The decriminalisation of prostitution is associated with better coverage of health promotion programs for sex workers

Abstract

Objective: In order to assess whether the law has an impact on the delivery of health promotion services to sex workers, we compared health promotion programs in three Australian cities with different prostitution laws. The cities were Melbourne (brothels legalised if licensed, unlicensed brothels criminalised), Perth (criminalisation of all forms of sex work) and Sydney (sex work largely decriminalised, without licensing).

Methods: We interviewed key informants and gave questionnaires to representative samples of female sex workers in urban brothels.

Results: Despite the different laws, each city had a thriving and diverse sex industry and a government-funded sex worker health promotion program with shopfront, phone, online and outreach facilities. The Sydney program was the only one run by a community-based organisation and the only program employing multi-lingual staff with evening outreach to all brothels. The Melbourne program did not service the unlicensed sector, while the Perth program accessed the minority of brothels by invitation only. More Sydney workers reported a sexual health centre as a source of safer sex training and information (Sydney 52% v Melbourne 33% and Perth 35%; $p<0.001$). Sex workers in Melbourne's licensed brothels were the most likely to have access to free condoms (Melbourne 88%, Sydney 39%, Perth 12%; $p<0.001$).

Conclusions: The legal context appeared to affect the conduct of health promotion programs targeting the sex industry. Brothel licensing and police-controlled illegal brothels can result in the unlicensed sector being isolated from peer-education and support.

Key words: brothel licensing, decriminalisation, occupational health and safety, health promotion.

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In many countries female sex workers are one of the populations at most risk for sexually transmissible infections (STIs) including HIV infection. Thus, sex workers have been a target of HIV prevention campaigns, delivering measurable improvements where sufficient resources are provided.[1-3] Long-term risk reduction and enduring health improvements are more likely to occur when there is ongoing peer-led education, supported by community-based organisation and advocacy.[1,4]

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In Australia, each state and territory has different prostitution laws, varying from decriminalisation of adult sex work with or without brothel licensing, to criminalisation of brothel, street and private prostitution.[5] Nevertheless, most Australian jurisdictions have government-funded health promotion programs for sex workers.[4] In 2006/07, we assessed these programs in each of three state capital cities with different prostitution laws to see if the various legal climates affected the delivery of health promotion and the occupational health and safety of sex workers.

Methods

The three Australian cities we selected were: Perth in Western Australia (WA) where most forms of prostitution were illegal, Melbourne in Victoria where licensed brothel prostitution was permitted but street-based and unlicensed brothel prostitution remained criminalised, and Sydney in New South Wales (NSW) where adult prostitution was decriminalised and brothel locations only were regulated through local planning law.[5]

We conducted a telephone survey of 10 to 12 key informants in each city to establish the broad parameters of their sex industries and their regulation. Key informants comprised community and outreach workers (including the managers and staff of health promotion programs), police officers, health workers, local government planners and social workers with access to sex workers or responsibility for regulating the sex industry. Using a semi-structured data collection instrument, they provided information about numbers and locations of sex workers, local policies and policing practices, and health promotion activities targeting the sex industry in each city. This information was used to determine program resource levels, including budgets and staff numbers and their accessibility and outreach to target populations. We also asked key informants for their understanding of the major issues for the sex workers with whom they were in contact.

We gathered information about the numbers of brothels in each city by cross-referencing advertisements in the telephone book and other print media (including foreign language newspapers) with lists compiled by health promotion programs and, in Melbourne, by the Business Licensing Authority that licences brothels.

We also surveyed representative samples (target 200) of brothel-based sex workers while at work in each city to elicit information about the sex worker contact with a variety of authorities including health promotion programs. To achieve these samples, complete lists of urban brothels were randomly selected and visited by our research team. All of the sex workers present were invited to participate. The anonymous questionnaire was available in four languages: English, Thai, Chinese and Korean based on our previous clinical and research experience.[3] The sex workers reported personal experiences of delivery of education and educational materials, the availability of condoms and other safety equipment, and their access to public sexual health services. We enlisted program outreach staff in each city to make contact with the brothels and assist in data collection.

Field notes made by the data collectors recorded features such as obvious security measures (external lights, front of house security and internal alarms), general layout and presentation of premises (cleanliness, lighting, staff rest areas, staff-friendly environment, etc). Based on their observations, data collectors assessed brothels on their merits as worker-friendly workplaces, awarding them a star rating developed for this study from 1 star (poor) to 5 stars (good).

Statistical analysis

Frequency tables were used for the descriptive analysis of data. The chi-square test was used to compare categorical data. Statistical analysis was performed using STATA Release 8.2 (College Station, US).

Table 1: Prostitution law and brothel numbers in Melbourne, Perth and Sydney, 2007.

