



Curtin University

WESTERN AUSTRALIAN LAW AND SEX WORKER HEALTH (LASH) STUDY FINAL REPORT

A REPORT TO THE WESTERN AUSTRALIAN
DEPARTMENT OF HEALTH



THE LAW AND SEX WORKER HEALTH (LASH) STUDY

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We would also like to thank the Western Australian sex industry for letting us into your businesses and for your cooperation and participation in the study. A special thanks is extended to the LASH peer researchers as without you this study would not have been possible.

Front cover: *Depicts the red umbrella which is a global symbol for sex worker rights symbolizing protection from bad laws, stigma and discrimination.*



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EXECUTIVE SUMMARY

“...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.”

Sexually transmissible infection (STI) and human immunodeficiency virus (HIV) prevention among sex workers has been highly successful in Australia and has resulted in incidence rates among the lowest in the world. Sex workers however remain an Australian priority population because of the ongoing potential for an increase in STI and HIV transmission due to occupational risks. Sex workers experience barriers to health service access, including stigma and discrimination. They face a range of legal and regulatory issues including criminalisation, licensing, registration and mandatory HIV testing in some jurisdictions.

Legislation relating to sex work in Australia varies by state and territory, and there are currently three general approaches that are used to regulate the industry across Australia: decriminalisation, legalisation and implementation of licensing schemes for commercial sex. The criminal laws in Western Australia (WA) formally prohibit most prostitution related activities including brothel based sex work, however the act of prostitution in itself is not an offence. Living off the earnings of sex work is an offence and applies to a sex worker’s dependents, other brothel employees (such as a receptionist) and those involved in running an escort agency.

The Law and Sex worker Health (LASH) Study was first conducted in 2007 by researchers from the Kirby Institute, University of New South Wales (UNSW). The current study, LASH 2.0, builds on the initial project by focussing on the whole of WA, and spanning the wider sex industry including private and escort workers, men and transgender workers. Ten years on, we wanted to explore how the sex industry in Western Australia had changed. In addition there was no significant Western Australian research on male and transgender workers, which makes the current study so important. The project aimed to investigate the impact of the law on WA sex workers; their health and safety; and the intersections between sex workers, service providers and police, and was funded by the Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health.

Objectives

1. Describe the size and types of sex worker services in WA 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 2006 LASH study.

Methods

It was deemed essential to the project's success that sex workers were employed as peer researchers to carry out the fieldwork component of the study, and as such 10 sex workers were employed.

A total of 25 key advisors were interviewed, including providers of health services, sex industry owner/operators, academics, police, local government officials, and sex workers. A selection of 223 and 390 private sex workers numbers from across WA were identified through an online and newspaper scan respectively, and were sent a text message inviting them to complete the online survey via a unique link. Peer researchers conducted three weekend street-based sex worker scans on the streets of Perth by car and foot and regional visits were conducted in Kalgoorlie, Bunbury and Mandurah. A random sample of brothels were visited by peer-researchers and sex workers at the premises were asked to complete a survey.

A self-administered survey was completed either online or face-to-face with peer researchers by 354 sex workers. The survey was promoted via brothel visits, via peer contacts and online. When visiting sexual services premises premise owners, managers and/or receptionists were also asked to complete a short survey. All surveys were translated into Korean, Thai and Chinese, as well as being available in English. A venue audit tool was used to assess occupational health and safety measures at sexual services premises.

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. Seventeen interviews were conducted.

Sexual health testing data were sourced from Magenta; Royal Perth Hospital; and South Terrace Clinic through the ACCESS Project to estimate the prevalence of HIV, hepatitis C, chlamydia and gonorrhoea amongst sex workers in Perth.

Data from the Department of the Attorney General were obtained to assess finalised court proceedings from 2000 to 2015 related to sex work including offences under the *Prostitution Act 2000*, *Criminal Code*, *Health Act 1911*, *Liquor Control Act 1988* and *Police Act 1892*.

Key findings

Inclusion of sex workers in research about sex workers

The study's use of peer researchers enabled recruitment through personal and social networks as well as by visiting brothels and massage parlours. Peer researchers and consultation with sex workers throughout the planning and implementation stages of the study were critical to the success of this project. Sex workers should be included in research about sex workers.

Western Australian sexual services industry

We observed significant changes in the sex industry in WA over the past 10 years, particularly the increase in private sex workers and relative decrease in brothel-based sex work, as well as the increasing use of the internet and social media to promote sexual services and obtain clients. 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 of a brothel setting.

In our survey sample of 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. The largest proportion (36%) of respondents were born in Australia, and 15% were born in either China, Hong Kong or Taiwan. A small number of respondents (n=9, 3%) reported being of Aboriginal or Torres Strait Islander descent. Fifty-five percent of participants worked privately, 34% at a massage shop, 23% in a parlour, 18% for an escort agency, 7% did street-based work, and 6% participated in another form of sex work (these categories were not mutually exclusive).

While we were able to recruit a small number (24) of street-based sex workers to our study, we did not observe any street-based sex workers in the areas of Perth where they were previously known to work. Street-based sex work is illegal in WA and street-based sex workers reported much higher rates of interaction with police than other sex workers in our study. Data obtained from the Department of 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.

A number of sex workers and brothel owner/managers described a recent downturn in the sex industry in WA that reflects the overall downturn in the WA 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. This points to the potential danger of a legislative approach to sex work that penalises clients of sex workers, due to the consequent negative impact on demand for services.

Sex worker health and wellbeing

As with previous studies, participants reported having frequent sexual health checks and rates of STIs that are consistent with the general population. The current study found that client requests for unprotected sex, particularly oral sex, were 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. These findings contrast with those of the previous LASH study in WA, which found almost 100% of respondents always required clients to wear condoms for both vaginal and anal sex, and also high rates of condom use for oral sex (98%). It must be made explicit that the earlier LASH Study was confined to female brothel based sex workers only whilst the current study was expanded to include male, private, escort and transgender workers.

We found high rates of smoking, excessive alcohol consumption and use of illicit drug use including injecting drug use in our study population, and that excessive alcohol consumption and illicit drug use were higher in men compared to women. 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 WA, and that this was largely associated with drug and excessive 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, 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.

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 WA, as was the proportion of respondents reporting being threatened by one or more clients. Almost 50% of respondents reported feeling uncomfortable or very uncomfortable with reporting to the police assaults and other crimes against them.

As with other studies, we found that some sex workers did not reveal their profession to family and friends, which can lead to significant isolation. This was particularly marked for Chinese workers. 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. The fact that sex workers mostly commonly reported experiencing stigma and discrimination when interacting with police officers and general practitioners compared to other service providers may reflect that sex workers are more likely to reveal the nature of their work to these professionals, but is of concern.

Sex worker access to health promotion

Less than half of brothel-based workers reported that their workplace displayed safe sex information for clients. Survey respondents reported the most common sources of information about safe sex and sex work skills from the internet, other workers and information booklets. Of concern is that 15% of Asian sex workers reported not receiving this information from

anywhere. Asian sex workers were also more likely than non-Asian sex workers to report receiving this information from clients.

Sex worker interaction with police/courts

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 in Western Australia has reduced in recent years and is lower than in states where sex work is regulated. This has major health and safety benefits for sex workers in WA, but the fear of incrimination clearly still exists. This points to the importance of decriminalisation rather than regulation should a change in the legislative environment of sex work be proposed.

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 when experiencing crimes against them in the context of their work; the hidden nature of sex work in the context of private houses and massage parlours impeding access to services; and the furtiveness of street-based sex work, which is likely to increase the risk associated with this workplace setting. Decriminalisation would allow 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, 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 an urgent need to work with police to ensure that sex workers are willing to report to the police crimes against them. 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 (CaLD) 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 undertaken 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, or possibly via programs targeting gay men

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.

1.0 INTRODUCTION

The Law and Sex worker Health (LASH) Study was first conducted in 2006 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 city. Those women 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 infection with sexually transmitted infections (STIs), 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 2006 LASH study, focussing on the whole of Western Australia (WA), and spanning the wider sex industry including private workers, men and transgender workers. This project aimed to investigate the impact of the law on WA sex workers; their health and safety; and the intersections between sex workers, service providers and police.

The study was funded by the Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA 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.

1.1 Objectives

1. Describe the size and types of sex worker services in WA 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 2006 LASH study (Donovan et al., 2010).

The project research team members

- Associate Professor Linda Selvey (Curtin University)
- Dr Jonathan Hallett (Curtin University)
- Dr Roanna Lobo (Curtin University)
- Ms Kahlia McCausland (Curtin University)
- Ms Julie Bates (Principal of Urban Realists Planning and Health Consultants)
- Professor Basil Donovan (University of New South Wales (UNSW))

Project advisory group

A project advisory group provided consistent and proactive advice to guide and support the design and implementation of the LASH Study. The Project Advisory Group has worked closely with the project research team to design and implement the project. The group also provided a forum for problem-solving.

The project advisory group consisted of the research team members and the following members:

Advisory Group

- Lisa Bastian and Kathryn Kerry (Sexual Health and Blood-borne Virus Program, WA Department of Health)
- Rebecca Davies and Rebecca Leighton (People for Sex Worker Rights in WA)
- Josie Rayson (Magenta)
- Angela Corry (WA Substance Users' Association)
- Jenny McClosky (Royal Perth Hospital)
- Andrew Burry (WA AIDS Council)
- Justin Manuel (M Clinic)
- Donna Keeley (South Terrace Clinic)

2.0 TERMINOLOGY

Because this study has included the full range of the various scales and type of sex industry businesses that exist across WA, 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 following: Sex Services Premises Planning Advisory Panel. Sydney: Dept of Planning.

Table 1. List of definitions

| TERM | DEFINITION |
|---|--|
| Brothel | A sexual services premises where multiple sex workers provide sexual services at the same site. |
| Escort agency | 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. |
| Escort agency worker | A sex worker who has contracted to work for an escort agency and derives their work from that agency. |
| Manager | A manager of the adult entertainment or sex industry business. |
| Massage shop | Premises that promote therapeutic massage but which may also provide sexual massage or other sexual services. |
| Operator | The owner or manager of the adult entertainment or sex industry business. |
| Parlour | A colloquial term used to describe premises where sex work occurs and has the same meaning as a brothel. |
| Private house | 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. |
| Private sex worker (or private escort) | 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. |

| | |
|--------------------------------|---|
| Sex industry | <p>Includes individual workers and a range of premises which:</p> <ul style="list-style-type: none"> • Provide or arrange sex work (e.g. commercial sexual services premises or brothels, massage); • Parlours, bondage and discipline (B&D) premises, ‘safe houses’ for street sex workers and home-based sex work; • Arrange or permit sexual encounters (e.g. sex on premises venues, swingers clubs and escort agencies) • Provide erotic entertainment or sell restricted material but where no sex work takes place (e.g. some strip clubs, restricted premises). |
| Sexual services | <p>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 “full service”, “body slides” and “hand relief”.</p> |
| Sexual service premises | <p>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.</p> |
| Sex work | <p>The provision of sexual services for financial gain.</p> |
| Sex worker | <p>A person who provides ‘sexual services’ for financial gain.</p> |
| Shop | <p>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.</p> |
| Street-based sex work | <p>The negotiation of a sexual service conducted on the street or other outdoor locations.</p> |
| Street-based sex worker | <p>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.</p> |

3.0 BACKGROUND

3.1 Legislative environment

In Australia, prostitution laws are matters for the State and Territory Governments. Since the 19th century all Australian jurisdictions had criminalised most activities around prostitution but in the later part of the 20th century these laws became increasingly diverse (Harcourt, Egger, & Donovan, 2005). Most recently, New South Wales (NSW) and the Australian Capital Territory (ACT) largely decriminalised prostitution.

Criminalisation

As governments considering prostitution law reform have a number of options, it is useful to briefly review these options in the Australian context. Otherwise known as prohibition or abolitionism, this legal approach has traditionally been seen as the most appropriate societal or moral response to conduct associated with the trade in sexual services. Criminal sanctions focus on related activities such as soliciting, brothel-keeping, and procuring, rather than the act of prostitution itself. Though criminalisation is the most common response globally, police discretion is often exercised to permit certain activities notwithstanding the criminal prohibitions. This tension between law and policing has a demonstrated potential to result in police corruption and abuse. There is no evidence that criminalisation reduces the incidence of prostitution (Abel, Fitzgerald, & Brunton, 2009; Neave, 1988; Rissel, Richters, Grulich, de Visser, & Smith, 2003) and the Australian public no longer see it as a preferred option (Weitzer, 2009).

