



# SHANTUSI

## SURVEYING HIV AND NEED IN THE UNREGULATED SEX INDUSTRY

Inner South Community Health Service

Call to Action





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# CALL TO ACTION

## INTRODUCTION

For many years, Victoria has had a legal sex industry, subject to stringent regulation. Running parallel to the regulated industry is an unregulated industry, in which services are provided, in part, by street-based workers, migrant workers in illegal brothels and unregulated private workers who advertise online. The size of this illegal industry is unknown, but may well outstrip the regulated industry.

Historically, the public policy response to the unregulated industry has been framed principally through a law and order lens.

The SHANTUSI Project – a research collaboration between Inner South Community Health Service, RMIT University and the Victorian Department of Health – presents compelling evidence of how this approach has produced unintended public health consequences.

This booklet captures the key findings and puts forward Inner South Community Health Service's 'call to action' to those involved in developing public policy.

Our 'call to action' will form the basis of a longer term advocacy strategy designed to improve the health and wellbeing of sex workers in the unregulated industry.

## ABOUT INNER SOUTH COMMUNITY HEALTH SERVICE

Inner South Community Health Service (ISCHS) is a major provider of health and community services in the inner southern region of Melbourne. Whilst ISCHS's services are principally located in the local government areas of Port Phillip and Stonnington, ISCHS also delivers a suite of regional and statewide services.

One of these is 'RhED' (Resourcing Health and Education in the Sex Industry), which uses harm minimisation, health promotion, social inclusion and community participation approaches to promote physical, emotional and social health and wellbeing for sex workers.

This 'call to action' is based on the SHANTUSI research and ISCHS's policy position on sex work, both of which are informed by the lived experience and views of Victorian sex workers and the practice wisdom of RhED staff.

For further details, please contact:

**Sue White**

*General Manager*

**Inner South Community Health Service**

[swhite@ischs.org.au](mailto:swhite@ischs.org.au)

[www.ischs.org.au](http://www.ischs.org.au)

For more information about RhED services, visit [www.sexworker.org.au](http://www.sexworker.org.au)

## STREET SEX WORK

### The facts:

- Street-based sex workers in Victoria have a high level of sexual health awareness. By contrast, their clients demonstrate very little concern of the potential risks (or modes of transmission) of HIV and other STIs.
- Overall, sex workers are highly motivated to maintain high levels of sexual health. However, they report increasing client pressure to provide unsafe sexual services. This pressure is exacerbated by a perceived overall decline in demand for street-based sex work.
- More than half of all street-based workers interviewed reported that they do not provide any form of unprotected service. But for many others, a range of complex personal and structural issues, including drug dependency, lack of alternative income, debt, exposure to violence and poor mental health, can effectively nullify their negotiating power.
- The prevalence of HIV amongst street sex workers in Victoria is extremely low. However, increasing client demand for unprotected sex is placing workers (and their clients) at risk of STIs, thereby raising broader public health concerns.
- The majority of street sex workers involved in the SHANTUSI study had extremely poor experiences of the social determinants of health; this led to an entrenchment in street sex work and marked health inequities.



## **Our call to action:**

### **Frame street sex work as a health and wellbeing issue – not a law enforcement one**

In Victoria, street-based sex work is illegal. Consequently, public policy responses are largely constructed from a law and order platform, with a lesser role for public health.

ISCHS is supportive of police and court activities that penalise clients engaged in threatening and/or violent behaviour towards workers. However, public policy responses that focus **principally** on law enforcement do not engage with the personal and social factors that lead people to street sex work in the first place and will not result in improved outcomes for workers. Indeed, there is evidence to show that interventions based on law enforcement and/or stringent regulation force illicit activity underground, beyond the reach of much-needed health and support resources.

