



Strategic in/visibility: Does agency make sex workers invisible?

Criminology & Criminal Justice
2014, Vol. 14(3) 298–313
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sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/1748895813500154
crj.sagepub.com



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Abstract

This article examines the links between in/visibility, agency and mobility through the narratives of 55 predominantly indoor sex workers interviewed in Melbourne, Australia, where state government regulations permit some forms of sex work under a licensing framework. This article explores the tensions around the requirement for visibility in the regulation of sex work, the utility of 'strategic' invisibility in the lived realities of sex work and the discursive 'invisibilizing' of sex workers' agency in anti-prostitution discourses. For the workers we interviewed, 'strategic invisibility' was an agentic strategy that prevented stigma and protected social, economic and geographical mobility within and outside the sex industry. In Melbourne, workers' careful management of their 'invisibility' as sex workers contrasted with the state's harm minimization framework that insists on sex workers' visibility within healthcare and licensing systems. This article draws on empirical data to suggest that regulation through licensing can both alleviate and contribute to vulnerabilizing contexts of sex work, providing useful lessons to those considering a similar system of regulation.

Keywords

Agency, in/visibility, regulation, sex workers, stigma

Introduction

Visibility is a flashpoint in the research, practice and regulation of sex work. The most visible and policed form of sex work is also the most written about – street-based sex work

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(Sanders, 2004, 2005; Shaver, 2005). Yet street-based sex work constitutes only a small part of the industry in Australia, Canada, the United States and the United Kingdom (Weitzer, 2009; Shaver, 2005). By turning our gaze to 'strategic invisibility', we aim to contribute knowledge on a relatively under-examined sex work sector – indoor-based sex work.

Understandings of sex work are also informed by the attention given to sex trafficking within policy, regulation and research. Scholars have highlighted how sex trafficking and associated victimization is quickly extrapolated to represent the entire sex worker population (Segrave et al., 2009). This polarized account of sex work fails to acknowledge its complexities (Wolkowitz, 2006; Weitzer, 2009) and directs attention away from understanding sex work as work (Maher et al., 2012; O'Connell Davidson, 2006). We seek to contribute to research on sex workers' use of secrecy and concealment (as a stigma prevention strategy, for example) (e.g. Sanders, 2004) by examining how sex workers' agentic use of 'strategic invisibility' is affected by Melbourne's sex work legalization framework in Melbourne, Australia, which is ostensibly aimed at reducing harm and vulnerability. The contrast between sex workers' use of social invisibility and the promotion of visibility by Melbourne's legalized framework reveals conflicting assumptions around sex work and the reliance on public perceptions of sex work rather than sex workers' experiences.

Sex workers' experiences provide a platform on which to explore nuanced understandings of the different forms of visibility, and its strategic containment by workers. In this article, we trace the relationships between in/visibility, agency and mobility that surfaced in the narratives of 55 predominantly indoor sex workers interviewed in Melbourne. Discussions with workers revealed contradictory relationships between agency, invisibility and the regulatory environment. Sex worker views on Melbourne's licensing model and its impacts can offer insight to policy-makers internationally, particularly those considering the adoption of similar schemes.

This article explores three primary sites of tension between agency and invisibility. The first is the insistence within anti-prostitution discourses on 'invisibilizing' or erasing sex workers' agency and the impact this has on the visibility of sex workers' lived experiences. The second tension is found in Victoria's regulatory framework, which relies heavily on visibility (and surveillance) to govern sex work. By examining the operation of licensing and health regulations, we describe the production of visibility and its consequences for workers. The third site highlights the utility of social invisibility in the lived realities of sex work. Our research found that the insistence on sex workers' visibility contrasts sharply with workers' responses to the regulatory framework, and their use of strategic in/visibility to navigate social, economic and geographic mobility in sex work. We identified that workers use a range of visibility management strategies to negotiate specific social, financial, regulatory, health and employment aspects of sex work. We conclude by arguing that resolving this tension will involve grounding policy in sex workers' priorities and understandings of risk, increasing engagement with the sex industry as a *work* sector and reducing stigma by abolishing mandatory testing.

