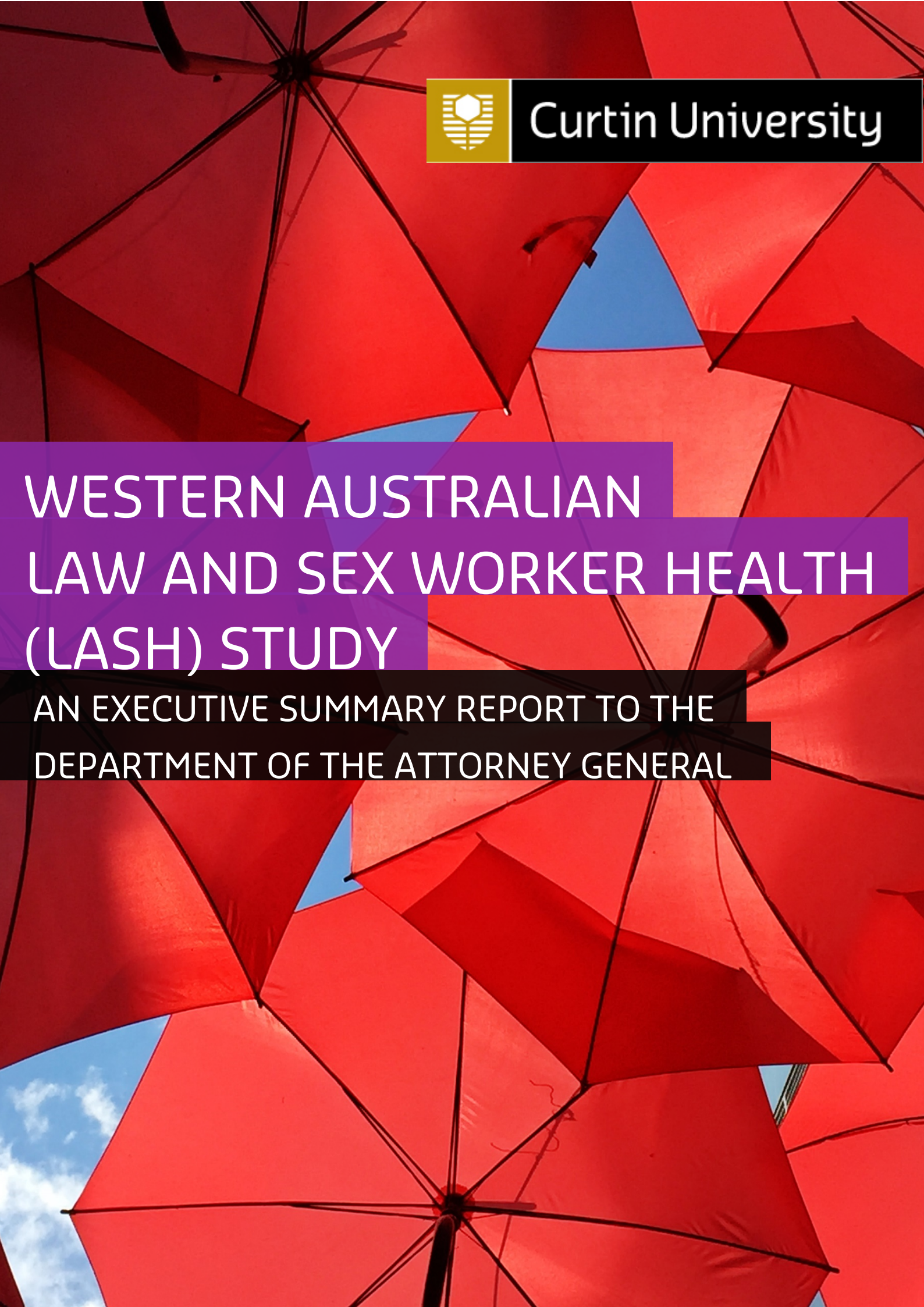

Curtin University

WESTERN AUSTRALIAN LAW AND SEX WORKER HEALTH (LASH) STUDY

AN EXECUTIVE SUMMARY REPORT TO THE DEPARTMENT OF THE ATTORNEY GENERAL

Law and Sex worker Health (LASH) Study: An executive summary report to the Department of the Attorney General

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Front cover

The front cover depicts the red umbrella which is a global symbol for sex worker rights, symbolising protection from bad laws, sigma and discrimination.

