

**Sexual health principles and the procurement of sexual services: Evidence of the interface between Sexual Health and Criminal Justice**

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## MANUSCRIPT DETAILS

TITLE: Sexual health principles and the procurement of sexual services: Evidence of the interface between Sexual Health and Criminal Justice

## ABSTRACT:

This paper examines the relationship between sexual health principles and the procurement of sexual services. Most that has been written about sex work has been done so from the perspective of deviancy, in contrast recent work examining the practice of sex work has explored and evidenced how emotional and intimacy needs are met through procurement. Recognising the conventional aspects of procuring sexual services, this paper seeks to examine and understand this social practice through applying Braun-Harvey and Vigorito's (2015) six principles of sexual health.

Based on a mixed method approach, this paper presents findings from a survey consisting of a sample of 309 men who procure sexual services and 20 interviews from a sub sample of the men who were surveyed and female sex workers who provide such services.

The findings illustrate the reasons for men's procurement of sexual services, which corroborate with the accounts of women who sell the services and reflect how the procurement of sexual services align with principles of sexual health which in turn challenge the stigma of buying sex.

CUST\_RESEARCH\_LIMITATIONS/IMPLICATIONS\_(LIMIT\_100\_WORDS) :No data available.

The practical implications of this study are:

1. Provision of examining and understanding sex work through the principles of sexual health;
2. Provision of a framework to examine and understand sex work in a less stigmatising way;
3. Support for the growth of sexual health and criminal justice research;
4. Provision of a platform for further research examining sexual health, sex work and decriminalisation.

CUST\_SOCIAL\_IMPLICATIONS\_(LIMIT\_100\_WORDS) :No data available.

This study is unique as it brings together principles of sexual health as a tool for examining the procurement of sexual services, a practice that is demonised in many parts of the global. A consequence of this study is its presentation of a novel understanding for the social practice of procurement that aides in both challenging the stigmatisation and criminalisation of sex work.

## Sexual health principles and the procurement of sexual services: Evidence of the interface between Sexual Health and Criminal Justice

### Introduction

The sex work industry and those involved in this social practice have received mixed attention over time due to the social, moral and political effects on society (Birch, 2015; Jefferies, 1997; Mathews, 1999; Sanders, 2008). In most part, sex work has received negative attention, in which providers and purchasers have been classified as deviant. Dating back to scholars such as Lombroso (2007) in the 19<sup>th</sup> Century, where women who offered sexual services were considered to suffer from biological deficiencies, sex work and those involved in this social practice have been constructed as different to other people in mainstream society. The work of Lombroso was extended by Winick (1962) and Stroller (1976) respectively who applied such theorising to men who procure sexual services. The conclusions drawn from this work has promoted the position that those who procure sexual services are inherently different to the rest of society. The focus of those who procure sexual services, primarily men, has also been the focus of some feminist writers who have protested against sex work. Factions of feminism have turned the focus away from those who sell sex, namely women, and constructed them as victims, whilst blaming those who procure sexual services, namely men, through a 'prostitution as harm' narrative (Barry, 1995; Jeffreys, 1997). This narrative is reflected in the law, globally, where in many parts of the world, such as across the USA, in the UK and in some states and territories around Australia, to name but a few, sex work is criminalised (Birch, 2015). Contemporary research that has sought to demonise sex work has focussed on issues such as emotional labour (for example see the work of Abel, 2011) and the safety of workers (for example see the work of Ingabire *et al* 2012). In relation to the emotional labour associated with sex work, Bernstein (2007) recognised how those who sell sexual services in the outdoor markets experience different levels of emotional labour than those who work in the indoor markets, with the latter being considered more emotionally labour intensive. Research that has considered the safety of sex workers has viewed this issue from several perspectives, whether that be physical harm (e.g. Brents and Hausbeck, 2005; Hubbard and Prior, 2013) and/or sexual violence (e.g. Coy, 2013). However, as noted by Birch (2015) understanding sex work through the perspective of deviancy and harm oversimplifies this social practice; it does not accurately reflect everyone's experience

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3 of those involved in the selling and buying of sexual services, nor their reasons for  
4 engaging in sex work.  
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8 Alternative sex work theorising allows for an understanding that considers this social  
9 practice as a normative function of society. For example, the commodification  
10 rationale for sex work recognises the act of sex work in the same light as buying any  
11 service or product. Scholars such as Brooks-Gordon (2006), Sanders *et al* (2009) and  
12 Kong (2015) have all evidenced through their work that sex work can be understood as  
13 a commercial activity and as such acts as a means of rejecting the abolitionist stance  
14 scholars such as Jeffreys (1997) promote for dealing with sex work, especially for male  
15 procurers.  
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24 Extending this normative function perspective of sex work, in more recent writings,  
25 such as Birch (2015) and Kong (2015), Milrod and Weitzer (2012) and Sanders (2008;  
26 2008b) the emotion and intimacy needs acquired by those who procure sexual services  
27 has been identified. A demonstrated relationship between emotions, intimacy and the  
28 procurement of sexual services is offered in this work; providing an understanding that  
29 men engage in the procurement of sexual services for similar reasons men engage in  
30 more conventional behaviours like marriage. As noted by Sanders (2008b: 401):  
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38 *... there are similarities in the acting out of the sexual scripts and in the process*  
39 *of sexual engagement and emotional desires, satisfaction and vulnerability*  
40 *between men in conventional and commercial sexual relationships.*  
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45 Further illustrating this position, Birch (2015) and Birch and Ireland (2015), through  
46 the introduction of the 'Multi-factor Analysis choice model for the procurement of  
47 sexual services' (MAPSS) model, reflect on how the procurement of sexual services  
48 allow purchasers to attend to their emotion and intimacy needs, as well as any personal  
49 challenges they face, acknowledging that procurement may also involve viewing sex  
50 work as a commodity. These more recent developments in understanding sex work as  
51 a normative function in society lends itself to challenging the stigma that surrounds the  
52 sex work industry and those involved. This is also more in line with how sex work is  
53 conceptualized within more contemporary sexual health discourse (UK NSWP, 2009).  
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55 Arguably, therefore, the normative function perspective of sex work suggests that  
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3 engaging in this social practice, in particular engaging in the procurement of sexual  
4 services, aligns with the principles of sexual health and therefore challenges the  
5 associated stigma and criminalisation sex work is exposed to globally.  
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### 10 ***What is Sexual Health?***

