
The social dynamics of safe sex practices among Canadian sex industry clients

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Abstract Much of what we know about the safe sex practices of people who pay for sexual services (clients) remains firmly grounded in empirical and interpretive tendencies to overemphasise the causal link between social, cultural or individual characteristics and sexual decision-making. In this study we apply Adam Green's Bourdieu-inspired sexual fields theory to examine the ways in which safe sex practices are interdependently shaped by social, personal and interpersonal forces. Using data from 697 questionnaires and 24 semi-structured interviews with Canadian clients, we implemented a series of six additive logistic regression models and contextualised the results with the interview data to reveal the relational interdependencies of intra-psychic, macro, meso and micro-level factors related to safe sex practices. The questionnaire responses and interview data used in the study were gathered from a diverse sample of clients who were over the age of 19, had paid money for sexual services on one or more occasions during their lifetime and who resided in Canada at the time of participation. Our results illustrate the ways in which factors related to the venue where sexual acts take place, clients' relationships with commercial and non-commercial partners and personal choices related to substance use interdependently inform safe sex practices.

Keywords: sex workers, mixed methods, health behaviour, sexual health, risk

At the turn of the 20th century a great deal of the discourse surrounding prostitution focused on the 'risks' that prostitutes posed in the transmission of sexually transmitted infections (STIs) such as chlamydia, herpes, gonorrhoea and cholera (Backhouse 1991). After World War II the roar of voices concerned with the health risks associated with prostitution appeared to have faded to a dull hum – until the emergence of HIV in 1983. The HIV 'epidemic' has fuelled the once-dormant medicalised discourse surrounding the sexual risks associated with prostitution, heralding a new era in the development of theory and research. While most contemporary Western research has clearly demonstrated that sex workers (SWs) as a group do not appear to pose a significant risk for the transmission of HIV or STIs to members of the general population (Barnard *et al.* 1993, Cusick 1998, de Graaf 1995, Sanders 2004, Vanwesenbeeck *et al.* 1994, Weitzer 2005), some members of the sex work community have been identified as being particularly at risk of infection at the hands of a new risk group: their commercial clientele (Faugier and Cranfield 1995, Shannon *et al.* 2009, Smith and Seal 2008). The identification of sex buyers (clients) as the new risk group in the transmission of HIV and

STIs has resulted in a particularly medicalised understanding of the client as a vector for disease transmission and all-around risk factor for disease control. As a result, the terms disease prevention and health protection have often been used to describe various medical and public health strategies aimed at identifying and controlling risky clients. These strategies have sought to isolate specific subsets of risk behaviour predictors that can be managed and modified in order to control the spread of disease among groups of clients, their non-commercial sexual partners and the at-risk groups of SWs.

Much of the extant research has been directed at male heterosexual and homosexual clients, examining their characteristics, the numbers of their partners, the activities engaged in, their condom use and how external factors relate to risk behaviour (Allman 1999, Atchison *et al.* 1998, Barnard *et al.* 1993, Chetwynd and Plumridge 1994, Day and Ward 2001, Freund *et al.* 1991). While a few studies have attempted to further examine the relationship between the attitudes, motivations and assumptions of clients (Hoigaard and Finstad 1992, McKeganey 1994), most research has been aimed at identifying the key determinants of risky sexual behaviour, such as the level of education (de Graaf 1995), income (Bloor *et al.* 1990, Morse *et al.* 1992), alcohol and drug use (de Graaf 1995, Thomas *et al.* 1990) and relationship status (Coughlan *et al.* 2001, Lever and Dolnick 2009), together with the differing venues where sex is bought and sold (Bloor *et al.* 1990, Morse *et al.* 1992, Plumridge *et al.* 1997, Weinberg *et al.* 2001). These findings have offered important contextual inroads for understanding the variety of material and non-material risk factors associated with sexual decision-making among clients. However, the predominant focus on disease prevention has resulted in empirical and interpretive tendencies to overemphasise the causal link between isolated social, cultural or individual characteristics and underemphasise the dynamic interplay and relations between the factors that interdependently shape forms of behaviour.

Recognising the limitations of theoretical frameworks attempting to explain the safe and risky sexual behaviour of clients as resulting from the direct influence of individual-level biological or psychological characteristics, or structural-level external factors such as education, income or occupation, recent investigations of sexual desire, motivation and action have employed field theory as a conceptual framework in which to understand and explain how the realisation of sexual desires and actions are shaped by various social, personal and interpersonal dimensions (Green 2008a, 2008b, 2014, Martin and George 2006). Proponents of field theory share a vision of social reality as being made up of many dynamic sociocultural spaces (fields) with established and evolving laws, norms and internal logics (Bourdieu and Wacquant 1992, Martin 2011, Savage and Silva 2013, Veenstra and Burnett 2014). The actions, interactions and reactions of people within fields are thought to be influenced by forces related to the possession of relevant forms of capital, as well as experience with a field, familiarity with the rules of the game that structure a field, and the capacity to understand and anticipate how to act (Bourdieu 1984, 1998, Martin 2003, 2011). People learn and internalise durable dispositions, values and tastes (*habitus*) that are formed in relation to the needs and interests that emerge from the social conditions of frequented fields. In this sense social action and behaviour is cast as a process that unfolds within the context of an actor's positions in the many dynamic sociocultural environments (fields) inhabited and frequented over time (the past) and in current day-to-day life (the present). The notion of sexual fields, as developed by Green (2008a, 2014), adapts these ideas and principles into a framework for exploring the dimensions of collective sexual life and the ways in which erotic relations, preferences, desires and identities; referred to as erotic *habitus*, are intimately tied to the social spaces people inhabit and the sexual fields they are predisposed and drawn to.