	Melbourne	Perth	Sydney
Population, in millions	3.5	1.5	4.1
Prostitution law	Licensing, with laws against unlicensed brothels and street workers.	Criminalisation of most types of sex work.	Decriminalisation and no licensing.
Number of brothels (within 20k of city centre)	80 licensed, and 13-70 unlicensed.	34 – all operating illegally.	Approx. 200, all legal but many without planning permission.

Table 2: Sex worker health promotion programs in Melbourne, Perth, and Sydney, 2007.

	Melbourne RhED[a]	Perth Magenta	Sydney SWOP[b]
Annual funding	$430,000	$240,000	$800,000
Funding stream	Inner South Community Health Service	Family Planning WA	AIDS Council of NSW (Community-based organisation)
Staff, full-time equivalent	4.8	4.5	11.0
Opening hours	10 am – 5 pm Mon – Fri	9 am – 4 pm Mon – Thurs	10 am – 6 pm Mon – Fri
Sex worker clinic on site	Yes	Yes	No
Outreach to brothels	Licensed brothels only, daytime only	By invitation, daytime only	All brothels, daytime and evening
Asian language skills of staff	None	None.	Thai, Chinese and Korean

Notes: a) RhED – Resourcing health and education in the sex industry.
b) SWOP – Sex workers outreach project.

Ethics approval

Ethics approval for this study was obtained from the University of New South Wales, the AIDS Council of New South Wales, the University of Melbourne and The Alfred Hospital, Melbourne.

Results

In spite of the different legal climates, each city had a thriving brothel, escort, and private (call girl) sex industry, plus a small street-based sex industry (Table 1). In Melbourne, we identified 80 licensed brothels plus up to 70 suspected unlicensed brothels, though we could only gain entry into four of 13 confirmed unlicensed brothels.[6] There were 34 brothels in Perth, and we compiled a list of approximately 200 premises that were probably brothels in urban Sydney (Table 1).

Each city had a government-funded health promotion program with shopfront, telephone, online and outreach facilities; and each city had at least one free sexual health clinic targeting sex workers (Table 2). Each program had state-wide responsibilities, although services were concentrated in the capital city. The funding in Melbourne and Perth was routed through health agencies while the program in Sydney was funded through an HIV-focused community-based organisation (Table 2). Though street-based sex workers comprised <5% of the sex industry in each city,[7,8] each health promotion program dedicated around 25% of their resources to this group.

As the only acknowledged community-based organisation the Sex Workers Outreach Project (SWOP) in Sydney was the only program that was a member of Scarlet Alliance, the national sex worker advocacy association. SWOP explicitly employed sex workers in all aspects of its work; including peer education, outreach services, front-of-house and administration. SWOP also offered training toward a formally recognised diploma in community education. The programs in Melbourne and Perth were not recognised as being community-based and did not describe their employees as 'peers'. All three programs sometimes engaged sex worker volunteers for special projects, but all said they found volunteer projects difficult to manage because of the limited number of employed staff available for supervision.

Resourcing Health and Education in the sex industry (RhED) in Melbourne provided outreach to licensed (legal) brothels only, on four weekday afternoons. They had contact with all licensed brothels in Victoria, with only one resisting outreach visits. Brothel outreach was conducted on a roster designed to visit each licensed brothel two or three times per year. RhED employed one Arabic-speaking person to support its outreach activities, but no one who was proficient in any Asian languages (Table 2). Because they were not funded for that role, very little information was available from RhED about the unlicensed sector and no Asian language-speaking staff were employed. RhED also collaborated with other health department services and non-government organisations to deliver outreach to illegal street-based sex workers on seven evenings per week.

Magenta, the Perth program, was open four days per week. Brothel outreach only operated by invitation from brothel management and was constrained by the illegality of brothel businesses. In spite of the law a number of Perth brothels were tolerated by the authorities. They advertised in the print media and had explicit street frontages. Magenta employees were aware of only 32 brothels operating in urban Perth, but only a minority of brothels allowed them access. Magenta attempted to visit all accessible brothels once a month. On request, outreach was also extended to sex workers who could work legally in their own homes. All outreach, including that to street-based sex workers, was limited to the daytime. Magenta did not employ any staff with foreign language skills but they were trying to recruit a part time Asian-language speaking person at the time of the survey.

SWOP had almost twice the budget of RhED and more than twice as many staff (Table 2). Overall program opening hours were similar in each city but SWOP stayed open later into the evening and conducted evening outreach to both brothels and street-based sex workers. SWOP employed three part-time Asian language-speaking staff able to communicate in Chinese, Thai and Korean. SWOP also worked in collaboration with the Multicultural Project Unit[9] at the Sydney Sexual Health Centre. The Centre and SWOP conducted joint outreach and twice-weekly Asian sex worker clinics within the Centre. SWOP attempted to visit all known

Table 3: Sex worker experience of outreach, sources of information, and availability of safety equipment at work.