Decriminalisation

The removal of most of the criminal penalties applying to adult prostitution is based on an essentially pragmatic acceptance that sex work is here to stay, so priority is given to protecting human rights and public health. Restrictions on sex work remain, but these are normally administered by local government rather than the police (Harcourt et al., 2005). In theory, decriminalisation could result in a more 'normalised' sex industry with improved working conditions (including paid leave, superannuation, security, and occupational health and safety programs), taxation obligations, reduced police corruption and a reduction in the involvement of organised crime. However, such advances are often slow and patchy (Harcourt et al., 2005). As they do not acquire criminal records, sex workers find it easier to move out of a decriminalised industry into alternative employment. Better health outcomes for sex workers are typically reported from decriminalised systems such as in the Netherlands, Germany, and NSW (Donovan, Harcourt, Egger, Schneider, et al., 2010; Rekart, 2005) though such jurisdictions usually also have strong public health systems. The NSW decriminalisation model has been commended by international authorities as best practice (Jeffrey & Sullivan, 2009; Rekart, 2005) and was influential in law reform in New Zealand (Ministry of Justice, 2008).

Regulation

Often called 'legalisation or licensing', under this system either brothels or individual sex workers can apply to the state for a license to operate. Seen as a means of excluding

undesirable persons from the industry and of enhancing government control over the number, location, and operation of brothels, licensing has never lived up to expectations. Unlicensed premises and sex workers remain criminalised, and the unlicensed sector normally comprises a large proportion of the industry who do not have the same overheads or regulatory burden, are not restricted to particular locations, and who do not have to pay licensing fees as do the licensed sector (Prostitution Licensing Authority, 2016). In Queensland, for example, after 20 years of operation, only 25 brothels (less than 10%) have joined the scheme (Prostitution Licensing Authority, 2009).

Prostitution law in Western Australia

The *Prostitution Act 2000* and the *Criminal Code* govern prostitution law in Western Australia. The *Prostitution Act 2000* states that sex work is not an offence. However, it is illegal under the Prostitution Act to live on the earnings of another's sex work. Street-based sex work is illegal in Western Australia under the *Prostitution Act 2000* and the *Criminal Code* explicitly disallows keeping or managing a brothel. It is also illegal under the Prostitution Act 2000 to undertake sex work without a condom (Government of Western Australia, 2013).

3.2 The sex industry in Western Australian and Australia

There are no official statistics on the number of sex workers in Australia. However, it has been estimated that there are up to 20,000 people working as sex workers in Australia in any given year (Quadara, 2008). Other attempts to estimate the size of the industry are confined to specific jurisdictions or cities. It has been estimated that there are between 1,500 and 10,000 sex workers in New South Wales (NSW) at any one time, highlighting the complexities involved with relying on estimates to provide a reliable number (Donovan et al., 2012). This is due to the transient nature of sex work and sex workers' reluctance to report working in the sex industry (Bellhouse, Crebbin, Fairley, & Bilardi, 2015). Many of these estimates also include only female sex workers. Approximations suggest street-based sex workers comprise between 1-10% of all sex workers in Australia (Donovan et al., 2012; Quadara, 2008), however globally, street-based sex work is possibly the most widespread type of sex work (Harcourt & Donovan, 2005).

The most recent estimates of female sex workers in Perth report approximately 530 brothel-based, 50 private and 50 escort workers (Donovan, Harcourt, Egger, Schneider, et al., 2010). Of 34 identified brothels within a 20km radius of Perth, most were found to be located in commercial or industrial areas; a total of three (10%) were operating in residential areas (McKewon, 2003).

Sex worker demographics

The size of the male sex worker population is generally unknown, with particularly limited information on the growing numbers of men working indoors (Minichiello, Scott, & Callander, 2013). This is a result of increasing opportunities for mobile and online promotion of services in combination with penalties associated with street-based sex work in some Australian states

(and other international locations), as well as the redevelopment of inner-city suburbs historically associated with sex work (Scott, Minichiello, & Meenagh, 2015). Such e-technology has made the male sex industry more visible in public discourse and the number of male escort sites such as rentboy.com continues to increase. While there has been no attempt to quantify the proportion of male sex workers who operate online, research suggests many men are introduced to sex work via the internet and that there has been dramatic growth in the number of men selling sexual services through this medium (Bimbi, 2007; Lee-Gonyea, Castle, & Gonyea, 2009).

Significant levels of involvement in the sex industry (21%) have been reported among transgender people (Perkins, 1994), however reliable estimates of the proportion of sex workers that are transgender are unavailable (Harcourt, van Beek, Heslop, McMahon, & Donovan, 2001), as are more recent estimates of the proportion of transgender people participating in sex work.

An earlier study found that the number of street-based workers in Perth appeared to be small and shrinking (Donovan, Harcourt, Egger, Schneider, et al., 2010) and that higher numbers of Aboriginal women worked on the street than worked in other settings (Donovan, Harcourt, Egger, Schneider, et al., 2010). This is consistent with other Australian research finding a disproportionate representation of Aboriginal women in street-based sex work (21 – 23% (Harcourt et al., 2001; Roxburgh, Degenhardt, & Copeland, 2006), with migrant sex workers less likely to work in a street-based setting (Pell, Dabbhadatta, Harcourt, Tribe, & O'Connor, 2006; Woodward, Fischer, Najman, & Dunne, 2004).

Current research, mainly out of Sydney, suggests that migrants (largely from Asia) make up a substantial proportion of workers in the sex industry, particularly migrants from Thailand and China, and increasingly from South Korea (Donovan et al., 2012). Although there have been several surveys on the sex worker population generally, research specifically on migrant sex workers is limited. Reports based on immigration data suggest that many have initially entered Australia on tourist (e.g. Working Holiday and Work and Holiday Visas) and student visas (Australian National Audit Office, 2006; Pell et al., 2006).

Data from Sydney suggested that the proportion of sex workers accessing Sydney sexual health clinics who were Asian migrants increased from 20% to more than half from 1992 to 2009 (Donovan et al., 2012). This increase was attributed to both an increase in migrant sex workers from Asia and a decrease in Australian-born sex workers (Donovan et al., 2012).

3.3 Health, safety and wellbeing of sex workers

Sexual health outcomes

The sexual health of sex workers is “dependent on access to safer sex information and resources, and to rapid, effective diagnosis and treatment best delivered through affordable, confidential, targeted sexual health services” (Harcourt & Donovan, 2005, p. 77). Lower STI rates have been reported among sex workers working in decriminalised and regulated environments

compared to those working illegally (Seib, Debattista, Fischer, Dunne, & Najman, 2009). Furthermore a recent study concluded that an increase in convictions against sex workers in Adelaide could have contributed to a gonorrhoea epidemic for the period 2006-2010 (Li et al., 2015).

STI rates among Australian female sex workers are predominantly equal to that of the general population. The recent study by Callander, Cox, et al. (2016) reports HIV positivity at first visit was generally low among female sex workers (<0.1% annually). Increases in chlamydia and gonorrhoea positivity were however noticed, increasing from four to eight percent ($p < 0.001$), and from less than one to two percent respectively for the period 2007 to 2015. Positivity at first visit was consistently lower among female sex workers than non-sex workers after controlling for differences in age. At first visit, less than 0.4% of female sex workers annually tested for syphilis were diagnosed with the disease (Callander, Cox, et al., 2016).

Much historical and contemporary research has conceptualised the sale of sex by men as 'high risk' for HIV and other STIs (Minichiello et al., 2013). Men who sell sex however, are not a homogenous population with global HIV prevalence estimates ranging from 0-50% and chlamydia rates ranging from two to 25%, gonorrhoea, from less than one to 17% and infectious syphilis from one to eight percent (Callander, Read, et al., 2016). In Australia, a recent study reported male sex worker data from 40 sexual health clinics in four Australian jurisdictions for the period 2011-2014 which found 13% of male sex workers testing positive for chlamydia, 15% for gonorrhoea, 0.5% for infectious syphilis and 0.6% being HIV positive (Callander, Cox, et al., 2016). While the prevalence of HIV and infectious syphilis among this sample was comparable to earlier Australian research (Estcourt et al., 2000; Minichiello et al., 2002), diagnoses of chlamydia and gonorrhoea were more common, likely reflecting the resurgence of these infections among gay men in Australia generally (Callander, Read, et al., 2016).

Condom use

Past research has found that many sex workers use condoms with clients but are less likely to use them with non-paying partners (Bilardi et al., 2011; Fox et al., 2006; Sanders, 2005). The absence of condoms appears to signify security, intimacy and trust between sex workers and their personal partners (Bellhouse et al., 2015; Sanders, 2002).

Female sex workers in Australia have been reported as responding to their potential occupational risk of HIV and STIs by implementing close to universal condom use for vaginal sex with clients (Callander, Cox, et al., 2016; Donovan, Harcourt, Egger, & Fairley, 2010). Consistent condom use by sex workers for fellatio with clients in Australia has also historically been high (O'Connor, Berry, Rohrsheim, & Donovan, 1996), however a cross-sectional study of female sex workers in Sydney reporting fellatio at work ($n=1540$) for the period 2009-2011 found that 25% ($n=372$) reported inconsistent condom use for fellatio (Read, Wand, Guy, Donovan, & McNulty, 2012). Factors significantly associated with unprotected fellatio were speaking Mandarin or Cantonese rather than English (adjusted OR (AOR) 2.03, 95% CI 1.44 to 2.86), reporting inconsistent condom use for vaginal sex at work (AOR 10.82, 95% CI 6.13 to 19.09), and

reporting no vaginal sex at work (AOR 7.48, 95% CI 2.42 to 23.12). Thai-speaking women were less likely to report unprotected fellatio (AOR 0.36, 95% CI 0.23 to 0.57) and women working in massage parlours were particularly likely to report inconsistent condom use for fellatio (Read et al., 2012). The variation in condom use practices for fellatio in different language groups may reflect prior experiences in the sex industry, type of workplace and employer expectations, differing concerns regarding HIV transmission through fellatio, the pressure of marketplace competition or different practices in their country of origin (Read et al., 2012).

Male sex workers and their male clients have reported higher rates of unprotected anal intercourse than other men who have sex with men, however, this is not independent from other characteristics of this group such as being more sexually adventurous (Prestage, Jin, Bavinton, & Hurley, 2014). A recent study by Callander, Cox, et al. (2016) did however find between 82 and 100% consistent condom use for anal sex with clients for the period 2007-2015.

Sexual health testing

A recent Australian study by Callander, Cox, et al. (2016) reports sexual health testing uptake is high among sex workers and has increased over time. In 2015, 96% of Sydney sexual health clinic attending female sex workers were tested at least once for chlamydia and gonorrhoea, 86% for syphilis, and 85% for HIV. Furthermore, 84% received a 'full screen' (i.e. a test for chlamydia, gonorrhoea, syphilis, and, among HIV negative patients, HIV) in the year period, an increase from 77% in 2007 ($p < 0.001$). Among men reporting sex work, 95% were tested for chlamydia and gonorrhoea in 2015, 90% for syphilis, and 92% for HIV. In 2007, 56% of attending male sex workers received a full sexual health screen, which increased to 90% in 2015 ($p < 0.001$). Sex workers also demonstrated high levels of testing frequency. Among female sex workers, the mean number of annual full screens rose from 1.0 in 2007 to 1.2 in 2014 ($p < 0.001$) and was consistently much higher than non-sex worker females. Among male sex workers there was also an increase in full screen frequency (0.7-1.5, $p < 0.001$), which was similar to changes in test frequency among non-sex worker gay and bisexual men (Callander, Cox, et al., 2016). However, this is potentially a biased sample, as it only includes sex workers who have attended a sexual health clinic.

Experience of stigma

Sex workers commonly face significant stigma regardless of where they work, due to their perceived violation of gendered norms through sex with multiple partners and strangers, taking sexual initiative and control, inciting male desires, and receiving money or reward for sex (Scambler, 2007; Scambler & Paoli, 2008). Stigma can be external and enacted through discrimination by others, or an internalised sense of shame (Scambler & Paoli, 2008) and is generally accompanied by an intense fear of others 'finding out' about their work due to the stigma associated with it (Sanders, 2005; Scambler, 2007). As a result of negative community attitudes, sex workers often do not disclose their job to people outside the industry and this has far reaching negative effects (Quadara, 2008). Stigma arises in part from commonly held notions about sex workers that exist in society. One prominent notion is that sex workers spread HIV

and STIs. Negative perceptions like this enhance sex workers' vulnerability and impact on their human rights (Scambler & Paoli, 2008).