Emphasising the social and spatial aspects of sexual desires and practices, the sexual fields approach posits that sexual behaviour takes shape in the dynamic relations between contexts

that span various levels of enquiry (Green 2014). To this point Green offers specific empirical lines of investigation to follow when studying sexual fields, which he models into four interconnected levels of analysis: macro (political, cultural, economic structures and processes), meso (sexual social structure), micro (socio-sexual interaction) and intra-psycho (individual sexual desires). Considered as an empirical extension of sexual fields theory, these four levels of analysis provide a model for systematically examining the structures and processes that inform the safe and unsafe sexual practices of clients. Towards the goal of developing a better understanding of the ways in which social, personal and interpersonal forces interdependently influence the safe sex practices of people who pay for sexual services, we find Green's Bourdieu-inspired sexual fields framework to be robust and well suited to the task (2008a, 2008b, 2014).

Analytic plan

This is one of the first empirical applications of the sexual fields framework. We employ this framework as a systematic approach to think sociologically about sexual behaviour and the social contexts that shape action. Considering the multi-dimensional and multi-level underpinnings of sexual fields theory, it is our contention that mixed-data and mixed methods of analysis are ideally suited to reveal the patterns and regularity of sexual behaviour and to express the dynamic social processes that unfold in contexts (Ivankova *et al.* 2006, Palys and Atchison 2014, Small 2011). Thus, the following analysis embraces the complementary strengths and weaknesses of our mixed-method data and employs an integrative investigation that contextualises logistic regression with semi-structured interview data to better understand the structures and processes that underlie the safe and unsafe sexual behaviour of clients. This complementary approach to data analysis uses the analytic leverage generated by different methodological approaches to yield a more comprehensive picture of social phenomena than is possible from one approach alone (Small 2011). Specifically, we use qualitative results to help supplement the descriptive weaknesses of a logistic regression analysis, which is common practice in complementary mixed-analytic designs using small sample (qualitative) data to interpret the results derived from large-sample (quantitative) data (Brewer and Hunter 2006, Small 2011).

The analysis of our sample of 697 survey respondents and 24 semi-structured interviews proceeds in three related stages. The first stage consists of providing theoretical and operational definitions for each of the four levels of analysis proposed by Green (2014). In the second stage we present a series of six additive binary logistic regression models and a cross-model comparison to investigate the strength and direction of the independent relationships between safe sex practices and each of the macro, meso, micro and intra-psycho factors. In the third stage we used the results from the regression analysis to inform a structured thematic analysis of in-depth interviews to offer contextual insights into the ways macro, meso, micro and intra-psycho factors identified in our multivariate models relationally function to influence safe and unsafe behaviour.

SPSS 21 software was used for the logistic regression analysis. Appropriate diagnostic steps were taken to ensure that our series of models were theoretically informed, substantively relevant, correctly specified and met all of the assumptions required for robust and stable logistic regression modelling and analysis (Menard 2002, Pampel 2000). The interviews were independently analysed and coded by the authors in NVivo 10, using a thematic analysis technique to identify primary and sub-coding categories. When new themes emerged during coding they were discussed and modifications were made to the coding categories when deemed appropriate. Additionally, the thematic categories were refined, merged or subdivided when associations, intersections or contradictions in the data were identified. For the integrative analysis stage we used the results from the final additive logistic regression model (Model 6) to inform

the process of re-reading and extracting illustrative quotes from the previously coded and categorised content (Brewer and Hunter 2006, Onwuegbuzie *et al.* 2009, Small 2011). Selected quotes were used to supplement and contextualise, rather than confirm, the results of the logistic regression.

Data collection and sampling

The data used for the following analysis were collected between 2009 and 2010. A nested mixed-method strategy unfolded concurrently in two phases. The first phase involved the implementation of a computer assisted self-administered questionnaire filled out on the World Wide Web and returned electronically. Electronic paper (e-paper) or hard copies of the survey were made available upon request. The second phase involved a series of in-depth semi-structured interviews with clients who had varying degrees of experience purchasing sexual services in Canada.

The principal sampling techniques used for the project were a combination of purposive and viral sampling in online and physical spaces (Kolar and Atchison 2012). Recognising the technological shift taking place in the sex industry, marketing and advertisements to publicise the study and solicit participants focused heavily on online spaces such as escort review boards and classified advertising websites that service all major and mid-sized Canadian cities. Advertising online offered flexibility in the content and location of ads, the number of times they were placed and their cost. However, the benefit of reaching a wider range of respondents comes with the risk of increased volunteer bias in our sample. We attempted to reduce the effects of this bias by extending our advertising into physical spaces such as classified sections of newspapers, magazines and adult newspapers and on coasters, magnets, business cards and postcards that were placed in clubs, bars, novelty sex shops and various publicly accessible spaces in targeted Canadian cities. Finally, we enlisted the assistance of several active sex trade workers and sex work outreach organisations to help spread the word about the research and recruit clients within and beyond their social networks. While it is not currently possible to obtain a random and representative sample of Canadian clients, every effort was made to secure a maximally diverse sample.