"…honestly, the sex workers that I've met are the kindest, most hard working, compassionate, loving people, you know? And they need a better – they need to be looked after better."

Introduction

The Law and Sex worker Health (LASH) Study was first conducted in 2007 by researchers from the Kirby Institute, University of New South Wales. The current study, LASH 2.0, builds on the initial project by focussing on the whole of Western Australia, and spanning the wider sex industry including private and escort workers, men and transgender workers. Ten years on we wanted to explore how the sex industry in Western Australia had changed. In addition there was limited Western Australian research on male and transgender workers, which makes the current study so important. The project aimed to investigate the impact of the law on Western Australian sex workers; their health and safety; and the intersections between sex workers, health service providers and police, and was funded by the Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, Western Australian Department of Health.

Objectives

1. Describe the size and types of sex worker services in Western Australia including brothels; escort services; private and street-based workers; workers from non-English speaking backgrounds; female, male and transgender workers.
2. Assess the health of sex workers including sexual health, mental health, injuries and violence.
3. Assess the access of sex workers working in a range of settings to health promotion and health and safety resources.
4. Enumerate and describe police and court charges for sex workers, their managers and their support services.
5. Compare the situation in 2016 to what was described in the 2007 LASH Study (Donovan et al., 2010).

Background

Sexually transmissible infection (STI) and human immunodeficiency virus (HIV) prevention among sex workers has been highly successful in Australia and has resulted in low incidence rates and high rates of condom use (Donovan et al., 2010; Donovan et al., 2012; Jeffreys, Fawkes, & Stardust, 2012). Sex workers however remain an Australian priority population because of the ongoing potential for an increase in STI and HIV transmission due to occupational risk (Australian Government Department of Health, 2014a, 2014b). Sex workers experience barriers to health service access, including stigma and discrimination (Immordino & Russo, 2015; Lazarus et al., 2012). They face a range of legal and regulatory issues including criminalisation, licensing, registration and mandatory STI and HIV testing in some jurisdictions (Harcourt et al., 2010; Jeffreys et al., 2012).

Legislation relating to sex work in Australia varies by state and territory, and there are currently three general approaches that are used to regulate the industry across Australia: decriminalisation, criminalisation and implementation of licensing schemes for commercial sex (Harcourt, Egger, & Donovan, 2005). The criminal laws in Western Australia formally prohibit most prostitution related activities including brothel based sex work, however the act of prostitution in itself is not an offence. Living off the earnings of sex work is an offence and applies to a sex worker's dependents, other brothel employees (such as a receptionist) and those involved in running an escort agency

(Government of Western Australia, 2013). A study of sex industry outcomes in the capital cities of three different Australian jurisdictions found the New South Wales decriminalisation approach to be best practice with regard to public health, human rights, and corruption and crime prevention outcomes (Harcourt et al., 2010). Western Australia's prohibition approach had the worst outcomes in terms of access to health services and health promotion programs. Better health outcomes for sex workers are also typically reported in other decriminalised systems such as in the Netherlands and Germany (Rekart, 2005). The New South Wales decriminalisation model has been commended by international authorities as best practice (Jeffrey & Sullivan, 2009; Rekart, 2005) and was influential in New Zealand law reform (Ministry of Justice, 2008).

Heavy policing of sex work can elevate sex workers' risk of contracting STI and HIV as sex workers relocate to unfamiliar areas to avoid arrest and spend reduced amounts of time screening and negotiating safe sex with clients (Shannon & Csete, 2010; Sherman et al., 2015). Lower STI rates have been reported among sex workers working in decriminalised and regulated environments compared to those working illegally (Seib, Debattista, Fischer, Dunne, & Najman, 2009).

Sex workers have identified stigma as a key contributor to the difficulties they face, making it harder to move out of the industry and to live authentically among family and friends (Bellhouse, Crebbin, Fairley, & Bilardi, 2015). Research by Lazarus et al. (2012) found that the experience of stigma is associated with difficulty accessing health services, and that stigma affects participation in health promotion activities (Murray, Lippman, Donini, & Kerrigan, 2010).