Some sex workers have declared that while the legalisation of sex work has generally improved their work life, it has not removed the stigma associated with the profession (Begum, Hocking, Groves, Fairley, & Keogh, 2013). Unlike reports from the illegal or outdoor setting where abuse and harassment are common (Wong, Holroyd, & Bingham, 2011), stigma is more subtle, although still ever-present in women's discussions about sex work. Women have identified stigma as a key contributor to the difficulties they face, making it harder to move out of the industry and to live authentically among family and friends. We know from research by Lazarus et al. (2012) that the experience of stigma is associated with difficulty accessing health services, and that stigma affects participation in health promotion activities (Murray, Lippman, Donini, & Kerrigan, 2010). Women sex workers report strategies for ameliorating the impact of stigma by being selective in who they tell about their job; forming close, supportive bonds with work colleagues; and reflecting on the benefits of their occupation, as well as acknowledging the negatives (Begum et al., 2013).

Mental health and wellbeing

Health outcomes are unevenly distributed across the different forms of sex work. Sex workers who work from home report lower levels of health and safety incidents, increased self-esteem, increased control and freedom, and increased personal autonomy compared to sex workers who work in brothels or are street-based (Harris, Nilan, & Kirby, 2011; Hubbard & Prior, 2013).

Sex workers tend to describe their job as both empowering and demeaning, flexible and demanding, and both financially rewarding and entrapping. While they see their vocation as providing a range of job opportunities in the sex industry, they perceive that sex work also reduces their job opportunities outside the industry (Bellhouse et al., 2015). Relationships with workmates are characterised by both intimacy and competition, and sex workers describe leading a double life due to their work. Sex workers tend to live one life with one name in their workplace and another life with a different name outside their workplace (Abel, 2011; Bellhouse et al., 2015; Brewis & Linstead, 2000).

In an Australian study, Bellhouse and colleagues (2015) found that most women sex workers (78%) reported that overall sex work affected their personal romantic relationships in predominantly negative ways, mainly relating to issues stemming from lying, trust, guilt and jealousy. This is consistent with the findings of others (Bilardi et al., 2011; Rössler et al., 2010; Warr & Pyett, 1999). A small number of women reported positive impacts from sex work including improved sexual self-esteem and confidence. Just under half of women were in a relationship at the time of the study and, of these only 51% reported their partner was aware of the nature of their work. Seventy-seven percent of single women chose to remain single due to the nature of their work (Bellhouse et al., 2015). Many women used mental separation as a coping mechanism to manage the tensions between sex work and their personal relationships, including not socialising with other sex workers, and using condoms with clients but not with

romantic partners (Bellhouse et al., 2015). It is likely these and other coping mechanisms are used not only to separate sex at work from sex at home, but as a means of maintaining sex workers' emotional wellbeing. The stigma associated with sex work is likely to prevent many women from being able to break down the borders between their work and personal lives, particularly if partners are not supportive or understanding about their work (Bellhouse et al., 2015).

Drug use

Data from the first LASH Study found the smoking rate among the Sydney sex worker sample to be high (46%), similar to Melbourne (51%) but significantly lower than in Perth (68%; $p < 0.001$). These rates are up to three times the general population. Non-Asian women were found to be more likely to smoke cigarettes than were Asian women (53% vs 37%, $p < 0.001$) (Donovan et al., 2012).

Sydney sex workers have been found significantly less likely to drink alcohol to excess than sex workers in Melbourne or Perth, with 44% of Sydney workers reporting they had never drunk more than four alcoholic drinks in a day, compared with 27% in Melbourne and 23% in Perth ($p < 0.001$). This may reflect the higher proportion of Asian sex workers in Sydney brothels (Donovan et al., 2012). Also of note, two percent of Sydney LASH participants had injected a drug in the previous 12 months, which is significantly lower than in Melbourne (10%) and Perth (14%; $p < 0.001$) (Donovan et al., 2012). In a study by Harcourt and colleagues (2001) more than 83.3% of female and transgender street-based workers in Sydney reported injecting drugs at some time.

No Australian data on rates of smoking or excessive alcohol use amongst male sex workers was found.

The proportion of male sex workers attending a sexual health clinic who reported injecting drug use fell from 18% in 2007 to 7% in 2015 ($p < 0.001$) (Callander, Cox, et al., 2016). However, the rates in 2015 were still high; after controlling for demographic factors male patients reporting sex work in 2015 were 3.5 times more likely than their non-sex worker peers to report injecting drug use ($p < 0.001$) (Callander, Cox, et al., 2016).

Violence and injury

Reports on sex worker violence and injury in Australia are limited. An analysis of the information provided in 333 safety incident reports voluntarily lodged with the NSW Sex Workers Outreach Project between February 2000 and March 2008 confirms that safety incidents vary considerably within, and across the different types of sex work (Hubbard & Prior, 2013). Almost half of the safety incidents were reported by those working in street-based sex work (49.2%, $n=164$), which is much more numerous than the number of incidents reported by sex workers in brothels, parlours or strip clubs (19.5%, $n=65$), doing private work (19.8%, $n=66$) and escort work (9.3%, $n=31$) (Hubbard & Prior, 2013). This is especially noteworthy given the low proportion of sex workers participating in street-based work in Australia.

The 2007 WA LASH Study found that 8% of respondents reported having had experienced physical assault by clients, and over a third said that they would feel 'uncomfortable' or 'very uncomfortable' reporting a crime (Donovan, Harcourt, Egger, Schneider, et al., 2010). Other surveys have measured the prevalence of sexual assault by clients within samples of brothel-based and private workers at proportions ranging from 3-13% (Perkins & Lovejoy, 2007; Woodward et al., 2004). Physical assault by clients is reportedly experienced at a similar rate of 2-13% (Perkins & Lovejoy, 2007; Woodward et al., 2004). It must be noted that none of these surveys used a representative sample; therefore the proportions may not be generalisable to the entire sex worker population.

Common barriers to accessing police assistance experienced by sex workers include fears that their family and friends will find out about their occupation, and the fear of being arrested themselves (Lyons et al., 2017; Neame & Heenan, 2003; O'Doherty, 2011). Furthermore, sex workers' lack of faith in police and the legal system holding the offender accountable are cited as causes for concern (Neame & Heenan, 2003; O'Doherty, 2011; Roxburgh et al., 2006).

Literature suggests that several factors (e.g. language barriers and isolation, gender and race discrimination, stigma attached to sex work and criminalisation of sex work) may intersect for migrant sex workers to increase their vulnerability to experiencing, and barriers to reporting, incidents of violence and exploitation (Allimant & Ostapiej-Piatkowski, 2011; Quadara, 2008). An Australian survey by Renshaw et al. (2015) asked sex workers whether they had experienced any difficulties accessing sex worker services and organisations, migrant workers were significantly less likely than non-migrants to state that they did not have difficulties (25% cf 45%). The major barriers experienced by migrant sex workers in accessing sex worker organisations and services appeared to be a lack of knowledge of existing services in their local area (cited by 52% of migrant respondents who answered the relevant question), followed by language difficulties (12%) and fear of accessing these services (11%). Migrants were significantly more likely than non-migrants to cite that they did not know which support services could help, and were unable to find one that spoke their language (Renshaw et al., 2015).

Use of peer-based approaches to health promotion and support

Since the advent of HIV, significant changes have made the Australian sex industry one of the safest in the world from the perspective of (Donovan et al., 2012). Creating this safety has been largely in part due to the ability of sex workers to act as safe sex advocates through peer-based health promotion; to negotiate with sex business owners; and to inform and participate in the development of government policy (Bates & Berg, 2014; Rekart, 2005). Empowerment of sex workers through legislative reform and government funding of sex worker organisations has been central to the prevention of HV transmission, as has been the development of genuine partnerships between sex worker organisations, government departments and those working in public health (Bates & Berg, 2014).

In 1986, the Australian Prostitutes' Collective New South Wales became the first group to receive government funding (Donovan & Harcourt, 1996), soon followed by the Prostitutes

Collective of Victoria and the Prostitutes Association of South Australia (Bates & Berg, 2014). Funding enabled sex worker groups to elect governing bodies, employ staff, develop programs, and formalise their peer education approaches based on the tradition of experienced sex workers teaching newcomers (Mawulisa, 2002). Because the education programs offered were based on accurate understanding of worker-client and worker-management relationships, were relevant to the lived experiences and concerns of sex workers and were accepted and trusted by sex workers, peer-led programs succeeded in improving working conditions, educating clients, and promoting safe sex practices. These initiatives encouraged sex workers to share skills in the practical application of safe sex principles and built professionalism, pride, and greater assertiveness among sex workers (Bates & Berg, 2014) which still occurs today. Health promotion efforts have also focused on migrant sex workers with initiatives such as the multi-cultural peer educator outreach team at Sex Workers Outreach Project NSW and Sydney Sexual Health Centre's community language sex worker clinics (Bates & Berg, 2014). The result was that condom use became the norm in this sector by the end of the 1990s (Donovan & Harcourt, 1996; Donovan, Harcourt, Egger, & Fairley, 2010).

A review in the *Lancet* reports that community empowerment based responses to HIV among sex workers are significantly associated with reductions in HIV (OR: 0.68, 95% CI 0.52–0.89), gonorrhoea (OR: 0.61, 95% CI 0.46–0.82), chlamydia (OR: 0.74, 95% CI 0.57–0.98), and syphilis (OR: 0.53, 95% CI 0.41–0.69), and are associated with increased consistent condom use with clients (OR: 3.27; 95% CI: 2.32–4.62) (Kerrigan et al., 2015). Their review, which examined both peer-reviewed and practice-based evidence from sex worker-led initiatives, documented formidable barriers to implementation and scale-up of community empowerment approaches in some countries despite the growing evidence of its effectiveness. These findings underscore the need for social and political change related to the recognition of sex work as work (Kerrigan et al., 2015).

Police interaction with sex workers

In WA, sex work is largely criminalised (Harcourt et al., 2010). Despite being illegal, brothels have been tolerated since the 1900s under a 'containment' policy (Donovan, Harcourt, Egger, Schneider, et al., 2010; McKewon, 2003). The containment policy has consistently been criticised for its vagueness and its potential for police corruption. Despite being officially abandoned in 2000, evidence shows that a variation of it still seems to be in operation today (Donovan, Harcourt, Egger, Schneider, et al., 2010; Weitzer, 2009).

The previous LASH Study analysed police and court records for offences related to sex work that occurred from 2000 to 2005 (Donovan, Harcourt, Egger, Schneider, et al., 2010). It found that laws relating to street offences – such as soliciting in a public place by a worker or a client, were heavily and frequently prosecuted in WA during this period. In contrast, prosecutions relating to laws about brothel-keeping were low and appeared to decline over this period (Donovan, Harcourt, Egger, Schneider, et al., 2010).

A recent Australian wide survey of sex workers found that the majority of both migrant and non-migrant respondents had never been arrested by police for sex work in Australia; however, non-migrants (12%) were significantly more likely than migrants (5%) to have ever been arrested. Half of the migrant respondents (51%) reported having had staff from the Department of Immigration and Border Protection (DIAC) visit their workplace at some point. Not surprisingly, migrant respondents were significantly more likely than non-migrants to have been in contact with DIAC at their workplace (Renshaw et al., 2015). Furthermore migrant sex workers reported to be significantly less likely to select the police as their main point of contact for situations of sexual assault but equally as likely as non-migrants to report their involvement with other criminal incidents to law enforcement (Renshaw et al., 2015).

Impacts of regulation and/or legislation on sex worker wellbeing

Diverse voices have been advocating for the decriminalisation of sex work on both human rights and public health grounds (Decker et al., 2014; Global Commission on HIV and the Law, 2012), yet most jurisdictions around the world continue to criminalise sex work. Politicians and opponents of sex work often argue that removing legal sanctions could result in a proliferation of commercial sex although multiple studies have determined that men across Australia use commercial sexual services at roughly the same rate regardless of the legal environment, suggesting that the legal climate has no impact on the prevalence of commercial sex (Richters et al., 2014; Rissel et al., 2017; Rissel et al., 2003).