The recruitment strategy resulted in an initial sample of 861 survey and 24 interview respondents. For the purposes of the present analysis we have selected only those participants who reside in Canada, have purchased sex in Canada on one or more occasions and responded to all the questions included in our multivariate analysis, resulting in a sub-sample size of 697. The sample of interview participants was purposively selected based on predetermined criteria (their sexual preference, purchasing experience and venue preference) and consists of those who responded to our advertisements. In-depth semi-structured interviews were conducted, engaging participants in a loosely structured conversation about the processes surrounding particular activities and encounters they have when purchasing sexual services. Of the 24 interviews, eight were conducted in person and 16 over the telephone. Interviews were audio recorded with the participants' permission, names and identifying information were anonymised and pseudonyms were employed in the transcription process.

Survey measures

Consistent with the sexual fields theoretical principles outlined above, we have substantively grouped the independent variables into each of the four levels of analysis. Decisions as to which variables belong to which level of analysis were, in some cases, somewhat arbitrary. However, care and caution was taken so that these decisions were reasonable and could ultimately support a future study of sexual fields.

Sexual safety (dependent measure)

This study acknowledges that sex practices can take many different forms and vary in the level of risk. Consistent with the wider body of research on sexual safety (Harcourt and Donovan 2005, McVerry and Lindop 2005, Rekart 2005), we use a health promotion approach that defines safe sex as the act of taking precautions to protect oneself and one's sexual partner from sexually transmitted diseases (STDs) and STIs. Thus, safe sexual activity is defined as penetrative sexual activity with the use of a prophylactic or non-penetrative sex with or without a prophylactic, and unsafe sex is defined as any form of penetrative sex without a prophylactic. A dichotomous (dummy) measure of sexual safety was created by combining responses to a series of 12 individual questions asking participants to indicate whether or not they had engaged in oral, vaginal, anal, masturbatory or group sex with or without a prophylactic during the previous 12 months. Respondents who had only engaged in non-penetrative sex with or without a prophylactic and/or penetrative sex (vaginal, anal or group) with a prophylactic were coded into the safe sex category. Those who had engaged in penetrative sex (anal, vaginal, or group) without a prophylactic at least once over the previous 12 months were coded into the unsafe sex category (see Table 1 for frequency distributions).

Intra-psychic level (Model 1) The intra-psychic level refers to social contexts in which individuals develop sexual desires and focuses on the kinds of people, interpersonal relations and contextual interactions that inform what people find erotic and desirable (Green 2014). While this concept is somewhat abstract in its conception, we find Green's description emphasises the need to think about the social dimensions that inform sexual socialisation and how sexual desires develop. Within the context of sexual development and experience – particularly in the case of clients – we argue that age, marital/partner status, sexual orientation and whether someone is a regular purchaser of sexual services speaks to the level of sexual experience they might have and their level of desire not only to pursue paid sexual activities but also to desire safe or unsafe sexual practices. Regarding sexual desire and activities, the literature suggests that younger and older clients may have significantly different sexual desires and needs, as do those who are married and are regularly sexually active compared with those who are single and sexually inactive (Belza *et al.* 2008, Brewer *et al.* 2008, Hart 1998, Perkins 1991).

Age was recoded into four categories: young adult (18 to 30), mature adult (31 to 40), middle-aged (41 to 50) and older adult (50 +). Relationship status was measured by combining marital status with regular non-commercial sex partner status to produce a robust measure of relationship status that distinguishes between single respondents who did or did not have a regular non-commercial sex partner at the time of participation. The final categories include married with regular sex partner, single with a regular non-commercial sex partner and single with no regular non-commercial sex partner. Regarding lifetime buying, respondents were asked 'How many times have you paid money for sex in your lifetime?' and 'How old were you when you first purchased sex?' These two questions were combined into a dichotomous measure of the average number of times that sex was purchased by the respondent per year: regular (purchase 12 or more times per year) and irregular clients (purchase less than 12 times per year). Sexual orientation is based on respondents' answer to the question, 'Which of the following best describes your current sexual orientation [list of six categories]?' Responses were substantively recoded as heterosexual, and homosexual or bisexual.

Macro level (Model 2) At the broadest level of analysis, macro-level forces are related to the structural bases of power and influence that operate within and across social and cultural contexts. Green (2014) observes that these forces can include local configurations of commercial and public space, the culture of neighbourhoods, local and federal policies related to sexual