11 Beginning in the mid 1970's definitions of sexual health expanded beyond the limited  
12 discussion of absence of disease and prevention of unwanted pregnancy. Organisations  
13 such as the World Health Organization and the Pan-American Health Organization, for  
14 example, began to argue current sexual health definitions did not address the positive  
15 health components of sexual activity. Sexual health needed to be understood as a  
16 balance between human sexuality factors that contribute to safety and well-being with  
17 the promotion of sexual pleasure and satisfaction (World Health Organization, 1987).  
18 Eventually the integration of the right to sexual pleasure was expanded to include the  
19 need to recognize diversity of sexual needs and experiences with the knowledge of  
20 sexual health. Maintaining sexual health is now inextricably linked with respect for  
21 basic and fundamental human rights. Contemporaneously, four key principles for a  
22 sexual health framework have emerged emphasizing health and wellness, positive,  
23 pleasurable and respectful sexual relationships, linking sexual health with physical,  
24 emotional and spiritual health and most importantly that sexual health must be a broad  
25 inclusive collaboration among various points of contact to begin dialogue between  
26 diverse and disparate areas of knowledge (Satcher *et al* 2015). The current working  
27 draft of the World Health Organization (WHO) definition for sexual health is also the  
28 most often internationally cited definition:  
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45 *'a state of physical, emotional, mental, and social well-being in relation to*  
46 *sexuality; it is not merely the absence of disease, dysfunction, or infirmity.*  
47 *Sexual health requires a positive and respectful approach to sexuality and*  
48 *sexual relationships, as well as the possibility of having pleasurable and safe*  
49 *sexual experiences, free of coercion, discrimination, and violence. For sexual*  
50 *health to be attained and maintained, the sexual rights of all persons must be*  
51 *respected, protected, and fulfilled'* (World Health Organization, n.d).  
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58 The growth in sexual and public health research, and the implications of such for  
59 criminal justice is well documented (see the work of Hammett *et al*, 1998; Beckworth  
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*et al*, 2010, Epperson *et al*, 2010 and Birch and Crofts, 2017). This growth in research has also included consideration of the sex work industry (e.g. Sanders and Campbell, 2007; Kramer and Comfort, 2011). While Binswanger *et al* (2012) argued that further research was needed in a range of health areas including sexual health with regards to criminal justice research and related implications.

### ***Examining principles of Sexual Health?***

Sexual health discourse emphasizes fundamental elements that are culturally and contextually applied. Sexual health promotes a set of principles that form a framework in which individuals, families and communities examine and create their own process for taking responsibility for their sexual health. Recently, Braun-Harvey and Vigorito (2015) constructed a foundational set of six principles of sexual health based on the 2000 proceedings of a regional consultation convened by the Pan American Health Organization, World Health Organization and World Association of Sexual Health. These proceedings summarized the construct of sexual health:

*Responsible sexual behavior is expressed at individual, interpersonal and community levels. It is characterized by autonomy, **mutuality, honesty, respectfulness, consent, protection, pursuit of pleasure, and wellness. The person exhibiting responsible sexual behavior does not intend to cause harm, and refrains from exploitation, harassment, manipulation and discrimination.** (PAHO, 2000: 8)*

Extrapolated from the bold words, in the above definition, are the six sexual health principles Braun-Harvey and Vigorito (2015) developed in order to translate responsible sexual behaviours into a formulation that guide's and measure outcomes of a wide range of sexual activity and relationships within a sexual health framework:

1. Consent
2. Non-exploitation
3. Protection from HIV/STIs and unintended pregnancy
4. Honesty
5. Shared values
6. Mutual Pleasure

### ***Sexual principles and the procurement of sexual services***

Our intention, in this paper, is to explore how the six principles of sexual health can be used as criteria to take into account motives and consequences of procuring sexual services. Braun-Harvey and Vigorito initially integrated sexual health principles in their protocol for the treatment of men with out of control sexual behaviour to '*remedy the justified fears of sociocultural norms that stigmatize the frequency or content of sexual urges, thoughts, and behaviours form overly influencing clinical interventions*' (2015: 46). However, this paper seeks to explore if analysis of the multifactorial motivations for engaging in the procurement of sexual services reveal elements of sexual health behaviours, attitudes and values that would otherwise remain invisible or prejudicially assumed to be inconsistent with paid sex.