In environments where some or all aspects of sex work are criminalised, law enforcement policies and practices can undermine sex workers' access to healthcare, social and legal services (Harcourt et al., 2010; Socías et al., 2015). Heavy policing of sex work can elevate sex workers' risk of contracting HIV and other STIs as sex workers relocate to unfamiliar areas to avoid arrest and spend reduced amounts of time screening and negotiating safe sex with clients (Shannon & Csete, 2010; Sherman et al., 2015). Lack of legal protection for sex workers and their rights reinforces and exposes them to violence from clients, managers or pimps, and police, while incarceration is associated with barriers to housing and medical care (Shannon & Csete, 2010; Sherman et al., 2015; Socías et al., 2015).

Decriminalisation has emerged as the most successful legislative approach for minimising harm and improving human rights (Harcourt et al., 2005). A study of sex industry outcomes in the capital cities of three different Australian jurisdictions found the NSW decriminalisation approach to be best practice with regard to public health, human rights, and corruption and crime prevention outcomes (Harcourt et al., 2005). Western Australia's prohibition approach had the worst outcomes in terms of access to health services and health promotion programs. The Victorian legalisation with licensing approach was also found to be a threat to public health because it created a two-tiered system, in which unlicensed premises and many sex workers, including those working from home or the street and unregistered escort workers, remain criminalised (Harcourt et al., 2005). Additionally Ham and Gerard (2013) found Victorian sex workers seek to minimise the social harms associated with sex work (such as stigma) by carefully maintaining their invisibility as sex workers. Victoria's harm minimisation framework requires

sex workers to be visible within healthcare and business licensing systems. Victoria's mandatory STI testing policy requires sex workers to engage with healthcare practitioners more frequently than the general population, but does nothing to minimise the risk of discrimination and stigmatising attitudes from healthcare practitioners. Workers saw the stigma associated with sex work as one of the main factors that increased their vulnerability through discrimination, and threatened their mobility into other work sectors (Ham & Gerard, 2013). These criminalised sex workers are much harder for peer educators and sexual health services to reach (Donovan et al., 2012; Harcourt et al., 2010). In addition studies of attitudes towards commercial sex have shown that there is an association between stigma and negative attitudes towards sex work in places where it is more highly regulated or illegal (Giusta, Di Tommaso, & Strøm, 2009; Immordino & Russo, 2015).

Working from home is likely to be safer than visiting client's homes or having sex in their cars (Sanders & Campbell, 2007). Having control of one's own environment, and being confident that clients are entering the premises on given terms appear important in boosting sex worker's self-confidence, safety and job satisfaction (Seib, Dunne, Fischer, & Najman, 2012). As such, there are good grounds for evolving policies for home occupation sexual services premises, which assist with minimising the health and safety risks faced by those sex workers who work at home. Working at home is more flexible, less intrusive, more discreet, safer and potentially more rewarding than other modes of sex work, especially street-based and some forms of out-call work (Abel & Fitzgerald, 2012; Sanders & Campbell, 2007; Seib, Fischer, & Najman, 2009). It is clear that the evidence base for policy development remains focused on the most visible sites for sexual services, namely the street and large commercial sex premises, brothels. This is despite the fact that sexual services are solicited and provided across a variety of public, semi-public and private spaces, including streets, clubs, hotels, brothels, massage parlours and private homes (Harcourt & Donovan, 2005), and increasingly virtually through telephony and the internet (Cunningham & Kendall, 2011; McLean, 2013; Minichiello, Scott, & Callander, 2015). Given the minimal amenity impacts, harm minimisation and all the rights and responsibilities associated with legality, home occupation sexual services premises should be subsumed within the existing planning category of 'home occupation' and should be permitted to operate without needing development consent (Hubbard & Prior, 2013).

4.0 METHODS

The LASH Project was a cross-sectional, mixed methods study aimed at providing a current snapshot of the sex industry in WA. Curtin University's Human Research Ethics Committee (HREC) approved this study (HRE2016-0078).

The study components are:

1. Environmental scan
2. Sex worker health and safety issues
3. Venue audit
4. STI/BBV prevalence study
5. Department of Attorney General data

4.1 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, Mandurah and Bunbury. She has also made substantial contributions to this report.

The cooperation of Magenta (the organisation that is funded by WA Health to provide health promotion and other services to sex workers) and M Clinic (a clinic for men who have sex with men that was set up by the WA AIDS Council) staff, key advisors, and representatives from People for Sex Worker Rights in WA 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/managers who have allowed us access to their businesses and those who participated in the study.

4.2 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. A job description for peer researchers was circulated on sex worker e-lists, via sex worker organisations and on the LASH webpage in July 2016. Six applicants initially applied for a position and all were offered an interview. Five applicants were subsequently offered a position and all five took up the offer. All peer researchers were white Australian females. It was envisaged that peer researchers would be recruited from a range of different constituencies to reflect the constituencies in the target

group and would include sex workers from Culturally and Linguistically Diverse (CaLD) backgrounds and males. A male peer researcher was later recruited, and one of the five female peers withdrew due to illness. Without any applications from CaLD sex workers we sought permission of the Manager of Magenta to recruit their CaLD peer educators as peer researchers. Permission was granted and four CaLD peer researchers (one Chinese, one Korean, and two Thai) joined the team on 11 August 2016. In October another Chinese educator from Magenta who also worked as a brothel receptionist but was not a sex worker joined the group. She was employed to assist in accessing CaLD brothels and massage parlours. This educator had strong relationships with many sexual services premises, and was able to get us access other peers could not. The peer researchers' diversity covered a broad area of interest, gender, experience and knowledge, and they all did a fantastic job. Without their specialised knowledge, the breadth of the project would not have been possible. Follow up field training and support was provided.

Fortnightly team meetings were undertaken including a debriefing session which allowed peer researchers to discuss any issues arising, make suggestions, problem solve and gain support for arising needs.

4.3 Environmental scan

The purpose of the environmental scan was to identify the breadth and extent of the sex industry in WA, 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

A range of individuals, including providers of health services, sex industry owner/operators, academics, Police, local Government officials, and sex workers were interviewed. Please see Appendix A, B and C for a copy of the interview guides used. The interviews were conducted by trained qualitative interviewers, in person or on the telephone, and each interview lasted approximately 45 minutes. The interviews were audio-recorded with the consent of key advisors and transcribed verbatim. Notes were also taken by the interviewers to supplement the recordings. The interviews informed:

- Type, size and general location of sexual services premises in WA
- How complaints were dealt with by Council and Police
- 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 WA were identified. A random selection was contacted until seven agreed to participate (the target was eight councils).

Police

Police officers were interviewed following recommendation by Magenta or a peer researcher. Only 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 sex 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 in the key advisor interviews were identified through email and personal networks of Julie Bates and the peer researchers. 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. The identified key terms were also searched in conjunction with locations across WA. These searches were used to identify potential sexual services premises and the collation of private workers' mobile numbers. In addition the following online advertising 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 WA identified using these searches were sent text messages inviting them to complete the online survey via a unique link. The unique link enabled identification of the number of online surveys completed by people who received this text and completed the survey by clicking on the link. The link however only connected to an English version of the online survey. The ethnicity of Korean, Chinese or Thai participants who completed the survey as a result of the text message could not be identified.

A number of example text messages were drafted and sent to three of the peer researchers and investigator Julie Bates for their preferred message and any suggestions on how to improve the text. 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

Search of newspaper advertisements

Classified advertisements in the West Australian newspaper as well as in local and regional 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 WA identified from the newspaper advertisements were sent text messages that invited them to complete the online survey via a unique link. This unique link was different to that sent to those advertising online and enabled identification of the number of online surveys completed by people who received this text and completed the survey by clicking on the link. The link however only connected to an English version of the online survey. As before, the ethnicity of Korean, Chinese or Thai participants who completed the survey as a result of the text message this could not be identified.

The following newspapers were scanned and mobile numbers of sex workers retrieved (Table 2).

TABLE 2. List of newspapers scanned to retrieve sex workers numbers

| PERTH METROPOLITAN | REGIONAL |
|------------------------------|-----------------------------|
| Fremantle / Cockburn Gazette | Albany Advertiser |
| Hills Gazette | Broome Advertiser |
| Mandurah Mail | Bunbury Herald |
| Midland / Kalamunda Reporter | Busselton Dunsborough Times |
| Sound Telegraph | Geraldton Guardian |
| The Mail | Hills Gazette |
| The Times | Kimberley Echo |
| The West Australian | Northwest Telegraph |
| Weekend Courier | Pilbara News |
| | Southwestern Times |
| | The Extra |

Street-based sex workers

Peer researchers conducted three weekend street-based sex worker scans on the streets of Perth. These scans involved peer researchers visiting the identified areas and looking for evidence of 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, Bunbury and Mandurah. Prior to making these visits she attempted to contact sex workers in these localities via social media, newspapers, e-lists, and where locations were known, via email. Taxi drivers were the key informants for identifying premises operating as private houses in these locations. Taxi drivers make it their business to know the locations of places of entertainment including sexual services premises. Sex workers usually use taxis for outcalls and taxis are also often used to transport clients to pre-arranged appointments with a sex worker, so they know how to locate the sex industry in their towns. While identification of the premises is the easy part, gaining access to private houses is difficult due to privacy and security concerns as well as fear of authorities.

Sex workers in regional areas of WA 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.

4.4 Sex worker health and safety issues

There are three methods of data collection for the sex worker health and safety issues component of the study.

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, experiences of violence, stigma, and mental health (Appendix D). 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 given or the surveys were conducted in the presence of a peer researcher, participants also received a safe sex and information pack.

Owner / manager 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 STI 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 WA had impacted (positive or negative) on the business (Appendix E). 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 (Appendix F). The semi-structured interviews provided a guide for the interviews but also allowed some flexibility to enable sex workers to offer any information they thought relevant.

In-depth interviewees were each provided \$50 for their participation. The interviews were conducted by research team members who were trained qualitative interviewers and lasted between 30 minutes and one and a half hours. Participants were informed that they were able to stop the interview or withdraw their data at any time. No participants chose to do this. For all but two interviews where consent was not given, audio-recordings were made with participant consent and transcribed verbatim.

4.5 VENUE AUDIT

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

4.6 STI/BBV 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.

Magenta

Clients attending the Magenta clinic identify as sex workers and for those who use the onsite sexual health clinic their sexual health testing data are kept on record. During July-November 2016, patients were approached by nursing staff during clinic visits to seek consent to their de-identified testing data being made available for analysis by the LASH Project. Any previously held testing data were not included and therefore only testing data from tests performed during the July-November period were provided.

Ethics clearance for this component of the study is covered under approval awarded by Curtin University's Human Research Ethics Committee (HREC). Approval number HRE2016-0078.

Royal Perth Hospital

The Royal Perth Sexual Health Clinic collects data about all clinic attendances including STI testing and screening. When a sex worker identifies themselves to clinic staff (as anyone who exchanges sex for money), their status is documented in their patient records, as is whether or not they were currently participating in sex work or had done so in the previous 12 months. 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 STI/BBV condition (chlamydia, gonorrhoea, HIV and hepatitis C) was estimated for each year of testing (2010-2015). Where more than one test was undertaken in a year, only the results for the first test were included. Only test results for clinic attendees reported as currently participated in sex work or having participated in sex work in the previous 12 months or were included in the analysis.

Royal Perth Hospital HREC approved this component of the study (2016-136) and Curtin University HREC awarded reciprocal ethics approval (HRE2016-0459).

ACCESS data

ACCESS data from the South Terrace sexual health clinic (Fremantle) were provided to the project 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 data and provision of aggregated data to requesting researchers. No additional ethics committee approval was required.

4.7 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 LASH 2006 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 WA 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 of 2000 to 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 HREC approved the Police and Courts Records sub-study (RDHS-69-16) and the Department of the Attorney General has also approved the proposal (Ref: 2015/02160).

4.8 STUDY RECRUITMENT

Study recruitment involved a range of activities including:

- Initial letters of introduction (Appendix H) with accompanying promotional flyer (Appendix I) were posted to suspected and known 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) (see Appendix J for examples);
- Distribution of posters and flyers to organisations and businesses likely to engage or have contact with sex workers, to suspected and known brothels and other sexual services premises, and directly to sex workers;
- A dedicated LASH webpage on the SiREN (Sexual Health and Blood-borne Virus Applied Research and Evaluation Network) website www.siren.org.au/lash, Facebook www.facebook.com/LASH2.0study/ and Twitter page www.twitter.com/LASH_Study;
- 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 were known to work; and
- Notifications to sex worker e-lists, and state and territory sex worker organisations and groups.