Table 1 *Frequency distributions*

<i>N</i> = 697		<i>Frequency distributions</i>
<i>Variables</i>	<i>Categories</i>	<i>n (%)</i>
Engaged in only safe sex practices in past 12 months.	Yes	590 (84.6)
	No	107 (15.4)
Age	18 to 30 years old	98 (14.1)
	31 to 40 years old	234 (33.6)
	41 to 50 years old	205 (29.4)
	Over 50 years old	160 (23.0)
Personal income	Less than 19,999	48 (6.9)
	20,000 – 39,999	100 (14.3)
	40,000 – 59,999	169 (24.2)
	60,000 – 79,999	121 (17.4)
	80,000 – 99,999	93 (13.3)
	100,000 +	166 (23.8)
Education	High school or less	27 (3.9)
	Some post-secondary	195 (28)
	Completed diploma or certificate	128 (18.4)
	Completed university degree	208 (29.8)
	Completed graduate degree	139 (19.9)
Canadian-born	Yes	532 (76.3)
	No	165 (23.7)
Sexual orientation	Heterosexual	534 (76.6)
	Homosexual or bisexual	163 (23.4)
Marital and regular sex partner status	Married and has regular sex partner	339 (48.6)
	Single and regular sex partner	111 (15.9)
	Single and no regular sex partner	247 (35.4)
Preferred venue	Massage parlour/brothel/micro-brothel	135 (19.4)
	Ad in-call	222 (31.9)
	Escort	185 (26.5)
	Street	76 (10.9)
	Ad out-call	47 (6.7)
	Club or bar	15 (2.2)
	No preference/online/other	17 (2.4)
Regular client (12 or more times in past year)	Yes	110 (15.9)
	No	587 (84.2)
In the past 12 months, have you had sex with the same sex seller more than once?	Yes	450 (64.6)
	No	247 (35.4)
Do you use your real name when you visit sex sellers?	Yes	416 (59.7)
	No	281 (40.3)
Do you talk to sex sellers about your personal life?	Yes	420 (60.3)
	No	277 (39.7)
How often do you drink more than three alcoholic beverages before or during your visit?	Never	520 (74.6)
	Occasionally	127 (18.2)
	Usually or always	50 (7.2)
How often do you use illegal drugs just prior to or during your visit?	Never	595 (85.4)
	Occasionally	71 (10.2)
	Usually or always	31 (4.4)

regulation, patterns of immigration and gentrification, or changing demographic configurations. To assess the social, political and economic dimensions of clients' social position, we include personal income, level of education and immigration status as macro-level indicators. Personal income refers to respondents' income (before taxes) from all sources and is divided into six categories: less than CAD 19,999; 20,000–39,999; 40,000–59,999; 60,000–79,999; 80,000–99,999; and 100,000 or more. Level of education was collapsed based on highest level of schooling completed, and categories include high school or less, some post-secondary (trades, college, university), completed diploma or certificate (trades, college), completed university degree (BA) and completed graduate degree (MA, PhD, MD, LLB). Immigrant status is included as a dummy variable indicating whether the respondent was born in or outside Canada.

Meso level (Model 3) There is a great deal of diversity in the social and structural organisation of the markets or venues through which sex is bought and sold, such as street locations, bars/clubs, massage parlours, brothels, micro-brothels and escort agencies (Sanders 2004). Having a distinctly spatial character, commercial sex venues have similar and distinct characteristics that accommodate the desires and requirements of specific groups. While there are certainly some overlapping features among venues, the cost and range of services available, the legal and regulatory organisation and the risks associated with each vary greatly (Cusick 1998, Lowman and Atchison 2006, Sanders 2008). The more visible and organised venues (for example, brothels and massage parlours) promote a culture of sexual safety that is brought about by more equal client–seller relations while unsafe sex is more common in environments that are unregulated and offer little social support for adhering to norms of sexual safety (such as the street, a bar, a club, or online) (Cusick 1998, de Graaf 1995, Smith and Seal 2008, Vanwesenbeeck *et al.* 1994). In an effort to understand what kind of venues respondents most often visit, they were asked 'Which of the following types of sex sellers do you visit most often?' We included an indicator of preferred venue type grouped according to differing social and structural organisation, the legal and regulatory organisation, the costs and range of services available and the social geography of the commercial exchange. The response categories substantively distinguish between a preference for the street, an escort, in-call, out-call, a club/bar, a massage parlour/brothel/micro-brothel and no preference/online.

Micro level (Models 4 and 5) Micro-level interactions speak to the ways in which actors manage the self, choose their actions, initiate and partake in conversations, and more specifically, how sociocultural factors inform patterns of sexual behaviour. In the case of clients, we are interested in understanding how patterns of interpersonal behaviour relate to safe and unsafe sex practices. At the level of micro interactions, we have chosen to focus on two dimensions: (i) the relationship a client has with a SW and (ii) a client's behavioural pattern of substance use.

A client's relationship with a SW can vary from a single impersonal business transaction to one where both parties develop an intimate and emotional connection over time that may, in some cases, mirror some non-commercial relationships (Sanders 2008). The level of intimacy of these relations have been found to be influential in decisions to ignore norms of sexual safety in the same way that regular long-term non-commercial partners do (de Graaf 1995, Freund *et al.* 1991). In order to develop a measure of interpersonal behaviour of clients and assess the general patterns of relations with SWs, we included three dummy variables which asked respondents: 'In the past 12 months, have you had sex with the same sex seller more than once?', 'Do you use your real name when you visit sex sellers?' and 'Do you talk to sex sellers about your personal life?'

