of a female respondent who reported selling sex for drugs or money in the previous 30 days. Any case with logically problematic answers in the sexual behaviour section (e.g., identical response patterns for buying and selling) was

not used for this analysis.² This may well have resulted in the exclusion of valid data, but we felt it was advisable at this stage to err in the direction of excluding ambiguous responses.

The National Study of Syringe Exchange Programs is an assessment of syringe exchange in the United States. The survey instrument was designed to assess factors associated with injection risk behaviour among SEP participants. It also contains a series of basic questions regarding sexual behaviour over the preceding 30 days, including participation in commercial transactions as buyer or seller. The survey does not, however, gather detailed data on commercial sex transactions and/or history. As a result, the survey yields data regarding the existence and overall frequency of different kinds of commercial transactions (see Appendix for text of questions), but does not assess the contextual and personal history variables typically included in studies of sex work. For example, there is no data on location of work (e.g., street, brothel), entry into sex work and length of time in the industry, or experience of violence on or off the job. In spite of these limitations, the findings provide new perspectives on US commercial sex markets, and raise interesting questions for future research.

Data analysis for this paper consists of a descriptive comparison of two groups of female sex workers. Low Frequency Sex Workers reported selling sex 1 day a week or less in the preceding 30 days and High Frequency Sex Workers reported selling sex 2–6 days per week or daily during the same period. While this does not provide as great a contrast as we would like, the question was not designed to allow more detailed gradations. All health data, including HIV status, are self-report, and no attempt was made to verify health history or conduct independent testing. Depression and anxiety symptoms were measured using questions based on the DSM IV criteria for Major Depression and Generalized Anxiety Disorder, but we did not perform a full diagnostic assessment. A respondent was coded as positive for depression or anxiety symptoms if she gave responses to screening questions within the range classified by the DSM IV as consistent with Major Depression or Generalized Anxiety. Housing was measured in two ways; respondents were first asked where they had lived most during the preceding six months, and then, in a separate question, whether they had lived on the street at any point in the previous six months. Respondents were asked about sexual contact with same sex partners in the previous 30 days, but this is purely a behavioural measure and no effort was made to assess sexual identity. SPSS Version 10 was used for analyses.

Results

Low Frequency Sex Workers (LFSWs) and High Frequency Sex Workers (HFSWs) differ significantly on a number of measures. As can be seen in table 1, LFSWs were significantly more likely to have primarily lived in their own home/apartment during the last six months, and less likely to have lived in a shelter or other transitional living situation. However, substantial proportions of both populations reported having been homeless at some point in the last 6 months. LFSWs were also more likely to have had legitimate sources of income; they were more likely to have had a legal job in the last six months, and more likely to have received welfare in the past year. Over one-third of respondents report having had sex with another woman (WSW), and the rates were higher among LFSWs than HFSWs ($p=0.07$).

As can be seen in table 2, LFSWs and HFSWs have similar health histories, including rates of HIV and STDs. LFSWs report significantly lower levels than HFSWs of both depression and anxiety symptoms over the last 30 days. They are also significantly more likely to be in drug treatment.

Table 1. Demographic characteristics, comparison of low frequency (LFSW) and high frequency sex workers (HFSW).

	LFSW N=126 (%)	HFSW N=212 (%)
Race		
White and not Hispanic	62 (49.5%)	117 (55.2%)
African American/Black	30 (23.8)	50 (23.6)
Hispanic or Latino	24 (19.0)	30 (14.2)
Caribbean	3 (2.4)	1 (0.5)
API	3 (2.4)	6 (2.8)
Other	4 (3.2)	8 (3.8)
Total	126 (100.0)	212 (100.0)
Average Age	34.6	34.47
Sex with another woman (last 30 days)	52 (41.3)	72 (34.0)
Education		
Less than HS	57 (45.3)	90 (42.5)
HS grad/GED	38 (30.2)	58 (27.4)
Some college/tech school	21 (16.7)	40 (18.9)
College or more	9 (7.1)	24 (11.4)
Refused	1 (0.8)	0
Where lived most, last 6 months**		
Your own house/apartment	56 (44.4)	57 (26.9)
Someone else's house/apartment	40 (31.7)	73 (34.4)
Hotel/SRO/shelter	6 (4.8)	31 (14.6)
Street/Shanty	18 (14.3)	36 (17.0)
Jail	3 (2.4)	5 (2.4)
Other Place	2 (2.4)	10 (4.7)
Lived on streets, last 6 months	57 (45.2)	114 (53.8)
Received welfare, last year *	64 (50.8)	78 (36.8)
Part time or regular job, last 6 months **	70 (55.6)	80 (37.7)

* $\chi^2=p<0.05$. ** $\chi^2=p<0.01$.