A list of sex premises and their locations was developed following the initial online and newspaper scan. This did not include striptease premises as, in general, workers in these premises do not consider themselves to be sex workers. This list was augmented by results of key advisor interviews and the knowledge of peer researchers. 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 premises was identified as no longer being in operation or their owner/manager refused a visit, additional premises were selected for visits. Attempts were made to visit all premises identified as providing full-service by predominantly CaLD sex workers, acknowledging that a number of such premises would not be identified. To increase the number of premises with predominantly CaLD sex workers visited, attempts were made to also visit a number of massage shop front premises that were identified by peer researchers.

Non-CaLD brothel and other sexual services premises

The process of gaining access to brothels and other sexual services premises involved a combination of posting an initial introductory letter and flyer, then following up with a phone call to make an appointment via owner/manager/receptionist. In the few cases where access was denied, a follow up letter was sent in an attempt to further encourage participation. We successfully accessed eight brothels (non-CaLD) (six metropolitan, two regional) and were refused entry into four (three metropolitan, one regional).

CaLD brothels and other sexual services premises

With the exception of a few CaLD premises in the city of Perth who display striking decorative lighting, CaLD premises in outer suburbs and regional locations are devoid of any signage. The process of gaining access to CaLD brothels and other sexual services premises was experimental. As with our process in gaining access to non-CaLD premises the study flyer was sent to premises in English and each of the translated languages. Cold calling - arriving at a site without prior appointment and knocking on the door - was first trialled after discussion with peer researchers. Due to limited success of gaining access to CaLD premises the recruitment method changed and bi-lingual peers began phoning first in an attempt to make appointments. Lastly peers used their connections to gain entry and complete surveys. The team gained access¹ to eight out of 14 CaLD 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 study promotion 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 either given the link to complete the survey online or were given a copy of the paper survey.

Regional visits

Julie Bates made regional visits to Kalgoorlie, Bunbury and surrounds. Attempts at contacting sex workers via social media, newspapers, e-lists, mail, and where locations were known had been undertaken before arriving in these towns.

4.9 Data analysis

Quantitative

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 v 24 (IBM Analytics, New York, USA)

¹ A premise was only counted as "gained access to" if surveys were completed.

Qualitative

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 WA 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).

5.0 RESULTS

5.1 Environmental scan

Key advisor interviews

Twenty-five key advisor interviews were completed, a breakdown is outlined below (Table 3).

TABLE 3. Key advisor interview breakdown

| CATEGORY OF KEY ADVISOR | NUMBER OF INTERVIEWS COMPLETE |
|-----------------------------|-------------------------------|
| Sex worker | 7 |
| Premises owner | 3 |
| Brothel receptionist | 1 |
| Sex shop owner | 1 |
| Manager of a health service | 1 |
| Council staff | 7 |
| Population Health staff | 2 |
| Academic | 1 |
| Police | 2 |
| TOTAL | 25 |

The following qualitative analysis is of key advisor interviews with sex premises owners, health services, local government, Police and academics. The interviews undertaken with sex workers are not reported on here and are incorporated into the qualitative analysis of interviews with sex workers.

Interviews with sex premises owners, receptionists and sex shop owners and perusal of advertisements

A common theme was that the sex industry in WA has changed substantially in the last 10 years. Participants noted that there was a significant increase in the number of private workers in WA 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 outlets 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) (Figure 1).

FIGURE 1. Example of an advertisement on Backpage offering natural services

SPECIALS!!! - Fri, Saturday only!!!
 NATURAL AND CIM/SWALLOW - \$120 when you ASK for the special!

Your Gloryhole visit will consist of one of the following:

*** Handjob - \$100 (cum on face included)

*** Covered/Protected Blowjob - \$120

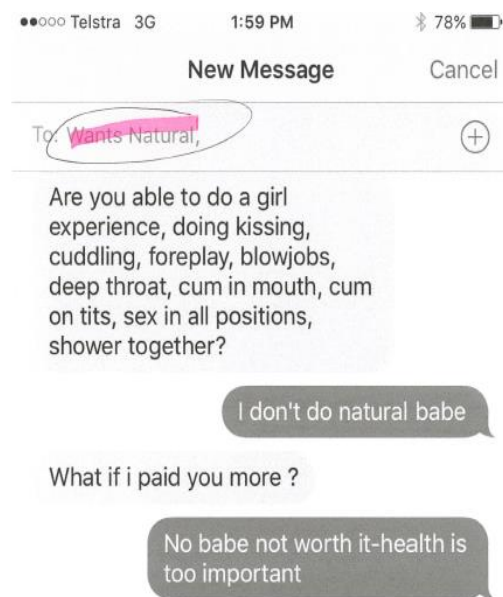
*** Natural/Uncovered Blowjob \$150 (with cum in mouth AND swallow) MOST POPULAR - This also includes spitting, slurping, gagging, moaning as well as a bit of attention to the balls and some light deep throat (deep throat and tongue ball massage will take these to a whole new level)

You May Add ANY OR ALL Extras :

(I might offer a slight discount if several extras are purchased. These cannot be purchased alone, they must accompany a handjob or blowjob. If your favorite extra is not listed, please ask! Regular customers please ask about extras only for you!

The brothel owners stated that more clients have started asking for ‘natural services’. One brothel owner provided LASH researchers the evidence of this in the form of text messages that the business had received from potential clients (Figure 2). Some believed this was putting pressure on workers who did not offer natural services.

FIGURE 2. Example of text message received from a client wanting natural sex



●●●● Telstra 3G 1:59 PM 78% 🔋

New Message Cancel

To: Wants Natural, (+)

Are you able to do a girl experience, doing kissing, cuddling, foreplay, blowjobs, deep throat, cum in mouth, cum on tits, sex in all positions, shower together?

I don't do natural babe

What if i paid you more ?

No babe not worth it-health is too important

The research team found evidence of around 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.

“We, we just, we've, we've got an obligation, I guess, on the local government to investigate complaints and to take action under the town planning scheme so we're obligated to investigate and look into it.” (Regional, Coordinator of Statutory Planning)

“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.

“So as I said, from a personal point of view, I've got no real issue with the industry itself and we are aware at the moment of a lot of different businesses are operating in [suburb] at the moment. Even though it's probably better for us to try and get the evidence, as I said, they're not creating issues. We're not receiving complaints about them. So, what's the impact to the community? Very minimal at the moment, you know. So, there's no point in us putting resources into combating it if there's no issue.”
(Metropolitan, Coordinator of Compliance Services)

“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)

“...whereas I see it as a legitimate business. You know, they get a home occupation, or they're complying with the -- you know, the requirements, I don't really care; a job's a job, so.” (Metropolitan, Environmental Health Officer)

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 clinic. 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 business close early evening the issues experienced by residential properties did not apply. On receiving a complaint is received, 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.

"Certainly if we had some sort of fact sheets or information that we could give to these sex workers that, you know, so they understand what compliance requirements we need for council. That would certainly help when we're trying to discuss, you know, complaints. But it certainly you know, is it a police issue? Is it a council issue? Is it a land use issue? It's, I guess, you know, if we all worked off the same sort of song sheet, then we could all deal with them the same. And then, you know, then they know if they move from Bunbury to Harvey, they're still going to get that same treatment." (Regional, Environmental Health Manager)

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 was received it was dealt with on face value. Once the application was approved it then becomes a compliance issue for Local Government to monitor.

Asian-run massage parlours and private houses

Some respondents explained that they had to inspect and deal with complaints about Asian-run massage parlours and private houses. In general parlour owners were thought to be from Korean, Chinese and Thai backgrounds. Participants expressed that communication was usually difficult and on many occasions interpreters were needed to explain council regulation, which many did not understand.

Some respondents described Asian massage parlours as having moved away from providing full service (oral or penetrative sex) to a hand service set up, on the basis that during inspections evidence of condoms was no longer being found as easily as in the past. Some participants described these establishments as displaying a legitimate massage business up front however rumours were that if you asked the right questions additional services could be obtained.

“...because it's always that thing when you see a massage parlour and it's, you know, the windows are all fully covered up, and there is no advertising, you know, outside because they don't advertise. And it just becomes a word-of-mouth thing, and you, you know, they never looked open, and you go, 'definitely'. Easy to pick.” (Metropolitan, Environmental Health Officer)

“Find it a bit more discreet. They've usually got some other sort of legit business in front. You know, there's whispers around some of the Chinese massage places in town, you know, after certain times, you know, change to a different clientele, shall I say; you know, depending on what their clientele asks. So, but, you know, 90% of the population wouldn't even know that.” (Regional, Environmental Health Manager)

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 in the 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)

When community complaints about street-based sex workers were received, the Highgate area was still identified, as well as Mosman Park and Fremantle. Most commonly complaints were issued by residents of the areas who had noticed the same women standing on the street each day or people seeking shelter in parks and public toilets, and believed that they may be offering sexual services from these locations.

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.

Of those with suspicions that coercive behaviour does occur in Australia it was mainly in relation to women whose first language was other than English. However they did not have any evidence that this occurs.

“I haven't, but I have no doubt it does happen. I think that would be more something where it's possibly more of your Asian workers who are afraid to talk to us still, and there's the language barrier. Hoping that the more police have contact with the sex workers, that they start to come forward. It's such a quiet industry that it would be hard for the girls to come forward. Again, we're hoping at some point they do. We just need to know about it, but we need them to tell us. And it would be very different in that sense if they were able to do that... But I'm sure there is some degree because of the controlling nature of the sex industry, particularly with some of the Asian workers... I can see how very easily that would be done. With the Asian workers, with the language barrier, would be very easy to manipulate.” (Metropolitan, Police Detective)

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)

5.2 Access to sex workers and sexual services premises

Sexual 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.

FIGURE 3. Pictures of sexual services premises taken during field work



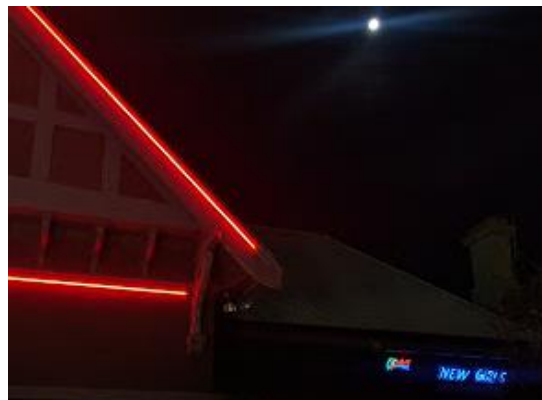
East Perth brothel



The Red House - Kalgoorlie brothel



Questa Casta – Kalgoorlie brothel



Neon signage advertising 'new girls' at an East Perth brothel

Access to sexual services premises

In total 53 potential sexual services premises were contacted either via phone or in person by peer researchers and given the opportunity to participate in the study. 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 phone was disconnected, they were based in Northern WA or the address was unclear). There were five identified 'premises' that had different names but represented the same premises as those already listed.

Perth and surrounding areas were split into four zones to assist with reporting of accessed sexual 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 (Appendix K).

Sixteen brothels (includes private houses with two or more workers) were accessed and surveys completed on site (Table 4). In addition we accessed one gay cruising venue where opportunistic sex work is known to occur (zone 1). The majority of brothels visited were located in zones 1 and 2.

Ten massage shops were accessed and surveys completed on site (Table 4). The majority of massage shops visited were located in zone 2.

Twenty-six premises refused to participate in the study either via phone, text or face-to-face (Table 3). A large majority of massage shops that refused were limited in their English proficiency and therefore lacked the capacity to consent and allow us access. Once the bi-lingual peer researchers were engaged in the project access to these venues did improve. For some other premises it was unclear if sexual services were actually provided or not. In all instances of face-to-face refusals, promotional materials in all languages were left at the premises.

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. Most brothels also seem to offer outcalls (escort services). For example, one agency with approximately twenty different names and various phone numbers.

