



Curtin University

# WESTERN AUSTRALIAN LAW AND SEX WORKER HEALTH (LASH) STUDY

A SUMMARY REPORT TO THE  
WESTERN AUSTRALIAN DEPARTMENT OF HEALTH



## *Law and Sex worker Health (LASH) Study: A summary report to the Western Australian Department of Health*

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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, stigma and discrimination.



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*“...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.”*

## CHAPTER 1: 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 project aimed to determine if prostitution laws affect the health and welfare of sex workers. Three capital cities were chosen for their different legal climates: Melbourne, where sex work is regulated through licensed brothels (licensing) and is otherwise illegal; Perth, where sex work is not illegal but brothels and profiting from another’s sex work is; and Sydney, where most forms of adult sex work are decriminalised, without licensing.

Through legal research the team determined the laws and the level of policing of those laws in Melbourne, Perth and Sydney. The project mapped the female brothel-based sex industry in each city and surveyed up to 200 female sex workers in each location. Those women who were surveyed were then offered self-collected testing for selected sexually transmissible infections. Comparisons were made between cities.

The main findings of the project were:

- The level of policing is more important than the actual laws. Interestingly, policing activity did not seem to correlate with the law very closely.
- The surveyed women in each city had very low rates of STI, consistent with their reports of high rates of condom use at work.
- Most women enjoyed relatively low psychological distress scores.
- Licensing and criminal status hindered health promotion programs.
- The compulsory monthly STI screening associated with licensing in Victoria was not cost-effective. As a result, the Victoria Parliament altered its legislation to require compulsory testing at three monthly intervals in lieu of monthly screening.

The LASH 2.0 Study was conducted in 2016 and builds on the 2007 LASH Study, focusing on the whole of Western Australia, and spanning the wider sex industry including private workers, men and transgender workers. This 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.

The study was funded by the Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, Western Australian Department of Health. It is hoped that the information collected through this study will contribute to decisions about the provision of services to sex workers and to inform any future legislation relating to sex work.

### 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).

## Terminology

Because this study has included the full range of the various scales and types of sex industry businesses that exist across Western Australia, we have produced this glossary to better equip the reader to understand how the various businesses function along with preferred descriptive terms (Table 1). Citing definitions from the Sex Services Premises Planning Advisory Panel (2004).

Table 1. List of definitions

Term	Definition
<b>Brothel</b>	A sexual services premises where multiple sex workers provide sexual services at the same site.
<b>Escort agency</b>	A business involving the arrangement of 'sex work', where sex workers are either based off-site whilst waiting for off-site work, or based at the escort agency premises whilst waiting for off-site work (at the clients' hotel, home, etc.). Clients do not visit the escort agency. Sex workers may visit the escort agency premises when applying for work, depositing or receiving money and credit card paperwork.
<b>Escort agency worker</b>	A sex worker who is contracted to work for an escort agency and derives their work from that agency.
<b>Manager</b>	A manager of the adult entertainment or sex industry business.
<b>Massage shop</b>	Premises that promote therapeutic massage but which may also provide sexual massage or other sexual services.
<b>Operator</b>	The owner or manager of the adult entertainment or sex industry business.
<b>Parlour</b>	A colloquial term used to describe premises where sex work occurs and has the same meaning as a brothel.
<b>Private house</b>	Generally means a premises that is not identifiable as a sexual services premises from the street. For the purposes of this report, a 'private house' does not include a private sex worker's home, even if they participate in sex work there.
<b>Private sex worker (or private escort)</b>	A sex worker who conducts their own business involving the arrangement of sex work either in-house i.e. in their own home or other premises which could be a hotel or colleague's premises or visits the client in his or her home, hotel etc. Note: Private workers work independently.
<b>Sex industry</b>	Includes individual workers and a range of premises which: <ul style="list-style-type: none"> <li>• Provide or arrange sex work (e.g. commercial sexual services premises or brothels, massage);</li> <li>• Parlours, bondage and discipline (B&amp;D) premises, 'safe houses' for street sex workers and home-based sex work;</li> <li>• Arrange or permit sexual encounters (e.g. sex on premises venues, swingers clubs and escort agencies)</li> <li>• Provide erotic entertainment or sell restricted material but where no sex work takes place (e.g. some strip clubs, restricted premises).</li> </ul>
<b>Sexual services</b>	Sexual intercourse with, or masturbation of another person, using any part of the body or an object in exchange for financial gain. Masturbation includes the use of the hands



	or any part of the body to sexually stimulate another person. Sexual services are often described as including <i>full service</i> , <i>body slides</i> and <i>hand relief</i> .
<b>Sexual service premises</b>	Premises where sex work occurs. For the purposes of this report, the term 'sexual services premises' is an overarching term used to describe a building where sexual services are offered which may include a massage parlour, brothel, massage shop, or private house. It specifically does not include a home occupation or private sex worker home.
<b>Sex work</b>	The provision of sexual services for financial gain.
<b>Sex worker</b>	A person who provides 'sexual services' for financial gain.
<b>Shop</b>	A colloquial term used by sex workers to describe a premises where sexual services are offered and which may include a massage parlour, brothel, and private house or massage shop.
<b>Street-based sex work</b>	The negotiation of a sexual service conducted on the street or other outdoor locations.
<b>Street-based sex worker</b>	Sex workers who derive some or all of their sex work income from clients they locate on the street or in other outdoor locations. Street-based sex workers are also deemed 'private workers' and access clients in a variety of ways not unlike other private workers using social media and advertising. Note: Some workers service these clients in the client's car or take them to other locations like a hotel or their home.

## CHAPTER 2: METHODS

The LASH 2.0 Study is a cross-sectional, mixed methods study which aims to provide a current snapshot of the sex industry in Western Australia. Curtin University's Human Research Ethics Committee approved this study (HRE2016-0078).

The study components are:

1. Environmental scan
2. Sex worker health and safety issues
3. Venue audit
4. Sexually transmissible infections and blood-borne virus prevalence study
5. Department of Attorney General data

### Support and collaboration

Julie Bates of Urban Realists Planning and Health Consultants was contracted to assist in the conduct of the study. She is a member of the study team, and as a peer played an important role in the study. Julie completed two visits to Perth for the purposes of recruitment and training of peer researchers, meetings, presentations, and field work including in the regions of Kalgoorlie, Rockingham, Mandurah and Bunbury. She has also made substantial contributions to this report.

The cooperation of Magenta (the organisation that is funded by the Western Australian Health Department to provide health promotion and other services to sex workers) and the M Clinic (a clinic for men who have sex with men that was set up by the WA AIDS Council) staff and key advisors; and representatives from People for Sex Worker Rights in Western Australia are gratefully acknowledged, as are the myriad of contributions made by the peer researchers and the support provided by the research team.

We are particularly grateful to the sex workers who have taken the time to participate in the study and to those owner/operators who have allowed us access to their businesses and those who participated in the study.

### Peer researchers

It was deemed essential to the project's success that sex workers were employed as peer researchers to carry out the field research component of the study. Nine sex workers were employed consisting of three females and one male of white Australian decent, two female Chinese, two female Thai and one female Korean peer researcher.

### Environmental scan

The purpose of the environmental scan was to identify the breadth and extent of the sex industry in Western Australia and to also identify a pool of sex workers from which workers could be selected to be surveyed.

The following sources of data were used: key advisor interviews, online and newspaper searches for advertisements, street-based sex worker scans and regional visits.

### Key advisor interviews

A range of individuals, including providers of health services, sex industry owner/operators, academics, Police, local government officials, and sex workers were interviewed. The interviews informed:

- Type, size and general location of sexual services premises in Western Australia;
- How complaints were dealt with by Council and Police; and
- How to contact sex workers.

Sex worker participants were given \$30 for their participation.

### Key advisor interview sample selection

#### Local government

Thirty-six local governments across Western Australia were identified. A random selection was contacted until seven agreed to participate.

#### Police

Two Police Officers were approached to be interviewed and both agreed.

#### Sex industry owner/operators

Sex industry owner/operators were identified by peer researchers via their networks or during sexual services premises visits. Two sexual services premises owner/operators, one adult shop owner, one massage shop owner, and one receptionist were interviewed.

#### Sex workers

Sex worker participants were identified through email and peers personal networks. This was a purposive sample where a range of sex workers were interviewed including private, transgender, touring and Chinese workers.

### Online search of advertisements

The Google search engine was used to search the following search terms - escort, massage, brothel, sex, parlour, sensual, sexual, services, and classified, identified from the literature and from discussions with key advisors. These searches were used to identify potential sexual services premises and the collation of private workers' mobile numbers. In addition the following online sites: Sex Portal, Aussie Rent Boys, Men 4 Rent, Rent Boy Australia, True Local, Backpage and Locanto were scanned to enable the collation of private workers' mobile numbers. Backpage and Locanto provide a list of categories one can search, in this case we searched the 'adults' category on Backpage and the 'personals' category in Locanto.

A random selection of 223 private workers from across Western Australia were identified using these searches and were sent text messages inviting them to complete the online survey via a unique link. The following text message was sent to mobile numbers identified in both online and newspaper advertisements.

*Work in the sex industry? Have your say now and participate in the LASH Study. Complete the online survey here: [link to survey].*

*You will be reimbursed for your time. This is a study by Curtin University.*

*Korean, Chinese, Thai versions available here: [www.siren.org.au/lash](http://www.siren.org.au/lash)*

### Search of newspaper advertisements

Classified advertisements in the West Australian newspaper as well as in local (Cockburn, Fremantle, Kalamunda, Midland, Perth) and regional (Albany, Broome, Bunbury, Busselton, Dunsborough, Geraldton, Kimberley, Mandurah, Pilbara, Port Hedland, Rockingham) newspapers were scanned over the period of a month and mobile numbers from these advertisements extracted and added to the project's database. Advertisements were assessed using key words as described above for their likelihood of being providers of sexual services. A random selection of 390 private workers from across Western Australia were identified and sent a text message that invited them to complete the online survey via a unique link.

### Street-based sex worker scans

Peer researchers conducted three weekend street-based sex worker scans on the streets of Perth. These scans involved visiting identified areas and looking for street-based sex workers. If any were identified they would be approached to respond to the sex worker survey.

### Regional visits

All regional visits were conducted by Julie Bates who visited Kalgoorlie, Rockingham, Mandurah and Bunbury. Prior to making these visits she attempted to contact sex workers in these locales via social media, newspapers, e-lists, email, and by visiting locations that were frequented by sex workers. Taxi drivers were the key informants for identifying premises operating as private houses in these locations. Sex workers in regional areas of Western Australia were also encouraged to complete the survey and participate in other aspects of the study including in-depth interviews. They were mainly contacted via e-lists, social media and text message.

### Sex worker health and safety issues

Three data collection methods were used for the sex worker health and safety issues component of the study: sex worker survey, owner/operator survey, and in-depth interviews.

### Sex worker survey

The sex worker survey was self-administered either online or on paper, although occasionally it was completed with the assistance of a peer researcher. The survey included demographic information, questions about access to information and health services, interactions with Police, and experiences of violence, stigma, and well-being. The survey was translated into Korean, Thai and Chinese by NAATI (National Accreditation Authority for Translators and Interpreters) accredited personnel and checked by peers from Scarlet Alliance, the Australian Sex Workers Association, for appropriate use of language and context. Participants received \$30 in cash for a completed face-to-face survey and a \$30 gift voucher for a completed online survey. If a postal address was provided at completion of an online survey or the survey was conducted in the presence of a peer researcher, participants also received a safe sex and information pack.

### Owner/operator survey

When visiting sexual services premises, peer researchers asked premises owners, managers and/or receptionists to complete a short survey. This survey elicited information about sexually transmissible infections testing protocols; whether the premises had been visited by Police or other Government officials and charged with any offences; and enquired about how the law in Western Australia had impacted (positive or negative) on the business. The survey was translated into Korean, Thai and Chinese.

### In-depth interviews

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. In-depth interviewees were each provided \$50 for their participation. For all but two interviews where consent was not given, audio-recordings were made with participant consent and transcribed verbatim.

### Venue audit

When visiting sexual services premises, peer researchers assessed occupational health and safety measures using a venue audit tool.

### Sexually transmissible infections and blood-borne virus prevalence study

The aim of this component of the study was to estimate the prevalence of HIV, hepatitis C, chlamydia, and gonorrhoea amongst sex workers in Perth. Testing data were sourced from Magenta; Royal Perth Hospital; and South Terrace Clinic through the ACCESS Project.

### Royal Perth Hospital

The Royal Perth Hospital Sexual Health Clinic collects data about all clinic attendances including sexually transmissible infections testing and screening. Sex workers identify themselves to clinic staff and were defined as anyone who exchanges sex for money. The patient identifier (UMRN) and gender of patients documented as ever having participated in sex work in the years 2010-2015 were provided to PathWest laboratory medicine who matched these with testing data for chlamydia, gonorrhoea, HIV and hepatitis C.

The prevalence of each sexually transmissible infection and blood-borne virus condition (chlamydia, gonorrhoea, HIV and hepatitis C) was estimated for each year of testing (2010-2015). Where more than one test for a patient was undertaken in a year, only the results for the first test were included. Test results for clinic attendees reported as currently participating in sex work or having participated in sex work in the previous 12 months were included in the analysis. Royal Perth Hospital Human Research Ethics Committee approved this component of the study (2016-136) and Curtin University Human Research Ethics Committee awarded reciprocal ethics approval (HRE2016-0459).

### ACCESS Project

ACCESS Project data from the South Terrace Sexual Health Clinic (Fremantle) were provided to the research team. Due to small numbers of sex workers included in the data, the data were combined in three year groups (2007-2009, 2010-2012, and 2013-2015), ensuring that no sex worker was included more than once in the sample. This analysis was undertaken by Denton Callander from the University of New South Wales. The University of New South Wales Human Research Ethics Committee had previously provided approval for collection of ACCESS Project data and provision of aggregated data to requesting researchers. No additional ethics committee approval was required.

### Analysis of charges for offences relating to sex work

The aim of this component of the study was to enumerate and describe Police and court charges for sex workers, their managers and their support services. The research hypotheses were:

- That, similarly to the period explored in the 2007 LASH Study, a majority of offences from 2000-2015 will relate to street-based sex work; and



- Very few offences will relate to brothels, suggesting that the priorities of Western Australian Police have changed over time regarding prostitution and their approach varies according to the location and other aspects.