### **Materials and Method**

The study was conducted in one state of Australia, New South Wales, a state in which sex work is decriminalised. The mixed methods study presented in this paper draws upon a broader study that included a quantitative sample derived from 309 men who completed a survey, as well as a qualitative sample derived from 36 interviews consisting of men who procure sexual services, female sex workers, and groups who have an interest in sex work such as the clergy, medics and women's groups. This has been reported elsewhere (Birch, 2015). Aspects of the survey along with the responses from 13 men, who buy sexual services and 7 female sex workers, 20 interviews in total, are reported in this paper.

### ***Adopting a mixed method approach to data collection***

As indicated above, the current study adopted a mixed method approach to data collection. The following section details phases one and two of the data collection process.

#### ***Phase 1***

A questionnaire was distributed to men who reported they procure sexual services from female workers in the NSW sex industry. The sample was obtained from advertising for participants through a number of channels including the NSW sex work industry specifically with the support of SWOP (The New South Wales 'Sex Worker Outreach Project'). There were 309 men who volunteered and completed the questionnaire via

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3 an online platform. The data collection tool was developed specifically for this study,  
4 informed by existing sex work literature and research. There were 35 closed-ended  
5 questions which addressed various issues such as the clients' demographics e.g. age,  
6 occupation, language spoken at home, marital status, gender, age of clients at the time  
7 of first purchased sexual service and the reasons men offered for choosing to have sex  
8 with a sex worker. This paper reports on aspects of this questionnaire, namely the  
9 reasons men gave for their procurement of sexual services.  
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17 The questionnaire data were entered into SPSS (Version 22.0. Armonk, NY: IBM Corp)  
18 and analysed using a number of statistical techniques. Initial descriptive statistics were  
19 explored in order to gain an understanding of the demographics of the sample, for  
20 example measures of central tendencies and dispersion such as the mean were reported  
21 to outline the key characteristics of the sample. This was an important technique to  
22 adopt as such statistical techniques not only describe the sample but provide data that  
23 can be compared to samples reported in existing research.  
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31 The key statistical technique used in the first phase of the data collection was cluster  
32 analysis. This technique was employed in order to investigate a central theme within  
33 the data: the reasons men give for procuring sexual services.  
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### 37 *Phase 2*

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39 The second phase of the data collection employed a qualitative research strategy  
40 involving the use of a semi-structured interview. The sample for this part of the study  
41 was drawn from men who purchase sex from sex workers in NSW: this group of men  
42 were self-selected from the survey sample and sex workers operating in NSW. Thirteen  
43 male clients and seven female sex workers took part in the semi-structured interview  
44 (n=20).  
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51 The data collection tool used in this second phase of the study was an in-depth, semi-  
52 structured interview. Semi-structured interviews are suitable for case studies where  
53 'individual data can be obtained whilst being able to compare a range of different  
54 participants' (Hall 2008, 158). The interviews were supplemented by the quantitative  
55 data from the first phase of the study. The interview schedule was put together with  
56 advice from the SWOP, offering a rationale for the topics included in the interviews.  
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3 This was further strengthened by the use of existing literature/studies on the topic area  
4 e.g. Brooks-Gordon (2006); Sanders (2008). In the same way as face validity was a  
5 strength of the data collection tool in the first phase of the current study; face validity  
6 is also a strength of the second phase data collection (Bryman, 2008, 151-153).  
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12 Data were collected and analysed 'by hand' in the second phase. A traditional  
13 qualitative data analysis process, as outlined by Dey (1993, 62-263), was followed.  
14 This involved an iterative process being applied to the data collection and analysis.  
15 Adopting a thematic approach to analysis the six principles of sexual health were used  
16 to organise the data obtained through the interview process.  
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### 20 21 22 *Safety, Ethics and Values* 23

24 The ethical principles and practices for this research were developed using the 'Ethical  
25 Principles for Conducting Research with Human Participants 2007' (NHMRC, 2007).  
26 The study was approved by the Human Research Ethics Advisory Panel at UNSW,  
27 Australia.  
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### 31 32 **Results** 33