TABLE 4. Numbers of premises accessed and refused by zone

| | ACCESSED | REFUSED |
|---------------------|------------------|------------------|
| Brothel | | |
| - Zone 1 | 5 | 3 |
| - Zone 2 | 6 | 4 |
| - Zone 3 | 1 | 1 |
| - Zone 4 | 3 | 1 |
| - Regional | 1 | 1 |
| TOTAL | <u>16</u> | <u>10</u> |
| Massage shop | | |
| - Zone 1 | 3 | 2 |
| - Zone 2 | 6 | 5 |
| - Zone 3 | - | - |
| - Zone 4 | 1 | 3 |
| - Regional | - | 3 |
| TOTAL | <u>10</u> | <u>13</u> |

| | | |
|---------------------------|------------------|------------------|
| Escort agencies | | <u>3</u> |
| Gay cruising venue | | |
| Zone 1 | 1 | - |
| TOTAL | <u>1</u> | |
| TOTAL | <u>27</u> | <u>26</u> |

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 WA, 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 WA, 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'. Some sex workers work out of motels, particularly touring workers. Julie Bates was able to identify five private houses that employ and in some cases accommodate Asian sex workers.

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 in these shops. Five or possibly six private houses providing sexual services were identified in Bunbury. A number of attempts were made to gain access to several private houses in Bunbury and entry was gained to one of these.

Escort agencies

Peer researchers were able to make telephone contact with three escort agencies however all refused to take part in the study. One escort agency did however agree to promote the study. Contact with many of these agencies was limited to online as no direct contact details were provided, and no responses were received to many of our requests.

Street-based sex workers

From intelligence gained in 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.

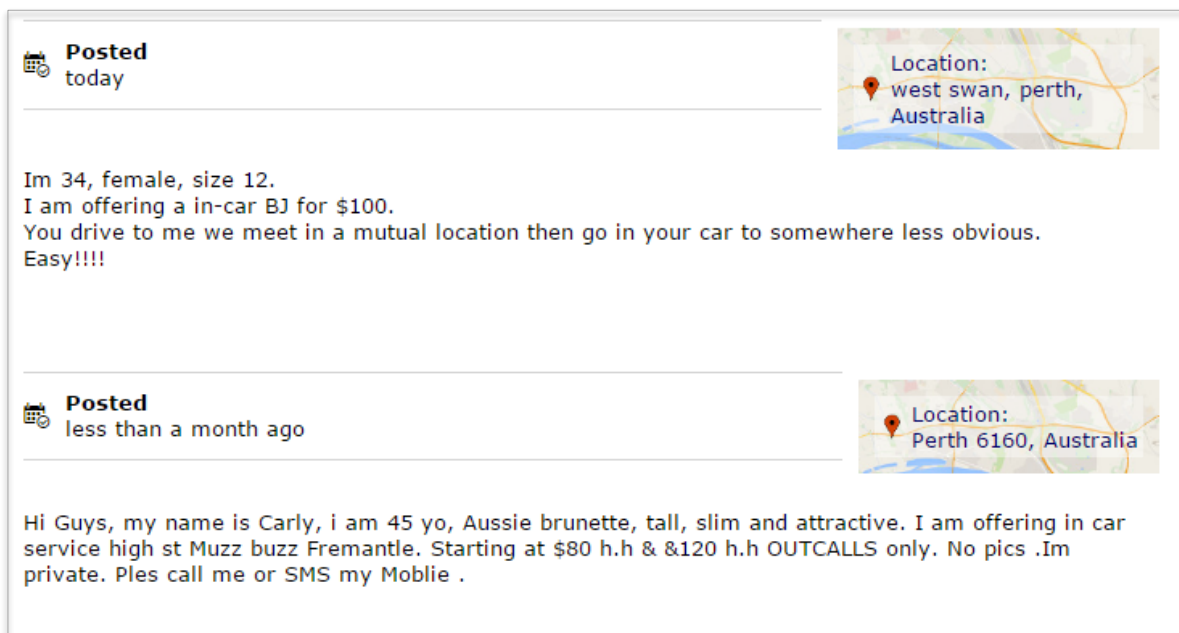
The following summarises the results of three weekend street-based sex work scans undertaken by peer researchers

- 1) 3 September 2016, 3:00-6:00pm: Peers set out on foot in the Highgate, Northbridge and Perth area. Peers noted that there were potential clients of street-based sex workers observing the area however no sex workers were identified.
- 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. Although potential clients were again identified, sex workers were not.
- 3) 15 October 2016, 6:00-8.30pm: Peers canvassed the Nollamara shops, Midland train station as well as previous areas listed by car. Again no sex workers were identified.

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 the rise of in-car services advertised on sites such as Locanto and Backpage (Figure 2), 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.

FIGURE 4. Examples of advertisements posted on Locanto offering in-car services



Private workers (sole operators)

Private workers largely completed the survey online however a number of private workers also participated in a face-to-face survey.

Text Messages

From the 223 text messages sent to sex workers advertising online only seven surveys could be linked to having completed the survey from the unique link provided (Table 5).

TABLE 5. Text messages sent to sex workers advertising online

| CATEGORY | NUMBER OF TEXT MESSAGES SENT |
|---------------------------|-------------------------------------|
| Regional (all categories) | 116 |
| Metropolitan | |
| Women for men | 51 |
| Trans for men | 26 |
| Gay men | 26 |
| BDSM fetish | 2 |
| Massage | 2 |
| TOTAL | 223 |

Newspaper advertisements

A breakdown of the number of text messages sent to sex workers identified by advertisements in newspapers is shown below. From the 390 text messages sent to sex workers advertising in newspapers only two surveys could be linked to having completed the survey from the unique link provided (Table 6).

When sending text messages to private sex workers identified through both online adverts and newspapers what seemed to be an automated reply would on occasion be received. These messages were thought to be automated because the reply was not in response to the text message sent. These replies usually contained provocative images of the worker (all women) and/or the location from which she was working. These locations were explicitly stated addresses and instructions for parking were sometimes included.

TABLE 6. Text messages sent to sex workers advertising in newspapers

| CATEGORY | NUMBER OF TEXTS SENT |
|--------------------------|----------------------|
| Regional | 73 |
| Metropolitan | |
| Women and unknown gender | 292 |
| Men | 14 |
| Trans | 11 |
| TOTAL | 390 |

Observations from attempts to access CaLD sex workers.

The most significant lesson learned in relation to promoting the study to CaLD 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 would be required and no information as to where they work would be required.

The additional observations made were:

- That few, if any, sex workers will respond to text messages.
- That the online component via the website is more likely to have success because it is deemed safe. That is, participants are not being seen by anyone and can use an anonymous email address.
- When visiting shop front massage services to gain participation in the study, one needs to provide the study promotional card/flyer together with a leaflet stating that the survey does not ask for identifying information.
- There does not appear to be any e-lists specifically for CaLD sex workers due largely to their reluctance for others to know what they do, even other sex workers,
- Fear of government is also a key factor.

5.3 Sex worker health and safety issues – sex worker survey

Surveys were conducted August to October 2016 and resulted in 354 completed surveys (Table 7).

TABLE 7. Breakdown of number of surveys completed

| CATEGORY | NUMBER 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 |
| TOTAL | 354 |

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 8. Of the 73 respondents who were born in countries other than those listed in Table 8, 25 (34%) came from countries where English is usually spoken. A high proportion of 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.



TABLE 8. Survey respondent demographics and characteristics

| CHARACTERISTIC (NUMBER RESPONDING TO THIS QUESTION) | NUMBER | PERCENT |
|--|---------------|----------------|
| Sex assigned at birth (354) | | |
| - Male | 68 | 19.2 |
| - Female | 286 | 80.8 |
| Gender identity (351) | | |
| - Male | 52 | 14.8 |
| - Female | 283 | 80.6 |
| - Genderqueer | 11 | 3.1 |
| - Decline to state | 5 | 1.4 |
| Age group (349) | | |
| - 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 |
| Country of birth (323) | | |
| - 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 |
| Aboriginal or Torres Strait Islander descent (353) | 9 | 2.6 |
| Highest level of education (343) | | |
| - Primary school or similar | 14 | 4.1 |
| - High school or similar | 147 | 42.9 |
| - Post-secondary school | 182 | 53.1 |
| Language spoken at home (351) | | |
| - English | 238 | 67.2 |
| - Chinese | 52 | 14.7 |
| - Thai | 22 | 6.2 |
| - Other Asian | 20 | 5.6 |
| - Other Non-English | 22 | 6.2 |
| English language skills (351) | | |
| - Good | 183 | 52.1 |
| - Fair | 132 | 37.6 |
| - Poor | 36 | 10.3 |
| Sex work is the main source of income (348) | 230 | 66.1 |
| Years worked in the sex industry (339) | | |
| - <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 |
| Has a support network (346) | 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 9).

TABLE 9. 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% | |
| | Asian | 6 | 66 | 22 | 94 |
| | | 6.4% | 70.2% | 23.4% | |

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 8). 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 10). 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 11).

TABLE 10. Type of sex work currently doing (Could select more than one answer)

| | NUMBER | PERCENT |
|--------------------|--------|---------|
| 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 11. Type of sex work currently done by gender (excluding trans women)

| | FEMALE (EXCLUDING GENDER QUEER) n=285 | MALE n=52 | PERCENT |
|--------------------|--|--------------|---------|
| 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 12). 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 12. Reasons for choosing type of sex work done (Could select more than one answer)

| | NUMBER | PERCENT |
|--|---------------|----------------|
| 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 13).

TABLE 13. Facilities provided in brothels/parlours (N=83) (Could select more than one answer)

| | NUMBER | PERCENT |
|------------------------------------|--------|---------|
| 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 14).

TABLE 14. Where did you learn about safe sex and sex work skills? (Could select more than one answer)

| | NUMBER | PERCENT |
|---|---------------|----------------|
| 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 |

A higher proportion of respondents where country of birth was in Asia reported learning about safe sex and sex work skills nowhere (15%) compared to those born elsewhere (5%), $p=0.002$. In addition respondents from Asian countries were more likely to report learning about safe sex and sex skills from clients compared to those born elsewhere (28% vs 16%, $p=0.015$)

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 15).

TABLE 15. Number of workplace visits from peer-educators from Magenta if working in a brothel/parlour, massage parlour or escort agency (N=191)

| | NUMBER | PERCENT |
|------------------------|---------------|----------------|
| 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 | - |
| TOTAL | 191 | 100.0 |

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 the 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 (10%) 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 16).

TABLE 16. In the last 12 months while working as a sex worker have any clients ever

| | ONCE OR TWICE | | MORE THAN ONCE | | TOTAL |
|---|---------------|------|----------------|------|------------|
| | N | % | N | % | |
| 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 17).

TABLE 17. Level of comfort of contacting the Police in relation to complaints such as sexual assault, threats, theft, unpaid services etc.

| | NUMBER | PERCENT |
|----------------------|------------|--------------|
| Very comfortable | 26 | 7.9 |
| Comfortable | 84 | 25.5 |
| Somewhat comfortable | 58 | 17.6 |
| Not comfortable | 84 | 25.5 |
| Very uncomfortable | 77 | 23.4 |
| TOTAL | 329 | 100.0 |

A higher proportion of respondents who were born in Asian countries (69%) reported being uncomfortable or very uncomfortable going to the police compared to those who were born elsewhere (42%), $p < 0.001$.

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 4 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 18).

TABLE 18. Influence of sex work on well-being (N= 245)

| | NUMBER | PERCENT |
|------------------------------|------------|--------------|
| Enhance | 99 | 40.4 |
| Hinder | 51 | 20.8 |
| Both enhance and hinder | 49 | 20.0 |
| Neither enhanced or hindered | 46 | 18.8 |
| TOTAL | 245 | 100.0 |

There were differences in the proportion of respondents reporting that sex work hindered their well-being, according to country of birth, with a higher proportion of Asian workers (33%) reporting that sex work hindered their well-being, compared to 16% of non-Asian workers ($p=0.005$).

A higher proportion of respondents who reported using any illicit drugs in the past 12 months (27%) also reported that sex work hindered their wellbeing 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 19). 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 19. How often do you have six or more standard drinks on one occasion?

| | NUMBER | PERCENT |
|-----------------------|------------|--------------|
| 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 |
| TOTAL | 326 | 100.0 |

Cigarettes were the most common other drug used, with 44% of respondents reporting that they are current smokers (Table 20). 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 20. Do you use any of the following? (Could select more than one answer)

| DRUG (N=353) | CURRENTLY USING | | YES IN THE LAST 12 MONTHS | |
|-----------------------------|-----------------|---------|---------------------------|---------|
| | NUMBER | PERCENT | NUMBER | PERCENT |
| 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 |
| 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 21). Note, genderqueer respondents were excluded from the analysis due to small numbers.