Data were provided in the form of aggregated, non-identifiable tables of Police and court charges related to sex work that occurred within the period 2000-2015. The data included offences under the *Prostitution Act 2000*, *Criminal Code*, *Health Act 1911*, *Liquor Control Act 1988* and *Police Act 1892* with detail of method finalisation (guilty, discontinued, not guilty and undefined) and gender (male, female, unknown) of the charged person. These offences include: soliciting, brothel keeping and earning, procuring, child prostitution, breach of restraining order, and failure to use a prophylactic. Curtin University's Human Research Ethics Committee approved the Police and courts records sub-study (RDHS-69-16) and the Department of the Attorney General also approved the proposal (Ref: 2015/02160).

### Study recruitment

Study recruitment involved a range of activities: initial letters of introduction with accompanying promotional flyer were posted to brothels and other sexual services premises; free and paid advertising in newspapers (The Sunday Times), magazines (Out in Perth) and online sites (Backpage and Locanto); distribution of posters and flyers to organisations and businesses likely to engage with, or have contact with sex workers, to brothels and other sexual services premises, and directly to sex workers; a dedicated LASH webpage [[siren.org.au/lash/](http://siren.org.au/lash/)], Facebook [@LASH2.0study] and Twitter [@LASH\_Study] account; text messages to private workers identified as described above; word of mouth, particularly from peer researchers, Julie Bates and some key advisors; visits to areas (both at night and during the day) where street-based sex workers are known to work; and notifications to sex worker e-lists, and state and territory sex worker organisations and groups.

A list of sex services premises and their locations was developed following the initial online and newspaper scan. This did not include striptease premises. This list was augmented by key advisors. A number of premises on the initial list were removed following advice from peer researchers that they no longer existed or could not be identified. A random selection of Perth-based brothels/parlours with a majority of English-speaking workers offering a full service was provided to the peer researchers for contacting and visits. Where a premise was identified as no longer being in operation or their owner/operator refused a visit, additional premises were added to the list. Attempts were made to visit all premises identified as providing full-service by predominantly culturally and linguistically diverse sex workers, acknowledging that a number of such premises would not be identified. To increase the number of premises with predominantly culturally and linguistically diverse sex workers visited, attempts were made to also visit a number of massage shop front premises that were identified by peer researchers.

### Non-culturally and linguistically diverse brothel and other sexual services premises

We successfully accessed eight brothels (non- culturally and linguistically diverse) (six metropolitan, two regional) and were refused entry into four (three metropolitan, one regional).

### Culturally and linguistically diverse brothels and other sexual services premises

The team gained access<sup>1</sup> to eight out of 14 culturally and linguistically diverse brothels and 13 out of 26 massage shop fronts.

### Street-based sex workers

Street-based sex workers were reached via e-lists, word of mouth, newspaper adverts, sex worker organisations, peer researcher connections and online advertising on websites on which sex workers are known to advertise their services. In addition promotional study materials were delivered to methadone clinics and methadone dispensing pharmacies. One pharmacy in particular added the study's business cards to their fit packs (personal sharps container with needles).

Peer researchers also used their personal and professional networks to recruit street-based sex worker survey respondents. This included hosting gatherings where group participants were encouraged to complete the survey. These groups were particularly useful for obtaining responses from male and street-based sex workers. Respondents were provided with the link to complete the survey online or were given a copy of the paper survey.

### Quantitative data analysis

Frequency analyses were undertaken of the survey responses and when comparisons were made between groups of respondents, Chi squared analysis was undertaken or where appropriate Fischer's Exact Test to estimate p values. Some qualitative responses were coded either manually or by searching for sub-strings within the responses. Data analysis was undertaken using SPSS Statistics 24 (IBM, 2016).

### Qualitative data analysis

The content of the key advisor interview transcripts was reviewed to extract any information that would assist in identifying sex work premises and locations, strategies for accessing sex workers and suggestions for publications and methods for promoting the study as widely as possible. Information about changes in the sex industry in Western Australia and nationally was also extracted.

The semi-structured interview transcripts were analysed thematically to identify common themes in the data and any emerging themes that warranted further exploration in subsequent interviews. The process of thematic analysis involves reading the interview transcripts several times and noting down points of interest to the study. Descriptive codes or labels are assigned to items of interest and related codes are then grouped into categories to develop overarching themes that address the research questions (Braun & Clarke, 2006). Qualitative analysis was undertaken using NVivo qualitative analysis software version 11 (QSR International Pty Ltd, 2015).

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<sup>1</sup> A premises was only counted as "gained access to" if surveys were completed.

## CHAPTER 3: RESULTS

### Key advisor interviews

Twenty-five key advisor interviews were completed, of whom seven were sex workers, seven were council staff, four were premises owners/operators, three worked in health service provision, two were Police, and one each were an academic and sex shop owner.

### Interviews with sex premises owners, receptionists and sex shop owners

A common theme was that the sex industry in Western Australia has changed substantially in the last 10 years. Participants noted that there was a significant increase in the number of private workers in Western Australia who were predominantly advertising online, which several brothel owners believe was negatively affecting business for them. Key advisors reported a noticeable increase in online advertising sites for private sex workers. They also reported an increase in the number of workers touring from the eastern states and overseas who could now advertise worldwide. In addition, many private workers had their own websites or used Twitter and social media platforms to advertise their brand.

Some brothel owners expressed the opinion that 'natural services' (unprotected sex) offered by sex workers appeared to be occurring without there being any form of monitoring, especially online. We found from perusal of online advertisements at least 38 workers advertising so-called 'natural services' (sex, usually oral sex without the use of a condom).

The research team found evidence of approximately 40 shop front massage shops in Perth, which offer a discreet and cheaper service. The owner of two massage shops said that clients have reported finding massage shops to be easier to access, less hassle, cheaper and involving less guilt than accessing a brothel or private worker.

Several respondents speculated that the downturn in the economy was a possible reason why brothels were not busy or have closed their doors. Several key advisors described the financial impact of the economic downturn on their own businesses.

### Interviews with local governments and other officials

Twenty-six councils were contacted and given the opportunity to participate in the study. Six councils declined on the basis that they have limited interaction with the sex industry and/or did not believe they could offer any useful information. Thirteen councils did not respond to our request and a further seven were interviewed. Of these seven councils four metropolitan and three regional councils participated.

### Local government networks

Three councils were involved in local government networks that mainly discuss broader issues, but have been used to discuss massage parlours, the sex industry in general, how it is evolving and methods of investigation. The sex industry was not a topic that was raised often within these meetings with one participant noting that it should probably be discussed more regularly.

*"Yeah, they [massage parlours] just seem to have sprung up. We do know it's an issue for other local governments because there's a Compliance Officers Association in WA. When we've had a meeting here with some of the other compliance officers, and a lot of other councils have had the same thing occur in their local government areas." (Regional, Coordinator of Statutory Planning)*

### Complaints and investigations

Some Local Government respondents stated that due to the Town Planning Scheme any premises found to be providing sexual services, which is deemed an illegal activity due to unauthorised land use, either needed to be moved on or shut down.

*“Well, I mean, it's quite black and white. You know, I'm pretty sure most other councils will have the same view too. It's not something that can be supported by the scheme because it is an illegal activity. You know, so as far as we're concerned, if we receive a complaint, we just have to either try and stop it, or, you know, we get the business moved on.”* (Metropolitan, Coordinator of Compliance Services)

Participants considered that their personal views towards the sex industry were irrelevant. Many expressed they had no problem with the industry and if premises were not creating problems and complaints were not received then there was no reason to put resources into investigating.

*“Yeah, certainly I guess there's, you know, if it was more legitimate there'd be more access to some of these health providers and things. And they're probably more open to, to dealing with that. I think given it's never going to go away is my view, and it's been this activity for thousands of years... I guess that's my, my personal view. That you can help them to improve things and they could, I guess, go in the right locations and, and have some security. If you're talking about an industry you can't legally work in, then there's no security, I guess, financially for these ladies either, or men.”* (Regional, Coordinator of Statutory Planning)

Community complaints which lead to investigation are difficult to sustain as little evidence is usually found onsite, managers of the business tend to deny sexual activities are happening and the link between owners of those businesses and the women who are working there is not always known. Owners of these suspected sexual services premises have told Local Government that they own the business and whatever the women working there do above and beyond their massage service is unknown to them. This has subsequently made it difficult to prove that sexual services are knowingly being provided and to ask the business to move on. In some cases approvals for massage parlours have been granted on the condition that they can't undertake any sexual activity and have beds or other things normally associated with a brothel onsite.

*“They're all, got planning approval as health theatres, which we can, that applies to massage or masseuse clinics. And that they sort of ticket themselves to be that. So, it's all the commercial ones that we've got suspicions for offering their sexual services. They've got approval as a health centre effectively. But, yeah, brothel is not a use that we can support under our scheme.”* (Metropolitan, Coordinator of Compliance Services)

The process of dealing with complaints was fairly similar across the board. In general complaints about properties in residential areas were from neighbours who were affected by noise from numerous visitors after hours, especially during the weekend when people were home; people knocking on wrong doors late at night; antisocial behaviour on behalf of clients; and parking issues.

Complaints about premises in commercial areas were usually received long after initial establishment due to being surrounded by other businesses rather than residential properties. As many of the surrounding businesses close early evening the issues experienced by residential properties did not apply. On receiving a complaint, contact was usually made with the complainant to assure them the

complaint was being actioned. In addition, depending on the Council, the occupier/s of the premises indicated in the complaint could be given a warning. Depending on the Council, if a subsequent complaint is received then investigation occurs. For other Councils, the investigation began as soon as the initial complaint was received to determine if the complaint was valid and whether evidence could be obtained to support the allegation which may include a site inspection.

*"I actually remember one circumstance where we got a complaint about a lady who someone alleged, thought she was operating, but she ended up having a lot of boyfriends. So you can't always rely on that information."* (Regional, Coordinator of Statutory Planning)

Following a site inspection some Local Governments had sent referrals to Worksafe due to unauthorised electrical works, and others had contacted the ATO on the grounds of suspicion of tax evasion. Collaboration with the Department of Immigration and Police during site inspections was not uncommon when there was concern about whether some workers were legally allowed to work in Australia, drug paraphernalia was found, or when access to premises was being refused.

Lastly, one participant suggested that there would be a benefit from consistency across Local Governments in the approach towards compliance issues relating to the sex industry.

### *Planning approvals*

Local Government are sometimes called upon to investigate land use. In addition the rise in short stay accommodation, like Airbnb, has created challenges as this changes the approval needed from a dwelling to a short stay accommodation that is not always obtained by the owner.

*"Well I'm Planning Compliance Officer, so my role is to investigate breaches of the town planning scheme. One of those sort of breaches is how properties are being used. So yeah most houses are approved as a dwelling and dwelling as a definition is you know on the town planning scheme, that's what, so if you go to use it for sexual services, it's changing the use without planning approval. And under our town planning schemes, premises provided on the purpose of sexual services are prohibited anywhere in a Town of [name omitted]. So basically its prohibited use and they have to cease the activity."* (Metropolitan, Planning Compliance Officer)

Some participants spoke of the process that occurred when an application for a massage parlour was received. Some massage parlours have obtained planning approval as health centres in commercial areas. Once an application is received it was dealt with on face value. Once the application is approved it then becomes a compliance issue for Local Government to monitor.

### *Outreach services*

The majority of participants were either aware of Magenta or had contacted the sex worker outreach service to ask if they could attend to suspected street-based sex workers to make sure they were alright. One participant had also alerted Magenta on several occasions to newly discovered sexual services premises to ensure that outreach was being delivered.

*"I have also referred people, like you know, given Magenta a call a few times to make sure, you know, if they weren't aware of that premises that, you know, maybe they could get in touch with the workers, if you know, sort of a bit concerned about them."* (Regional, Manager of Environmental Health)



Participants also referred sex workers to the Salvation Army, Ruah Community Services, Western Australian AIDS Council, Noongar Outreach and women's health clinics. It was noted that it was more difficult to provide outreach services and explain regulations to people whose first language is other than English.

### *Street-based sex workers*

The overall consensus was that street-based sex workers were rarely encountered anymore with the advent of mobile and online technologies. The once well-known area of Highgate in Perth was no longer a place where street-based sex workers were commonly and readily identified.

*"I can't recall the last time I drove down mainly Wright Street in and around Highgate and Hyde Park. I can't recall the last time I saw a girl on the street. And that's not because I'm in -- sometimes I'm in my marked Police car and they can see you coming. It's sometimes you're just in a plain car and just looks like normal family sedan so they can't see us coming but you know I can't recall the last time. Probably a good two years." (Metropolitan, Police Sergeant)*

The general impression of respondents was that over the years the street scene seems to have dissipated. Participants were unsure if workers have moved elsewhere or whether less people were working from the streets and are instead working privately in other settings. Respondents believed that working from a brothel or privately was a better alternative than working on the street for safety reasons.

*"The only contact I've had is with girls that have been working within a brothel or working by themselves. And that seems to be the way that prostitution [sex work] is moving more towards. I think honestly it is safer for the sex workers that they have that more control over their environment, that they're working within a unit with someone else or they have control where they go and they can judge for themselves whether they think it's going to be a safe environment for them." (Metropolitan, Police Detective)*

### *Coercive behaviour*

Coercive behaviour by Police, other officials or by people within the sex industry was not reported by any respondent. One Police Officer mentioned they had dealt with someone who sought out vulnerable women and using psychological manipulation had pressured them to sell themselves for his financial gain. He was now being charged with this offence. An academic with several years' experience in urban and regional planning relating to sex work stated they did not believe there was systematic or longitudinal data to support the notion that any sex workers in Australia work under the control of someone else.

### *Criminal activity associated with the sex industry*

The issue of drugs in connection with the sex industry was mentioned by several respondents. Some respondents reported that residential property inspections had uncovered small amounts of drugs and that they understood that some sex workers had been offered drugs by their clients. It was also acknowledged that when drugs were involved sex workers were less inclined to contact Police if something went wrong on the basis of fear of stigma and discrimination.

*"A few of the workers have told me that clients have tried to get them to have drugs with them, and they have said no and given us a little bit of information. Obviously, when sex*

*workers do use drugs, they are less inclined to come to us if something does go wrong. They still feel that we'll judge them."* (Metropolitan, Police Detective)

## Access to sex workers and sex services premises

### Defining aspects and features

Consistent with findings of the first LASH Study, brothels remain a prominent feature in the streetscape of Perth and Kalgoorlie. While lighting of premises is generally discreet, some premises depict large signage and others flashing lights and open signs. The majority are well lit in terms of entrance security and most generally rely on CCTV video monitoring the entrance.