The Precarity of Agency in Sex Work Discourses

This exploration of the links between agency and invisibility aims to advance conceptualizations of agency in sex work research. Research on such agency is at least partly

influenced by the broader feminist debate on whether sex work is a form of gendered exploitation (e.g. Raymond, 2004) or a form of labour (e.g. Abel et al., 2010; Maher et al., 2012; Pickering et al., 2009; Shaver, 2005). The anti-prostitution perspective, which often refers to sex work as 'prostitution', centres analyses around the *sex* in sex work, or how the meaning or morality of sex shifts when it is situated in a commercial exchange. In contrast, advocates of the 'sex work is work' perspective, or the sex workers' rights perspective, are less concerned with the moral implications of commercial sexual exchange and more concerned with women's autonomy and rights as *workers*. This literature tends to use the terminology 'sex work' in place of 'prostitution'. We situate our analysis within a sex workers' rights framework that recognizes sex work as legitimate labour.

We contend that an impact of the feminist impasse on the nature of sex work is the limited exploration of the experiential dimensions of agency. A number of social theorists argue that agency, as the ability to act in a given context, is intrinsic to what it means to be human (e.g. Bourdieu and Wacquant, 1992; Ortner, 1996; Sewell, 1992). We argue that the definition of agency as an inherent human capacity (rather than a quality that only some people have) is a more useful tool in analysing women's power in sex work. However, feminist debates around sex work have fixated on whether women do or do not have agency in sex work, and thus shaped a concept of agency that is grounded in anti-prostitution abolitionists' refusal to acknowledge women in sex work as agents. In this debate, the choice or decision to enter into and/or remain in sex work remains the paradigmatic expression of agency (Abrams, 1995; Cavaleri, 2011; Gatrell, 2010). Other decisions made in relation to sex work (e.g. regarding workplaces, work practices and safety strategies) have historically received less attention, but are increasingly being examined by researchers through a sex workers' rights lens (e.g. Lewis, 2006; Maher et al., 2012; Sanders, 2005).

For researchers situated within a sex workers' rights framework, the anti-prostitution abolitionist construct of agency still arguably remains the main concept of agency to which to respond. In a debate that fixates on whether women can choose to engage in sex work, the simple acknowledgement of sex workers' agency can seem like an accomplishment in and of itself. Yet feminist, public and policy debates about sex work suggest agency to be a much more precarious, discursive accomplishment. The erasure of women's agency is central to the anti-prostitution abolitionist framework, which relies on a circular logic whereby women's involvement in sex work constitutes proof of their victimization and lack of agency (Abrams, 1995; Cavaleri, 2011). The site at which agency is exercised (sex work), rather than the action itself, determines whether such agency is recognized or denied.

Foucault (1972) argues that discourses produce knowledge that ascribes identities, and disseminate it as authoritative. Anti-prostitution discourses are often premised on ideas about vulnerability, such that vulnerability acts as a measure of identifying 'representative' sex workers. In these discourses, expressions of agency arguably negate women's credibility to speak as sex workers (Lyon, 2011). This circular logic posits that sex workers who assert themselves are considered not to be 'real' sex workers because 'real' sex workers are unable to assert themselves. While the sex workers' rights movement has called for greater sex worker involvement in policy formulations on sex work (e.g.

NAUWU, 2010; Red Umbrella Project, n.d.), the discursive erasure of sex workers' agency in anti-prostitution discourses acts to exclude sex workers from such engagement. Beyond the area of sex work, this 'victim/agent dilemma' (Roggeband, 2010) has impacted numerous groups, including women who have experienced violence (Creek and Dunn, 2011), refugees and asylum seekers (O'Higgins, 2012), lesbian, gay, bisexual and transgender asylum seekers (Heller, 2009) and migrant women organizations (Roggeband, 2010). For these groups, the performance of vulnerability has been necessary to receive support, and demonstration of agency has threatened access to resources.