TABLE 21. Drug use by gender identity

| | MALES | | FEMALES | | P VALUE |
|---|-------|------|---------|------|---------|
| | N | % | N | % | |
| 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 |

Drug use also differed according to the respondents' country of birth, with a lower proportion of respondents born in Asian countries reporting smoking, injecting drugs and using methamphetamine and heroin compared to those born elsewhere (Table 22).

TABLE 22. Drug use by country of birth

| | ASIAN | NON-ASIAN | P VALUE |
|---------------------------|--------|-----------|---------|
| Current smoker | 27(29) | 128(49) | 0.001 |
| Currently injecting drugs | 4(4.5) | 35(14.4) | 0.013 |
| Currently using marijuana | 2(2.1) | 38(14.7) | 0.061 |
| Currently using ecstasy | 2(2.1) | 15(6) | 0.155 |
| Methamphetamine | 1(1) | 29(11) | 0.003 |
| Cocaine | 1(1) | 5(2) | 0.578 |
| Heroin | 0(0) | 13(5) | 0.024 |

Sexual Health

Sixty seven percent of respondents reported having a sexual health check in the past 3 months (Table 23). 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 ($p=0.001$).



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 24). Friendliness (50%) and confidentiality (47%) were the most commonly reported reasons for respondents attending their clinic of choice (Table 25).

TABLE 23. Time since the most recent sexual health check

| | NUMBER | PERCENT |
|--------------------|------------|--------------|
| Less than 1 month | 57 | 17.4 |
| 1-3 months | 161 | 49.1 |
| More than 3 months | 110 | 33.5 |
| TOTAL | 328 | 100.0 |

TABLE 24. Clinics usually attended for sexual health checks (Could select more than one answer)

| | ATTENDED | PERCENT |
|--|------------|---------|
| Magenta | 102 (28.8) | 28.8 |
| General practitioner | 93 (26.3) | 26.3 |
| Sexual Health Quarters | 75 (21.2) | 21.2 |
| Women’s health / family planning clinic | 61 (17.2) | 17.2 |
| Royal Perth Hospital Sexual Health Clinic | 33 (9.3) | 9.3 |
| M Clinic | 32 (9.0) | 9.0 |
| Other | 29 (8.2) | 8.2 |
| Another sexual health clinic not mentioned | 28 (7.9) | 7.9 |
| South Terrace Clinic | 13 (3.7) | 3.7 |
| Derbal Yerrigan Health Service | 2 (0.6) | 0.6 |
| None attended | 18 (5.1) | 5.1 |

TABLE 25. Reasons for attending a particular health service (Could select more than one answer)

| | NUMBER | PERCENT |
|----------------------|--------|---------|
| 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 26). 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 26. Time since last HIV test (for those reporting that they had ever been tested for HIV)

| TIME SINCE LAST HIV TEST (N=292) | NUMBER | PERCENT |
|----------------------------------|--------|---------|
| 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 27). 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 28). 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 27. Previous diagnosis (by a doctor or nurse) of selected conditions

| | LAST 12 MTHS | | >12 MTHS AGO | | UNSURE | |
|--|--------------|-----|--------------|------|--------|-----|
| | N | % | N | % | N | % |
| 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 (PID) (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 28. Previous diagnosis of selected conditions in the past 12 months by gender (excluding trans women)

| | MALE (%) | FEMALE (%) | P VALUE |
|----------------|----------|------------|---------|
| 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 29). Seven female respondents (2.5%) reported not using contraception because they had reached menopause or because of a tubal ligation.

TABLE 29. Current mode of contraception among females (Could select more than one answer)

| | NUMBER | PERCENT |
|-----------------------------------|--------|---------|
| 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 30).

TABLE 30. 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 | |
|----------------------------|-----------|-------------|-----------|-------------|-----------|-------------|------------|-------------|
| | N | % | N | % | N | % | N | % |
| 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 |
| TOTAL (251) | 71 | 28.3 | 31 | 12.4 | 36 | 14.3 | 114 | 45.4 |

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 31). A lower proportion of Asian respondents reported that all or most clients requested oral sex without condoms in an average week (23%) compared to non-Asian respondents (49%), $p < 0.001$.

TABLE 31. 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 | |
|--------------|---|------|-------------------|------|-------------------|------|
| | N | % | N | % | N | % |
| 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 32). 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 (63.3%) reported that some or no clients used condoms or other protection during oral sex compared to females (18.1%) ($p < 0.001$). 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 51.4%, no private work 41.1%, $p = 0.079$), vaginal sex (private work 4.1%, no private work 4.2%, $p = 0.968$), or anal sex (private work 11.6%, no private work 16.1%, $p = 0.360$).

TABLE 32. 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 | |
|--------------|---|------|-------------------|------|-------------------|------|
| | N | % | N | % | N | % |
| 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%) (Table 33).

TABLE 33. Support or social services accessed in Western Australia (Could select more than one answer)

| | NUMBER | PERCENT |
|---|--------|---------|
| None | 178 | 50.3 |
| Centrelink | 58 | 16.4 |
| Counselling services | 48 | 13.6 |
| Mental health services | 39 | 11.0 |
| Employment services | 37 | 10.5 |
| Social worker | 27 | 7.6 |
| Sexual assault services | 22 | 6.2 |
| Sexuality support services | 22 | 6.2 |
| Housing support services | 21 | 5.9 |
| Disability support services | 18 | 5.1 |
| Alcohol and other drug services | 17 | 4.8 |
| Legal aid | 17 | 4.8 |
| Gambling | 16 | 4.5 |
| Domestic violence services | 16 | 4.5 |
| Services to assist exiting the sex industry | 11 | 3.1 |
| Other | 10 | 2.8 |
| Culturally and linguistically diverse support (CaLD) services | 9 | 2.5 |

The majority of respondents reported that they considered all listed aspects of information and support for sex workers to be important or very important.

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 34).

TABLE 34. Reported experience of negative treatment, stigma or discrimination from any professionals knowing respondents' status as a sex worker

| | ONCE | | MULTIPLE TIMES | | UNSURE | |
|---|------|------|----------------|------|--------|-----|
| | N | % | N | % | N | % |
| 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 35). Eighteen percent of respondents reported experiencing stigma or discrimination at least once in a medical setting.

TABLE 35. 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 | |
|------------------------------------|------|------|----------------|------|--------|-----|
| | N | % | N | % | N | % |
| 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 |
| Media (N=210) | 5 | 2.4 | 16 | 7.6 | 10 | 4.8 |
| Australian Taxation Office (N=207) | 1 | 0.5 | 6 | 2.9 | 9 | 4.3 |

Owner / manager survey

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

TABLE 36. Number of staff that work at the premises

| | NUMBER | PERCENT |
|--------------|-----------|--------------|
| <5 | 2 | 15.4 |
| 6-10 | 3 | 23.1 |
| 11-20 | 4 | 30.8 |
| 21-30 | 3 | 23.1 |
| 50 plus | 1 | 7.6 |
| TOTAL | 13 | 100.0 |

STI 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 37). Of these four respondents, three noted that no one had been charged and the other was unsure.

TABLE 37. Premises visited by the Western Australian Police in the last three months

| | NUMBER | PERCENT |
|--------------|-----------|--------------|
| Yes | 4 | 28.6 |
| No | 9 | 64.3 |
| Unsure | 1 | 7.1 |
| TOTAL | 14 | 100.0 |

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 & she is not taken seriously.”

5.4 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 from the sex industry. Four participants were Chinese, one was Indian, one was English 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)

While money was a motivator to do sex work for many participants, it was also a facilitator of control for those less reliant on the income and for others a motivator to take risks. Those who had more difficulty in obtaining clients were more likely to take risks for money. In this way the sense of freedom is closely linked to money and the ability to obtain clients; if the demand for services reduces overall, there is less freedom to be able to turn down clients who they are concerned about or at times when they do not want to work.

"I guess because I'm not desperate for money I don't just take anybody. I screen them quite well. If I think that they're going to be dodgy I just end it right there. I'm not just going to take every single client because I'm desperate for that money whereas there are other women, I'm sure more vulnerable because they need that money." (ID13, female)

"...if I have 10 clients who want to see me in a day, I might pick the best five, and then the others can bugger off. But if I get a call and, you know, I've got rent to pay, and I haven't had a booking in a week, I'm not really in a position to turn that down, even if it's a booking I don't want to take. And like that can lead to some scary experiences" (ID14, 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)

"But my skin was good, 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. Yeah, yeah. 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)

One reported that a number of clients had 'fallen in love' with her, because they received attention from her that they were craving. This was not just sexual attention. She said that after this happened, she tended to stop seeing those clients as some became obsessed.

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.

Another benefit and enjoyment of the work was having the opportunity to support and listen to clients. Some workers described the enjoyment they got out of helping people.

"I always like try and talk to the clients quite a lot you know before and after, that's one of my favourite parts afterwards" (ID03, female)

"I really enjoy the connection I have with people, and being able to take them on adventures" (ID05, female)

Some participants reported mixed impacts of sex work on 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 wellbeing, 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)

A couple of participants reported major negative impacts of sex work on their wellbeing. One reported that this was because she was vulnerable when she started work and that she had been abused; and another reported that, while her experiences of sex work were good for a number of years, her recent experiences of extensive harassment and abuse (mainly via SMS messages and sometimes in person) had led to her experiencing post-traumatic stress disorder and leaving the industry, in spite of receiving good support from the police.

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)

“And usually when the clients talk to me on the phone it's tough. I have a very good, I can make a reasonable judgement of character. And so, I would probably realize that this is a person I want to see, or this is person I don't want to see. You know, so, yeah, you see. So, that's, that's how I, that's how I kind of pick on, pick and choose who I want and who I don't want.” (ID04, male)

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)

Screening clients could also be challenging for workers with less proficiency in English, and some of the participants from non-English speaking backgrounds described how they managed abusive clients in person. An Asian sex worker who was a key advisor said that most Asian sex workers who had limited English would not screen calls but this was done by an agent or receptionist. In her view this meant that they were more vulnerable to abusive or violent clients; she herself had been robbed by a client. When working in sex premises, some described calling

the receptionist when experiencing violence or abuse, while another said she did not do this because she did not want to put off her boss.

“I work Chinese shop. I don’t want to make customer angry. If customer angry he will tell my boss. My boss will don’t want me not working in this shop again....”

Interviewer: Does your boss help you?

“Ah I’m clever. I do not want to make annoying to anyone.” (ID15, female)

Making judgements about whether a situation is potentially unsafe could also 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)

“Mostly my customer is really good and very nice to me. And sometimes I met some good customer who give good tip. And I got some regular customer because um, how to say, because the customer like my style because I am polite, tidy, everything. They love to come and see me again and again. And I have got one regular customer, my first outcall customer, on and off over three years.” (ID16, 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 and 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 described the impact on clients of some of the drugs that then affects their ability to provide the requested service. Most had developed techniques to ensure that their clients were satisfied with the service even if they were not able to access a full service. Some described blocking calls from clients who presented under the influence.

“Well the other thing I’ve learnt that if you want to see clients on meth, and no sex is going to happen, and you want them to come back and see you, because like you just store their number in the phone or something, and you – like as a certain name, then you go, “OK, well I know I’m basically going to get paid for just laying on my back and talking.” (ID07, male)

In contrast, 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 about 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, 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)

Another participant stated something similar:

*"And now I do natural oral for shit now because now I just like give up. There's no f***ing way to beat the system on that one because if I charged 700 bucks, and I gave a shit about my appearance, I'd probably get away with it but I can't be bothered." (ID06, female)*

She also explained that part of her reasoning is that when clients insist on having unprotected oral sex during the service and she changes her mind, she would feel bad about having been pushed into something. To her it was preferable to offer unprotected oral sex up front.

*"...that's why I kind of decided to offer it, because if you don't decide to offer it, and then you feel obliged to do it in the middle of the booking, you feel like a f***ing piece of shit afterwards because you feel like you got pushed into doing something you didn't want to do. And so I was like, well, I may as well make the choice to do it because half the f***ing time I am doing it anyway." (ID06, female)*

Concerns about money was also a driver for another participant to offer unprotected anal sex, something that he has only recently done after a long time in the industry. He always provides oral sex without a condom and now occasionally provides unprotected anal sex as well.