### Access to sexual services premises

In total 53 potential sex services premises were contacted either via phone or in person by peer researchers and given the opportunity to participate in the study (Table 2). A further 27 premises were identified via internet searches and through key informants, however contact was unable to be established (e.g. because nobody answered the telephone, the number was disconnected, they were based in Northern Western Australia or the address was unclear). Twenty-six premises refused to participate in the study either via phone, text, or face-to-face. A large majority of massage shops that refused were limited in their English proficiency. For some other premises it was unclear if sexual services were actually provided or not. We found that a few previously well-established brothels are now closed. No evidence of any of these establishments relocating somewhere else could be found.

Perth and surrounding areas were split into four zones to assist with reporting of accessed sex services premises. Zone 1 was north of the river from Perth City to Joondalup, and inland to Ellenbrook. Zone 2 was north of the river encompassing North Fremantle up to Karrinyup and inland to Perth City. Zone 3 was south of the river and included the area of Canningvale, inland to Armadale and up to Midland. Zone 4 was south of the river and stretched from Fremantle down to Mandurah.

Table 2. Number of premises accessed and refused by zone

Premises type	Accessed	Refused
<b>Brothel</b>		
Zone 1	5	3
Zone 2	6	4
Zone 3	1	1
Zone 4	3	1
Regional	1	1
<b>Total</b>	<b>16</b>	<b>10</b>
<b>Massage shop</b>		
Zone 1	3	2
Zone 2	6	5
Zone 3	-	-
Zone 4	1	3
Regional	-	3
<b>Total</b>	<b>10</b>	<b>13</b>
<b>Escort agency</b>		
Zone 1	-	3
<b>Total</b>	<b>-</b>	<b>3</b>
<b>Gay cruising venue</b>		
Zone 1	1	-
<b>Total</b>	<b>1</b>	<b>-</b>
<b>Overall total</b>	<b>27</b>	<b>26</b>

## Regional visits

### *Kalgoorlie*

In Kalgoorlie the research team was able to access one of the two long standing commercial sexual services premises in Hay Street. These premises were easy to identify, with signage to indicate their existence in the street and advertising openly in the local papers. The premises owner reported that, despite the fact that sexual services premises are illegal in Western Australia, they had cordial relations with the Police who visited from time to time as they have done for some time. Premises operating as private houses where sex workers operate from were also identified in Kalgoorlie but were not able to be visited during the time period available for field work. As is the case for the rest of Western Australia, a significant part of the sex industry in Kalgoorlie takes place in private homes, either as single-operating private workers or as a 'private house'.

### *Rockingham*

One brothel was visited in Rockingham which entry was gained too. The studies promotional materials were also left are multiple massage shops.

### *Bunbury and Mandurah*

At least three Chinese massage shops were identified in Bunbury and three shops in Mandurah. All owners were adamant that sexual services were not provided. A number of attempts were made to gain access to several private houses in Bunbury, entry was gained to one of these.

### *Escort agencies*

Peer researchers were able to make telephone contact with three identified escort agencies however all refused to take part in the study. One assisted by promoting the study on their website.

### *Street-based sex workers*

From information gained through interviews and knowledge of peer researchers, it became clear that the street-based sex industry is now limited in Perth, and occurring mainly in the inner Perth area. Three weekend street-based sex worker scans were undertaken by peer researchers, however no sex workers were identified.

- 1) 3 September 2016, 3:00-6:00pm: Peers set out on foot in the Highgate, Northbridge and Perth area.
- 2) 24 September 2016, 1.30-4:00pm: Peers surveyed the streets of Perth, Highgate, East Perth and Northbridge by car, and also spent time at known street-based sex worker locations such as the Ambassador Hotel, Mont Clare and the Travelodge.
- 3) 15 October 2016, 6:00-8.30pm: Peers canvassed the Nollamara shops, Midland train station as well as previous areas listed by car.

Information gained from interviews with sex workers and key advisors elucidated that there used to be a very active street-based sex worker scene in the Northbridge and Highgate area of Perth. However over the past few years this has diminished as there has been increasing policing of street-based sex work with move on notices being issued that restricts sex workers from accessing that area again for a certain period of time. This can be difficult for workers if they live in the area in which they work. As a result of this it can be surmised that in-car services advertised on sites such as Locanto and Backpage, and the use of mobile phones are now used more than working directly from the streets.

Our peer researchers were surprised that no sex workers were identified on the outreach attempts and noted that Police presence and move on notices may have pushed this aspect of the industry underground, meaning workers have found other areas to work from and are now working differently with the evolution of smart phones, social media and Apps.

### Observations from attempts to access culturally and linguistically diverse sex workers

The most significant lesson learned in relation to promoting the study to culturally and linguistically diverse sex workers was that at the beginning of any interaction, a clear message be given that the survey does not ask for any identifying information. It was found to be essential that potential respondents knew that in the survey no name and no information as to where they work would be required.

### Sex worker health and safety issues – sex worker survey

Surveys were conducted from August to October 2016 and resulted in 354 completed surveys (Table 3).

Table 3. Breakdown of number of surveys completed

Category	No. of surveys completed
English online survey	196
Thai online survey	14
Chinese online survey	3
English hard copy survey	73
Chinese hard copy survey	51
Korean hard copy survey	9
Thai hard copy survey	8
<b>Total</b>	<b>354</b>

### Survey respondent demographics

Of the 354 respondents, 81% were assigned female at birth and the majority of these identified as female. Fifty two respondents (15%) identified as male and 11 (3%) as genderqueer. Fifty three percent of respondents were aged 30 years or younger. People under 18 years were excluded from the study. The largest proportion (36%) of respondents was born in Australia, and 15% were born in either China, Hong Kong or Taiwan.

The most common countries of birth are shown in Table 4. Of the 73 respondents who were born in countries other than those listed in Table 4, 25 (34%) came from countries where English is usually spoken. A higher proportion of the respondents who were born in Asian countries (89%) were female at birth compared to respondents born in non-Asian countries (78%),  $p=0.014$ . The majority (69%) of those born overseas came to Australia in 2010 or later. A small number of respondents (3%) reported being of Aboriginal or Torres Strait Islander descent. The majority (53%) of respondents had completed some form of post-secondary education, either a diploma, trade certificate or University degree.

Table 4. Survey respondent demographics and characteristics

Characteristic (number responding to this question)	No.	%
<b>Sex assigned at birth (n=354)</b>		
Male	68	19.2
Female	286	80.8
<b>Gender identity (n=351)</b>		

Characteristic (number responding to this question)	No.	%
Male	52	14.8
Female	283	80.6
Genderqueer	11	3.1
Decline to state	5	1.4
<b>Age group (n=349)</b>		
18-20 years	18	5.2
21-25 years	69	19.8
26-30 years	96	27.5
31-35 years	55	15.8
36-40 years	47	13.5
41-45 years	28	8.0
46-50 years	18	5.2
51-55 years	12	3.4
56-60 years	6	1.7
<b>Country of birth (n=323)</b>		
Australia	126	35.6
New Zealand	13	3.7
China/Hong Kong/Taiwan	53	15.0
Thailand	29	8.2
Korea	15	4.3
Malaysia	14	4.0
Other	73	21.0
<b>Aboriginal or Torres Strait Islander descent (n=353)</b>	9	2.6
<b>Highest level of education (n=343)</b>		
Primary school or similar	14	4.1
High school or similar	147	42.9
Post-secondary school	182	53.1
<b>Language spoken at home (n=351)</b>		
English	238	67.2
Chinese	52	14.7
Thai	22	6.2
Other Asian	20	5.6
Other Non-English	22	6.2
<b>English language skills (n=351)</b>		
Good	183	52.1
Fair	132	37.6
Poor	36	10.3
<b>Sex work is the main source of income (n=348)</b>	230	66.1
<b>Years worked in the sex industry (n=339)</b>		
<1 year	50	14.7
1-2 years	107	31.6
3-5 years	90	26.5
6-10 years	53	15.6
>10 years	39	11.5
<b>Has a support network (n=346)</b>	219	63.3

Sixty seven percent of respondents reported speaking English at home, but only 52% reported that their English language skills were good. Overall, people born in Asia reported poorer language skills than people born in other countries ( $p<0.001$ ) (Table 5).



Table 5. English language skills by Asian and non-Asian country of birth

		Good	Fair	Poor	Total
Country of birth	Non-Asian	177	66	14	257
		68.9%	25.7%	5.4%	100.0%
	Asian	6	66	22	94
		6.4%	70.2%	23.4%	100.0%

The majority of respondents (66%) reported that sex work was their main source of income, and a high proportion of females (69%) reported this compared to males (54%),  $p=0.041$ . In addition a higher proportion of participants whose country of birth was in Asia (79%) reported that sex work was the main source of income compared to those where country of birth was not in Asia (62%),  $p=0.003$

More than half of respondents (54%) had worked in the sex industry (either in Australia or overseas) for 3 years or more.

Overall, 35% of respondents reported that they shared their income with someone else. This varied by gender, with a lower proportion of men (19%) reporting sharing their income with someone else compared to women (38%),  $p=0.009$ .

The majority (63%) of respondents reported having a support network (defined as having someone to take care of them if they were sick) (Table 4). There was no difference in the proportion of respondents reporting having a support network by gender.

### *Type of sex work*

The majority of respondents (55%) reported doing at least some private work, while a third reported working in a massage shop at least some of the time. Forty four respondents (12%) only worked in a massage shop. Very few respondents (7%) reported doing any street work (Table 5). A higher proportion of males (87%) reported doing any private work compared to females (48%)  $p<0.001$ , while females were more likely to work in massage shops, parlours/brothels or escort agencies (Table 7).

Table 6. Type of sex work currently doing (Could mark all that apply)

	No.	%
Private worker	196	55.4
Massage shop	119	33.6
Parlour or brothel	83	23.4
Escort agency	64	18.1
Street-based	24	6.8
Other	20	5.6

Table 7. Type of sex work currently done by gender (excluding trans women)

	Female (Excluding genderqueer) (n=285)		Male (n=52)		p value
	No.	%	No.	%	
Private worker	137	48.1	45	86.5	<0.001
Massage shop	108	37.9	10	19.2	0.009
Parlour or brothel	79	27.7	3	5.8	0.001
Escort agency	60	21.1	3	5.8	0.009
Street-based	23	8.1	1	1.9	0.113
Other	13	4.6	4	7.7	0.343

The three most common reasons to do the type of sex work currently undertaken were that it pays better (62%), it is more discreet (33%) and that the clients are better (32%) (Table 8). Of the 196 respondents doing private work the three most common reasons to do this type of work were that it pays better (62%), it is more discreet (46%) and the flexible working conditions (35%). Of the 119 respondents working in a massage shop the three most common reasons to do this type of work were that it pays better (68%), the clients are better (47%) and that it was all that was available or known about (26%). Of the 83 respondents working in parlours/brothels the four most common reasons to do this type of work were that it pays better (55%), liking workmates (35%), flexible working conditions (35%) and better security (35%).

Table 8. Reasons for choosing type of sex work done (Could mark all that apply)

	No.	%
It pays better	218	61.6
It is more discreet	118	33.3
The clients are better	113	31.9
Flexible working conditions	97	27.4
The location is more convenient	95	26.8
It was all that was available or that I knew of	89	25.1
Not as many rules (as the parlours or brothels)	87	24.6
It is safer (better security)	59	16.7
I like my work mates	54	15.3
To avoid trouble with the Police / council / immigration	45	12.7
I like the management	42	11.9
Better services (i.e. clothes hire, food provided)	36	10.2
Sex worker support / peer-educators / health service providers come by	30	8.5
Other	29	8.2
Drug friendly	24	6.8

The most common facilities provided in brothels/parlours were a receptionist (80%), clean linen (77%), a food preparation or tea room (74%) and a security camera (72%). Very few respondents reported having a security guard (18%) or duress alarm (19%) (Table 9).

Table 9. Facilities provided in brothels/parlours (n=83) (Could mark all that apply)

	No.	%
Receptionist	66	79.5
Clean linen	64	77.1
Food preparation or tea room	61	73.5
Security camera	60	72.3
Dressing / relaxation room	58	69.9
Condoms (multiple sizes)	53	63.9
Lubricant	51	61.4
Cleaning fluid or disinfectant	49	59.0
Safe sex information for staff	48	57.8
Smokers room	48	57.8
Wet wipes	43	51.8
Latex gloves	39	47.0
Safe sex information for clients	37	44.6
Driver (for outcalls)	30	36.1
Dams	30	36.1
Intercom	23	27.7
Condoms (one size)	22	26.5
Taxi (for outcalls)	21	25.3
Duress / room alarm	16	19.3
Security guard	15	18.1
Sharps container (needle disposal)	11	13.3

### *Sources of information about sex work*

The most commonly reported sources of information about safe sex and sex work skills were the internet (44%), other workers (41%) and information booklets (35%). A higher proportion of female respondents reported learning about safe sex and sex work skills on the job (45%) compared to males (19%),  $p < 0.001$ . This likely reflects a higher proportion of female respondents working in brothels/parlours. In contrast, a higher proportion of male respondents reported learning about safe sex and sex work skills via the internet (67%) compared to females (39%),  $p < 0.001$  (Table 10).

Table 10. Where did you learn about safe sex and sex work skills? (Could mark all that apply)

	No.	%
Internet	157	44.4
On the job from other workers	146	41.2
Information booklets	123	34.7
Sexual health centre	110	31.1
Friends away from work	76	21.5
Clients	68	19.2
Local GP / doctor	62	17.5
Health workers or peer educators that come to my work	55	15.5
Other	28	7.9
Nowhere	27	7.6

Forty six percent of respondents who worked in brothels/parlours, massage parlours or escort agencies reported being aware of Magenta peer educators' visits to their workplace at least once per year (note for others the visits may have occurred when they were not working) (Table 11).

Table 11. Number of workplace visits from peer-educators from Magenta if working in a brothel/parlour, massage parlour or escort agency

	No.	%
Never	21	12.4
Less than once a year	13	7.7
1-4 times a year	52	30.8
5 or more times a year	25	14.8
Unsure	58	34.3
Missing	22	-
<b>Total</b>	<b>191</b>	<b>100.0</b>

### *Impact of the law and law enforcement*

Thirty of 300 respondents (10%) reported having ever moved state or country, and 25 of 335 respondents (8%) reported having ever changed their workplace within Western Australia because of laws relating to sex work. Among the different types of sex work, the highest proportion of sex workers reporting that they had changed their workplace within Western Australia because of laws relating to sex work was among street-based workers, with four (17%) of 23 street-based workers reporting this ( $p=0.044$ ). Respondents born in Asian countries were more likely than respondents born elsewhere to report ever changing their workplace because of laws relating to sex work (13% vs 4.9%),  $p=0.008$ .