However, the anti-prostitution framework's conceptualization of vulnerability in sex work confuses our understanding of vulnerability. Rather than debating whether vulnerable sex workers are the norm or the exception, it may be more productive to shift our gaze from vulnerable women to 'vulnerabilizing' contexts. In public discourses around sex work, vulnerability can often calcify into a static characteristic that is easily conflated with particular races or ethnicities. This can disguise the fact that vulnerability is a *relation* between an agent and a context, so that the same worker can experience different types of vulnerability and agency across different workplaces. For example, preferences about working in legal and illegal brothels vary among workers: 'My friend said that clients weren't as demanding in the illegals, they came and went because they wanted to get out really quickly. Yeah she said she actually found it a better experience than working in a legal brothel' (Karen, in Maher et al., 2012: 66).

While the recognition or 'granting' of agency to sex workers remains a challenge in policy and practice, it is also important to understand the 'creative dimension' of agency (McNay, 2003: 140–141), including less visible forms of agency. We argue that just as silence is no longer seen as 'emblematic of powerlessness and passive acceptance of power' (Hegde, 1996: 313), the deliberate cultivation of social invisibility by sex workers should be considered in context. Fluidity in occupational identity and hence being visible or 'out' is not something that is restricted to sex workers. Viewed in context, however, few occupations or identities generate the volume of research or are subject to as much debate as are sex work/ers.

Methodology

This article draws on data obtained from a study of sex worker experiences contracted by the Victorian Government in 2009–2010. In research published in the *Working in Victorian Brothels Report* (Pickering et al., 2009), we interviewed various stakeholders – regulators, brothel owners and managers, workers (independent, escort, brothel) and key non-governmental organizations – on several aspects of the industry. At the time of this research, there were around 95 legal brothels operating in Victoria, mainly in Melbourne. There were approximately 1700 exempt workers registered, referring to those working independently in line with the regulations.

Fifty-five workers were interviewed, comprising 47 women, six men and two transgender women. Just over half of the workers were over 30 years of age ($n = 30$). Thirty-two of the workers had worked in the sexual services industry for more than five years. The majority worked indoors, either independently ($n = 19$), as escorts ($n = 11$) or in brothels ($n = 33$). As this breakdown suggests, around half of those interviewed

worked across different sectors of the industry, although only a minority had worked on the street ($n = 2$). Non-white and/or non-Australian workers ($n = 17$) identified as South-East Asian, Eastern European, New Zealander, Korean, English or Thai. Interviews were conducted in English and an interpreter was present where elected.

Although the participant sample represents a broad range of experiences and social locations in sex work, we recognize that it may not be representative of sex workers in Melbourne. Even in states such as Victoria where licensed brothels and independent sex worker arrangements are legal, research about sex work involves working with individuals who are often heavily invested in protecting their and their clients' anonymity, and avoiding the gaze of the authorities.

Sex workers have challenged the allure of the representative sample (e.g. Lyon, 2011), arguing that the diverse realities of sex work have been dismissed for not being 'representative', particularly when such lived experience veers from the narratives of victimization prevalent in the media. Given the wide range of worksites, work conditions and work practices in the sex work sector (such as escorting, brothel-based work, massage parlours and exotic dance clubs), attempting to identify a universal sex worker experience proves not only impossible but also undesirable.

Workers were invited to participate in the *Working in Victorian Brothels* study through email lists and flyers placed in brothels. Data collection took place over the course of two months and involved sitting in tearooms, talking to workers between shifts. Accessing workers at work was found to be the most convenient method. Workers were also met off premises, particularly the minority of interviewees who did not work in a brothel. The interviews were transcribed and coded by the research team around the key themes of stigma, health and well-being, and working conditions, and the coding was based on thematic qualitative description (Sandelowski, 2000). This was the preferred method as it ensured we stayed close to the data. Our interview schedule consisted of open-ended questions about working conditions and was necessarily circumscribed. Because of the history of criminalization of sex workers, we were sensitive to the priority placed on privacy by many workers, and avoided direct or probing questions. While the interviewees were not pressured to reveal any particular information, most did engage with us on the key issues.

Regulation of and Requirements for Sex Worker Visibility

Understanding of the legal context in which sex workers operate in Victoria is crucial to understanding their 'strategic in/visibility'. The regulation of sex work creates particular market and social impacts that 'require careful differentiation and analysis' (Maher et al., 2012: 17). Across Australia, the legal frameworks governing sex work are diverse, but some form of sex work is legal in the majority of jurisdictions. The contrasting legal and regulatory frameworks around sex work in Australia fuel the strategic containment of worker visibility by the highly mobile sex worker population, which often works within and across jurisdictions.