**ISCHS calls for a reorientation of the current public policy approach from law enforcement to health and wellbeing, with greater State and local government investment in programs and services that:**

- **address the complex personal and social factors that lead people to work on the street (the 'social determinants of health'); and**
- **provide a platform for sex workers who want to exit the industry, to do so, building on the success of the current Pathways to Exit model.**

**In addition, ISCHS calls for street sex work be decriminalised as part of a holistic strategy in which:**

- **Street-based sex work is no longer a criminal offence;**
- **Tolerance zones are established in sex working areas outside of which street-based sex work is unlawful (subject to civil penalties);**
- **Safe houses be established in sex working areas, in which sex workers can safely provide their services.**

## MIGRANT SEX WORK

### The facts:

- The unregulated migrant sex industry is deeply hidden.
- Those involved appear to be suspicious of any inquiries into the nature of their working lives, for fear of prosecution and, in some instances, detention and deportation.
- The level of sexual health knowledge among migrant workers and their clients appears to be limited. Sexual services – particularly oral sex – are routinely provided without use of condoms.
- The prevalence of HIV among this community remains unknown, although other evidence suggests a high prevalence of STIs among workers.

## **Our call to action:**

### **Adopt a harm minimisation approach**

Given the evidence of high-risk sexual activity (and frequent reports of STIs among migrant sex workers tested at the Melbourne Sexual Health Clinic), ISCHS believes that there is an urgent need for public health interventions targeted to migrant sex workers in the unregulated industry.

**However, in order for those interventions to be effective, they need to be informed by a sound evidence base.** At present, there is scant information about this population group. Research is required in order to scope the population and equip government agencies and service providers with the information they need to develop public health strategies and models of service that will reach and engage migrant sex workers.

### **ISCHS calls for:**

- **State Government investment in research to scope the migrant sex worker population, in order to better understand the risks and the determinants of wellbeing and inform future policy development.**
- **State Government funding to implement key findings from the research, including funding for RhED – the largest provider of health and wellbeing services to Victorian sex workers – to develop effective engagement strategies and health promoting programs tailored to the needs of this population group.**

## PRIVATE SEX WORKERS

### The facts:

- Private sex workers in the unregulated industry conduct working lives that contrast markedly with those of street-based and migrant sex workers. The point of difference is largely based on the autonomy a private worker can exercise over their work and their experiences of social determinants of health (for example, private workers predominantly live in stable accommodation and report supportive family and personal networks).
- Private workers make a conscious choice to engage in sex work. Many engage in sex work on a part-time basis to supplement their 'mainstream' income. Work obtained via the internet can be highly lucrative and many private workers speak with pride of their working lives.
- The majority of private workers working outside the sex work regulations make an informed decision to do so, in opposition to what they consider are unjustifiably stringent and restrictive regulatory demands, particularly in relation to advertising restrictions and where one can service clients.
- A majority of the small sample of private escorts involved in this study provide unprotected oral sex. They report clients requesting unprotected anal or vaginal sex.



## Our call to action:

### **That private workers can work from a range of safer settings**

Sex workers can apply to become an 'Exempt Escort Agency' alone or with one other sex worker. A private worker in this situation must comply with the Prostitution Control Act (PCA), which states that sex workers who are working as an Exempt Escort Agency are unable to provide sexual services from their own home or an office set up for the purposes of work. To comply with the PCA, these workers must provide 'out calls' where they visit clients at their home or, as many clients do not want to do this, at an arranged meeting place, such as a hotel room or motel.

In this situation, sex workers are entering another person's space, which may put the sex worker at risk of violence. It is a matter of occupational health and safety that a self-employed person be able to provide their own secure working environment. This includes the right to privacy and discretion.

This situation can be compared with other small owner-operated, home-based businesses, such as accountants and beauticians, who are not required to submit to such severe planning restrictions.

It can be seen that there is a risk of direct harm for sex workers working alone who provide out call services. Sex workers, as a matter of occupational health and safety, should be permitted to work from a nominated business address. Such a business address must, like any other business, comply with all relevant local restrictions and regulations and must adhere to legal, tax and insurance requirements.

**ISCHS calls for small owner-operated sex worker businesses to be permitted to provide their own secure working environment from a business address. Any permission granted as such would be subject to the ordinary operation of all relevant State and Commonwealth legislation, ensuring that it adheres to occupational health and safety requirements.**



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