Almost half (49%) of respondents reported that Police had never visited their current workplace, with 7% reporting that Police had visited their current workplace at least once per year (29% of street-based workers,  $p<0.001$ ).

Respondents were asked whether or not the Police had ever arrested/detained or charged anyone in their workplace with an offence. Twenty-two respondents (7%) reported that Police had ever arrested/detained anyone in their workplace and 16 (5%) reported that they had charged someone in their workplace with an offence. Of the 16 who reported that someone had been charged in the workplace, nine of these charges definitely related to clients (e.g. abusive behaviour, stealing, trespass); two were 'move on' notices for street-based workers; and one was for an immigration-related issue.

Thirty-four of 335 respondents (11%) reported having had a personal experience with Police in relation to their sex work. Of the 34, 17 (52%) reported that the Police were supportive and helpful, and 13 (41%) reported that they had been threatened with arrest. Of the 13 who reported being threatened with arrest, nine (69%) were private workers and seven (54%) were street-based sex workers. Note the two are not mutually exclusive.

Almost half (47%) of respondents reported that in the last 12 months a client had pressured them to do something they did not want to do at least once; 35% had been threatened by a client at least once; and 23% had been assaulted by a client (Table 12).

Table 12. In the last 12 months while working as a sex worker have any clients ever:

	Once or twice		More than twice		Total
	No.	%	No.	%	
Threatened you	83	25.4	90	9.2	327
Assaulted you	56	17.2	15	4.6	327
Pressured you to do something you didn't want to do	96	29.4	57	17.4	327

This did not vary by gender or country of birth. Forty nine percent of respondents reported not feeling comfortable or feeling very uncomfortable with reporting to Police sexual assault, threats and other crimes against them (Table 13).

Table 13. Level of comfort of contacting the Police in relation to complaints such as sexual assault, threats, theft, unpaid services

	No.	%
Very comfortable	26	7.9
Comfortable	84	25.5
Somewhat comfortable	58	17.6
Not comfortable	84	25.5
Very uncomfortable	77	23.4
<b>Total</b>	<b>329</b>	<b>100.0</b>

### Well-being

Three hundred respondents completed all 10 items in the Kessler (K10) questionnaire. These questions inquire about symptoms that respondents may have experienced in the last four weeks. Of these respondents, 57 (16%) had a score (30 or over) that would be consistent with severe mental distress, and an additional 51 (14%) had a score (25 – 29) that would be consistent with moderate mental distress. There was no difference in the Kessler scale by gender. A higher proportion of respondents born in Asian countries had a Kessler score being consistent with being well (61%) compared to those born in non-Asian countries (41%),  $p=0.016$ . This could be due to differences in drug and alcohol use between the participants. Participants reporting any illicit drug use in the past six months, or alcohol consumption of six standard drinks or more on one occasion on a weekly basis or more frequently were more likely to have a Kessler score suggesting moderate/severe distress (47% vs 18%,  $p<0.001$ ).

Respondents were asked whether or not sex work enhanced or hindered their well-being. Although their responses were in free text, the responses were summarised into four categories: enhance, hinder, both enhance and hinder, and neither enhanced or hindered well-being. The greatest proportion (40%) of respondents reported that doing sex work enhanced their well-being. A large number of respondents (109) did not respond to this question (Table 14).



Table 14. Influence of sex work on well-being

	No.	%
Enhance	99	40.4
Hinder	51	20.8
Both enhance and hinder	49	20.0
Neither enhanced or hindered	46	18.8
<b>Total</b>	<b>245</b>	<b>100.0</b>

A higher proportion of respondents who reported using any illicit drugs in the past 12 months (27%) reported that sex work hindered their well-being compared to respondents who did not report using any illicit drugs in the past 12 months (16%),  $p=0.046$ .

The reported duration of sex work was not related to either Kessler scores or the proportion of respondents reporting that sex work enhanced their well-being (data not shown).

### *Drug and alcohol use*

The majority (54%) of respondents reported that they never, or less than monthly, had six or more standard drinks on one occasion, with 34% of respondents reporting that they did this at least weekly (Table 15). A higher proportion of respondents born in non-Asian countries (38%) reported drinking at least weekly compared to respondents born in Asian countries (23%),  $p=0.009$ .

Table 15. How often do you have six or more standard drinks on one occasion?

	No.	%
Never	94	28.8
Less than monthly	81	24.8
Monthly	41	12.6
Weekly	93	28.5
Daily or almost daily	17	5.2
<b>Total</b>	<b>326</b>	<b>100.0</b>

Cigarettes were the most common other drug used, with 44% of respondents reporting that they are current smokers (Table 16). Marijuana and methamphetamines were the next most commonly used drugs with 11% and 8.5% of respondents reporting currently using these drugs respectively. A significant proportion of respondents reported having used marijuana (30%), methamphetamines (16%) and ecstasy (16%) at least once in the past 12 months. Of the 331 respondents, 12% reported having injected drugs in the past 12 months (at least one of these reported injecting testosterone rather than one of the drugs listed).

Table 16. Do you use any of the following? (Could mark all that apply)

Drug (n=353)	Currently using		Yes in the last 12 months	
	No.	%	No.	%
Cigarettes	155	43.9	46	13.0
Marijuana	40	11.3	104	29.5
Methamphetamines	30	8.5	56	15.9
Ecstasy	17	4.8	58	16.4
Other	15	4.2	9	2.5
Heroin	13	3.7	33	9.3
Methadone	11	3.1	17	4.8

	Currently using		Yes in the last 12 months	
Opiates for non-medical use	9	2.5	31	8.8
Inhalants	7	2.0	15	4.2
Cocaine	6	1.7	50	14.2
Synthetic drugs	6	1.7	27	7.6
GHB	5	1.4	14	4.0
Ketamine	3	0.8	17	4.8
Hallucinogens	3	0.8	33	9.0

For some drugs there was a difference in use between respondents identifying as different genders, with males being more likely than females to be currently using marijuana and ecstasy and to have injected drugs (Table 17). Note, genderqueer respondents were excluded from the analysis due to small numbers.

Table 17. Drug use by gender identity

	Males		Females		
	No.	%	No.	%	p value
Currently using marijuana	12	23.9	25	8.9	0.003
Currently using ecstasy	7	13.5	10	3.5	0.003
Currently using methamphetamines	8	15.4	22	7.8	0.079
Injected drugs in the last 12 months	11	22.0	27	10.2	0.019
Drank 6 or more standard drinks on one occasion at least weekly	25	51.0	81	31.0	0.063

## Sexual health

Sixty seven percent of respondents reported having a sexual health check in the past three months (Table 18). There was no difference in the time since the last sexual health check for respondents of different genders, with 78% of males and 65% of females reporting having had a sexual health check in the past three months ( $p=0.079$ ). A higher proportion of respondents who only worked in massage shops (60%) had not had a sexual health check in the past three months, compared to 30% of respondents who worked in other settings ( $p=0.001$ ).

Table 18. Time since the most recent sexual health check

	No.	%
Less than 1 month	57	17.4
1-3 months	161	49.1
More than 3 months	110	33.5
<b>Total</b>	<b>328</b>	<b>100.0</b>

The most commonly reported clinic attended for sexual health checks was the Magenta clinic, with 29% of respondents reporting attending this clinic for sexual health checks. General practitioners were also important with 26% of respondents reporting attending them for sexual health checks (Table 19). Friendliness (50%) and confidentiality (47%) were the most commonly reported reasons for respondents attending their clinic of choice (Table 20).

Table 19. Clinics usually attended for sexual health checks (Could mark all that apply)

	No.	%
Magenta	102	28.8
General practitioner	93	26.3
Sexual Health Quarters	75	21.2
Women's health / family planning clinic	61	17.2
Royal Perth Hospital Sexual Health Clinic	33	9.3
M Clinic	32	9.0
Other	29	8.2
Another sexual health clinic not mentioned	28	7.9
None attended	18	5.1
South Terrace Clinic	13	3.7
Derbal Yerrigan Health Service	2	0.6

Table 20. Reason for attending a particular health service (Could mark all that apply)

	No.	%
Friendly	178	50.3
Confidentiality	167	47.2
Easy to get to	116	32.8
Recommended	115	32.5
Cost	110	31.1
Expertise	77	21.8
Only place I know	70	19.8
Other	24	6.8
Required by employer	6	1.7

Of 331 respondents, 293 reported having ever been tested for HIV infection (89%), with a further eight respondents reporting that they were unsure. Of the 293 who had ever been tested for HIV, 109 (37%) reported having been tested in the past three months (Table 21). Male respondents were more likely than female respondents to report having had an HIV test in the past six months (80% vs 58%,  $p=0.006$ ).

Table 21. Time since last HIV test (for those reporting that they had ever been tested for HIV (n=292))

Time since last HIV test	No.	%
1-3 months	109	37.5
4-6 months	72	3.8
7-12 months	62	21.3
More than a year ago	37	12.7
Unsure	11	3.8

Six percent of respondents reported having been diagnosed with chlamydia in the past 12 months and 5% of respondents reported having been diagnosed with gonorrhoea. Five percent of respondents reported being hepatitis C positive and 1.6% reported being HIV positive (Table 22). Of the six respondents reporting that they were HIV positive, five were female. A higher proportion of males reported having been diagnosed with gonorrhoea, syphilis and chlamydia in the past 12 months compared to females (Table 23). There was no difference in the proportion of Asian and non-Asian respondents who reported having any sexually transmissible infections in the past 12 months.

Table 22. Previous diagnosis (by a doctor or nurse) of selected conditions

	Last 12 months		More than 12 months ago		Unsure	
	No.	%	No.	%	No.	%
Chlamydia (n=327)	21	5.9	55	15.5	10	2.8
Gonorrhoea (n=329)	16	4.5	23	6.5	6	1.7
Syphilis (n=324)	11	3.1	19	5.4	7	2.0
Genital herpes (n=322)	9	2.5	16	4.5	7	2.0
Pelvic inflammatory disease (n=321)	7	2.0	15	4.2	8	2.3
Genital warts (n=322)	7	2.0	14	4.0	7	2.0
Hepatitis C (n=324)	4	1.1	13	3.7	14	4.0
Hepatitis B (n=324)	2	0.6	7	2.0	11	3.1
HIV (n=320)	3	0.8	3	0.8	3	0.8

Table 23. Previous diagnosis of selected conditions in the past 12 months by gender (excluding trans women)

	Males		Females		p value
	No.	%	No.	%	
Chlamydia	7	13.5	13	4.6	0.022
Gonorrhoea	7	13.5	9	3.2	0.005
Syphilis	5	9.6	6	2.1	0.016
Genital herpes	2	3.8	6	2.1	0.357

Of 333 respondents, 179 (54%) reported having been vaccinated against hepatitis B and 60 were unsure.

Condoms were the most frequent method of contraception among the 286 female respondents (82%). Twenty eight percent of respondents reported using the oral contraceptive pill (Table 24).

Table 24. Current mode of contraception among females (Could mark all that apply)

	No.	%
Condoms	233	81.5
Contraceptive pill	81	28.3
Contraceptive implant	38	13.3
Intrauterine device (IUD) or coil	37	12.5
Contraceptive injection	24	8.4
Don't use any contraception	21	5.9

Twenty eight percent of respondents having sexual partners outside of work reported never using condoms or other protection with sexual partners outside of work, and 45% reported always doing so. There was no difference between reported condom use with sexual partners outside of work between gender identities (Table 25).

Table 25. Use of condoms or other protection with sexual partners outside of work by gender identity (amongst those reporting having sexual partner(s) outside of work)

	Never		Sometimes		Usually		Always	
	No.	%	No.	%	No.	%	No.	%
Male (n=42)	10	23.8	4	9.5	11	26.2	17	40.5
Female (n=200)	61	30.5	24	12.0	24	12.0	91	45.5
Genderqueer (n=9)	2	22.2	3	33.3	1	11.1	3	33.3
Declined to state (n=4)	1	25.0	0	0	0	0	3	75.0
<b>Total</b>	<b>71</b>	<b>28.3</b>	<b>31</b>	<b>12.4</b>	<b>36</b>	<b>14.3</b>	<b>114</b>	<b>45.4</b>

It was common for clients to make a request for sex without condoms or other protection, particularly with oral sex, as 42% of respondents stated that all or most clients request oral sex without condoms in an average week (Table 26).

Table 26. Proportion of clients requesting sex without condoms or other protection in an average week

	Vaginal sex (female respondents only) n=262		Anal sex n=318		Oral sex n=323	
	No.	%	No.	%	No.	%
All clients	18	7.9	11	3.5	34	10.5
Most clients	31	12.9	31	9.7	103	31.9
Some clients	107	44.4	98	30.8	125	38.7
No clients	106	44.0	178	56.0	61	18.9

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 (Table 27). There was no significant difference in the proportion of male (9.5%) and female (15%) respondents reporting that some or no clients used condoms or other protection during anal sex ( $p=0.453$ ). However, a higher proportion of males (63%) reported that some or no clients used condoms or other protection during oral sex compared to females (18%) ( $p<0.001$ ). There was also no difference between private workers and respondents working in other settings in the proportion of respondents reporting that some or no clients used condoms or other protection during oral sex (private work 51%, no private work 41%,  $p=0.079$ ), vaginal sex (private work 4%, no private work 4%,  $p=0.968$ ), or anal sex (private work 11.5%, no private work 16%,  $p=0.360$ ).

Table 27. Proportion of clients using condoms or other protection in an average week (among respondents having this type of sex with clients)

	Vaginal sex (female respondents only) n=241		Anal sex n=202		Oral sex n=303	
	No.	%	No.	%	No.	%
All clients	165	66.8	119	58.9	100	33.0
Most clients	66	27.4	56	27.7	60	19.8
Some clients	9	3.7	8	4.0	84	27.7
No clients	1	0.4	19	9.4	59	19.5

### Support or social services

The majority of respondents reported accessing no support or social services in Western Australia, while the most commonly accessed services were Centrelink (16%), Counselling (14%) and mental health services (11%).