Victoria has a licensing scheme for legal brothels and independent workers. The principal legislation is the Sex Work Act 1994 (Vic.), formerly the Prostitution Control Act

1994 (Vic.) (PCA). Victoria's regulatory framework is ostensibly premised on a harm minimization approach (see s. 4, Sex Work Act 1994). Section 4 of the Sex Work Act 1994 stipulates that the protection of workers, the community and children is a primary goal of the legislation. As we have previously highlighted (Maher et al., 2012), however, the emphasis on the protection of workers has a narrow focus. As this article illustrates, workers go to considerable lengths to manage the harms produced by this harm minimization framework.

Tensions arise from the Victorian regulatory framework's insistence on visibility in two key ways. First, the framework demands the ongoing visibility and surveillance of independent workers by requiring that they register with and obtain a licence from the Business Licensing Authority (BLA). Section 23 of the Sex Work Act 1994 sets out the requirements for becoming a small owner-operator providing sexual services. This is distinct from brothel or escort services and is only available to workers who own and operate a business. Having a licence enables small business owners to advertise using an 'SWA [Sex Work Act] exempt registration number', formerly a 'PCA number'. Eight of the 19 independent workers interviewed revealed that the ostensible benefits of registering were minimal. Indeed, it was understood that registering with the BLA attracted further unwanted surveillance:

I hate that in Victoria you need to have a PCA licence. If you get a PCA number ... they know where you stay. A lot of trannies want to do in-call and a lot of guys want to do in-call ... Definitely you can get busted, but the government is making the rules [and] no-one follows. (Jeanie, female transgender independent and brothel worker)

I do work privately but it's illegal still 'cause I don't have a PCA number and I won't get a PCA number because I also have like a normal day job and I'm forever comparing the two, thinking, 'I don't need a licence to work as a community worker. Why do I need one as a sex worker?' It doesn't make any sense to me when all it's going to do is identify me wherever I go and overseas especially 'cause Interpol have, you know, access to that. (Jacquie, independent brothel and escort worker)

The benefits of registering as a small owner-operator were unclear beyond legal compliance with the legislative framework. Rather than registering, seven workers chose to manage their own business, and contain their own visibility, by not complying with these provisions.

The second and most invasive of the requirements for visibility within Victoria's regulatory framework relates to the health surveillance of sex workers. The government insists on sex workers' visibility for the purported combined purpose of public health regulation and law enforcement. At the time this study was conducted, workers were legally required to obtain a medical certificate every six weeks and submit to monthly swab tests and quarterly blood tests (s. 19, Sex Work Act 1994).¹ This certificate acts as a defence if a worker is charged with infecting someone with a sexually transmitted infection (STI).

Three deep contradictions inform this public health model. The first is that research has established that sex workers have low STI rates in Victoria (Samaranayake et al., 2009; Wilson et al., 2009) and Australia (Commonwealth of Australia, 2010; Donovan et al., 2010; Lyttle and Thompson, 2004; Red, 2004), compared to the general population. In our study, 10 workers said that maintaining their health was critical to ensuring

their marketability (Maher et al., 2012). Workers not only assume responsibility for their own health, but are actively involved in health promotion with clients (Maher et al., 2012; Sanders, 2004, 2006; Scambler and Scambler, 1995). Some of the workers ($n = 13$) noted frequent requests for unsafe sex:

On a daily basis you get guys and you could be in a room for half an hour and they're arguing with you for 20 minutes. And as I say to them, 'Look you know you're paying for this so we can sit and argue all you want'. I say, 'This is my job. I'm sorry but I have to think of the other people as well as myself and I can't take the risk and that's all there is to it.' (Melanie, in Maher et al., 2012: 92)

The second contradiction is that mandatory testing requirements have been identified by sex workers' rights organizations, international bodies and researchers as a form of discrimination against sex workers (Godwin, 2012; Jeffreys et al., 2012; Maher et al., 2012; Monet, 2004; NSW, 2011; TAMPEP, 2009; World Health Organization, 1992, 2012). The burden of health testing each month creates a significant public health cost for workers and the health system (Samaranayake et al., 2009; Wilson et al., 2009). The regulatory framework in Victoria thus forces visibility on workers through health surveillance despite evidence of misplaced resources.