Table 2. Medical history, comparison of low frequency and high frequency sex workers.

	LFSW N=126 (%)	HFSW N=212 (%)
Ever tested for HIV	108 (85.7)	187 (88.2)
Tested HIV +	8 (6.3)	16 (7.5)
Ever diagnosed with hepatitis	60 (47.6)	103 (48.6)
Ever diagnosed with syphilis	35 (27.8)	55 (25.9)
Ever diagnosed with gonorrhoea	37 (29.4)	80 (37.7)
Ever diagnosed with endocarditis	19 (15.1)	26 (12.3)
Currently in drug treatment **	34 (27.0)	28 (13.2)
Anxiety symptoms *	50 (39.7)	114 (53.8)
Depression Symptoms **	40 (31.7)	107 (50.5)

* $\chi^2=p<0.05$. ** $\chi^2=p<0.01$.

LFSWs have significantly lower rates of drug use than HFSWs, as can be seen in table 3. They report lower rates of injection overall in the last 30 days; 10.3% (vs. 3.8%) did not inject at all, and an additional 26.2% (vs. 10.8%) did not inject every day. In addition, LFSWs were significantly less likely to smoke crack. Rates of injection risk behaviour are similar.

In addition to having fewer commercial partners overall, LFSWs show a different pattern of participation in commercial sex (table 4). HFSW are significantly more likely to report selling sex to men during the last 30 days, and this remains the case when sex-for-money and sex-for-drugs are analysed separately. LFSWs who sell to men are less likely to use condoms, in transactions for either money or drugs. Both groups report selling sex to women, and 13% of LFSWs and 6% of HFSWs sold *only* to women in the last 30 days. In addition, substantial proportions of LFSWs and HFSWs report buying, as well as selling, sex in the last 30 days; LFSWs are more likely to have purchased sex from a man, but there is no significant difference in rates of buying sex from women. When purchasing sex from men, LFSWs are significantly less likely to use condoms than HFSW. When re-calculated as a percent of those who report buying sex from men in the last 30 days (LFSW $N=43$;

Table 3. Drug use, comparison of low frequency and high frequency sex workers, last 30 days.

	LFSW $N=126$ (%)	HFSW $N=212$ (%)
Inject Drugs **		
Never	13 (10.3)	8 (3.8)
Once a week or less	12 (9.5)	9 (4.2)
2–6 times per week	21 (16.7)	14 (6.6)
Once a day	15 (11.9)	15 (7.1)
2–3 times per day	34 (27.0)	73 (34.4)
4 or more times per day	29 (23.0)	91 (42.9)
Refuse/DK	2 (1.6)	2 (0.9)
Smoked Crack **		
Injected with shared needles/syringes	61 (48.4)	145 (68.4)
	44 (34.9)	65 (30.7)

* $\chi^2=p<0.05$. ** $\chi^2=p<0.01$.

Table 4. Commercial sex, comparison of low frequency and high frequency sex workers, last 30 days.

	LFSW $N=126$ (%)	HFSW $N=212$ (%)
Selling Sex		
Sold sex to men *	109 (86.5)	199 (93.9)
Sold sex to women	33 (26.2)	47 (22.2)
Total commercial partners (mean) **	4.4921	24.6698
Never used condoms, received money for sex (men) **	32 (25.4)	15 (7.1)
Never used condoms, received drugs for sex (men) **	25 (19.8)	15 (7.1)
Buying Sex		
Bought sex from men **	43 (34.1)	37 (17.5)
Bought sex from women	21 (16.7)	23 (10.8)
Never used condoms, gave money for sex (men) **	25 (19.8)	6 (2.8)
Never used condoms, gave drugs for sex (men) **	20 (15.9)	11 (5.2)

* $\chi^2=p<0.05$. ** $\chi^2=p<0.01$.