### Stigma and discrimination

The most commonly reported experiences of stigma and discrimination were with Police Officers with 27% of respondents reporting experiencing stigma or discrimination from Police Officers at least once. Of concern is that 18% of respondents reported experiencing stigma or discrimination from General Practitioners at least once (Table 28).

Table 28. Reported experience of negative treatment, stigma or discrimination from any professionals knowing respondents' status as a sex worker

	Once		Multiple times		Unsure	
	No.	%	No.	%	No.	%
Police Officer (n=283)	57	16.1	30	10.6	26	9.2
Immigration Official (n=278)	35	12.6	6	2.2	26	9.4
Local Council Official (n=277)	13	4.7	8	2.9	22	7.9
General Practitioner (n=284)	24	8.5	27	9.5	21	7.4
Mental health professional (n=275)	11	4.0	20	7.3	15	5.5
Other medical professional (n=277)	4	1.4	19	6.9	15	5.4
Department of Child Protection Official (n=274)	6	2.2	7	2.6	18	6.6
Journalist (n=274)	6	2.2	12	4.4	19	6.9

Accommodation was the most common setting where negative treatment, stigma or discrimination occurred. Twenty four percent of respondents reported experiencing stigma or discrimination in that setting at least once (Table 29). Eighteen percent of respondents reported experiencing stigma or discrimination at least once in a medical setting.

Table 29. Reported experiences of negative treatment, stigma or discrimination in any particular settings because people knew of the respondents' status as a sex worker

	Once		Multiple times		Unsure	
	No.	%	No.	%	No.	%
Medical (n=290)	23	7.9	30	10.3	19	6.6
Legal (n=286)	12	4.2	13	4.5	27	9.4
Employment (n=284)	15	5.3	19	6.7	27	9.5
Housing (n=281)	6	2.1	18	6.4	16	5.7
Accommodation (n=281)	38	13.5	27	9.6	17	6.0
Educational (n=280)	5	1.8	13	4.6	20	7.1
Financial (n=282)	10	3.6	29	9.3	14	5.0
Insurance Agency (n=208)	2	1.0	14	6.7	10	4.8

### Owner/operator survey

Owners, managers or receptionists at 14 sexual services premises completed an owner/operator survey. Two surveys were completed in Chinese, the remaining in English. The highest proportion of respondents were receptionists (36%) or owner/managers (29%). Respondents worked at premises of varying sizes, ranging from two to over 50 workers.

### Sexually transmissible infection testing policy

The majority of premises required that sex workers present with a medical certificate at least quarterly (n=9, 64%). The remainder did not have a policy or stated that the policy was that sex workers could decide when to be tested.

### Police visits

Four respondents reported that their premises had been visited by the Western Australian State Police within the last 3 months (Table 30). Of these four respondents, three noted that no one had been charged and the other was unsure.

Table 30. Premises visited by the Western Australian Police in the last three months

	No.	%
Yes	4	28.6
No	9	64.3
Unsure	1	7.1
<b>Total</b>	<b>14</b>	<b>100.0</b>

### Impact of the law on the sex industry

A number of respondents commented on the impact on the sex industry of criminal law and its enforcement. These ranged from reporting minimal impact:

*"Nothing happening, there is absolutely no control at all."*

*"I am not aware of any establishment or workers being prosecuted...."*

Others commented that the industry should be legalised:

*"I would like to see the industry be given the respect and opportunities other industries are given, it needs to be legalised."*

*"Main concern is when a sex worker makes a sexual assault or harassment charge when occurs outside of business and she is not taken seriously."*

### Sex worker in-depth interviews

Of the 17 in-depth interview participants, twelve were female at birth, two were trans-women and three were men. Two predominantly provided massage services with extras (one privately and one in a shop), one predominantly worked as a street-based sex worker and eight predominantly worked privately. Three participants mainly worked in a brothel and two were touring workers who worked in both brothels and massage shops. The duration of experience in the sex work industry varied from six months to more than 20 years. Fourteen participants were currently engaged in sex work, three were no longer working in the industry but had been doing so in the last 12 months, and one was transitioning out of the sex industry. Four participants were Chinese, one was Indian, one was British and the remainder were of white Australian descent.

### Motivation to engage in the industry

#### Money

The ability to be paid well was described as a strong motivator to doing sex work by a number of participants. The fact that they could make more money doing sex work than doing many other jobs



was important. Regardless of whether or not the participants enjoyed the work, the ability to make good money doing the work was a good motivator.

For some, the money enabled them to get out of a difficult situation or to be able to live/survive; to avoid being homeless, to facilitate the supply of drugs or to get back on deck after losing money and resources. A couple of workers took up sex work after a relationship breakdown where there was a need to obtain sufficient resources to be able to live alone.

*"...trying to get enough money to leave a partner" (ID08, female)*

*"You know, there is only one way to make fast money for me, as far as I know, and I just went and worked at a brothel in ...." (ID06, female)*

One Chinese worker who is on a student visa did sex work in order to pay for her tuition fees and living expenses. Doing sex work allowed her to earn enough money while still having time to study. Another Chinese worker started doing sex work because she needed the money and she found it difficult to get other work due to having limited English language skills.

On the other hand, some participants reported enjoying being able to earn a good income, rather than it being a necessity. For example, being able to afford nice clothes, or not having to put up with the humdrum of a regular job while being able to earn good money.

*".. oh my God, I had a weekend where I made like just under 2.5K in a 24 hour period; and that's when I thought I'm not f\*\*\*ing dealing with these \*\*\*\*s anymore for \$25 an hour." (ID10, female)*

Earning a good salary for some participants was not just about being able to meet their financial needs. For one participant, the money was also empowering and a boost to her self-confidence.

*"...like being, for the first time ever being the breadwinner of the house" (ID06 female)*

A couple of participants who had voluntarily reduced the number of hours doing sex work reported not really missing their previous level of income. On the other hand, a few participants reported a decline in the number of clients and for some this had resulted in financial stress. Another reported that he had to reduce his price as he was getting older, leading to a feeling of desperation about money. The uncertainty about income was also a source of stress for some participants.

### **Freedom**

A high proportion of participants described enjoying the freedom that comes with their work. This included the ability to set their own hours, to work when they want to, and the freedom to choose who they see and what they do. These participants mostly did private work, but a participant who worked in a brothel also described this freedom, where the brothel manager made it clear that she can refuse a service if she did not want to do it. Others with experience in brothel work stated that private work provided them with a lot more freedom than brothel work. Some also described the added financial benefit of private work compared to a brothel setting.

*"... yeah, I just preferred the freedom of the street. I could go out, and just do 2 hours' work and come back with the same, if not a little more than what I had to work 12 hours [in a brothel] for." (ID11, female)*

### Confidence and empowerment

A number of participants described the positive impact of sex work on their sense of confidence in themselves. For some this related to money and being able to be financially independent, and for others, being able to set boundaries with clients enabled them to be more assertive and confident in other aspects of their lives.

Others described the strong sense of confidence in their sexuality and bodies that doing sex work gave them. The realisation that clients appreciate their bodies as they are and are willing to pay to have sex with them made them feel more confident in themselves.

*"It just feels like independence. I can do-- I can do what I want. I can make money very easily. It gives me a sense of power I guess."* (ID13, female)

*"Personally I found it to be quite a bit of a confidence booster in that you become a lot more comfortable saying what you will and will not put up with. And I feel that it translates over into your everyday life as well because if you haven't had much confidence with speaking to people or asking for what you want, whether you're asking a shop assistant, you know, you're too scared because there's five other people asking the same thing. It's like sometimes it helps build that confidence in yourself."* (ID17, female)

*"I felt like I never used to feel positive about -- I like the curves I have, I like the way my body looked and like yeah I used to always wanted to get -- I wanted to get breast augmentation, even when I was like 15 or so. I just wanted to get like a reduction a bit and I hated my nipples and I don't know when it started I started appreciating my body a lot more, which was really interesting. And didn't expect that, I actually expected it to go the other way because you know being around other girls, you know in a locker room with lingerie and stuff and like I was expecting to think oh God all these girls are really pretty, and feel really bad about myself but actually I had a lot of body positivity at the beginning."* (ID03, female)

### Sex work being more than a sexual service

A number of participants reported that their work involved a lot of talking and listening to people and that rapport was a critical component of their service. Some reported that this was one of the more satisfying aspects of their work.

*"I think in order to be a good worker, you definitely have to be good with people"* (ID07, male)

*"I like helping people so those out there obviously have a need and I can fulfil that need."* (ID13, female)

*"And it's also very interesting when you're talking with someone about themselves. It can help you realise things about yourself because I find my work is as much about the talking as it is about the physical side with the clients. I think a lot of clients come to see girls, working girls or boys, or are happy to pay rather than take the risk of meeting someone without that contract arrangement at the beginning because they're lonely."* (ID08, female)

## Experience at work

### Well-being

Consistent with the survey responses, there were mixed responses about the impact of doing sex work on participants' well-being. A number of respondents reported emphatically that sex work had enhanced their well-being. The positives being the money, freedom and the enjoyment of the work, and the negatives being the impact of some clients on their mental well-being or the sense of feeling bad about the work that they were doing.

*"...right now I've been feeling like we're in a good place in all aspects of life but sometimes when I'm feeling quite down I think, I get stuck in this mentality and sometimes I think oh you know like I've done this, I can never undo it."* (ID03, female)

*"Yes, definitely improves your well-being, but at the same time, if you have nasty clients or clients who are constantly grumpy, then some of their stress comes onto you."* (ID04, male)

For some participants, apart from the money there was little positive impact of sex work on their well-being. Some just did not enjoy the work; some reported that the negative impact of the work was due to rough or abusive clients; and for some it was the marginalisation of sex workers that had a negative impact on them.

*"I just feel like it's held me back. It's made me feel marginalised. I had so many hopes and dreams and I feel like now I'm at a turning point of 39, turning 40 and seeing all of my friends and schoolmates, you know like do amazing things and here I am stuck in the same shit"* (ID02, male)

One participant reported the very positive impact on her well-being of working in a parlour after previously working for an escort agency. Working in a parlour had enabled her to feel supported by a strong network of other workers as well as the parlour manager, receptionist and security. This support included a genuine interest in her welfare and the welfare of other workers.

### Personal safety and violence

Sex workers adopt security protocols to protect their health and income wherever they work. Many participants mentioned harm reduction strategies to prevent exposure to violence and increase personal safety:

*"...in Western Australia when I do go to a private residence I do ask for, you know, a bill or a letter or something that has their name on it and their address. So it gives me proof of residence that this person lives there."* (ID17, female)

Screening procedures were mentioned frequently. This usually involved getting a sense of the client on the phone from how they talk about the booking and what they ask for. Some participants described getting much better at screening clients from experience and also learning from other more experienced sex workers.

*"Like I can talk to them in -- like for 15, 30 seconds, and I've generally got a very solid idea how that booking is going to go. Like it's very rare that I don't sort of pick that -- pick the way a booking will go sort of in 15, 30 seconds. And you just -- like just learn off a lot of subtle cues, like judging from what people have done in the past."* (ID14, female)

Screening clients while doing street work could be more difficult, because due to the illegal status of street work the interaction could be brief prior to being in a potentially vulnerable situation. One respondent who predominantly did street work described jumping out of cars when she felt that she might be in danger.

*"Yep. And I've also been in cars, got a weird feeling, and just jumped out at the lights." (ID11, female)*

Making judgements about whether a situation is potentially unsafe could be more difficult when under the influence of drugs.

*"I think I've always had a good intuition. It was very strong before. You lose it with the drugs. That's the trouble. But it's still there." (ID11, female)*

Being able to decide not to take on a client because of concerns for personal safety was also hampered by a reduction in demand for services, either because of the economic downturn in WA or because of changes in legislation. The view was that if the demand for services dropped, and a sex worker was short of money he/she would be more likely to take risks.

*"Like the worst thing, particularly in WA, is the downturn in the economy because -- and this -- like this is why sex workers hate the End Demand anti-sex work campaigners so much, because we rely on there being a high level of demand to work the way we want to work, to work the way we feel safest, to be able to assert our boundaries. And the less demand there is, the more people have to sort of compromise on those things." (ID14 female)*

Several respondents emphasised that the majority of their clients were gentle and nice, not at all threatening or abusive.

*"Yet like most of my clientele you know-- 30 to 50 year-old married men. They're not out to attack prostitutes [sex workers]. They're just trying to get something that they're missing from home." (ID13, female)*

### **Drug use by clients and workers**

A few participants reported having a history of drug use and for some of these the need to fund their, or a partner's drug use was an important reason behind their decision to do sex work. One participant, who had a long history in the industry, initially stopped using drugs because she thought that if she continued she would have to do sex work to fund her habit, but then resumed drug use and eventually took up sex work. The perceived strength of the link between drug use and sex work varied among these participants.

*"The only real link is that sex work kept me out of prison because I did a lot of criminal stuff before I started hooking [working as a sex worker] to support my habit." (ID10, female)*

One participant reported using drugs socially prior to starting sex work, but became a regular drug user while working in an escort agency.

*"It got to a point where I was like, f\*\*\* this. I want to become an addict because I was scared, and it was the only thing I knew how to do. It was like, everyone else around me is smoking all the time... At least maybe if I do that, I'll feel better, sort of thing." (ID08, female)*

Another participant reported using alcohol to help him cope with his work. He regularly used alcohol prior to doing sex work and then increased his use after commencing this work.

*"I've relied on alcohol to the point of it being a problem and that just got worse with the sex work and I was just doing sort of that sex work to buy alcohol. And so it's been a cycle – a terrible cycle – that will continue to unfold as well."* (ID02, male)

On the other hand, a number of participants reported not using any drugs at all. These participants were adamant that drug use didn't have a place in their lives or their work.

*"I don't even smoke so I won't try any drugs."* (ID09, female)

A number of respondents reported that clients frequently obtained services while under the influence of some drug or alcohol. Some clients also requested that the sex worker use drugs with them ('party and play'), and occasionally they would offer more money if the sex workers did so. Some participants who worked privately reported that they were able to refuse most of these clients when they made their booking, and that they refused to see clients who were under the influence or who wanted them to participate in drug use. Mostly when participants refused to use drugs with their clients the clients accepted this, particularly if the refusal was couched in a non-judgemental way. On the other hand, some reported clients occasionally getting 'pushy' and insisting that they use drugs with them, or simply spent a large proportion of their time trying to encourage them to use drugs. One participant reported being harassed by potential clients who were refused service because they were drug-affected, either at the time of the initial call or afterwards via SMS.