This research captured some of the strategies used by workers to manage compliance with this public health model and some of the consequences for workers. Worker views on mandatory testing were mixed. The six workers who supported mandatory testing argued that it could help dispel stereotypes about sex workers and disease, and ensure 'quality control', thereby reassuring customers, managers and the general public:

People think we are all diseased. But it's nothing like that. We've got the cleanest girls, we have to do blood tests, submit to tests, etcetera. (Angela, brothel worker)

The only thing that I would change would be different, the way that they're going about it is okay now, but regulate more of the illegals, because the illegals, they're not getting their medicals done, so to me, 'cause of health-wise, that is a problem. And because every girl that comes into here, we ask for her medical before she starts. I don't know if she's done illegal work, in an illegal brothel. (Amber, former brothel worker)

One worker expressed support for mandatory testing as an educative strategy to encourage workers to look after their health, but acknowledged that the policy was more commonly used to police and penalize workers. Twenty-four workers (including one who expressed support for mandatory testing) talked about the numerous challenges faced in fulfilling this health requirement and the risks of interacting with healthcare providers. Challenges included long wait times at the few health clinics that guarantee anonymity ($n = 5$) (although workers were very appreciative of sex worker-specific clinics), and the healthcare costs for workers without Medicare ($n = 4$). Nine workers described facing judgemental attitudes or inappropriate questions from healthcare providers, doctors who refused to provide medical certificates or other services, and poor or painful treatment:

Some doctors are pretty dodgy though ... They don't like to do medical certificates ... It's the stigma, I think, of being a sex worker. And once they know that, it's like, 'Oh no, we don't provide that service here, sorry'. Yeah you sort of have to ring up and ask, 'Do you provide medical certificates?' (Kasey, in Maher et al., 2012: 101)

I think every month is stupid. It has to be every three months at least. Because it's a pain for owners, it's a pain for girls, for everyone, because like you can't go to your family doctor and say, 'Listen I need a certificate'. You have to go to a sexual health clinic and wait all day to see a doctor. (Carey, brothel and escort worker)

The quote above reveals the third contradiction: that visibility acts as a barrier to health-care (due to stigma) while also necessitating more frequent contact with the healthcare system (due to Victoria's mandatory testing policy). There were several instances where workers described referring others to doctors they found to be dependable. Yet each disclosure to a medical practitioner could invite prejudice. In essence, workers adopted strategies to manage the harms produced by a regulatory framework ostensibly premised on harm minimization (Newcombe 1992 in Cusick 2006: 3; see s. 4, Sex Work Act 1994).

The health literature supports the proposition that isolation equates to vulnerability in the context of sex work. It argues that the more isolated a worker is, the more susceptible they are to health risks and being unable to refuse demands for unsafe sex (Wolffers et al., 2002). Tarantola (1996 as cited in Wolffers et al., 2002: 459) argues that isolated workers face a higher risk of infection, greater exposure to discrimination, and poor access to social rights and services. Pyett and Warr (1997) contend that isolation leads to increased difficulty in insisting on condom use and a lack of community support. Workers involved in this study, however, complicated this picture. Paula found that working privately enabled her to screen clients herself, particularly those who asked for sexual services without a condom:

And you can control and you can actually screen the client, I mean not that you see them, but over the phone. You can, if it's a client who expects you not to use condoms and things like that. 'I'm sorry honey I can't provide you with that and I'm actually booked'. ... And you can actually keep his number so every single time he calls ... you can refuse him. (Paula, in Maher et al., 2012: 84–85)

Six interviewees talked about isolating themselves socially in order to avoid the stigma around sex work and having to lie about their work to family and friends. However, workers' responses also suggested that invisibility does not necessarily equate with isolation. Workers were connected to various networks – information, social, work-related and school – while still carefully managing their visibility *as sex workers* within particular systems. Twenty-two of the interviewees had completed or were enrolled in tertiary study at the time. Nineteen female sex workers were parents, 17 of whom were caring for dependent children. Four sex workers discussed using their earnings as capital to start up a business outside the sex work sector, and four workers had day jobs, which their sex work earnings supplemented. These research findings suggest that any examination of isolation, as it relates to vulnerability, should critically reflect on who or what workers are perceived to be isolated *from* (whether

resources and information, or stigma). As Agustin (2007) argues, activities intended to reduce isolation (such as health outreach programmes) can, if based on uncritical assumptions about vulnerability, ultimately reinforce systems of surveillance and social control.

