



overview

Prostitution is one of the oldest and most enduring professions. Despite attempts to control and eradicate it through criminal sanctions, it remains a feature of most societies over recorded time. Even in societies where the sanctions for prostitution include death, prostitutes continue to provide services, albeit in what might be reduced numbers and in a clandestine form. Research into the nature of prostitution over time and across societies provides an insight into the universal forces that underpin it.

While the primary functions of prostitution (to provide sex for men and income for women or men) have been constant, the structure of the sex industry, the relationships to disease, the moral context and the public visibility are constantly changing. Prostitution was once widespread in the developing port cities of Australia. Some of the most exclusive, expensive areas of Sydney were once home to ramshackle brothels and bars. During the major wars of the twentieth century, sex work was tolerated and sometimes regulated by armies. During recent decades in Queensland, it was organised illegally by police and other government officials.

Over the past twenty years or so, two major themes relevant to sex work have emerged in Australian public policy: rights-based public health and corporate governance. Rights-based public health has the practical aim of ensuring equity for all citizens in access to health care and to the conditions that promote health, including health in the workplace. The driving force of corporate governance is to ensure that what we do in public life is open and transparent, regardless of the type of industry or the social context in which it operates. The Queensland *Prostitution Act 1999* was introduced to regulate the sex industry with both themes in mind.

The aims of this current study of sex workers, and the companion surveys of clients and the general community, are to provide information that will help to evaluate the impact of that legislation and to identify elements of sex work in Queensland that require further attention.

We believe that progress has been made. The survey of more than 200 female sex workers in brothels, private settings and the street produced data consistent with the broad expectations of the legislation. That is, women in legal sex work appear to have good occupational health and are safer from violence, harassment and intimidation that often exist in illegal or unregulated prostitution. There are also some indications that general safety and conditions for most sex workers in Queensland have improved since an early study conducted in 1991. In contrast, the situation facing street workers is of concern. Many of these women have high rates of illicit drug use, experience violence and a variety of health problems. This is not surprising, as these problems are found wherever similar research has been done. What these new data clearly illustrate is the limited reach of our efforts in Queensland to extend public health rights to all people in this industry.

The survey of 200 clients is one of few conducted in Australia and it is interesting that, overall, the findings converge with the study of sex workers. Their general health is good, rates of (self-reported) sexually transmitted infections (STIs) are low and almost all use condoms for commercial sex. Again, the main contrast among men who have sex in different sectors of the industry is that those who go outside of legal bounds have the most health problems and risky behaviours.

A third perspective on sex work in Queensland comes from a community attitudes survey. Although the participation rate was fairly low (approximately 40%), this is not unusual for postal surveys of social issues. We compared people living in suburbs that contain legal brothels with people in demographically matched suburbs without legal brothels. The vast majority of those who responded in both areas are not against the licensing of brothels and registration of sex workers. Most agree that brothels should only be located in designated places. Most say the sex industry has no impact on their businesses or personal life. People's attitudes toward legalisation and normalisation of the sex industry appear to be more influenced by personal moral beliefs than by any direct impact of the sex trade

on day-to-day activities. Although only indicative, the findings of this survey suggest there has been no distinct negative or positive impact of the new legislation in the community.

A fourth task in this research project was to collect and analyse available statistics on surveillance of STIs as they relate to sex work. The aim was to see if there was measurable change in risk of infection since the introduction of the Prostitution Act. Unfortunately, current systems for collection and collation of statistics were inadequate. We did find that numbers of visits by sex workers to two major public sexual health clinics had increased significantly over time. However, the absolute numbers of STI cases per year recorded as occurring among sex workers were too few to discern reliable trends over time. While this might suggest that rates of STIs among sex workers are low overall, we do not know how many actual sex workers (especially those outside legal brothels) disclose their activities at these clinics. Also, completeness of data sets differs between clinics in different parts of the State. Findings from this phase of the research are presented in appendix A.

Conclusions

The people who participated in these studies have provided insights into an aspect of life in Queensland that often is not visible and sometimes misunderstood. Most were refreshingly, even surprisingly, frank. Some of the findings will confront moral sensibilities. Many people find it difficult to understand how sex can be traded as a commodity and how so many people can be so business like about it. Others, including public health workers and justice professionals, will remember the past when we could not be so open about sex work and they had to deal with resultant problems of disease and criminality.

There are several practical implications of this research. First, we suggest that any future changes to the legislation or the methods by which it is enacted should retain the primary objective of promoting the occupational health and safety of sex workers. This basic right should be afforded to all workers and sex workers are no different. Second, the practice of

locating brothels in specified zones appears to be effective. We could find no discernible negative social impact on the residential communities nearby.

We suggest that efforts should be made to improve surveillance of STIs among sex workers and clients in Queensland. Although current indications are that rates are quite low, the data are too incomplete to discern reliable trends over time.

Community attitudes towards sex and sexual behaviour vary greatly from country to country, and from time to time. Despite this variation, some patterns of sexual behaviour almost universally attract a negative public response. Where sexual matters are concerned there is a perceived public interest in what others do, and some community support for legislation to constrain 'unacceptable behaviour'. With regard to sexual behaviour the 'public interest' may be seen as synonymous with deeply held prejudices about what constitutes acceptable sexual behaviour. Despite these prejudices sex workers must be presumed to have generally available rights to a safe and healthy work environment.

Finally, we hope this research and other current work by the Queensland Crime and Misconduct Commission (CMC) will stimulate debate and creative, effective solutions to the serious problems potentially faced by street-based sex workers. The principles of equity and transparency demand that we do something better than we are doing now.