Some participants reported being happy to participate in drug taking with their clients, depending on what was offered. These participants also reported having a higher proportion of clients offer drugs to them.

*"Most of my clients will have some sort of substance, whether they're a bloody lawyer and got stoned on their lunch break, or they're a crack dealer and they have crack on them. They're always offering something. It's pretty popular."* (ID06, female)

Participants who talked about using drugs with their clients also talked about being selective with what they take and how much, either because they did not enjoy certain drugs or to be able to remain in control during the service.

*"Then I just have a little smoke with them or not a lot. I don't want to be out of control."* (ID11, female)

### **Unprotected sex**

All participants reported that they had experienced at least one or two clients requesting any type of sex without a condom and most stated that a fairly high proportion (up to one half) of clients requested sex without a condom. Most of these requests were at the time of booking, although participants also stated that at least a few clients also requested sex without condoms at the time of the service. Those who received very few requests for unprotected sex stated that they thought this was likely to be due to the way that they marketed their services. Even in brothels/parlours, some clients will request unprotected sex at the time of service. Commonly when refused, clients accepted the refusal, although several participants reported some being very persistent and then being asked to leave.

*“No amount of money is worth my personal sexual health for any man.” (ID17, female)*

A couple of participants with significant experience in the industry stated that they thought that it was becoming more common to request sex without a condom. Some clients offered more money for unprotected sex and a few participants reported seeing advertisements from other sex workers for unprotected sex.

*“Like before they'd sort of have to shop around if they wanted to find someone [to provide natural services], but now they sort of don't.” (ID14, female)*

One male participant stated *“I think that safe sex is not really fashionable”* (ID07, male). He said that one way that some male sex workers are now promoting themselves as being on PrEP [pre-exposure prophylaxis], which is a way of indicating that they would be willing to have unprotected sex.

Several participants stated that they are willing to have oral sex without a condom or to have men perform oral sex on them without any protection. For a few participants, this was a change that occurred over time. One stated it was because she needed the money and was able to charge more for ‘natural services’ (she occasionally provided natural oral and vaginal sex). Another stated that she started offering unprotected oral intercourse after 10 years in the industry because of the high demand.

*“It's got to the point now where they expect that they can pay extra for it... They never even used to ask about that. And the other difference I noticed, because I started offering, started changing what I offer, and what I primarily sell at the moment, and I still do my standard full service and all of that jazz, but the primary thing I sell is a blow job service.” (ID10, female)*

### Police

Very few participants reported having any interaction with the Police in the context of their sex work or in other contexts. For some this was because there was no need to do so, and others did not contact the Police after being assaulted or robbed. Most stated that if they were assaulted or robbed while doing sex work they would not contact the Police as they didn't expect that they would be treated well, taken seriously, or because of concerns about their visa.

One participant stopped doing sex work because of ongoing harassment and abuse in Perth and also in Brisbane and Melbourne. She described being very supported and validated by the Police after making a number of complaints, especially by the Northbridge Police Liaison Officer. Another participant said that he would contact the Police via the Police Liaison Officer if he needed to, but some of his co-workers would not. For example one of his co-workers was robbed recently and refused to go to the Police as then he would have to disclose his profession and he did not expect to be treated well.

*“I don't think Police are really thought of as gay-friendly, and they haven't been really too sex worker friendly, and then the two combined together, you know what I mean. Poofta whore!” (ID07, male)*

Some participants had bad experiences with the Police previously, including one, who as a street-based sex worker and a drug user, she had contact several times with Police over the course of her career. These experiences had left them feeling that they could not trust the Police. Another participant, who did not have previous bad experiences with the Police stated that she did not contact

the Police after being assaulted. This was in Sydney, where sex work is decriminalised, but she was working in an in-call space which, without approval, is an unauthorised space to do sex work.

*“So I can’t report it to the Police because I was hiring my work space from a friend and you can’t legally do that in the area where I was working. You can’t be two people that use the same work space, which is obviously stupid and makes it less safe.” (ID05, female)*

A couple of participants mentioned the Police Liaison Officer and how that person had made a positive impact on the ability of sex workers to be treated well and be supported by the Police. Another was aware of the Police Liaison Officer but felt that, as one person, this Officer was not going to be able to impact on every interaction between sex workers and the Police. She advocated for training of Police Cadets and Police Officers about the legal framework surrounding sex work in Western Australia, as well as specifically working with them to reduce the level of stigma and discrimination against sex workers by Police.

## Social support

### Relationships

Some of the participants were in a regular relationship while others were not. Most participants who were in a regular relationship were open about their work with their partners. Some partners were accepting and supportive of their work while others *‘just put up with it’*. One participant reported that she did not disclose her work with her new partner initially and when he found out about her work that it *‘tainted’* their relationship. He now periodically made *‘bitter comments’* in reference to her work.

*“...that would be of course one of the negative side effects is that I’m always carrying that guilt around for not having told him straight away.” (ID03, female)*

One participant described the challenges for partners of sex workers in coming to terms with their work and the fact that they are often working in the evenings.

*“Relationships, I want to say the word ‘impossible’ because like I’ve had two recent relationships since I’ve been doing sex work, and there’s been like, it’s hectic, but really we, I think, as sex workers, have a bit more of a responsibility to understand. Maybe the partner, you know, wants to be with you doesn’t understand. They’re OK with it right now, but they don’t understand what it’s like to be in love with a sex worker.” (ID06, female)*

Some participants reported having met partners through their work (former clients), although none reported that these relationships were successful in the long term. A couple of participants talked about potential partners losing interest in them when they found out about their work. One described feeling dirty and rejected after a potential partner found out about his job.

*“I was all of a sudden just become the dirtiest – I don’t know he just went from being really interested to, you know, not wanting to really talk with me any further. And I’ve heard that from other male workers as well.” (ID07, male)*

A couple of participants talked about not feeling as though they were having sex when at work, as opposed to when they had sex with their partners or lovers. Another prioritised her work over having a partner.



*"I have sex with my partner, or if I was single, then I would be having sex with the people that I would be choosing to have sex with... But it is not sex to me... Like, I mean, I don't believe I'm having sex with somebody if they don't know my real age, they don't know my real name. I mean, I'm a complete act when I work." (ID07, male)*

*"Because I do feel like sex work – so something happened in my brain and I feel like it's a different part of the brain, like it's not sex." (ID03, female)*

### **Disclosure and access to support**

A number of participants reported that they had very few friendships (e.g. *"I'm a bit of a hermit"*), or that their friends did not know about the nature of their work and therefore they could not talk about it. Some did not see this as a problem and felt happy in keeping to themselves and did not feel the need for additional support. On the other hand, some participants felt very connected. One participant, who identified as queer, had a large number of friends who also work in the industry.

*"Yeah, virtually everyone I know knows I'm a sex worker. I'm quite lucky. I'm part of a queer community in Australia, and I would say like 50% of my friends are sex workers in that community anyway so it isn't really that shocking." (ID05, female)*

Participants who worked in brothels reported differing experiences of relationships with their co-workers. Two described relationships with their co-workers as being very positive, particularly from the perspective of sharing tips for the job and having people to talk to about difficult clients. One described a very close relationship with a co-worker, who helped her learn how to dress and respond to particular clients.

*"...she was like – meeting her was really – she's someone you wish was your aunt or something. She just, took me under her wing..." (ID03, female)*

Another participant also described the strong level of support and information obtained from her co-workers.

*"So that's definitely been a very beneficial aspect of working in a group environment at the brothel. It's as much about the girls you work with as the manager and the receptionist both." (ID08, female)*

On the other hand, another worker who worked in a house described talking to her co-workers about difficult clients, but feeling as though there was nobody that she could really talk to about any problems she may face. She described her co-workers as not being good friends, just someone to talk to, and that sometimes there was competition between them for clients. Another participant also described this experience of feeling as though there was competition between her and her co-workers.

Some private workers did not have the benefit of having direct contact with other sex workers on a daily basis, but a number described having contact via e-mail groups, on the street or when on outcalls involving more than one sex worker. A couple of participants have done outreach work and one maintained a very strong network with other male sex workers. A number described the importance of support for themselves and other workers. Some of this support was provided by Magenta, but they also described a need for more mental health and other support.

*"...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." (ID02, male)*

A number of participants described the importance of initially working in a brothel in order to gain much-needed support when starting out and also to learn important skills before starting private work.

*"I would recommend anyone that is trying to get into sex work to begin with, to actually work in a brothel because the support network from all the women." (ID17, female)*

### **Stigma, disclosure, and discrimination**

Not all participants reported experiencing stigma or discrimination due to the nature of their work, but all reported not disclosing their profession at least in some circumstances in order to avoid being discriminated against. Even for those who described a positive impact of sex work on their lives, stigma was a barrier.

*"The experience of sex work on my life has overall been positive. I would definitely say that the stigma of the sex industry has been difficult. I hate when people ask me what I do, that I've got to lie if it's not someone that I kind of feel like will be receptive, and keeping up with lies is exhausting." (ID05, female)*

*"So I think people see it as like something you have to be saved from or something that, well, there's no use. She's just a prostitute so she's done for. Like – a lot of stigma and judgement. And I suppose it's funny that the people I look at that I'm like, so grateful that you accepted me – really, why shouldn't they? Because if I went in and said, 'oh yes I'm a librarian', I wouldn't have to be scared about telling people what I do. So I shouldn't have to be so grateful where I am able to tell people and have them accept it." (ID08, female)*

The extent to which participants disclosed their occupation to their family and friends varied, depending on their perception of how this would be received. One participant reported that his mother accidentally found out that he was doing sex work, but she resolved not to tell his father.

Some participants reported experiencing discrimination from the medical and health care professions, and others stated that they did not disclose their work to their General Practitioner, and attend health services in other settings in relation to their sexual health where it is necessary to reveal the nature of their work. This was not universal, with other participants reporting very good experiences with health care workers.

A couple of participants spoke about the challenges of applying for jobs and accounting for the time that they were doing sex work.

*"Well, like that's -- like that's a huge problem for anyone leaving the industry after any period of time, because if you've been -- you know, the problem that I have, or people who have been a lot longer than me, you've got a resume gap that you can't explain because people would discriminate against you if you did. And there like again, that's one of the horrifying things about a lot of anti-sex worker advocacy is they think if they stigmatise it, it won't exist. But what they're doing is trapping people in the industry." (ID14, female)*

Some participants noted other aspects of their lives that also sometimes attracted stigma and discrimination. For example those who also used drugs, or did so previously, experienced discrimination due to their drug use as well as sex work. One participant said that she thought that the discrimination against drug users was greater than that against sex workers. A male sex worker said that he did not experience much discrimination as a sex worker in the gay community, but described discrimination for being gay in some situations.

Among these negative experiences of stigma and discrimination was a small glimmer of hope. One participant perceived that community attitudes towards sex workers may be changing in some circles, particularly among younger people, and that this may be because of increasing numbers of people in the industry.

### *Changes in the industry*

Most participants who had worked in the sex industry for many years described significant changes in the industry over the past 10 years. The biggest change that was described was the increase in private work and the use of the internet for promotion of services. While many considered this to be a good thing, some expressed concern about people new to the industry not being aware of some of the pitfalls and therefore being potentially vulnerable. Prior to the increase in private sex work, these workers would have started working in a brothel where they would have had the opportunity for support and guidance from their co-workers.

*“For instance, way back when before mobile phones and all of that, you had to have a land line to advertise as well. People didn’t want to list their home phone number obviously so what that led to, people who didn’t know what to do or how to go about it, they would go to a local brothel that they had heard of and do kind of what I term as an apprenticeship. You know, they would learn the ropes of the trade, meet other workers, they would do doubles – like double bookings with another worker which would give you an understanding of how they run their bookings, how different people run their bookings. You would learn a lot. And now because you don’t need to do that, all you need to have is a mobile phone number and you can put up ads for free, and there is no investment there, literally anyone can go you know what, I am going to have a go at hooking and put an ad up. That has led to a lot of people who don’t have a f\*\*\*ing clue what they are doing, putting up ads and advertising, and engaging in quite, really dangerous services that never used to get offered. People tend not to have an understanding of the fact that there is a big difference between commercial sex and private sex.” (ID10, female)*

*“Yeah, this was like kind of like before the internet has changed everything, but basically everyone can be their own pimp [boss] on the internet now. It’s pretty different. Before it used to be more money and a little bit sort of more [inaudible] because it was always like in hotels or you were being taken to places whereas now I feel like it’s just like all Backpage and Craigslist and Cracker and dot com and stuff like that, you know it’s a bit different now.” (ID02 male)*

The increase in use of the internet and social media to promote sexual services had also increased the need for sex workers to promote themselves and create a brand. For male workers, this may have also led to an increase in what they were able to charge for their services.

*"I feel as though with the ever increasing social media presence that I feel as though it's more like you're having to give more time away for free because you have to keep up with a concept of a brand in a way that I haven't really experienced before, and I feel like that's becoming more and more of the case." (ID05, female)*

*"I think the only real change I think most workers have picked up on is the fact that since the Internet, the -- males were considered to be in the paper days of the West Australian and the Sunday Times, males were the lowest paid in the industry. Next thing you know, the Internet comes along, websites come along, prices go up dramatically. Males are no longer the lowest paid workers in the industry. So the only real thing that I think that's really changed for males is the fact that we now have the Internet, and it must be easier, I also think for people to become workers now as well, because of the Internet. Now, that might sound a bit weird, but I think the Internet makes it a bit easier to become a worker." (ID07 male)*

Almost universally, participants described a decline in the demand for their services, meaning that they had to work harder in promotion of services and also that they may be more likely to accept a client who they would have rejected previously. Most ascribed the decline in demand to the downturn in the Western Australian economy and also due to increased competition with more people taking on sex work. This decline in demand was very recent and even participants who had not worked in the industry for long had noticed it.