34 The first aspect of the findings draw upon the quantitative aspect of the study, are from  
35 the survey with 309 men. In terms of demographics for this group, the age range of the  
36 sample of men who completed the questionnaire was 29-76 (M= 47.5, sd= 10.9).  
37 Whilst the largest proportion of the sample was of Anglo Saxon/British/Irish  
38 background, with the smallest proportion being of Aboriginal/Torres Strait Islander  
39 background. In sum, the ethnic breakdown of the cohort approximately reflects the  
40 Australian population based on data from the Australian Bureau of Statistics (ABS)  
41 (2012).  
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49 In terms of the employment status of the sample, 88.3% of men surveyed were in  
50 employment with 52.4% representing Professional A and Professional B occupations  
51 as defined by the Registrar General's Classification of professional occupations (Scott  
52 and Marshall, 2009). Other important demographics are 94.2% of the sample classified  
53 themselves as heterosexual, with 53.6% of the sample were not in a conventional  
54 relation and were single, whilst the remaining men, 46.4% were in a conventional  
55 relation e.g. married/defacto.  
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3 Based on the statistical data collected from the male sample, the following table, table  
4 1, presents a cluster analysis depicting the reasons men offer for procuring sexual  
5 services.  
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13 The findings from the cluster analysis above are worthy of attention as the reasons  
14 offered for men's procurement of sexual service can be understood through many  
15 sexual health principles. The various reasons men offer for procuring sexual services  
16 such as the attractiveness of the sex worker, thrill and excitement and emotions and  
17 intimacy reasons not only exemplifies the normative function sex work can play in the  
18 life of procurers, they also reflect the many aspects of sexual health as defined by WHO  
19 (n.d.) as noted earlier in the paper. The definition offered by WHO defines sexual  
20 health in terms of attending to one's physical, emotional and social wellness in relation  
21 to their sexuality. Based on the quantitative analysis regarding the reasons men  
22 procure sexual services, a number of sexual health principles, outlined by Braun-  
23 Harvey and Vigorito (2015), and the WHO definition of sexual health, can be applied  
24 and used to understand this social practice. Men are driven by particular wishes and  
25 needs that can involve the physical need to have sex, while there is a strong presence  
26 of expressive reasons men give for purchasing sexual services, which can include the  
27 attractiveness of the sex worker. A further point to note is how the procurement of  
28 sexual services are being carried out under a financial contract, these men are paying  
29 for a service. This reflects the sexual health principles of *consent*<sup>1</sup> and  
30 *non-exploitation*<sup>2</sup> in that a financial contract is entered into by both parties, to which  
31 both parties agree in the services to be offered. The existence of this financial contract  
32 between the purchaser and provider of sexual services also offers an insight into the  
33 *shared values*<sup>3</sup> that exist, in terms of agreed expectations and beliefs which guide the  
34 behaviour of those involved in this context.  
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56 <sup>1</sup> Braun-Harvey and Vigorito (2015) define the principle of sexual health – consent, as experiencing a positive  
57 experience for all parties concerned.

58 <sup>2</sup> Braun-Harvey and Vigorito (2015) define the principle of sexual health – non-exploitation, as an encounter being  
59 free from an unfair advantage.

60 <sup>3</sup> Braun-Harvey and Vigorito (2015) define the principle of sexual health – shared values, as the motives and  
standards of an encounter being understood by all parties.

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Extending this line of enquiry, the second phase of data collection provided evidence from the 20 interviews with men who procure sexual services and women who sell such services. The interview process that was conducted illustrates why men procure sexual services, which ultimately relates to the six principles of sexual health offered by Braun-Harvey and Vigorito (2015): 1. Consent, 2. Non-exploitation, 3. Protection from HIV/STIs and unintended pregnancy, 4. Honesty, 5. Shared values and 6. Mutual Pleasure

### **Consent**

It is recognised by Braun-Harvey and Vigorito (2015) that consent reflects the experience of a positive experience for all parties concerned. This definition of *consent* is evidenced by those who procure sex. For example, Male Interviewee 7 noted his procurement allowed for a positive experience:

*“I wanted to fulfil some fantasies, but most of all it certainly helped me out [going to sex workers], helped me over my fears of sex. And working through that to the point where I am now very active. It wasn’t until I was fifty that I discovered that I was able to give pleasure to a woman, and uh, that’s when I started to enjoy it”. (MI:7).*

This form of *consent* is not only applicable to the men who are paying for sexual services, but to those selling, the women, also reflect the positive experience they acquire through the transaction. Female Interviewee 6, as evidence, recognises the friendships she has formed with her clients, which serves to illustrate Braun-Harvey and Vigorito’s (2015) definition of *consent*, that being to facilitate a positive experience:

*“umm, well with my regulars, the guys that I used to see more than once, I sort of formed a bit of an ahh, I don’t know, not emotional, not on my side anyway, but I sort of formed some sort of a friendship with them...(FI:6).*

In contrast, existing research that evidences the less savoury aspects of sex work such as the emotional labour experienced by sex workers (Bernstein, 2007; Abel, 2011) can be used to challenge this positive experience – the sexual health principle of *consent*. Nevertheless, many sex workers report feelings of empowerment and liberation through

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3 their work (Begum et al. 2013), offering further support to the application of Braun-  
4 Harvey and Vigorito's definition of *consent* in sex work, in particular with regards to  
5 procurement practices.  
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10 Aspects of the analysis in the current study also challenge some legislative frameworks  
11 that govern sex work, legislation that can inadvertently impact on Braun-Harvey and  
12 Vigorito's first principle of sexual health. Of those who were interviewed, some felt  
13 that criminalising the sex work industry would jeopardise and adversely affect the  
14 sexual health principle of *consent*. Male Interviewee 6, for example, stated:  
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20 "*[I] think it would create more disrespect for females and you would probably get more*  
21 *cases of assaults and rapes...*" (MI:6).  
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26 The experiences of those interviewed in the current study resonate with the sexual  
27 health principle of *consent*, in which the key component, as noted by Braun-Harvey  
28 and Vigorito (2015) is a mutually positive experience. Such conclusions can be drawn  
29 in other studies as well, for example by Begum *et al* (2013) in which empowerment and  
30 liberation are reported by sex workers. Associated with consent is the legislative  
31 framework sex work operates within. As a consequence of the decriminalised nature  
32 of the sex work industry in NSW, Australia, it was felt by some men interviewed that  
33 criminalisation would hinder this first principle of sexual health. In sum, it is evidenced  
34 that sex workers and the procurement of sexual services can support the first principle  
35 of sexual health – *consent*.  
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#### 44 ***Non-Exploitation***