	Melbourne (n=229) %	Perth (n=175) %	Sydney (n=201) %	*p*-value
Sources of safer sex skills:[a]				
Outreach educators	16	23	21	0.162
Other sex workers	62	56	52	0.077
Sexual health clinic	33	35	52	<0.001
How often do health promotion staff visit your worksite?				<0.001
Never	23	23	19	
< once per year	13	9	9	
1 to 4 times per year	39	23	40	
5 or more times per year	8	21	12	
No response	17	24	20	
Condoms provided at work?				<0.001
No	3	13	33	
Yes, I pay for them	9	75	28	
Yes, free	88	12	39	
Other health and safety:[a]				
Sharps bin	5	5	15	<0.001
Smokers' room	44	51	41	0.109
Room alarm	72	26	36	<0.001
Security guard	12	16	22	0.013
Security camera	78	66	61	<0.001
Receptionist	90	80	68	<0.001
Dental dams	59	41	23	<0.001
Lubricant	83	61	44	<0.001
Field-note star rating for brothels.[b]				0.002
5 star (good)	20	0	3	
3-4 star (average)	50	71	60	
1-2 star (poor)	11	18	33	
Not rated	19	11	4	

Note: a) Responses not mutually exclusive.
b) Subjective score (from 1 to 5 stars) based on the data collector's overall rating of the brothel as a worker friendly environment.

brothels at least twice a year and Asian brothels more frequently because they experienced a higher turnover of sex workers. In contrast to their counterparts in Melbourne and Perth, SWOP enjoyed ready access to all but a handful of Sydney brothels.

At the time of the survey, RhED's was the largest website with links to information on health, safety, legal issues, and listings of licensed brothels and escort agencies. It contained information in Thai and Chinese and special items for male and transgender sex workers, but it had not been updated for over a year. Magenta's website was embedded in the Family Planning Association website, and had no sex worker-specific links. SWOP's website had been replaced by a simple holding site providing little more than service and contact information, while a new fully interactive website with SMS links was being developed.

Both RhED in Melbourne and SWOP in Sydney produced regular magazines for sex workers (*RED* and *The Professional*, respectively). Both encouraged contributions (letters, poems, comment and stories) from sex workers, and included news items and health and safety information. *RED* also had information in Chinese and Thai and *The Professional* in Chinese, Thai, Korean and Vietnamese. All programs compiled a confidential 'Safety Incidents List' to help sex workers avoid dangerous situations. They also produced a variety of pamphlets and several booklets on health, safety and legal issues for sex workers, in collaboration with industrial or health agencies. Many of the SWOP publications and a number of sex worker education videos were also available in the major Asian languages.

All of the 605 brothel-based sex workers that we questioned spoke English or an Asian language. About half reported that health promotion programs had visited their workplace more often than once a year, while one in five could not recall any outreach visits, with no differences between the three cities (Table 3). More than half reported that they received on-the-job training in sex worker skills and safer sex techniques from other sex workers. Significantly more sex workers in Sydney (52%) reported they had received safer sex training and information from a sexual health clinic whereas in Melbourne and Perth only 33% and 35% respectively cited a clinic as a source of training ($p<0.001$, Table 3).

Melbourne sex workers were much more likely than those in Perth or Sydney to have access to free condoms at work ($p<0.001$, Table 3). Melbourne's licensed brothels had generally higher occupational health and safety levels than the brothels in the other two cities (Table 3). They also scored higher in the field-note ratings for worker-friendly environments. Twenty per cent of surveyed premises in Melbourne scored 5 stars whereas no brothel in Perth was awarded 5 stars by the data collectors. Of the surveyed Sydney brothels 33% were assessed as meriting only one or two stars (Table 3).

Discussion

Ours is the first study to compare sex worker health promotion programs in different legal frameworks within one country. The study found that the decriminalised industry in Sydney was associated with the greatest financial support for its program and the best access to brothels for its outreach workers. Perhaps because it was one of the conditions of brothel licences, licensed brothels in Melbourne were rated most highly for occupational health and safety. However, unlicensed brothels in Melbourne were not assessable and were likely to have had lower safety levels.[6] All the brothels in Perth were operating illegally, leading to the lowest health and safety levels (Table 3).