Methods

It was deemed essential to the project's success that sex workers were employed as peer researchers to carry out the fieldwork component of the study, and as such 10 sex workers were employed.

A total of 25 key advisors were interviewed, including providers of health services, sex industry owner/operators, academics, police, local government officials, and sex workers. A selection of 223 and 390 private sex workers contact numbers from across Western Australia were identified through an online and newspaper scan respectively, and were sent a text message inviting them to complete the online survey. Peer researchers conducted three weekend street-based sex worker scans by car and foot on the streets of Perth, and regional visits were conducted in Kalgoorlie, Bunbury and Mandurah. A random sample of brothels were visited by peer-researchers and sex workers at the premises were asked to complete a survey.

A self-administered survey was completed either online or face-to-face with peer researchers by 354 sex workers. When visiting sexual services premises, premises owners, managers and/or receptionists were also asked to complete a short survey. All surveys were translated into Korean, Thai and Chinese, as well as being available in English. A venue audit tool was used to assess occupational health and safety measures at sexual services premises.

Semi-structured in-depth interviews were used to further explore issues for sex workers working in different environments that were identified through the results of the sex worker survey. Seventeen interviews were conducted.

Sexual health testing data were sourced from Magenta; Royal Perth Hospital; and South Terrace Clinic through the ACCESS Project to estimate the prevalence of HIV, hepatitis C, chlamydia and gonorrhoea amongst sex workers in Perth.

Data from the Department of the Attorney General were obtained to assess finalised court proceedings from 2000 to 2015 related to sex work including offences under the *Prostitution Act 2000, Criminal Code, Health Act 1911*, *Liquor Control Act 1988* and *Police Act 1892*.

Curtin University's Human Research Ethics Committee (HREC) approved this study (HRE2016-0078).

Key findings

Changes in the sex industry

We observed significant changes in the sex industry in Western Australia over the past 10 years, particularly the increase in private sex workers and relative decrease in brothel-based sex work and exclusive street-based sex work, as well as the increasing use of the internet and social media to promote sexual services.

Demand for services and risk taking

A number of sex workers and brothel owner/operators described a recent downturn in the sex industry in Western Australia that reflects the overall downturn in the Western Australian economy. While some respondents did not seem to have experienced a reduction in the number of clients, the impact of this downturn on sex worker health and safety can be significant, as having fewer clients can increase potential risks for sex workers through being less discriminatory in their choice of clients and for some an increased likelihood to agree to unprotected sex. This points to the potential danger of a legislative approach to sex work that penalises clients of sex workers, due to the consequent negative impact on demand for services.

It was common for clients to make a request for sex without condoms or other protection, particularly for oral sex, as 42% of respondents stated that all or most clients request oral sex without condoms in an average week. A lower proportion of Asian respondents reported that all or most clients requested oral sex without condoms in an average week (23%) compared to non-Asian respondents (49%).

Only 33% of respondents stated that all clients use condoms or other protection during oral sex, while 67% and 59% of respondents reported that all clients used condoms or other protection during vaginal and anal sex respectively. These findings contrast with those of the previous LASH Study which found almost 100% of respondents always required clients to wear condoms for both vaginal and anal sex, and also reported high rates of condom use for oral sex (98%) (Donovan et al., 2010).

Street-based sex workers

While we were able to recruit a small number (n=24) of street-based sex workers to our study, we did not observe any street-based sex workers in areas of Perth where they were previously known to work. Street-based sex work is illegal in Western Australia and street-based sex workers reported much higher rates of interaction with police than other sex workers in our study. Anecdotally, street-based sex workers are increasingly issued with move-on notices rather than criminal charges. Move-on notices can be a significant deterrent, as they can encompass a large area and disallow the recipient to be present in that area for a period of time, even if they live there. Data obtained from the Department of the Attorney General showed a reduction in the number of criminal charges relating to street-based sex work for both clients and workers between 2011 and 2015, and a higher number of charges for clients compared to workers in that time.

Criminal charges

Data from the Department of the Attorney General, as well as information received from sex workers themselves suggests that the level of policing of the sex industry in Western Australia has reduced in recent years and is lower than in states where sex work is regulated/licensed. This has major health and safety benefits for sex workers in Western Australia, but the fear of incrimination clearly still exists. This points to the importance of decriminalisation rather than regulation should a change in the legislative environment of sex work be proposed.