Regarding substance use, it is widely believed that the use of alcohol and illegal drugs impairs an individual's ability to exercise choice in their determination of the health risks involved with particular sexual activities (de Graaf 1995). The perceived connection between substance-induced impairment and sexual risk-taking has motivated many researchers to investigate the frequency, extent and impact of client's alcohol and illegal drug use when with commercial partners (Donovan and McEwan 1995, Li *et al.* 2010). In this study substance use was measured by including indicators of alcohol consumption and the use of illegal substances before or during visits. Respondents were asked, 'When with a sex seller, on average, how often do you drink more than three alcoholic beverages during your visit?' and 'When with a sex seller, on average, how often do you use illegal drugs just prior to or during your visit?' Response categories included always, often, occasionally and never. Due to the low number of respondents answering always and often, these categories were collapsed for analytic purposes.

Results

In Table 2 we present the key features of each binary logistic regression model before (models 1–5) and after controlling for all intra-psychic, macro, meso and micro-level factors in the full additive model (Model 6). We then contextualise these results with comments and remarks from our 24 in-depth interview participants to offer substantiation and complementary evidence describing how safe sex practices are interrelated with the multiple levels of preference, desire, identity, relationships and the social spaces people inhabit and choose.

As a set, our intra-psychic indicators (Model 1) explain a moderate 7.2 per cent of the variability among safe sex practices ($R^2=0.072$, $P \leq 0.001$). Our results indicate that the youngest respondents aged 18 to 30 were more likely than respondents aged 50+ to have engaged only in safe sex practices over the past year (OR=3.018, $P \leq 0.01$). Married clients were found to be the most likely to have practiced only safe sex, compared with those who were single and had a regular non-commercial sex partner (OR=.384, $P \leq 0.001$) and those who were single without a regular non-commercial sex partner (OR=.476, $P \leq 0.01$). Respondents who averaged more than 12 paid sexual encounters per year were more likely to have practiced unsafe sex on at least one occasion over the past year (OR=.485, $P \leq 0.01$). While heterosexual clients were more likely to engage in safe sexual practices, the differences are not significant.

At the *meso* level, venue most frequented accounted for 3.3 per cent of the variability in safe sex practices ($P \leq 0.05$). There are significant effect differences present among the venue types, namely, those who most frequently purchased from managed spaces including massage parlours, brothels, or micro-brothels were the most likely to have engaged only in safe sex practices. Comparatively, respondents who most frequently purchased on the street (OR=.397, $P \leq 0.05$), from out-call services (OR=.255, $P \leq 0.01$), in a club or bar (OR=.390, $P \leq 0.05$), or had no venue preference or purchased through online sources (OR=.234, $P \leq 0.05$) were significantly more likely to have engaged in unsafe sexual practices over the previous year.

Regarding the micro-level indicators pertaining to relationship with SWs ($R^2=.038$, $P \leq 0.001$), the results indicate that respondents who frequented the same SWs were more likely to have engaged in unsafe sexual practices over the previous year than those who did not. Indicators of substance use explain 3.6 per cent ($P \leq 0.01$) of the variability among safe versus unsafe sex practices. The results specify that respondents who usually or always drank more than three alcoholic beverages before or during visits to an SW were less likely to have practiced only safe sex in the previous year than those who reported that they never drank (OR=.418, $P \leq 0.01$). With respect to illegal substance use, those who occasionally used

Table 2 Binary logistic regression models predicting safe versus unsafe sex practices

N = 697 Nagelkerke R ²		.072***	.028	.033*	.038***	.036**	.180***	
Variables	Categories	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model Diff
		Intra-psychic OR	Macro OR	Meso OR	Micro OR	Micro OR	Full additive OR	% difference
Age	18 to 30 years old	3.018**					1.864	-38
	31 to 40 years old	1.360					1.087	-20
	41 to 50 years old	1.390					1.162	-16
Relationship status	Over 50 years old	(Ref)					(Ref)	
	Married and has regular sex partner	(Ref)					(Ref)	
	Single and has regular sex partner	.384***					.378**	-2
	Single and does not have regular sex partner	.476**					.465**	-2
Regular client	1 = Yes	.485**					.521*	+7
	1 = homosexual or bisexual	.666					.678	+2
Sexual orientation	1 = homosexual or bisexual		1.470				1.035	-30
	Less than 19,999		1.489				1.584	+6
Income	20,000-39,999		1.274				1.256	-1
	40,000-59,999		1.488				1.397	-6
	60,000-79,999		.909				.801	-11
	80,000-99,999		(Ref)				(Ref)	
	100,000 +		.854				.904	+6
Education	High school or less		1.204				1.336	+11
	Some post-secondary		.596				.646	+8
	Completed diploma or certificate		.766				.803	+5
	Completed university degree		1.523				1.375	-10
Canadian Born	Completed graduate degree (Ref)							
	1 = Yes							
	Massage parlour/brothel/micro-brothel (Ref)							
	Ad in-call			.539			.549	+2
Venue most frequented	Escort			.624			.770	+24
	Street			.397*			.447	+13

(continued)

Table 2 (continued)