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46 For the transaction of sexual services to be *non-exploitative*, Braun-Harvey and  
47 Vigorito (2015) claim the encounter must be free from an unfair advantage for either  
48 party. This is captured through the narrative offered by Female Interviewee 2 who was  
49 clearly aware of what her clients were buying sexual services for and how she offered  
50 her clients this service, the provision of a reciprocal agreement:  
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57 "*I guess I used to give them a lot of affection, which is what they were lacking. So, a*  
58 *lot of my regular clients came back not always for the sex, it was more for just to sit*  
59 *and chat, have a cigarette and have a bit of affection, you know. In the second booking*  
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3 usually, or a lot of the time you just have this rapport with someone, you would have  
4 sex and then you would spend the rest of the time sort of just chatting and if he felt good  
5 in your company then he would come back and see you – it is intimate on some level,  
6 umm, sometimes the guy would get a little bit attached. The clients that I've had, umm,  
7 I'd say about 95% of the clients have been, umm, respectful, umm, nice, in the sense of,  
8 just you know, wanting affection". (FI:2).  
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15 Aspects of conventional relationships are a feature of the exchange of sexual services  
16 in the sex work industry, where an authentic environment is created, this reflects a *non-*  
17 *exploitative* environment, which is also captured in existing research. In the work of  
18 Huysamen and Boonzaire (2015), as an example, they acknowledge the creation of an  
19 authentic experience through the procurement of sexual services in which the role of  
20 intimacy plays a significant part, reflecting Braun-Harvey and Vigorito's second  
21 principle of sexual health.  
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29 From the perspective of male procurers, the men interviewed in the current study  
30 appeared to be conscious that the experience had by both parties was fair and just, *non-*  
31 *exploitative*, as Male Interviewee 3 stated:  
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36 *I'm very open with her and I listen to her stories. That's part of the enjoyment for me.*  
37 *We talk about family things and she would ask how's my wife is or how is this and that*  
38 *going? (MI:3).*  
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43 The lived experience offered by Male Interviewee 3 also reflects WHO's definition of  
44 sexual health which involves a respectful approach to experiencing one's sexuality  
45 creating a pleasurable exchange.  
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50 While Male Interviewee 1 extends the *non-exploitative* nature of the procurement of  
51 sexual services, claiming that:  
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55 *"It's like going to see a hairdresser. Y'know... sometimes there is a bit of a spark there,*  
56 *but it's just part of, it's just part of life, its natural...just like eating or sleeping or*  
57 *drinking" (MI:1)*  
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3 Through understanding sex work as a commodity, in which one pays for a service, the  
4 notion that neither party is unfairly disadvantaged, as long as both parties fulfil their  
5 respective roles in the transaction, is supported. As such the application of Braun-  
6 Harvey and Vigorito's second principle of sexual health to sex work is upheld. Of  
7 those interviewed, there was a commonality found within the dataset, from both the  
8 men and women's perspectives, in that their experience of buying or selling sex did not  
9 involve an unfair advantage of one over the other; regardless of the various reasons for  
10 why procurement takes place – commodity or intimacy reasons.  
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### 18 ***Protection from HIV/STI's and unintended pregnancy***

19 The third sexual health principle is self-explanatory and there is evidence within the  
20 dataset, as well as within sex work research more generally about the sexual health of  
21 those involved in procurement practices. For example, in regard to sexually transmitted  
22 infections in NSW, female sex workers have one of the lowest prevalence rates amongst  
23 all groups in society, and in fact, there has never been a recorded case of HIV  
24 transmission involving a female sex worker in Australia (Sex Workers Outreach  
25 Project, 2007).  
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34 Further to this, the procurement of sexual services in reality does not always involve  
35 sexual intercourse. This protection from HIV and STI's can be evidenced through the  
36 accounts of sex workers, for example, who acknowledge a range of services they offer  
37 to those who buy 'sex', in which many do not involve a sexual act. For example, female  
38 interviewee 6 states that some men are just lonely, they are not wanting sex:  
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44 *"Although men are purchasing for a range of reasons, essentially they don't want to*  
45 *be lonely... and they actually want to talk to you". (FI:6).*  
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49 While from the perspective of the men who procure sexual service, the lack of sexual  
50 intercourse during their time with a sex worker is noted:  
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54 *"I would get a massage, rub-down, full body stuff, there was no intercourse involved,*  
55 *it was just hand relief stuff". (MI:8).*  
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3 The absence of sexual intercourse is also evident by Male Interviewee 3's experience  
4 of procurement:  
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8 *"I take in the funny emails, the joke emails from work, not the dirty ones, but the funny*  
9 *ones. We sit at the end of the bed, have a drink and go through the jokes and then we*  
10 *have a cuddle and a kiss. I will always tell her, like you're really beautiful and love*  
11 *being with you, that sort of thing (MI:3).*  
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17 These findings reflect how physical and emotional health are important aspects of the  
18 procurement of sexual services. This has recently been explored in the work of Milrod  
19 and Monto (2017), especially the role of physical health of those who buy sexual  
20 services as they get older. In sum, one's physical wellness contributes to their overall  
21 sexual health, such findings, therefore, support the third principle of sexual health  
22 offered by Braun-Harvey and Vigorito (2015).  
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### 28 29 **Honesty**

