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HIV and sex work

Australia, unlike some other countries, has been very effective in preventing the incidence of HIV amongst the sex worker population. The Australian Government Seventh National HIV Strategy 2014-2017 identifies that whilst sex workers are at occupational risk for acquiring HIV due to their high number of sexual encounters actual incidence rates are, “among the lowest in the world” (p. 15). The strategy attributes this to:

effective implementation of safer sex practices by sex workers, supported by effective peer education, and a culture of high levels of condom use and testing. The very low rates of HIV among sex workers, including migrant sex workers, provides evidence of the effectiveness of condoms as a prevention tool, and of peer education and outreach strategies for both informing hard-to-reach groups about HIV risk and establishing peer norms. (p. 19)

The Queensland Government Queensland Sexual Health Strategy 2016-2021 also refers to the low rate of HIV in the Australian sex worker population and attributes this to:

prevention initiatives driven by peer education, support networks and outreach. These prevention initiatives include provision of information regarding safe practices, free condoms and lubricant. The reported rate of condom usage is approximately 95 per cent. (p. 34)

In terms of the actual incidence of HIV amongst sex workers in Australia, the Kirby Institute HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2016 referred to a 2011 – 2015 study and said that:

Among female sex workers attending sexual health services who had at least one repeat HIV test (6,021), there were only two seroconversions in 14,454 person years at risk, equating to an overall HIV incidence of 0.03 per 100 person years … The HIV incidence was zero in 2011, 2014 and 2015” (p. 65).

A journal article by Aaron Reeves, et. al., “National sex work policy and HIV prevalence among sex workers: an ecological regression analysis of 27 European countries” published in The Lancet (March 2017) suggests that there may be a correlation between criminalisation of sex work and the incidence of HIV. The article states that criminalisation of sex work:

can exacerbate stigma and exclusion faced by sex workers, abrogating access to essential health services and increasing risks of exploitation and violence, the resulting precarious working environments and greater poverty increase HIV risks. (p. 134)

The study collected data on the incidence of HIV amongst sex workers in 27 European countries and categorised those countries in accordance with the legal status of sex work. The study found that:

In countries where sex work is partly legalised, HIV prevalence is lower than in countries where sex work is criminalised … For example, mean prevalence of HIV infection among sex workers in countries where the practice is illegal was 4.02% (ten countries), but mean prevalence was only 0.50% in countries where some aspects of sex work have been legalised (17 countries).

After adjusting for GDP, HIV prevalence among sex workers remains lower in countries that legalise some aspects of sex work … than in countries that do not. This result is maintained after adjusting for the prevalence of injecting drug use among sex workers … (p. 137)

Reflections on the criminalisation of the purchase of sex in Northern Ireland

In December 2014, Northern Ireland criminalised the purchase of sex. Sussan Huschke in her journal article, “Victims without a choice? A critical view on the debate about sex work in Northern Ireland”, Sexuality Research and Social Policy (published online 9 September 2016) has made a range of observations about the debate that occurred in that jurisdiction.

In referring to the issue of choice, Huschke said that:

In sum, the proponents of the sex purchase ban opined that selling sex is undignified, dirty, and damaging to the women involved and that a woman in their right mind could not possibly [sic] choose to engage in sex work; they must be forced into it by
Illicit substances

Illicit substances must not be brought to or used at brothel premises by sex workers, staff or clients. It is the responsibility of brothel management to ensure that this does not occur.

Drug affected persons pose a risk both to themselves and others. Impaired judgement and sex work are not a good combination. It is important that sex workers remain in control at all times. Drug affected sex workers are at greater risk of harm from clients because their ability to defend themselves is reduced and they may also engage in risky behaviour, like unprotected sex. Clients who are drug affected may make unreasonable demands, be disruptive or more prone to violence.

Risk control measures at brothels might include strategies to identify and deal with drug affected clients; a zero drug tolerance policy for sex workers, staff and clients; physical barriers and safe areas; and relevant staff training.

Advertising of prostitution

You cannot say anything you want in an advertisement for prostitution. There are limits on words and images. The PLA is responsible for regulating prostitution advertising in Queensland. Advertisements for prostitution published in Queensland must be in the approved form. The PLA has issued Guidelines about the Approved Form for Advertisements for Prostitution. It is an offence to publish an advertisement that is not in the approved form (which does not comply with the guidelines). Sex workers and publishers are responsible for ensuring that proposed advertisements comply with the guidelines. The guidelines may be obtained from the PLA or downloaded at www.pla.qld.gov.au/advertising.