<i>N</i> = 697 Nagelkerke <i>R</i> ²		.072***		.028		.033*		.038***		.036**		.180***		<i>Model Diff</i>	
<i>Variables</i>	<i>Categories</i>	<i>Model 1</i>	<i>Model 2</i>	<i>Model 3</i>	<i>Model 4</i>	<i>Model 5</i>	<i>Model 6</i>	<i>Model 6</i>	<i>Model 6</i>	<i>Model 6</i>	<i>Model 6</i>	<i>Model 6</i>	<i>Model 6</i>	<i>Model 6</i>	<i>Model Diff</i>
		<i>Intra-psychic</i>	<i>Macro</i>	<i>Meso</i>	<i>Micro</i>	<i>Micro</i>	<i>Micro</i>	<i>Full additive</i>	<i>OR</i>	<i>OR</i>	<i>OR</i>	<i>OR</i>	<i>OR</i>	<i>OR</i>	<i>% difference</i>
	Ad out-call			.255**				.362*							+42
	Club/bar			.390*				.493							+26
	No preference/online			.234*				.242*							+3
Frequent same seller?	1 = Yes					.444**		.421**							-5
Use real name when purchasing?	1 = Yes					1.006		1.168							+16
Talk to sex sellers about personal life?	1 = Yes					.710		.704							-1
Alcohol use	Never (Ref)														
	Occasionally									1.435					+10
	Usually or always									.418**					-28
Illegal drug use	Never									(Ref)					
	Occasionally									.523*					+7
	Usually or always									.669					+51

P* ≤ 0.05, *P* ≤ 0.01, ****P* ≤ 0.001

illegal substances before or during a visit were also less likely to have practiced only safe sex in the previous year than those who did not ($OR=.532$, $P \leq 0.05$).

The final additive model (Model 6) examines the percentage changes in odds ratios (OR) in models 1–5 after controlling for all levels of analysis. As a whole, controlling for intra-psychic, macro, meso and micro-level factors, Model 6 reveals that they concurrently explain a sizable 18 per cent of the variability in safe sex practices ($P \leq 0.001$). Looking at the change in OR from Model 1 to Model 6, we find the effect between the youngest age category and safe sex practices drastically reduced in size by 38 per cent, to the point where young clients were no longer more likely to engage in safe sex practices than the oldest respondents. Overall, nearly all variations between safe sex practice and age are explained away by accounting for macro, meso and micro factors. The impact of relationship status changes very little between Model 1 and 6, indicating a fairly stable association with safe sex practices over and above macro, meso and micro-level factors. In other words, being in a ‘committed’ non-commercial relationship remains related to practicing safe sex over and above the influence of macro, meso and micro-level factors. Similarly, the effect size of being a regular client upon the odds of practicing safe sex over the past year changes very little, which again reflects a stable relationship over and above other factors.

The interdependency of different levels of social force that inform safe sex decision-making come to the fore in the client interviews. Comments by married clients illustrate how interpersonal relationships with non-commercial partners and their experience with commercial partners in different venues influenced their decisions to engage in safe sex practices. Leon, a married 57-year-old client from British Columbia, states:

I’m very safe, like I don’t take chances . . . I have gone bareback blowjob a few times. It was nice, but again, it was with somebody who is long term. You know I wouldn’t do it with a first time girl, even if it has been offered I’ll say ‘No, I’ll take a condom’. You know because I don’t want to bring anything home to the wife, not that we are that frequent, but it’s my own health too.

Speaking to the effects that social relationships can have on healthful behaviour, safe sex decision-making is informed by interpersonal considerations of how personal actions can affect other people (wife, friend, SW, oneself) whom respondents encounter in the fields they inhabit. While expressing comfort in the prospect of relaxing safety practices with providers who are known and trusted, Leon’s desire for ‘nice’ bareback blowjobs is arbitrated by a personal and interpersonal commitment to a sexual partner and to himself. Blaine, a married 55-year-old client from British Columbia, raises similar points when discussing his decision to primarily visit erotic massage therapists:

I would probably visit some full service providers except for concern about getting herpes . . . I wouldn’t worry so much about the medical consequences but the social consequences would be a bit embarrassing if I had to explain where I got it.

In this instance the choice to refrain from full service encounters is partly influenced by a perception of increased medical risk, but more importantly, by social factors associated with having to discuss a medical problem with other people. Here, a potential desire for a greater variety of full sexual services is bounded by one’s relation to other people, the social stigma associated with purchasing, and the personal fear of embarrassment, which in turn influences the type of venue and services Blaine prefers.

Considering the changes at the meso level, between models 3 and 6 the effect of venue preference and safe sex practices diminishes. While respondents who frequented managed establishments remained the most likely to engage in safe sex practices, those who preferred the street (+13%) and those who preferred the club/bar (+26%) were no longer significantly more likely to have engaged in unsafe sexual practices. While exhibiting a 42 per cent change in effect size, those who most often purchased from independent out-call remain significantly more likely to engage in unsafe sexual practices than those who preferred managed establishments. Similarly, those who did not have a venue preference or who frequently purchased online remained significantly more likely to engage in unsafe sexual practices. It is worth noting that respondents who most frequently visited massage parlours and brothels, our reference group, were comparatively safer than those who preferred all other venue categories (each having an OR below 1).