30 For Braun-Harvey and Vigorito (2015), sexual health involves engaging in open  
31 communication, in particular with regards to sexual pleasures and experiences, and  
32 signifies the fourth principle of sexual health - *honesty*. For some men who procure  
33 sexual services this involves telling others about their engagement with the sex work  
34 industry. Male Interviewee 6 explains:  
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41 *"I have got a very close mate of mine that we will occasionally discuss it just in general*  
42 *conversation ummm that's about, that's about it, umm, I've also got a couple of female*  
43 *friends that we also talk about it in general conversation (chuckles) as well yeah".*  
44 *(MI:6).*  
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49 For Male Interviewee 7 this involved disclosing his purchasing of sexual services to his  
50 wife in *'the early stages of their relationship'*, with this disclosure occurring after a  
51 *"period of courtship, just before they married"*.  
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57 The disclosure to others, in particular, the disclosure by Male Interviewee 7 who  
58 informed his wife, reflects aspects of the sexual health definition offered by WHO (n.d)  
59 in which sexual health involves adopting a respectful approach to one's sexuality.  
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3 Disclosure of procurement practices to a cohabiting partner illustrates this to some  
4 degree.  
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8 Extending the examination of *honesty*, Female Interviewee 2 offers an account that  
9 shows the understanding of what clients are looking for when procuring sexual services  
10 based on the various stages of a men's' life and his length of time procuring. Men who  
11 procure sexual services communicate with sex workers, disclosing aspects of their lives  
12 that reflect an understanding of sexual pleasures and experiences they are seeking:  
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19 *"The dominant [age for first timers], is probably about...20...because they didn't have*  
20 *a girlfriend, so they are lonely and starved of affection. For others, some of them would*  
21 *say that they weren't happy in their marriage or that they weren't getting any affection*  
22 *from within their marriage. Some of the first timers will tell me that their wife is ill...*  
23 *again they are looking for affection. The guys in their 30s, this is from my experience,*  
24 *umm, either their wives were pregnant, or had just had a baby. There were a lot of*  
25 *those cases, or umm, they'd just come out of a divorce. The guys in their 40s and 50s,*  
26 *well the married guys, umm, were just bored in their relationship, ignored...yes, and*  
27 *umm, yeah, the 50- and 60-year olds, well (laughs), they are just horny men. They are*  
28 *all looking for affection for whatever the reason - this is why men buy sex". (FI:2).*  
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38 The knowledge sex workers have of their clients offers an insight into *honesty*  
39 experienced within the context of procurement. Male clients communicate with their  
40 provider of sexual services in terms of sexual desires and pleasures along with the  
41 reasons for their procurement. As a consequence, this principle of sexual health is  
42 reflected in the procurement of sexual services offering further evidence of the suitable  
43 application of this construct to understanding this social practice.  
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### 49 ***Shared Values***

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51 A positive sexual health experience, according to Braun-Harvey and Vigorito (2015)  
52 centres on the motives and standards of an encounter being understood by all parties –  
53 *shared values*. Both providers and purchasers of sexual services require agreed  
54 expectations and beliefs with regards to acceptable behaviour in the context of  
55 procurement. This sexual health principle is reflected in the dataset, both within the  
56 quantitative and qualitative data. As noted above in table 1, the reasons men procure  
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3 sexual services involves being lonely, wanting affection and living out a fantasy that  
4 perhaps men have not been able to acquire in a conventional relationship. These  
5 reasons for procuring sexual services are understood and accepted by all involved in  
6 the procurement of sexual services. For example, Male Interviewee 9 stated:  
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12 *“It’s an opportunity for me to explore the many things that were either discussed or*  
13 *just dismissed within my relationship. Somethings she [his wife] would just not discuss,*  
14 *and some things I just didn’t discuss with her as I expected to get a very negative*  
15 *response anyway. I don’t have this problem when I go and buy sex, that’s why I keep*  
16 *going back”. (MI:9).*  
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22 Male Interviewee 11 offered an insight into the environment in which the procurement  
23 of sexual services takes place, an environment where agreed acceptable standards and  
24 beliefs exist:  
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29 *“I like to have a bit of a chat with her [sex worker], I couldn’t just walk in have sex*  
30 *with her and jump off... that’s not me umm...I like to talk to her a little bit about things*  
31 *and what she has done recently I think it’s good, I mean they’re human beings they’re*  
32 *not robots... umm... they have got souls, they have got a heart, and they’re doing it for*  
33 *a job”. (MI:11).*  
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40 Again, the lived experience of those who purchase resonates with the broader definition  
41 of sexual health as offered by WHO (n.d.), in which a positive and respectful approach  
42 to sexuality is engendered. While the narratives offered by the sex workers themselves,  
43 further illustrates an understanding of the motives men have when procuring sexual  
44 services, such as wanting affection and a place to talk. Female Interviewee 6 simply  
45 sums up the motives and standards involved in the procurement of sexual services:  
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51 *“Men keep coming back because they don’t want to be lonely. Buying sex gives them*  
52 *an outlet to this and to the lives they want to lead”. (FI:6).*  
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57 This acknowledgement of motives and standards, which Braun-Harvey and Vigorito  
58 (2015) label as *shared values* reflect the well-being, physical, emotional, mental and  
59 social, associated with sexual health.  
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### ***Mutual Pleasure***