Our study was limited to urban female brothel-based sex workers and data from unlicensed Melbourne brothels were restricted by the small number that we were able to access.[6] Findings on the Melbourne sex industry were therefore biased towards the licensed 'upper end' of the market. Our methodology excluded examination of program delivery to street-based, male and transgender sex workers. Nevertheless we found that a disproportionate 25% of all program resources were expended on street-based sex workers commensurate with the greater needs of this group.[7,8] Similarly we did not examine access to sex workers working alone (privately, or as escorts) or in suburban, regional or rural settings although these people are also clients of health promotion programs and are often regarded as 'hard to reach'.[9-12]

Despite the different legal climates, an active and diversified sex industry was present in each of the three cities. On a per capita basis the number of brothels was broadly comparable between the cities (Table 1), consistent with previous population-based data indicating that men in the three jurisdictions used commercial sexual services at roughly the same rate.[13] This suggests that the legal climate has no impact on the prevalence of commercial sex.

The health promotion programs in each city were delivering broadly comparable services within the constraints of their budgets and staff profiles. RhED in Melbourne, and to a lesser extent Magenta in Perth, were not as well financially resourced as SWOP in Sydney. We speculated that SWOP, as the only one of the three organisations that was acknowledged to be community-based was enabled to play a greater advocacy role and was better placed to adapt to community needs, netting the agency relatively more resources.

Unlike Sydney, both the Perth and Melbourne programs hosted clinical services. While these clinics increased access to sex worker friendly health services they reduced resources available for educational purposes. There were many more public sexual health clinics in the Sydney metropolitan area than there were in either Melbourne or Perth,[14] reflected in the higher number of sex workers attending sexual health clinics in Sydney (Table 3). The lack of program staff with Asian-language skills in Perth and Melbourne was further evidence of a reduced capacity to adapt to community needs as each of these cities have substantial numbers of Asian sex workers (unpublished data).

RhED was not funded to provide outreach to unlicensed brothels in spite of frequent anecdotal claims that Melbourne's illegal industry was at least as big as the legal component and that the illegal industry included large numbers of 'trafficked' Asian sex workers.[15,16] Such a policy stems from the Victorian brothel licensing system and renders this part of the sex industry

almost invisible and inaccessible for health promotion and support services.[6] By contrast, the decriminalised and unlicensed sex industry in Sydney had facilitated virtually total access for SWOP to all brothels in Sydney. In Perth, though brothels were illegal at the time of our survey, there was a prolonged debate about decriminalisation that had resulted in much reduced policing levels and more open access to brothels for our research staff. Nevertheless, unlike SWOP, Magenta felt too constrained to provide brothel lists to our research team, as they were conscious of the nominally illegal status of the establishments.

SWOP was the only agency that was resourced to conduct evening outreach to brothels (Table 3). This is important because evenings are often the busiest time for brothels enabling more contact with sex workers. Evening outreach may account for the finding that rather more Sydney than Melbourne or Perth sex workers reported outreach visits (Table 3), even though the sex workers had been working for a shorter time (unpublished data).

The prescriptive rules governing brothel licensing in Victoria had delivered positive health and safety outcomes – namely the significantly greater availability of condoms, dental dams and lubricant, and security in licensed Melbourne brothels compared with Sydney and Perth (Table 3). Melbourne brothels were also rated more highly by field staff from a health and safety view point and were more likely to have a room alarm. However, these findings in Melbourne were heavily biased toward the licensed sector. The conditions within the unlicensed sector are largely unknown.[6]

Western Australia (in 2010) is still considering prostitution law reform. Hopefully any new legislation will positively address workplace health and safety in brothels. In NSW complaints about occupational health and safety in brothels are the domain of WorkCover, the government agency responsible for all worksites, with SWOP providing surveillance and advisory roles. Occupational health and safety within brothels could be enhanced if local governments in NSW adopted uniform brothel policies based on the guidelines recommended by the Brothels Task Force in 2006[17] obliging approved brothels to set a high standard of health and safety for the industry. However, local governments would need to be resourced for this policing role.

All of the health promotion programs needed to improve their online services. Sex workers are increasingly using the Internet and SMS to make client contacts and organise their work.[10] On-line services could help these programs to maximise their service reach, freeing up resources to concentrate on more vulnerable sectors of the industry.

Conclusion

Sex worker health promotion programs in these three cities provided both shopfront and outreach services. However, their ability to deliver these services was affected by variable resource levels and differing legal climates. The legal climates in those cities were associated with the programs in Perth and Melbourne being focused around fixed-location clinical service models that were less able to adapt to the needs of their target community. Specifically, they could not provide evening services, their staff had no Asian-language skills, and they had little or no access to a substantial proportion of brothels. The programs in Perth and Melbourne had a limited capacity for advocacy because they were not community-based. Brothel licensing systems and police-controlled illegal brothels are associated with reduced access to peer-education and support services for sex workers.

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