HFSW $N=37$), then 58% of LFSWs (vs. 16% HFSWs) report never using a condom when paying a man money for sex

Discussion

LFSWs appear to be a distinctive minority within the larger population of female sex workers at Syringe Exchange Programs (SEPs), and perhaps among drug using sex workers overall. The HFSWs in this study strongly resemble the sex workers described in other data on female SEP participants, and drug using sex workers more generally. HFSWs report high levels of drug injection, crack use, depression and anxiety symptoms, and homelessness, and low rates of legal employment and drug treatment enrolment. The LFSWs, in contrast, report significantly lower rates of drug injection and crack smoking, and also of depression and anxiety symptoms. LFSWs are significantly more likely to be employed, to have their own apartment, and to be currently receiving drug treatment. While LFSWs appear significantly more stable and socially integrated than HFSWs, they have low levels of education and high rates of homelessness relative to any meaningful standard of living.

The data on commercial transactions reveal patterns in the organization of work that are inconsistent with what is known about the US sex industry. First, market roles are fluid between buyer and seller, with a substantial percentage of respondents, particularly LFSWs, reporting both roles. Second, there are indications of a substantial population of women buying sex; respondents report selling sex to women, and also report buying sex from men or women. This is a form of commerce that lies outside what is known about the US sex industry, which appears to cater to a male clientele. Third, a substantial number of respondents report infrequent participation in sexual commerce, which is not characteristic of the hours and conditions reported in studies of sex industry locations. These three characteristics—fluid market roles, female clientele, and occasional work—are all elements of the organization of work, and speak to social structures larger than the individual. These changes in market participation appear to be intertwined, as they are all concentrated among LFSWs.

The low rates of condom use reported by LFSWs raise questions about the social context in which these transactions take place, and factors shaping risk. Condom use in sex industry locations has attained a certain normativeness; the fact that customers offer to pay more for sex without a condom supports the normative nature of condom use through the expectation that to do otherwise involves an extra charge. In contrast, more informal commercial exchange could reduce the perceived need for a condom in part as an indication of its informal or occasional status, and the different social and interpersonal context of the event. The factors shaping condom use and risk assessment in informal commercial contexts may be quite different than those shaping risk in more socially marked contexts that fit within standard cultural definitions of 'prostitution'. In addition, low rates of condom use by women paying men for sex de-centre traditional interpretations about the gendered vulnerability of female sex workers in relation to male buyers. In this case, the female buyer may be facing greater risk from sex without a condom than the male seller, suggesting a complex interaction between gender, power and risk. While some male buyers exploit vulnerable female (and male) sex workers, there are clearly other factors shaping condom use in commercial transactions.

The overall picture of LFSWs is of women who are somewhat marginal to the sex industry. The prevalence of non-traditional clients and multiple market roles suggests that

these women are likely to be working in some contexts not currently recognized as venues for commercial sex. In addition, the relatively low rates of condom use reported by LFSWs may reflect non-professional status and/or characteristics of the locations in which they sell sex. Finally, multiple sources of income and reduced rates of drug use, depression and anxiety, and homelessness indicate lower levels of overall social vulnerability among LFSWs than among HFSWs. The clustering of these demographic and sex-work characteristics, particularly the confluence of atypical participation in sex work with reduced drug use and mental health symptoms, suggests a group of women with a significantly different experience of sexual commerce than HFSWs and perhaps other socially marginal drug using sex workers.

The issue of commercial sex outside of socially recognized venues has implications for health promotion and risk reduction at many levels. Current HIV outreach and health education programmes are unlikely to reach women (and men) who participate in informal commercial transactions or otherwise work outside of recognized sex industry venues. While the LFSWs in this study would encounter material on HIV and sex work through SEPs, the available educational material and recommended condom negotiation strategies for sex workers may not fit the experiences and work contexts of LFSWs and may not, in fact, be perceived as relevant to their lives. They are certainly unlikely to encounter any educational material on HIV or other STIs designed for women who buy sex—or for sex workers who sell to women.