*"When I began in February at the place where I was at... Yeah so at that place when I started it was, it was very good, it was very busy and then people -- you know it really dropped. You know there were times that I would not come in for a couple, like two weeks and then I'd come back. But apparently all the girls I met, and the other girls who worked at ... and other places ... said it was very bad, that business was real bad and then you know there was times when people were thinking okay, you know it's like back to school time, it's tuition fees, you know, it's Christmas time, it's Easter or something so you know you wouldn't have as much money. A lot of -- we noticed that we didn't have that after work period, used to be a peak period, you know there would be a lot of guys coming back from work before they went home and then those hours were just there was no one coming into the parlour." (ID03, female)*

*"...like it's very dependent on the state of the economy. And -- -- because it's a luxury service, when people start getting nervous about the -- their household budget, it's often one of the first things to go. So sex work has become exceptionally sensitive to downturns in the economy. We notice it very -- like very obviously. And particularly in WA when the mining boom ended. It went from everyone was swimming in money to a lot of people finding it quite hard, just because our clients were as well, so." (ID14, female)*

Interestingly, a participant who was a private worker in regional Western Australia had not seen a change in demand for her services in recent times. She described the demand for her services as being *"very consistent."* (ID13, female)

### Venue audit

Twenty-two venue audits were completed by peer researchers. Of the 22 sexual services premises audited, 20 (82%) were categorised as being a parlour or brothel, including three culturally and linguistically diverse sex premises that were run as a brothel but from a residential house, and two

that also provided massage and escort services. The remaining four premises predominantly provided massage services.

The most common health and safety features observed during premises visits were security cameras (86%), a well-lit exterior (59%) and regular contact with sex worker outreach organisations (59%). Of note, two brothels offering escort services did not provide a driver (Table 31). During day visits it was difficult to determine whether the exterior was well-lit.

**Table 31. Health and safety features of sexual services premises (Could mark all that apply)**

	<b>No.</b>	<b>%</b>
Security cameras	19	86.4
Exterior well lit	13	59.1
Regular sex worker outreach	13	59.1
Fire extinguishers	8	36.4
Regulatory signs	4	18.2
Driver	3	13.6
Other	1	4.5
Security guard	0	0

Sex worker-specific resources were the most commonly identified health promotion resource displayed in sexual services premises (23%) followed by occupational health and safety (OH&S) information at three premises (14%). At two premises, client-targeted resources were identified. Due to peer researchers sometimes having limited access to other rooms within the premises, the number of premises identified as showcasing health promotion resources could be under reported. All health promotion resources were identified in parlour/brothel environments only, this included two of the three culturally and linguistically diverse sexual services premises audited. It was unsurprising that in massage shop front businesses there were no health promotion materials visible as this type of material could be used as evidence by Local Government.

The vast majority of premises were clean and had welcoming staff. In addition many had staff rooms and designated smoking areas (Table 32).

**Table 32. General ambience of sexual services premises (Could mark all that apply)**

	<b>No.</b>	<b>%</b>
Premises was tidy/clean	19	86.4
Staff were friendly	18	81.8
Premises had a staff room	15	68.2
Premises had a designated smokers room or area	12	54.5
Premises had rules/regulations displayed	1	4.5

## **Sexually transmissible infections and blood-borne virus prevalence study**

### **ACCESS Project**

The prevalence of chlamydia and gonorrhoea in this sample varied across the three three-year periods but there was no distinct trend. Overall across the nine year period the prevalence of chlamydia was 13.6%, and gonorrhoea 3.9%. Very few cases of infectious syphilis and no cases of HIV infection were detected (Table 33). The sample was predominantly female, with 11% of individuals tested over the nine year period being male.

Table 33. Sexually transmissible infection prevalence in three-year intervals from South Terrace Sexual Health Clinic

	2007-2009	2010-2012	2013-2015	Overall (individuals)
<b>Chlamydia</b>				
Tested	70	78	60	177
Diagnosed	4	13	8	24
Positivity	5.7%	16.7%	13.3%	13.6%
<b>Gonorrhoea</b>				
Tested	70	64	54	179
Diagnosed	1	3	3	7
Positivity	1.4%	3.9%	4.8%	3.9%
<b>Infectious syphilis</b>				
Tested	59	75	53	159
Diagnosed	0	2	1	3
Diagnosis rate	--	2.7%	1.9%	1.9%
<b>HIV</b>				
Tested	58	75	55	163
Diagnosed	0	0	0	0
Positivity	--	--	--	--

\*Duplicate tests or diagnoses per time period have been excluded (maximum one test or diagnosis per patient per time period)

### Royal Perth Hospital Sexual Health Clinic

The gender distribution of the sample was quite different from the distribution of the sample from South Terrace Clinic with more than 50% of the sample being male in some years. This is in spite of the fact that only individuals reported as participating in sex work in the previous year were included in the sample (Table 34). Note gender was not available for all individuals.

Table 34. Sample of individuals reporting participating in sex work in the previous year and having at least one chlamydia test by year and gender

	2010	2011	2012	2013	2014	2015
Females	17 (44.7%)	17 (34.0%)	36 (52.2%)	42 (59.2%)	52 (59.1%)	54 (60.7%)
Males	21 (55.3%)	32 (64.0%)	31 (44.9%)	28 (39.4%)	36 (40.9%)	35 (39.3%)
<b>Total</b>	<b>38</b>	<b>50</b>	<b>69</b>	<b>71</b>	<b>88</b>	<b>89</b>

The proportion of the sample testing positive for chlamydia did not vary between years, although there was an apparent increase in the proportion of the sample testing positive for gonorrhoea in 2013-2015 compared to 2010-2012, although this was not statistically significant ( $p=0.591$ ). The proportion of tests that were positive for chlamydia and gonorrhoea appeared to be similar to the South Terrace sample (Table 35).

Table 35. Annual sexually transmissible infections prevalence amongst sex workers clients of Royal Perth Hospital Sexual Health Clinic

	2010	2011	2012	2013	2014	2015
<b>Chlamydia</b>						
Tested	38	50	69	69	88	87
Diagnosed	2	4	4	3	6	4
Positivity	5.3%	8.0%	5.8%	4.3%	6.8%	4.6%

	2010	2011	2012	2013	2014	2015
<b>Gonorrhoea</b>						
Tested	37	50	69	70	87	87
Diagnosed	0	1	1	4	5	4
Positivity	--	2.0%	1.4%	5.7%	5.7%	4.6%
<b>HIV</b>						
Tested	46	48	63	72	87	85
Diagnosed	1	0	0	0	0	0
Positivity	2.2%	--	--	--	--	--
<b>Hepatitis C</b>						
Tested	32	49	58	54	78	63
Diagnosed	1	1	4	2	4	1
Positivity	3.1%	2.0%	6.9%	3.7%	5.1%	1.6%

### Magenta Clinic

Thirty one Magenta clinic clients agreed to make their testing results available in the time of data collection. Given the small sample size it is not meaningful to provide the testing results. Of interest, 22 of the 31 participants (71%) were from China or Hong Kong and one was Korean.

### Department of the Attorney General

The following sections examine the criminal offences applying to various sex worker activities in broad offence groupings: street offences; brothel offences; live on the earnings; inducing/procuring; advertising and sponsorship; acts of prostitution in certain circumstances; child prostitution; and Police powers, restraining orders and associated offences.

For those charges resulting in a conviction, the principal sentence received for the charge is also listed. The data presented in this report relates to all appearances in the courts over 2000-2015 (n=933) and includes appearances where the prosecution was dismissed (n=36), withdrawn (n=9) and appearances where the outcome was "other" (undefined, n=7).

### Street offences

Offences are created in sections 5 and 6 of the *Prostitution Act 2000* for both workers and clients who seek another to act as a prostitute in or within view or hearing of a public place. Maximum penalties are greater for clients (two years imprisonment) than workers (one year imprisonment) with both increasing (to seven and three years respectively) if the person sought is a child (defined as a person below 18 years age in section 3 of the *Prostitution Act 2000*). There is also an additional offence in section 19 of the *Prostitution Act 2000* in which it is a specific offence for a child to invite, loiter or frequent a place with the intent of inviting another person to act as a prostitute and the maximum penalty is a \$6,000 fine for the child. In this case it is not a requirement for the offence to occur in, in view of, or within hearing of a public place.

The charges finalised for the soliciting offences in the courts are presented in Table 36 and 37. These are the most heavily prosecuted prostitution offences in Western Australia (similarly to other jurisdictions). There have been no prosecutions of child clients under section 19 during this period. Of note is the higher number of clients prosecuted compared to workers and worker charges having declined significantly in the last four years.



Table 36. Charges finalised in the Western Australian courts for soliciting (street) by client 2000-2015

Leg. Section	Outcome	Sentence (where applicable)	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
s.5	Dismissed			2	2				4		1		1		1			
	Conviction	Imprisonment					1											
		Suspended Imprisonment						1										
		Fine	20	86	34	9	20	68	57	16	34	20	1	19	6	13		1
		Community Based Order			1			1										
		Intensive Supervision Order						1										
		Conditional Release Order		1	1		1		1	1			1					
	Withdrawn				1												1	
	<b>Total</b>		<b>20</b>	<b>89</b>	<b>39</b>	<b>9</b>	<b>22</b>	<b>71</b>	<b>62</b>	<b>17</b>	<b>35</b>	<b>20</b>	<b>3</b>	<b>19</b>	<b>7</b>	<b>13</b>	<b>1</b>	<b>1</b>

Section 5 *Prostitution Act 2000* Soliciting in a public place by client

Table 37. Charges finalised in the Western Australian courts for soliciting (street) by worker 2000–2015

Leg. Section	Outcome	Sentence (where applicable)	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
s.6	Dismissed			1	4						1							
	Conviction	Imprisonment			2	2			2	1	2							
		Suspended Imprisonment		3	1						1	1						
		Fine	7	29	12	5	7	17	12	13	31	17	7	10	1	3	1	1
		Community Based Order	6	5	8			2	3	6	1		2					
		Intensive Supervision Order		6	4							2						
		Conditional Release Order		3	1						2							
	Other		1	2						1								
<b>Total</b>			<b>14</b>	<b>49</b>	<b>32</b>	<b>7</b>	<b>7</b>	<b>19</b>	<b>17</b>	<b>21</b>	<b>38</b>	<b>20</b>	<b>9</b>	<b>10</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>

Section 6 *Prostitution Act 2000* Soliciting in a public place by worker

### Brothel offences

Brothel keeping legislation has changed over the period 2000-2015. Early offences (sections 209 and 213 of the *Criminal Code* and section 76F of the *Police Act 1892*) were repealed in 2004 and replaced with the current section 190 of the *Criminal Code* (introduced in 2004 and proclaimed in 2005). Section 190 is broadly drafted and prohibits a wide variety of acts relating to premises used for the purposes of prostitution: keeping, managing, assisting in the management, being the tenant, lessee or occupier, lessor, landlord, agent or rent collector. Section 190 functions similarly to the repealed section 76F, with the notable exception that the current section 190 does not include sole operators in the way that the repealed section 76F did. The maximum penalty is three years imprisonment, reduced to one year if disposed of summarily and or a fine of up to \$12,000.

Between 2000 and 2005, there was a relatively low rate of brothel keeping offence prosecutions; between one and nine prosecutions per year for all brothel keeping offences (Table 38). There appears to be a decline in prosecutions from 2004 with only two charges finalised (one of which was withdrawn) in the latter 10 years under Section 190. Given that brothel keeping continues to be illegal throughout this period the low number of prosecutions may be related to the variations of the containment policy enacted since 2000.

Table 38. Brothel keeping offences finalised in the Western Australian courts 2000–2015

Leg. Section	Outcome	Sentence (where applicable)	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
s.209	Dismissed					1												
	Conviction	Fine	2	1	2	2												
	Withdrawn					1												
s.76F	Dismissed						2											
	Conviction	Fine	1	5	4	5		1										
s.190	Conviction	Fine										1						
	Withdrawn																1	
<b>Total</b>			<b>3</b>	<b>6</b>	<b>6</b>	<b>9</b>	<b>2</b>	<b>1</b>				<b>1</b>					<b>1</b>	

Section 209 *Criminal Code 1913* Keep a bawdy house for purpose of prostitution (repealed May 2005)

Section 76F *Police Act 1892* Keep or manage premises for the purpose of prostitution (repealed May 2005)

Section 190 *Criminal Code 1913* Keep or manage premises for purpose of prostitution (commenced May 2005)

### Live on the earnings

Living on the earnings of prostitution is an offence under section 190(3) of the *Criminal Code* and applies to a person who lives with a prostitute and is wholly or partly kept by them. It may also apply to the supply of goods and services. This offence is not restricted to exploitative relationships and may also apply to dependents along with co-workers such as receptionists, drivers and cleaners in a brothel. Between 2000 and 2015 (inclusive), no charges were prosecuted in the courts for this offence.

### Inducing/procuring

There are two overlapping procuring offences in Western Australia; section 191 of the *Criminal Code* and section 7 of the *Prostitution Act 2000*. The former prohibits procuring for a wide variety of purposes: unlawful carnal connection, to become a common prostitute, to leave Western Australia with the intention of becoming an inmate of a brothel, or to leave her usual place of abode in Western Australia to become an inmate of a brothel. This offence does not contain any requirements relating to threats, exploitation or coercion and reference to 'inmate' (as opposed to 'worker') has limited application as few sex workers dwell in or reside in the brothels they work in. The latter offence (section 7) prohibits seeking to induce a person to act as a prostitute by assault, threat of assault, intimidation, supplying a prohibited drug, making a false representation or fraud or doing anything else. This final phrasing of "doing anything else" renders the other references to coercion unnecessary for the offence to actually occur. The penalty difference between section 191 of the *Criminal Code* and section 7 of the *Prostitution Act* is large: two years maximum imprisonment versus 10 years maximum imprisonment. Both offences are broad in their application and could apply to a manager who offers a sex worker employment in a brothel. Few procurement charges (Table 39) were finalised in this period. All convictions related to section 191 (n=6) were in one year (2001) and there was only one conviction related to section 7 (2008).

Table 39. Procuring charges finalised in the Western Australian courts 2000-2015

Leg. Section	Outcome	Sentence (where applicable)	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
s.191	Dismissed			1														
	Conviction	Imprisonment		6														
s.7	Dismissed						2											
	Conviction	Fine									1							
Total				7			2				1							

Section 7 *Prostitution Act 2000* "Do anything" to induce a person to be a prostitute

Section 191 *Criminal Code 1913* Procure a woman to become a common prostitute

### Advertising for sex worker recruitment and business sponsorship

It is an offence under section 9 of the *Prostitution Act 2000* to advertise to recruit both sex workers and other employees who may be employed by a brothel, such as security guards, receptionists and cleaners. There is not a prison sentence but a high maximum fine applies: \$50,000. No charges have been finalised under section 9 over this period (since it was enacted).