In the interviews, the topic of sexual safety and risk within venues was in many ways tied to broader notions of structure, atmosphere and a general sense of regulation and safety experienced by the respondents in regulated massage parlour spaces. Respondents who had experiences with massage parlours often mentioned the expectations and assumptions of what kinds of non-penetrative sexual services were offered, such as, 'right now [parlours] are pretty much just – you know – hand related, I wouldn't really go for much more than that' (Hannibal, a single 25-year-old man, Ontario); 'the girls that work in massage parlours, they work there for a reason because they don't want to go all the way' (Tyrell, a single 27-year-old man, Ontario) and:

A massage parlour is more kind of a rub and tug thing, I don't go for the full service experience there. Whereas at home it is you know one on one sex. (Laszlo, divorced 41-year-old man, Alberta).

While respondents did discuss their experiences with bareback blowjobs in massage parlours – activities that carry their own forms of safety risks – instances of unsafe full service sexual practices (for example, bareback vaginal or anal sex) tended to take place in the unmanaged spaces. When questioned about the situations or locations where unsafe or risky sexual experiences took place, the venue was often discussed as a peripheral factor that facilitated the social relations or connections that clients had with service providers.

As our results in Model 6 indicate, the theme of intimacy and attachment remains significant over and above other factors. Minimal changes occur between models 4 and 6, indicating there is a fairly stable relationship between indicators of relationship with seller and safe sex practices. Most notably, respondents who frequented the same seller remained significantly more likely to have engaged in unsafe sex practices than those who preferred to visit different service providers.

The importance of depth or length of the relationship developed with service providers was one of the most common forces discussed by single or unmarried respondents when reflecting on their experiences with, or perceptions of, unsafe sexual practices. For instance, when discussing the girlfriend experience and where he would seek out bareback full services, Gaff, a single 30-year-old man from Alberta, answers:

[O]nly girls that you've been seeing for a really long time . . . Generally when I think, like they feel an attraction to you and they genuinely like you, genuinely. Which is more than just a client you're not just a trick to them; basically, you're a little bit more.

Related to this point, Tyrell – a single 27-year-old client from Ontario – reflects on how his previous attachment to an independent service provider he had regularly visited nearly led to unprotected sex, stating:

I was about to do it with that [SW] that I fell in love with. But then she said and I was ready, I was about to put it in, and then she was like, 'Well, let's just be safe'. That's what she said.

A similar example is provided by Spicoli, a single 35-year-old client from Ontario, who discusses an instance where he did not use protection during intercourse with a SW:

Once I didn't have to [wear a condom], I saw this girl who didn't make me use one, 'cause I've known her in a relationship and she was clean . . . I was seeing her like, 'cause I had more money back then, I was seeing her like once a month.

Where these cases show the influence that familiarity and time can have on the prospect of partaking in unprotected sexual encounters, the experience of Laszlo, a divorced 41-year-old client from Alberta, showcases how familiarity and comfort between client and provider can also facilitate a resolution to unanticipated unsafe situations:

I have been with an escort where the condom came off and we didn't notice. And that was clearly a problem. We both went 'holy shit' and we both pretty much went and got tested . . . so, and fortunately, again, I had seen this lady more than once so we were comfortable enough with each other that we could look at each other and say, 'Okay, look, I think this is okay, but let's go find out', and we stayed in touch and we made sure that we found out what the results were.

Highlighting the relationship between personal intimate partner status, time, connection and intimacy with safe sex practices, these examples speak to the interdependent influence that being single, desiring intimacy, knowing the SW and having experience with them, and communication practices can have on perceptions of safety and the willingness to take the chance of having unprotected sex. Interestingly, Spicoli emphasises the significance that income and money – a non-significant finding in the multivariate results – can have on safe or unsafe sex practices. In this case money was not causally related to unsafe sexual practices; rather, it played a more complex role in facilitating more frequent purchasing, which influenced the potential to develop stronger client–worker relations.

Finally, changes in the effect of substance use on safe sex practices between models 5 and 6 are noteworthy in that respondents who usually or always drink before or during a visit became more likely (-28%) to have engaged in unsafe sex practices than those who never drank ($OR=0.302$, $P \leq 0.01$). The effect of illegal drug use on safe sex practices becomes insignificant after controlling for other levels.

When the interview respondents were questioned about drug and alcohol use, their descriptions of personal alcohol use, though infrequent, were not directly related to safe or unsafe sexual practices. Rather, it was discussed as an element that was part of a broader interpersonal and spatial narrative. For instance, Neidermeyer, a 64-year-old man living in a common-law relationship in Ontario, describes his most recent encounter as follows:

Anyway he came over and we had a nice time; we had drinks and he gave me a good massage, just starting, ya know, not an expert, and then was followed with sex and release, you know, there was no kissing or anything.

Here alcohol was something shared by two individuals as a social lubricant before a penetrative sexual encounter in an unregulated space. In discussing his experiences in more

expensive and exclusive massage parlours, Hannibal, a single 25-year-old client from Ontario, describes an inebriated experience he had waiting in the lobby of a local parlour in Ontario:

I can remember it was like four in the morning one night and I went to one that was open until six and there must have been about 10 guys waiting and I asked the girl – and I was drunk but I was ready to get a massage and a release – ‘What’s up’ and she’s like, ‘Oh no, this is a bachelor party’, and I’m thinking, ‘Oh great’ . . . I was just so not in the mood to go home so I was just like, ‘I’m going to wait it out’. I think I took a little nap in there [laughs] and they called when my number was ready . . . Nothing as awkward as sitting in a room with ten guys talking about what they want to do with the girls in the room and you’re thinking, ‘Oh my god, thank god I’m drunk because I’m not going to remember most of this’.