Finally, the sixth principle of sexual health, as recognised by Braun-Harvey and Vigorito (2015) is *mutual pleasure*. This involves the delivery and receiving of pleasure by both parties. A principle of sexual health in which both those who buy sex and those who sell sex experience. As explained by Male Interviewee 6, the procurement of sexual services is:

*“an interaction of both emotional and ummm physical because it fills that void for that moment... she is my wife, my girlfriend, it’s a set of emotions and physicality that’s thrown into the equation. I need some companionship for the moment, I need to be emotional for a moment, I need to put my hands on a body, I get all that from her”.* (MI:6).

Both the openness and honesty of Female Interviewee 3 is clear, in that there are mutual pleasures obtained by all parties involved in the transaction of sexual services.

*‘I just want sex, I don’t want the bullshit’. But also, I find many male clients want to be a little bit more adventurous in the bedroom, that’s why they keep coming back. Businessmen often come in because they were looking for a party time, lawyers because they are motivated to buy dominatrix services, they want to be dominated and want to be submissive. I think this is because they were dominating [elsewhere] within their life so much”.* (FI:3).

An important part of sexual health is pleasure, as defined by WHO (n.d.). Pleasure is considered to be an important aspect of well-being which in turn allows one to express their sexuality. Therefore, this sixth and final principle of sexual health, provided by Braun-Harvey and Vigorito (2015) is suitably applied in order to understand this social practice.

### **Discussion**

The procurement of sexual services over time has been demonised through academic theorising as well as through legislation in which sex work has been criminalised. However, in more recent times a more socially acceptable narrative has emerged with regards to this ‘social practice’ including the importance to health and wellbeing. This

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3 article has sought to extend the socially acceptable narrative of sex work, in particular  
4 with regards to procurement practices by applying the six sexual health principles  
5 offered by Braun-Harvey and Vigorito (2015). As such this paper adds to the growth  
6 of research that examines the interface between aspects of health, sexual health, and  
7 criminal justice.  
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13 The data presented within the current study support an understanding of sex work that  
14 involves consent, shared values and mutual pleasure, to name but a few, between men  
15 who procure sexual services and women who sell sexual services. This suggests that  
16 through considering sex work through the prism of sexual health principles a realistic  
17 and less stigmatising conception of the procurement of sexual services is revealed.  
18 Women provide a range of services to men, both of a sexual and non-sexual nature  
19 which men 'consume', with men's consumption spanning a number of years, in some  
20 cases decades (Birch, 2015; Milrod and Monto, 2017). By considering the current data  
21 and extending Vanwesenbeeck's (2001) claim that there are rational and positive  
22 reasons for selling sex, it can be argued that the procurement of sexual services can  
23 contribute to an individual's positive 'sexual health'.  
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34 Not to overlook the less savoury aspects of sex work reflected in the work of Jeffreys  
35 (1997) and the prostitution of harm narrative as well as issues of emotional labour (e.g.  
36 Bernstein, 2007) and the personal and sexual safety of those who sell sexual services  
37 (e.g. Brents and Hausbeck, 2005; Coy, 2013), sex work and the procurement of such  
38 can reflect the principles of sexual health as evidenced by the lived experience of those  
39 who took part in the study presented in this paper. Where sex work does not engender  
40 such principles of sexual health this must be addressed, however, in many aspects of  
41 procurement this is not the case (Birch, 2015; Kong, 2015; Milrod and Monto, 2017;  
42 Milrod and Weitzer, 2012; Sanders, 2008, 2008b). For many, those engaged in the  
43 buying and selling of sexual services do so within the context of Braun-Harvey and  
44 Vigorito's (2015) principles of sexual health.  
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55 Extending this position, the definition of sexual health by the WHO (n.d.), presented  
56 earlier in this paper, outlines several components that both men who procure sexual  
57 services and the females who provide sexual services in the current study acknowledge  
58 are part of the procurement context. These components include being respectful of  
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bodily integrity; consensual sexual relations and pursuit of a satisfying, safe and pleasurable sexual life. Of importance, based on the data presented in this paper, is how the components of sexual health are reflected by the experiences of those interviewed and as a consequence represent Braun-Harvey and Vigorito's (2015) six principles of sexual health. The findings presented above indicate the positive impact and influence sex work can have on a man's life (noting that this study is only of men who procure sex, but the same could apply to women who procure sex). To deny individuals the option to procure (and sell) sexual services, through criminalising sex work for example, is in fact denying a human being's sexual health – their ability to enact their physical and emotional health or more simply put, to enact their sexuality. Considering the procurement of sexual services in this way is not new, sexuality has been well documented as an expression of love, affection and pleasure (e.g. Kimmel and Plante, 2004). Within the current dataset, there is evidence that those involved in the selling and procuring of sexual services experience these emotions and behaviours. The procurement of sexual services is complex; it is multifaceted in nature and is engaged in for a range of reasons. These reasons include the expression of love and affection as well as achieving pleasure. These components and elements are not only reflected in the work of Sanders (2008, 2008b) and Milrod and Weitzer (2012) but by the data presented in this paper. In light of the principles of sexual health (Braun-Harvey and Vigorito, 2015), the procurement of sexual services can be understood in the broader context of sexuality and through the recognition that sexual acts do not take place within a vacuum. With the application of the principle of sexual health principles to the procurement of sexual services, and the recognition that humans execute their sexuality for reasons other than just a physical sexual act, a new prism for making sense of men's procurement for sexual services begins to emerge. In conclusion, the principles of sexual health provide a suitable framework that takes into account the positive influence the purchasing of sexual services from within the sex work industry can have on the lives of men and as such create a less stigmatising understanding of this social practice. In addition, understanding the procurement of sexual services through a sexual health framework has implications for criminal justice systems globally, in particular, those systems that criminalise sex work.