Harm minimization strategies gained momentum in the 1960s and 1970s as an alternative to prevailing criminalization approaches to drug policy and drug users (Roe, 2005). Contemporarily, the harm minimization paradigm has broadened to include policies and programmes that reduce the harmful consequences not only of drugs (Kellehear et al., 1998: 136), but also of other forms of historically marginalized activity such as sex work. While there have been many advantages to this approach over the previous prohibitionist stance, scholars have begun to question the compromises required of a harm minimization paradigm (Cheung, 2000; Miller, 2001; Roe, 2005). In particular, the extension of social control through new forms of 'surveillance medicine', and the unquestioned reliance on medical knowledge in determining appropriate policy responses, has been a source of concern.

That harm minimization frameworks may themselves cause harm is not a new proposition (Miller, 2001). In the context of drug policy, Miller contends that harm minimization strategies allow social control to be exercised on certain target populations in new ways, often enlisting agents such as medical professionals and other dispersed actors, a hallmark of Foucault's writings on governmentality (Willis, 1989). The harm reduction framework adopted by public health agencies focuses on individual and societal costs, obscuring the role of structural causes and distancing medical harm minimization from activist goals of harm reduction (Roe, 2005: 245).

We see a correlation here with regard to sex work. In Victoria, certain forms of sex work may have been legalized, but imposing extensive health regulations on sex workers contributes to the perception that they are diseased (Yee Chan and Reidpath, 2003). Stigma abounds, partly because of the forms of health regulation that operate as surveillance medicine (Foucault, 1977; see also Miller, 2001). The acute financial and social consequences of disclosing sex worker status confirm that regulators have neither acknowledged nor addressed the structural and historical context that labels this population as criminal, physically vulnerable and high risk.

The gendered outcome of this public health surveillance model is striking: the health burden is shouldered by workers who are primarily women. Notably, other forms of employment also characterized as high risk are not subject to the same forms of surveillance (Hobbs et al., 2003; Sanders, 2004; Sullivan, 2010). Making comparisons with doctors and nurses who have high levels of exposure to disease and illness, Sullivan (2010: 98) argues that they are not subject to nearly as much medical surveillance as sex workers.

The concentration on 'risk' in the sex industry can be understood by what Scrambler (1997: 112) describes as the 'paradox of attention' whereby the interest paid to prostitution reflects the excitement and titillation prescribed to the illicit nature of commercial sex, rather than a realistic account of the mundane, routine nature of swapping sex for money. (Sanders, 2004: 560)

Sex Workers' Agentic Use of Strategic In/Visibility

The ability of regulation to reduce the social stigma around sex work is debated. Abel et al. (2010) argue that although decriminalization of sex work in New Zealand has not erased the social stigma surrounding it, instituting legal rights for sex workers provides some leverage against stigmatization and discrimination. Our research strongly suggests that Melbourne's legalization framework does not reduce stigma, but that this may be due to different notions of the harms to be managed within a harm minimization framework. We found that harm minimization was operationalized differently by Victoria's regulatory framework and sex workers – in regards to the specific harms to be minimized, and whether visibility minimizes or increases the risk of harm. The harm minimization approach utilizes surveillance and demands worker *visibility* (particularly within health systems) as strategies to reduce the risk of STIs. By contrast, sex workers seek to minimize the social harms associated with sex work (such as stigma) by carefully maintaining their *invisibility* as sex workers.