Questions about the organization of work suggest a need to reframe the term 'sex industry' from a general phrase to a specific referent—'industrialized sexual commerce'. This re-framing has already been implicit in sex workers' efforts to unionize (Jeness 1990, Alexander 1998, Lopez-Jones 1998, Sax 1998, Verbeek and van der Zijden 1998, West 1998) a classic 'industrial' strategy for protecting worker's rights, and in some sociological work (e.g., Weitzer 2000). It also reflects the impersonal, routinized and repetitive work described by women working in many classic sex industry locations (see Chapkis 1997, Nagle 1997, Delacoste and Alexander 1998). Re-situating knowledge of sex work in the USA as knowledge about a particular form of industrialized labour would open up interesting avenues for thinking about the intersection of sex, commerce, gender, and work. In particular, it offers new ways of thinking about the harms often associated with work in the sex industry, situating the question of how gender is constructed and negotiated in sexual commerce within larger discussions of gender negotiation in service and commercial contexts.

Gender performances are deeply encoded in a variety of service industries, although this has probably been most explored in relation to the airline industry (Hochschild 1983, Taylor and Tyler 2000, Williams 2003). In these cases, women are required to enact stereotypical female roles as constructed by the culture and the work site, although these roles are not intrinsic to the material activities involved. Even a cursory examination of the sex industry indicates that gender is part of the product being sold. Narratives from women working in the mainstream sex industry (e.g., Nagle 1997, Delacoste and Alexander 1998) indicate that support for the appearance of male domination and tolerance of violence are central components of the construction of *masculinity* in much of the US sex industry.³ In a situation of isolated, individualized personal service—like a sexual encounter—this mandatory gender enactment could easily increase vulnerability. In contrast, research on informal transactions in tourism contexts suggests that idealized romantic gender performances are part of these transactions, with either male (Davidson and Taylor, 1999) or female (Phillips, 1999) buyers. Interpersonal violence does not appear to be a

significant feature of these encounters, in spite of the structural violence of post-colonial relations, although the romantic frame may bring other difficulties. This contrast suggests that different gender constructions may predominate in different sectors and contexts, and that each may pose its own dynamics and problems. Consideration of different commercial contexts highlights the relationship between macro-level aspects of the organization of work (e.g., volume of business, customer base, market roles) and interactions between buyers and sellers.

Research methods and knowledge production

The findings presented here clearly invite the question of why this data is significantly different from previous studies. We believe the answer to this question lies, at least in part, in two methodological issues. First, the study was conducted at Syringe Exchange Programs, a social location not connected to the sex industry. Second, the study used an interviewing technique (ACASI) that has been repeatedly shown to increase reports of stigmatized behaviour (Des Jarlais *et al.* 1999, Newman *et al.* 2002, Perlis *et al.* 2004).

The issue of research site seems particularly significant to us, given the ways LFSWs differ from other sex workers. When commercial sex is considered as an *industry*, not an individual activity, then work site and level of integration into the larger market become useful frameworks for interpreting data. If an industry primarily caters to a particular client base, perhaps because it provides a reliable or consistent source of paying customers, then studies of industry locations are unlikely to provide data about services to other, less lucrative or reliable, customer populations. In addition, research at an industry location by definition collects data about the activities of those who work for the industry—not about other, differently organized, forms of commerce. For example, research on the clothing industry is unlikely to generate data about yard sales or home sewing operations, although it may capture mass-produced patterns or kits. Data about forms of commercial sex that lie outside of the visible sex markets are most likely to be obtained from persons recruited at locations not publicly associated with the organized sale of sex.

The use of ACASI may well be a significant factor in obtaining data about commercial sex from respondents recruited outside of sex industry locations. Selling sex is a highly stigmatized activity in this culture, and buying sex may be even more stigmatized for women than for men. ACASI allows reporting of stigmatized activity without the experience of personal disclosure that accompanies even anonymous face-to-face interviewing. Persons recruited at socially marked sex industry locations are already discredited (Goffman 1963), as either buyers or sellers, and have little ‘face’ to lose by telling a researcher about their activities. In contrast, those recruited at other sites and asked about participation in commercial sex have the option of remaining invisible through silence. In order to obtain data about sexual commerce that occurs outside the socially designated sex industry, it may be necessary to combine recruitment at non-industry locations with a methodology that effectively addresses stigma management concerns, including the need to ‘save face’ psychologically during an anonymous face-to-face interview.