As this description shows, alcohol was a precursor to the sexual encounter, a substance that can influence social inhibitions (for example, bringing together a party for a shared sexual experience), mood, memory and the general dynamic of a social environment. While the above quotes do not directly speak to the role alcohol use has on safe or unsafe sexual practices, they do paint a picture of the force it can have upon the dynamics of social situations, sexual desires and the types of encounters that might take shape if substance use is a factor.

Discussion

The contexts of sexual safety behaviour we have identified illustrate the multidimensionality of the social forces that shape safe and unsafe sexual practices. While the results of our analyses reveal that the behaviour of our sample of Canadian clients does not appear to be particularly risky or at risk, our findings suggest that choices to engage in safe or unsafe sexual behaviour cross multiple levels and are informed by interdependently influential personal, environmental, relational and interpersonal dimensions. In many instances the connection forged with SWs whom clients regularly visited seemed to influence the decision to engage in risky sexual activities, whereby familiarity with a SW equated with a sense of cleanliness and safety, which ironically informed decisions to engage in unsafe sexual practices. Moreover, while desires to engage in riskier unprotected sexual behaviour seem to cross the minds of some clients, forces related to having a partner at home to think about, the social stigma associated with STIs/STDs, not knowing enough about a provider or feeling very comfortable with and trusting them, seeking a regular and more intimate connection with a SW, are all social dimensions that interdependently constrain the realisation of the desires. Contrary to the position that clients are mindless actors determined by external structural causes or guided solely by carnal sexual desires, the actions and decisions of people who pay for sex appear to be the result of the interdependencies of human interactions and the complex social relations that take shape within the constraints of social environments.

Sexual fields theory encourages us to think about the bundles of relations that specify the position of clients in social space and how their sensitivity to the qualities of their position informs their sexual desires and activities. Our findings suggest that the different venues clients prefer to frequent have varying rules, procedures and features that inform the kinds of experiences they have as well as the safety practices that take place. For instance, desires to have riskier sexual experiences – more than a bareback blowjob, going for full service, having unprotected vaginal sex – are buffered by interdependent relationships with non-commercial partners, the frequency with which an individual is able to purchase sex, how well they know

a SW, how comfortable and intimate a venue feels, how their activities are restricted or enabled in time, and how regulated the spaces are. All are forces that our sample of clients appear to be sensitive to and are qualities that shape how they navigate their way through sexual fields. In terms of clients' erotic habitus – embodied sexual desires, preferences and identities – our findings draw attention to the practical side of habitus as a concept that accounts for actions within limits, that is, practical activity 'adjusted to the immanent tendencies of the field' (Bourdieu and Wacquant 1992: 136). Where respondents suggest the desirability of engaging in riskier sexual behaviour, there is also discussion of the social, personal and interpersonal forces associated with pursuing these desires. Supportive of the notion that erotic habitus and its relationship to a sexual field is partially informed by how fields act back on participants (Green 2014), realisation of sexual desires are shaped by the interdependent influence of relations with non-commercial and commercial sexual partners, frequency of purchasing and repeat contact with SWs, and the structure of venue rules and rhythms, acting back upon our sample of clients.

Conclusion

Towards the aim of further understanding the ways in which forces interdependently influence the safe and unsafe sexual practices of people who pay for sex, there needs to be a more concerted effort to better understand how interpersonal concepts like shame, stigma, concern for others and the level of bond and relationship with both commercial and non-commercial partners are related to safety practices. Our analysis was meant to be a preliminary attempt at applying principles of sexual fields theory to the case of clients' sexual safety decision-making. Much more work is still needed to meaningfully engage with additional core concepts – such as sexual capital and sexual power – not dealt with in this article. Additionally, while we have done our best to capture part of the essence of each level, further elaboration of the theoretical context and apt operational indicators for each level of analysis employed above are needed. Our mixed methodological efforts to integrate contextual interview data with multi-level modelling results facilitated the exploration of how factors can come together to influence safe and unsafe sexual behaviour across levels of analysis. As such, in addition to further elaborating the interdependent nuances of each level, we find there is a greater need to understand how each level interdependently influences the other. This said, we feel that there is great promise in a field theoretic framework as a means to encourage researchers to think about actions in terms of relations and within and across sociocultural dimensions.

We wish to close with a note on at-risk, marginalised and hidden groups and representativeness. Even though the results presented here represent one of the largest non-captive and voluntary samples of clients gathered to date, these findings remain tentative and should be interpreted with care. As is the case with many marginalised, stigmatised and hidden groups, it is impossible to draw a statistically representative sample of clients. As a result, our findings cannot be taken to be representative of the entire client population in Canada. This point is especially relevant within the context of the probability measures employed in the logistic regression models, which must be interpreted in terms of significance within our non-representative sample of clients and not within the general population. Until the time we are able to capture a truly representative sample of clients in Canada, we encourage researchers to employ multi-level modelling techniques for exploratory ventures towards better understanding this understudied group. Further to this point, the incorporation of interview data to complement the exploratory potential of multi-level models – even though it is not yet a standard analytical

approach – is critical to developing a more nuanced understanding of the relational dimensions at play.

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