Sanders (2004) found that sex workers perceive the social and emotional risks of sex work as more urgent priorities than health and physical risks. For 24 of the workers we interviewed, the social and emotional risks of sex work largely stemmed from stigma. Stigma is closely related to the categorization of particular groups as deviant (Becker, 1966), and has the potential to take on 'master status' (Goffman, 1963). Socially, the impact of stigma was the greatest concern for workers in our sample. They talked about the fear of disclosure and reactions of others, and discrimination in gaining access to medical and financial services. One of the workers, Mickey, who had been in the industry for four years, found the lack of 'social acceptability' of the job frustrating:

When you say you're an escort people look down at you at times. And I believe that everybody should take it as any other job. I mean, we are working like any other person out there, and we are doing this because we want to earn and we want to make a life, and so does everybody else. (Mickey, brothel and escort worker)

Workers resented public perceptions of sex workers as diseased, criminal, victims, drug addicts, promiscuous and immoral. Negotiating disclosure to family, friends, colleagues, health professionals and others was cited as a challenging issue. Invisibility as a sex worker therefore became a highly managed strategy to resist the impact of stigma on workers' everyday lives.

The consequences of stigma extended to financial matters such as housing loans and health insurance. The requirement to disclose one's occupational history subjected workers to a form of surveillance and social control. Visibility as a sex worker would trigger significant financial, social and legal ramifications that workers sought to manage through containment. Either sex work involvement remained invisible to financial agencies or disclosure raised assumptions about the actuarial risk posed by sex workers:

I couldn't get a loan until I got this normal job. I couldn't rent a place unless I lied about what I did. Even though I could afford it you know, without even thinking about it. I earn more as a hooker, more than most people do. But when I wrote that I'd never get a place and when I wrote

some other crappy job down I'd get a place, how does that work? [*Laughter*]. (Patty, brothel, escort and independent worker)

[For] any insurance one of the questions is, 'Have you been a prostitute?' Whatever, now if they pulled your health records and they saw how many tests you'd had, you can't lie about that one and I think it should be totally illegal. And I would like to see them do a bit of a study on girls in the sex industry who have worked, that aren't on drugs and how many diseases they actually have, to see if this kind of discrimination is warranted, because it's not. (Jane, in Maher et al., 2012: 102)

Managing in/visibility thus emerges as key to enhancing financial success and mobility, both within and outside the industry. Mobility here refers to movement between the illegal and legal sectors of the industry, between states and between the types of services provided (Maher et al., 2012). It is a key indicator of agency for workers and, as this section explores, the flexibility to make strategic decisions around visibility within different work environments was highly valued by the sex workers we interviewed. As workers talked about their experiences, the concepts of invisibility, mobility and agency appeared tightly interwoven. Due to the stigma around sex work, workers were concerned that their visibility as sex workers might obstruct their mobility within and out of sex work. Income from sex work afforded considerable economic mobility, but being visible (or known) as a sex worker impeded mobility by restricting access to healthcare, insurance and financial services.

Worker experiences suggest that strategic containment of visibility is not only a reactive strategy to mitigate the consequences of stigma, but also a proactive strategy designed to enhance mobility, agency and longevity within the industry:

Workers move from parlour to parlour. I mean it's such a transient industry and there are those that, you know, they come and go and off to different jobs, definitely, but usually it's off to different parlours. (Mel, brothel, escort and independent worker)

As I said, I arrived yesterday from Hobart and I'm going away next week, as in a small holiday in Queensland, and on the way back I'll stop and probably work three days somewhere on the coast. That's when you make your money, working for yourself. ... that's when you're in control of your time and everything. I mean at the same time I see Australia and everything so yeah. (Shanti, in Maher et al., 2012: 42)

In line with previous studies, our research found that workers make strategic decisions about where they worked to avoid risk and ensure anonymity and invisibility. The security measures normally implemented within brothels were seen as offering an advantage over other forms of sex work. This also allowed workers to better manage their in/visibility through the physical or architectural design of indoor brothels. Dina, a brothel worker, commented on how security cameras in legal brothels provided information to workers that allowed them to manage their own visibility, both inside and outside the brothel:

I would only work in parlours because it's safe. I would never work in escort because I feel terribly unsafe to go and you don't know who is waiting for you. And here you see the client,

especially with the cameras, you see client before. If it's your neighbour or your son's schoolteacher [*laughs*], you just don't go. (Dina, in Maher et al., 2012: 86)

The mobility of workers between illegal and legal contexts of sex work made in/visibility an important issue to manage. The workers in our study felt that working interstate where sex work was illegal would attract higher levels of pay, but necessitated their invisibility to law enforcement. Only through the strategic containment of their visibility did the workers feel they could continue to perform their work.