Safety and well-being

The largest proportion of respondents (40%) reported that sex work enhanced their well-being, while only one fifth reported that it hindered their well-being. Sex work can therefore be a positive experience for a large proportion of sex workers. It is concerning that a little more than one fifth of survey respondents reported having been assaulted at least once in the past 12 months. This is higher than was found in the previous LASH study in Western Australia (Donovan et al., 2010), as was the proportion of respondents reporting being threatened by one or more clients. A number of sex workers described some clients justifying their abuse because of a perception that sex work is illegal and reduced likelihood that sex workers would report assaults. Hence, the current sex work legislation in Western Australia (criminalised) is an impediment to sex worker health and safety.

Interaction with police

Forty nine percent of respondents reported feeling uncomfortable or very uncomfortable with reporting to police sexual assault, threats and other crimes against them, this is a higher proportion than that reported in the previous LASH Study (Donovan et al., 2010) and is something that must be addressed in order to reduce physical risk to sex workers. In addition a higher proportion of respondents who were born in Asian countries (69%) reported being uncomfortable or very uncomfortable going to the police compared to those who were born elsewhere (42%).

The most commonly reported experiences of stigma and discrimination were with police officers with 27% of respondents reporting experiencing negative treatment, stigma or discrimination from police officers at least once. This is of a concern, as stigma and discrimination can be a significant barrier to accessing services (Lazarus et al., 2012).

Recommendations

Sex work should be decriminalised in Western Australia

Our study demonstrated a number of ways that the criminalisation of sex work in Western Australia has a negative impact on the health, safety and well-being of sex workers. This includes criminalisation being used as an excuse for abuse by clients of sex workers; a reluctance of sex workers to go to the police as victims of crime; the hidden nature of sex work in the context of private houses and massage parlours impeding access to services and health promotion; and the physical risk of street-based sex work. Decriminalisation also allows a highly visible focus on workplace health and safety in brothels and massage parlours. It is also an important step towards reducing stigma and discrimination experienced by sex workers. There is good evidence that decriminalising sex work does not result in an increase in the number of clients accessing sex work (Rissel et al., 2017), and the normalisation of this work is important in improving the health and well-being of sex workers.

Initiate programs to reduce stigma and discrimination against sex workers in health care settings

There is a need to develop and implement training programs for general practitioners and other health care workers in order to reduce stigma and discrimination experienced by sex workers in this setting.

Work with the police to reduce stigma and discrimination

There is a need to work with police to ensure that sex workers are willing to report crimes against them. The police liaison officer in Northbridge increased the willingness of sex workers to access police in that area. This position should be reinstated. In addition it is necessary to provide specific training for police officers aimed at reducing stigma and discrimination against sex workers and ensuring that police are aware of sex workers' legal rights.

Increase outreach of peer-based services to private sex workers and those from culturally and linguistically diverse backgrounds, particularly in rural areas

Our research showed that Asian sex workers were more likely than non-Asian workers to not receive information about safe sex and sex work from any source. The increasing proportion of sex work in private settings also means that outreach needs to be achieved in different ways. Magenta has already put in place strategies to reach these groups, but there is a need to increase this outreach, including online. These outreach programs need to address sexual health, particularly condom use, and also social isolation, workers' rights and personal safety.

Initiate a peer-based smoking cessation program targeting sex workers

The very high smoking rates amongst sex workers highlights an urgent need for targeted health promotion strategies to reduce smoking rates amongst this population. It is clear that mainstream smoking cessation programs have not been successful at reducing smoking rates amongst sex workers and therefore specific peer-based programs would be necessary.

Develop drug and alcohol programs specifically targeting male sex workers, possibly via programs targeting gay men in general

The high rates of illicit drug and harmful alcohol use among male sex workers demonstrates the need for interventions targeting this group. This may be best delivered in interventions targeting gay men as a group.

Continue funding and support for peer-based services targeting sex workers

Our data consistently highlighted the importance of both Magenta and the M Clinic in providing services to sex workers. We also identified areas for expansion of their work to health needs beyond sexual health, particularly in the areas of drugs and alcohol, smoking and mental health.

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