### **Practical Implications:**

The practical implications of this study are:

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- 5 1. Provision of examining and understanding sex work through the principles of sexual
- 6 health;
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- 8 2. Provision of a framework to examine and understand sex work in a less stigmatising
- 9 way;
- 10
- 11 3. Support for the growth of sexual health and criminal justice research;
- 12
- 13 4. Provision of a platform for further research examining sexual health, sex work and
- 14 decriminalisation.
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Table 1: Cluster Analysis depicting reasons for procuring sexual services

Cluster Group	Main Reasons
1	<ul style="list-style-type: none"> <li>• Attractiveness</li> <li>• Thrill/Excitement</li> </ul>
2	<ul style="list-style-type: none"> <li>• Devoid of all responsibility,</li> <li>• No regular sex with partner</li> </ul>
3	<ul style="list-style-type: none"> <li>• Devoid of all responsibility</li> <li>• Non emotional sex</li> <li>• Living out a fantasy</li> <li>• Thrill/Excitement</li> <li>• Attractiveness</li> </ul>
4	<ul style="list-style-type: none"> <li>• Single</li> <li>• Loneliness</li> <li>• Attractiveness</li> </ul>
5	<ul style="list-style-type: none"> <li>• Thrill/Excitement</li> <li>• Living out a Fantasy</li> <li>• Non emotional sex</li> </ul>

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## Rejoinder: Manuscript ID JFP-02-2019-0006

***Sexual health principles and the procurement of sexual services: Evidence of the interface between Sexual Health and Criminal Justice***

Review Comments	Response
<p>Include a bullet point list of 'implications for practice' at the end of the discussion section.</p>	<p><i>This has been included at the end of the paper as required.</i></p>
<p>A key point to consider is the need to more clearly draw out the interface between sexual service procurement and criminal justice.</p>	<p><i>Being mindful of the word count, reference has been made in the introduction to the legislation, globally, which criminalises sex work.</i></p>
<p>More detail is needed about the questionnaire from phase 1, it's implied it was developed specially for this research but this needs to be clear. You also need to say how it was distributed</p>	<p><i>This has been attended to – noting the questionnaire are accessible via an online platform.</i></p> <p><i>Reference to the tool being developed for this study has been included.</i></p>
<p>There is a leap made from the cluster analysis results to the interpretation that their reasons can be understood through the six sexual health principles which are assumed to apply because the exchange is financial contract. That doesn't appear in the cluster analysis results and seems to be inferred.</p>	<p><i>This section has been revised and begins with reflection on the actual reasons reflected in the cluster analysis e.g. attractiveness and thrill.</i></p> <p><i>The context of financial contract is still made, but as a subsidiary point.</i></p>
<p>Overall the paper is clearly written and avoids overly technical language. Page 8 you classify the professionals according the Registrar Generals Classification but this is not explained anywhere, and needs to be made explicit.</p> <p>There are some errors that closer proof reading could correct; Page 3 line 17 you don't need a full stop before parenthesis containing the reference of WHO</p> <p>Page 3 line 55 review parenthesis use (see the work of Hammett et al (1998);</p>	<p><i>The Registrar Generals Classification is noted a classification of professions and has the reference of Scott and Marshall, 2009 to support this explanation.</i></p> <p><i>The paper has been proof read and corrections made.</i></p>

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<p>Beckworth et al (2010) and Epperson et al (2010). Inconsistent use of punctuation with et al. or et. Al.</p> <p>Page 5 line 5 typo 'form' instead of 'from'</p> <p>Page 10 line 52 bracket is reversed</p> <p>Numbers under 10 should be written.</p>	<p><i>No – this should read 'from'</i></p>
<p>Whilst detailed further in the results section, the methodology needs to be clearer. It is not clear how the data has been analysed, particularly as individual themes are not evident. The methodology does not match the results in terms of approach to analysis. The aims of the paper are detailed however there is some confusion regarding the analysis.</p>	<p><i>This has been addressed. Noting that a thematic approach was adopted, in that the six principles of sexual health were used to organise and present the data.</i></p>
<p>Sentence structure also needs to be reviewed, as well as the use of grammar. For example, page 2, line 40, is a 6 line sentence with very few commas given the length. This is also the case on page 3, lines 24 - 33.</p> <p>The paper makes reference to emotional labour on page 1, however this is not explained. This would only require a brief explanation, but equally needed to add context to the point being made.</p>	<p><i>The paper has been proof read and corrections made.</i></p> <p><i>The paper does offer a 'see the work of Abel, 2011' in the text in order to not overly increase the work count.</i></p>