Conclusive Comments

Three very different links between agency and invisibility are evident in our research findings and in public discourses around sex work. First, the discursive erasure of sex workers' agency in anti-prostitution discourses erases the legitimacy of sex workers' experiential knowledge. Anti-prostitution discourses have a tendency to render accounts of sex worker agency as exceptional. As a corollary, the sex worker 'norm' remains a teeming mass of women who are grossly exploited and victimized by sex work. Our interviews suggest that the inverse may be the case for workers in Melbourne: that underneath the extreme victimization often portrayed in the media are a greater number of sex workers who carefully manage the boundaries between their work and personal lives. Second, workers' carefully managed invisibilities (from their social networks and the authorities) demonstrated their agency, success and control. The maintenance of invisibility was one of the strategies employed to enable various class, financial and social mobilities. These findings could be utilized to understand the strategic in/visibility of other groups marginalized by dominant legal and social narratives, such as irregular migrants (Mountz, 2010). Finally, the lived experience of 'strategic invisibility' as an agentic strategy contrasts with the requirement for sex worker visibility within Victoria's regulatory framework. Victoria's harm minimization framework requires sex workers to be visible within healthcare and business licensing systems. Victoria's mandatory STI testing policy requires sex workers to engage with healthcare practitioners more frequently (than the general population), but does nothing to minimize the risk of discrimination and stigmatizing attitudes from healthcare practitioners. Workers saw the stigma associated with sex work as one of the main factors that increased their vulnerability through discrimination, and threatened their mobility into other work sectors.

'Strategic invisibility' offers the potential to move beyond the static conceptualizations of agency that dominate sex work debates and the homogenization that has historically pervaded research on sex work. The contestation of sex workers' agency in public discourses has resulted in literature that emphasizes the fact of sex workers' agency rather than theorizing the mechanics of such agency. However, policy and practice requires a more nuanced understanding of agency that allows a climate in which frank discussion of 'vulnerabilizing' contexts is not yielded as a political tool to erase women's agency, resilience and resistance. This involves situating vulnerability and agency within the contexts workers operate in, rather than as static qualities inscribed on particular racialized and gendered bodies. Rather than continuing to fixate on the question of whether women in sex work have agency, a more generative question such as 'what

constrains or enables the agency of women in sex work?’ might suggest more productive and less harmful directions for policy and practice. Part of this also involves recognizing forms of agency, such as strategic invisibility, that may not be readily apparent as more politically visible actions. While the interviewees discussed the strategies they employed to keep themselves safe and to move towards their goals, they also acknowledged the emotional labour (Ehrenreich and Hochschild, 2003) this required.

In Melbourne, sex workers’ relationship with strategic *invisibility* differed from the state harm minimization framework’s use of *visibility*. As a result, sex workers had to engage in a certain amount of social manoeuvring and emotional labour to minimize the harms caused by Victoria’s harm minimization approach. We argue that regulatory frameworks will continue to produce contradictory outcomes and unintended harms such as these if they continue to rely on social assumptions about sex work rather than sex workers’ lived realities. Sex workers in this study identified the social consequences of stigma as one of the most serious harms of sex work, yet these risks were aggravated by Melbourne’s regulatory framework. One prime example of this contradiction is the mandatory STI testing policy for sex workers that has been globally protested as a form of discrimination against sex workers. If understanding of the sex work sector remains based on the most public instances of victimization (as in trafficking or street-based sex work), policy measures and public discourses will have limited relevance for the day-to-day concerns of sex workers operating across diverse workplaces.

Acknowledgements

The authors would like to thank Sharon Pickering, JaneMaree Maher and three anonymous reviewers for their helpful comments on earlier drafts of this article. This article draws from the *Working in Victorian Brothels* (2009) research project, funded by Consumer Affairs, Victoria.

Note

1. As of October 2012, the requirement to obtain a medical certificate changed to once every three months (see <http://www.gazette.vic.gov.au/gazette/Gazettes2012/GG2012S333.pdf>).

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