Conclusion

In the 1970s and 80s, women working in the sex industry instigated a conceptual shift from prostitution as a form of deviance or pathology to ‘sex work’ as a form of labour (Jenness

1990). Part of this shift was a move towards unionization of sex workers as a strategy for improving work conditions (Jenness 1990, Alexander 1998, Lopez-Jones 1998, Sax 1998, Verbeek and van der Zijden 1998, West 1998) which certainly suggests an understanding of their workplace as industrialized in the classic sense of the term. However, 'the sex industry' is still largely used to refer to all forms of commercial sex, not as a referent to a particular organization of work. The data from this study raise the question of how much our knowledge of 'sex work' in Western contexts is actually knowledge about 'industrialized sex work', and what other forms of commercial sex transactions exist in the USA and elsewhere. Hazards and experiences currently attributed to commercial sex may, in fact, be characteristics of an industry rather than of sexual commerce as a whole. Sexual commerce may be a much broader domain of activity, with varying levels of industrial-style organization (e.g., mass production, routinization) in different forms or sectors. For example, the sale of sex to women might currently be an informally organized and low-volume non-industrialized service sector.

While these data raise many provocative and interesting questions, the study itself is limited in regard to the answers it can provide in this area. The survey was primarily designed to assess factors related to HIV risk behaviour among drug users utilizing syringe exchange programmes, and collected only basic data on commercial sex transactions. The instrument did not include questions about the contexts for commercial transactions, descriptions of the organization of work, or interactional factors shaping condom use. However, our analysis above of methodological factors affecting research on sex work suggests that the limitations of the study are simultaneously its strengths; questions about sexual commerce asked as part of a larger study, utilizing a highly anonymous data collection method, elicited data unlikely to be obtained had we set out to study sex work. Research often yields unanticipated but valuable findings, and we believe the data presented here offer a vital contribution towards expanding our thinking about commercial sex.

The powerful social stigmas attached to commercial sex make research outside of designated sex-industry locations a challenge. Asking questions about commercial sex at a syringe exchange programme does not elicit outrage or offence, since respondents are already in a location associated with both HIV and other socially stigmatized activities. The interactional constraints would be much greater in less stigmatized contexts. These constraints could become even more pronounced when asking about activities that challenge taken-for-granted social constructs. For example, women may have stronger negative reactions than men to being asked if they have purchased sex, since this question carries greater connotations of gender deviance for women than for men. Researchers may need to struggle with theoretical (or personal) attachments to particular social models, in order to ask sex workers if they buy sex as well as sell it and if they sell to women. We need to expand both the questions we ask and the places we ask them, in order to develop a more comprehensive understanding of the range of sexual commerce and the factors shaping risk in different contexts.

Notes

1. We use the term 'sex workers' and 'commercial sex' in relation to these women and the activities they describe because the activities in question involve sex-for-money or sex-for-drug transactions, and these terms allow for straightforward discussion of the data. However, we did not collect data on personal identity, or on the details of subjective definitions of the transactions in question. The survey questions used were very direct, as can be seen in the Appendix to this paper.
2. Contact the first author for a detailed description of the data cleaning procedures.
3. The exception to this may be the SM branch of the industry, as all the available evidence indicates that male masochists are the primary buyers.

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Appendix

Text of Commercial Sex Questions

In the past 30 days, have you paid money to someone of the opposite sex to have sexual intercourse with you?

In the past 30 days, has someone of the opposite sex paid YOU money to have sexual intercourse with them?

In the past 30 days, have you given drugs to someone of the opposite sex so that you could have sexual intercourse with them?

In the past 30 days, have you received drugs from a partner of the opposite sex as payment for sexual intercourse?

In the past 30 days, have you paid money to someone of the same sex to have sexual intercourse with you?

In the past 30 days, has someone of the same sex paid YOU money to have sexual intercourse with them?

In the past 30 days, have you given drugs to someone of the same sex so that you could have sexual intercourse with them?

In the past 30 days, have you received drugs from a partner of the same sex as payment for sexual intercourse?