Under section 10 of the *Prostitution Act 2000* it is also an offence to promote or publicise a prostitute or prostitution business under an arrangement which involves sponsorship or to provide a sponsorship. Sponsorship is defined to include a scholarship, prize, gift or other like benefit. It does not appear to prohibit brothel advertising and is confined to the situation where a worker or brothel is subject to a “sponsorship”. Three charged (with two of these dismissed) were finalised in 2009 but no other instances occurred (Table 40).

Table 40. Sponsorship offences finalised in the Western Australian courts 2000-2015

Leg. Section	Outcome	Sentence (where applicable)	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
s.10	Dismissed											2						
	Conviction	Fine										1						
<b>Total</b>												<b>3</b>						

Section 10 *Prostitution Act 2000* Prohibition of certain sponsorships

### Offences concerning acts of prostitution in specified circumstances

The above laws criminalise activities surrounding prostitution while prostitution itself is not criminalised per se. However there are some specific offences in the *Prostitution Act 2000* that make the act of prostitution an offence in certain circumstances:

1. Section 8: “It is an offence for a person to engage in an act of prostitution without using a prophylactic that is appropriate for preventing the transmission of bodily fluid from one person to another.” (Penalty: \$5,000; under this provision, both the worker and the client may be charged.)
2. Section 15: “A person who acts as a prostitute for a client who is a child commits an offence under this section.” (Penalty: Imprisonment for 9 months.)
3. Section 14 (a-c): “A person who acts as a prostitute commits an offence under this section if —”
  - (a) “the person is a child” (Penalty: Imprisonment for 2 years.)
  - (b) “the person has been declared under section 32A of the *Misuse of Drugs Act 1981* to be a drug trafficker” (Penalty: Imprisonment for 2 years.)

(c) “the person has been found guilty of an offence described in Schedule 1.” (Penalty: Imprisonment for 2 years.) (Schedule 1 of the *Prostitution Act* lists approximately 20 criminal provisions. The offences include murder, assault causing grievous bodily harm, kidnapping, deprivation of liberty, a number of serious sexual offences including child sexual assault offences and the possession of child pornography.)

No charges have been laid for any of these offences since enactment in 2000, with the exception of section 8 of the *Prostitution Act 2000* (failure to use prophylactic) which are detailed in Table 41. This offence appears to have been more heavily policed during specific periods between 2000-2002 and 2005-2010 with only one charge after this in 2014.

**Table 41. Charges finalised in the Western Australian courts for failure to use prophylactic 2000-2015**

Leg. Section	Outcome	Sentence (where applicable)	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
s.8	Dismissed											1						
	Conviction	Fine	10	9	2			6	8	5	9	2	1				1	
		Community Based Order			1			2	1	1								
		Intensive Supervision Order		1														
<b>Total</b>			<b>10</b>	<b>10</b>	<b>3</b>			<b>8</b>	<b>9</b>	<b>6</b>	<b>9</b>	<b>3</b>	<b>1</b>				<b>1</b>	

Section 8 *Prostitution Act 2000* Failure to use prophylactic

### Child prostitution offences

There are a number of serious criminal offences pertaining to offering a child for prostitution contained in the *Prostitution Act 2000*. They include causing, permitting or inducing a child to act as a prostitute (section 16), obtaining payment for prostitution by a child (section 17), agreements for prostitution by a child (section 18), prostitution at a place where a child is present (section 20) and allowing a child to be present at a place of prostitution (section 21). The offences relating to causing or agreeing to a child to act as a prostitute and receiving payment (section 16-18) carry maximum penalties of 14 years imprisonment.

The child prostitution offences finalised in the courts are presented in Table 42 and only include sections 16, 18 and 21. Charges under section 16 were finalised between 2001 and 2007 but not subsequently, and a small number of charges under section 18 occurred in later years. There was only one year where charges have been laid for allowing a child to be present at a place of prostitution (section 21, 2002).

Table 42. Child prostitution offences finalised in the Western Australian courts 2000-2015

Leg. Section	Outcome	Sentence (where applicable)	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
s.16	Dismissed				2	1		3										
	Conviction	Imprisonment								1								
		Suspended Imprisonment				2												
		Fine		1														
		Intensive Supervision Order						1										
	Withdrawn						2											
<b>Total</b>				<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>4</b>		<b>1</b>								
s.18	Dismissed									1								
	Conviction	Intensive Supervision Order															2	
	Withdrawn														1			2
<b>Total</b>										<b>1</b>					<b>1</b>		<b>2</b>	<b>2</b>
s.21	Conviction	Community Based Order			1													
		Conditional Release Order			2													
<b>Total</b>					<b>3</b>													

Section 16 *Prostitution Act 2000* Cause or permit a child to act as a prostitute

Section 18 *Prostitution Act 2000* Agreement for prostitution by child

Section 21 *Prostitution Act 2000* Allowing child to be at place involving prostitution

### Police powers, restraining orders and associated offences

The enforcement powers granted to Police under the *Prostitution Act 2000* include a power to order a person to move on (section 24), a power to require the production of documents or provide information (section 23), and the power to search people and premises with or without a warrant (sections 25, 26 and 27). A number of offences also then exist for failing to comply with Police orders and directions as part of their enforcement provisions. These include contravening a move on direction (section 12), failure to provide information or a document (section 13) and hindering the Police in the performance of any function under the Act (section 11).

If a person has been found guilty of a section 5 or section 6 offence (the soliciting offences) or any other offence under the Prostitution Act, the courts have the power to issue a restraining order to prevent the commission of future offences when a person has (section 37 of the *Prostitution Act 2000*). Under

section 38 of the Act, the court may also issue a restraining order where a person has in the past been subject to a move on direction. Consequentially, section 46 of the *Prostitution Act 2000* details that it is an offence to breach a restraining order.

Only one charge was finalised (and dismissed) for hindering the Police in enforcing the Act but substantial numbers of charges have been finalised for contravening a move on direction (Table 43). These have declined significantly in the years from 2010 and there have been no charges finalised in relation to breaching a restraining order in the latter five years. This pattern is consistent with the prosecution numbers under street offences previously mentioned.

Table 43. Charges finalised in the Western Australian courts for failure to comply with Police direction 2000-2015

Leg. Section	Outcome	Sentence (where applicable)	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
s.11	Dismissed						1											
<b>Total</b>							<b>1</b>											
s.12	Dismissed								1				1					
	Conviction	Imprisonment			1												1	
		Suspended Imprisonment		2														
		Fine	7	7	1	2	10	5	10	7	7	5	1		2	1		
		Community Based Order	3	4			2		1									
		Intensive Supervision Order	1		6					1								
		Conditional Release Order		1			1	1		1								
		No Punishment													1			
	Other		3															
<b>Total</b>			<b>14</b>	<b>14</b>	<b>8</b>	<b>2</b>	<b>13</b>	<b>6</b>	<b>12</b>	<b>9</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>
s.46	Conviction	Imprisonment											1					
		Suspended Imprisonment							1									
		Fine	7	5	1		5	7	6	3	7	6	7					
		Community Based Order		4				1			2							
		Intensive Supervision Order	1		1					4		1						
<b>Total</b>			<b>8</b>	<b>9</b>	<b>2</b>		<b>5</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>7</b>	<b>8</b>					

Section 11 *Prostitution Act 2000* Hinder Police

Section 12 *Prostitution Act 2000* Contravene move on direction

Section 46 *Prostitution Act 2000* Breach of restraining order



## CHAPTER 4: DISCUSSION

This large mixed methods study provides a contemporary picture of the sex industry in Western Australia, including issues relating to sex worker health and safety, well-being, access to services, stigma and discrimination, and the impact of legislation on sex workers. While this study utilised a similar survey instrument to the original LASH Study (Donovan et al., 2010), we recruited a wider range of sex workers, including male and transgender workers, as well as private workers and those working in massage parlours. The study's use of peer researchers enabled recruitment through personal and social networks as well as by visiting brothels and massage parlours. While we were unable to fully describe the sex industry in Western Australia, we believe that the study sample reflects the diversity of the sex industry in Western Australia, with a high proportion of private workers, and also a large sample of male workers and workers from Asian countries, particularly China and Thailand.

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. These changes reflect similar changes in the sex industry elsewhere in Australia and internationally (Abel & Fitzgerald, 2012; Cunningham & Kendall, 2011; Minichiello, Scott, & Callander, 2015). The high proportion of private workers in Western Australia may be driven in part by Western Australian legislation that prohibits brothels, although we did not find direct evidence of this. The growth in private sex work has implications for the provision of outreach services to sex workers, with an increasing need to reach sex workers outside brothels.

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. In spite of the large legal disincentive to street-based sex work, some workers prefer working in that setting because of the freedom it provides (Abel & Fitzgerald, 2012).

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 with clients.

### *Sexual health*

As with previous studies, participants reported having frequent sexual health checks and rates of sexually transmissible infections that are consistent with the general population (Callander, Cox, Schmidt, & Donovan, 2016; Callander, Read, et al., 2016; Donovan et al., 2010; Donovan et al., 2012). The high proportion of female participants attending the Magenta clinic and male participants attending the M Clinic highlights the importance of community-based services to sex workers.

On the other hand, we found that client requests for unprotected sex, particularly oral sex, were quite common. While the majority of respondents reported that clients used condoms 100% of the time for vaginal (67%) and anal (59%) sex, only one third reported that clients used condoms 100% of the time for oral sex. The reduction in condom use for oral sex among sex workers has been described previously, and was associated with pharyngeal gonorrhoea in Sydney (Read, Wand, Guy, Donovan, & McNulty, 2012). Condomless oral sex was more common among male than female sex workers, and likely reflects the low rate of condom use for oral sex among men who have sex with men generally (Walker, Bellhouse, Fairley, Bilardi, & Chow, 2016). It is also of concern that an increasing proportion of respondents did not report that 100% of their clients used condoms for vaginal and anal sex. This may reflect the increasing demand for unprotected sex, possibly also in the context of reduced demand for sexual services in Western Australia overall. These findings contrast with those of the previous LASH Study in Western Australia, 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).

### *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. We found a similar proportion of respondents had a Kessler score suggestive of extreme mental distress as was found in the previous LASH Study in Western Australia (Donovan et al., 2010), and that this was largely associated with drug and alcohol use. Thus, even though the proportion of respondents having a Kessler score suggestive of severe mental distress is higher than in the general population (Pratt, Dey, & Cohen, 2007), this is likely to reflect higher rates of drug and alcohol use in this group and may not be related to sex work per se (Australian Bureau of Statistics, 2008).

### *Drug and alcohol use*

We found high rates of tobacco smoking, excessive alcohol consumption and illicit drug use including injecting drug use in our study population, and excessive alcohol consumption and illicit drug use were higher in men than women. These rates are consistent with the findings of the previous LASH Study in Western Australia (Donovan et al., 2010), and are in excess of reported drug and alcohol use in the general population (Australian Institute of Health and Welfare, 2014). The significantly higher rates of drug and excessive alcohol use in men compared to women may reflect rates of drug and alcohol use in the gay community (Berger & Mooney-Somers, 2015; Lea et al., 2016), and also points to an important health area of concern among this group. The very high smoking rates among sex workers in Western Australia needs targeted interventions. It is clear that efforts to reduce smoking rates in the general population have not been successful in this group.

### *Safety*

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, as was the proportion of respondents reporting being threatened by one or more clients (Donovan et al., 2010). This difference may reflect the different study sample, as sex workers may be less vulnerable to abuse if working in a brothel setting compared to working privately or on the street (Beyrer et al., 2014). In addition a higher proportion of survey respondents reported being uncomfortable or very uncomfortable in reporting crimes against them to the Police compared to the previous LASH Study in Western Australia (Donovan et al., 2010). As almost 50% of respondents reported feeling uncomfortable or very uncomfortable with reporting to the Police assaults and other crimes against them, this is something that must be addressed in order to reduce physical risk to sex workers. A number of sex workers reported having negative experiences with Police and some described 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 (Benoit et al., 2016; Donovan et al., 2010; El-Hayek, van Gemert, Bowring, Feigin, & Stoové, 2011; Sloss & Harper, 2010).

### *Stigma and discrimination*

The experiences of stigma and discrimination among sex workers have been well documented previously (Immordino & Russo, 2015; Lazarus et al., 2012; Scambler & Paoli, 2008). As with other studies, we found that some sex workers did not reveal their work to family and friends, which can lead to social isolation (Begum, Hocking, Groves, Fairley, & Keogh, 2013; Bellhouse, Crebbin, Fairley, & Bilardi, 2015). This was particularly marked for Chinese workers, who expressed a great fear of having their profession revealed to family and friends in China. Those who are also targeted by racism and homophobia or discrimination due to their drug use find that sex work compounds the stigma and discrimination that they already experience. Sex workers reported experiencing stigma and discrimination from Police Officers and General Practitioners. This is of concern, as stigma and discrimination can be a significant barrier to accessing services (Lazarus et al., 2012). Experiences of stigma and discrimination can also be internalised (Wong, Holroyd, & Bingham, 2011), and a number of respondents who reported that sex work hindered their well-being ascribed this to the stigma and discrimination that they experience as a result of their work. Sex work also impacted on their relationships.

### *Policing*

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 has reduced in recent years and is lower than in states where sex work is regulated/licensed. Between 2010-2015 most charges were related to street-based solicitation with more clients than workers charged. This low rate of policing may have health and safety benefits for sex workers in Western Australia, but the fear of incrimination clearly still exists as does a lack of clarity about the law among some sex workers, highlighting the importance of decriminalisation rather than regulation should a change in the legislative environment of sex work occur.

## CHAPTER 5: STUDY LIMITATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

### Access to rural and regional workers

Our survey instrument did not ask about the work location of respondents so we were unable to assess the proportion of respondents who lived and worked in regional or rural areas. Our visits to regional areas were constrained by available resources and too brief to establish sufficient connections with sex workers in order to recruit them to our study. Language was also a barrier to access on these visits and future research would require a longer duration of stay and the accompaniment of Chinese-speaking peer researchers in order to ensure greater representation.

### Study sample

While convenience sampling is the most common sampling method for studies targeting marginalised groups, it is not possible to assess the representativeness of the study sample. While we recruited more than 50 male workers and more than 50 Asian workers to our survey (represents a third of total), it is likely that Asian workers in particular were under-represented. As we recruited the culturally and linguistically diverse peer researchers to the study team quite late in the study period it is possible that we may have been able to recruit more Asian survey respondents if the study period had been extended. We also only reached a very small number of Aboriginal sex workers (n=9). The employment of an Aboriginal peer researcher may have increased the proportion of Aboriginal workers in our study sample.

## CHAPTER 6: 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 to the Police. 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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