"But probably the sad thing that I found myself in this year as I've gotten older and I've had to like drop my price and I've been way more desperate for money, is that there has been a few times that I have done it and I just like went and got all tests and I'm OK, but I will never do that again. But in this last year I have done it a few times with people that I had the instinct that they were safe and I didn't have any condoms..... But yeah it is something that has happened and something I have always avoided apart from just this year." (ID02, male)

He stated that he felt bad offering unprotected anal sex but he still did it occasionally.

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 or 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. She contacted the police via the police liaison officer set up by Magenta. Another participant said that he would contact the police via police liaison 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 had several contacts with police over the course of her career. These experiences had left them feeling that they cannot 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 WA as well as specifically working with them to reduce the level of stigma and discrimination against sex workers by police.

A couple of participants who work in several states including WA noted that police in different states have differing levels of energy for enforcing laws relating to sex work. Their conclusion was that the police in Western Australia generally were not actively interested in charging sex



workers (with the exception of street-based sex workers), but in Queensland and Victoria, where sex work is required to be licensed, there did appear to be more energy and interest on behalf of the police in enforcing the law.

“Police really go out of their way to try and entrap sex workers, especially in Queensland. They don’t do it so much in Western Australia because they don’t care so much, but they do it in Queensland purposefully.” (ID17, female)

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 his 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)

“At this point my life I need the money and I've just got out of a relationship so no, I don't think I would give it up for anyone at this stage in my life. If I met the right person I'd absolutely give it up if that's with they requested. But no, at this stage of my life it's too soon after my relationship to go back to just being, you know, a mundane housewife.” (ID13, 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)

This participant also described the challenges she faced when working for an escort agency in finding out about support services that are available.

“Being so isolated at the beginning of the year, I didn't even know about Magenta. And if you type “escort Perth help” or something into Google, you just get page after page of ads.” (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.

All four Chinese participants (all of whom worked predominantly in sex premises) described marked isolation and a lack of support in their work, because of the competition as described above as well as fearing disclosure about the nature of their work to friends and family in their home countries. One worker described not having many friends. She had a few friends from university (but they did not know what she did for work) and some friendships with some other sex workers who also work at the sex premises. If there was a problem she did not know who to talk to about it, apart from her workmates. They are not good friends, they just talk. She described some other workers as being *'sometimes selfish'*. Sometimes they will *'steal her turn'*, but some others look after her.

"To be honest, to be a sex worker is difficult to find a friend. It really difficult to make friend with other girl working in the shop especially when they come from China or not same culture. I also have some Thai friend, and Korean friend." (ID16, female)

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 email 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 participant who lives and works in a regional town described not being willing to access health services or other support in her town because of fears of being 'outed' and discriminated against. She also had not told her close friends about the nature of her work, and felt more comfortable telling less-close friends because she felt that they probably did not care so much what she did for a living.

".....no confidentiality because everyone knows everyone." (ID13, female)

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.

All four Chinese participants were careful to not disclose their work to anyone in Australia or at home due to fear that word might get back to people at home as sex work is stigmatised even more so in Asia, particularly China.

Some participants reported experiencing discrimination from the medical and health care professions, and others stated that they did not disclose their work to their GP, 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)

Another talked about feeling defined by others because she was doing sex work and that other aspects of her life and personality were not thought about.

“...that’s one thing about sex work that people define you by the sex work, and then that’s all you are to them.” (ID03, 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.

One of the Chinese participants described experiencing significant racism. She sometimes experienced verbal abuse in shopping centres and other settings outside of sex work and also from clients. While the abuse from clients related to her work as well as her racial origin, the abuse outside of work was purely racial. She stated that around half of her clients were ‘bad/crazy’ and verbally abusive, often using racial slurs against her. An example of what was said to her was “F***ing Asian, you moll”.

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)

“...when you have apps like Locanto, Backpage, Cracker, online directories -- that's such a big one -- all of a sudden, the industry has been out there in a way that it hasn't before. But it's also changed the physical things like where the work happens, what time it happens. E.g., a girl alone in a hotel room as opposed to a girl with a team of people around her in a brothel.” (ID08, female)

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 need 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)

Some participants described an increase in violent or disrespectful clients over time, but that perception was not universal. One ascribed this to the internet.

“I think it changed a lot and I think that at the moment people that hire prostitutes [sex workers] generally are a lot less respectful, and therefore demanding. When I started doing it, like oh, my gosh maybe 20 years ago, it was more romantic and special, and I think that the internet definitely put it down to just wanting to live out a fantasy act or something.” (ID02 male)

“But, there was a rapid increase in terms of like violent disrespectful behaviour towards me as well.” (ID01, female)

Some also observed an increase in the number of prospective clients that were using drugs, although again this was not universal. Another stated that with the decrease in demand for services, the absolute number of prospective clients using drugs had not increased, just the proportion.

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)

“Now too many girl working. Every lady go do this job because I live in, I see many, many students do this job.” (ID16, female)

Interestingly, a participant who was a private worker in regional WA had contact could be made with the occupier/s of the premises indicated in the complaint and, 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).

One participant described an increase in numbers of sex workers and also a change in attitudes towards sex workers with a greater acceptance and less stigmatisation at least with younger people. In her view, this was a very positive change.

“There's definitely more workers I think now than ever. And I feel like the attitude towards sex workers at least within the community I'm in has changed. Like when I tell people that I am a sex worker people want to actually talk to me about it. They want to become sex workers or whatever now, but I think that's because there's this glamorized idea that you make lots and lots of money all the time. It isn't necessarily true. And then I see that as being like a form of [inaudible] anyone. But yes, I feel its general more of an acceptance with younger people.” (ID05, female)

5.7 Venue audit

Twenty-two venue audits were completed by peer researchers. The venue audit tool assessed occupational health and safety measures when visiting sexual services premises.

Of the 22 sexual services premises audited (81.8%) were categorised as being a parlour or brothel (Table 39), including three CaLD 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.

At the time of the venue audit the premises audited had between one and six sex workers on site, and had between one and 10 rooms able to be sighted. The majority of venue audits were completed during night time visits to premises (n=13, 59.1%).

The most common health and safety features observed during premises visits were security cameras (n=19, 86.4%), a well-lit exterior (n=13, 59.1%) and regular contact with sex worker outreach organisations (n=13, 59.1%). Of note, two brothels offering escort services did not provide a driver (Table 38). During day visits it was difficult to determine whether the exterior was well-lit.

TABLE 38. Health and safety features of sexual services premises (could select more than one answer)

| | NUMBER | PERCENT |
|-----------------------------|--------|---------|
| 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 (n=5 premises, 22.7%) followed by occupational health and safety (OH&S) information at three premises (13.6%). At two premises (9.1%) 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. Sex worker resources identified included the key sex worker handbook the “red book” (Scarlet Alliance) and Magenta educational materials; OH&S information included signs stating that condoms must be used in all oral and penetrative sex and that \$6000 penalty fines apply; and client-targeted resources included signs asking clients to be respectful and wear a condom and that alcohol may affect your ability to perform. Peers also documented that some venues offered health promotion training in-house by management, condoms and lubricant were freely available in the lounge room and vending machines with sex toys were on display.

All health promotion resources were identified in parlour/brothel environments only, this included two of the three CaLD sexual services premises audited. It was unsurprising that in the 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 (n=19, 86.4%) and had welcoming staff (n=18, 81.8%). In addition many had staff rooms (n=15, 68.2%) and designated smoking areas (n=12, 54.5%). Peer researchers also noted premises having kitchens and displaying general house rules (Table 39).



TABLE 39. General ambience of sexual services premises (could select more than one answer)

| | NUMBER | PERCENT |
|--|--------|---------|
| 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 |

5.8 STI/BBV prevalence study

Access data

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 9 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 40). The sample was predominantly female, with 11% of individuals tested over the 9 year period being male.

TABLE 40. STI prevalence in three-year intervals from South Terrace Sexual Health clinic

| | Three-year period | | | Overall (individuals) |
|----------------------------|-------------------|-----------|-----------|--------------------------|
| | 2007-2009 | 2010-2012 | 2013-2015 | |
| Chlamydia | | | | |
| Tested | 70 | 78 | 60 | 177 |
| Diagnosed | 4 | 13 | 8 | 24 |
| Positivity | 5.7% | 16.7% | 13.3% | 13.6% |
| Gonorrhoea | | | | |
| Tested | 70 | 64 | 54 | 179 |
| Diagnosed | 1 | 3 | 3 | 7 |
| Positivity | 1.4% | 3.9% | 4.8% | 3.9% |
| Infectious syphilis | | | | |
| Tested | 59 | 75 | 53 | 159 |



| | | | | |
|----------------|----|------|------|------|
| Diagnosed | 0 | 2 | 1 | 3 |
| Diagnosis rate | -- | 2.7% | 1.9% | 1.9% |
| HIV | | | | |
| 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 41). Note gender was not available for all individuals.

TABLE 41. 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%) |
| Total | 38 | 50 | 69 | 71 | 88 | 89 |

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 42)

TABLE 42. Annual STI prevalence amongst sex workers clients of RPH sexual health clinic

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|--------------------|------|------|------|------|------|------|
| Chlamydia | | | | | | |
| 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% |
| Gonorrhoea | | | | | | |
| 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% |
| HIV | | | | | | |
| Tested | 46 | 48 | 63 | 72 | 87 | 85 |
| Diagnosed | 1 | 0 | 0 | 0 | 0 | 0 |
| Positivity | 2.2% | -- | -- | -- | -- | -- |
| Hepatitis C | | | | | | |
| 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 data

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.

5.9 Department of Attorney General data

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*). 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 or in view or within hearing of a public place.

The charges finalised for the soliciting offences in the courts are presented in Table 43 and 44. 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 43. Charges finalised in the WA 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 |
| Total | | | 20 | 89 | 39 | 9 | 22 | 71 | 62 | 17 | 35 | 20 | 3 | 19 | 7 | 13 | 1 | 1 |

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

TABLE 44. Charges finalised in the WA courts for soliciting (street) by worker 2000–2015

| Leg. Sectio | 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 | | | | | | | | |
| Total | | | 14 | 49 | 32 | 7 | 7 | 19 | 17 | 21 | 38 | 20 | 9 | 10 | 1 | 3 | 1 | 1 | |

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

Brothel offences

Brothel keeping legislation has changed over the period 2000 to 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 45). 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 45. Brothel keeping offences finalised in the WA 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 | |
| Total | | | 3 | 6 | 6 | 9 | 2 | 1 | | | | 1 | | | | | 1 | |

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 46) 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 46. Procuring charges finalised in the WA 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 47).

TABLE 47. Sponsorship offences finalised in the WA 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 | | | | | | |
| Total | | | | | | | | | | | | 3 | | | | | | |

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 48. This offence appears to have been more heavily policed during specific periods between 2000-2002 and 2005-2010 with only 1 charge after this in 2014.

TABLE 48. Charges finalised in the WA 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 | | | | | | | | | | | | | | |
| Total | | | 10 | 10 | 3 | | | 8 | 9 | 6 | 9 | 3 | 1 | | | | 1 | |

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 are 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 49 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 49. Child prostitution offences finalised in the WA 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 | | | | | | | | | | | |
| Total | | | 1 | 2 | 3 | 2 | 4 | | | 1 | | | | | | | | |
| s.18 | Dismissed | | | | | | | | | 1 | | | | | | | | |
| | Conviction | Intensive Supervision Order | | | | | | | | | | | | | | | 2 | |
| | Withdrawn | | | | | | | | | | | | | | 1 | | | 2 |
| Total | | | | | | | | | 1 | | | | | 1 | | 2 | 2 | |
| s.21 | Conviction | Community Based Order | | | 1 | | | | | | | | | | | | | |
| | | Conditional Release Order | | | 2 | | | | | | | | | | | | | |
| Total | | | | 3 | | | | | | | | | | | | | | |

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), 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 50). 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 5 years. This pattern is consistent with the prosecution numbers under street offences previously mentioned.

TABLE 50. Charges finalised in the WA courts for failure to comply with police direction 2000–2015

| Leg. Section | Outcome | Sentence (where applicable) | Year | | | | | | | | | | | | | | | | |
|--------------|------------|--------------------------------|-----------|-----------|----------|----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| | | | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | |
| s.11 | Dismissed | | | | | | 1 | | | | | | | | | | | | |
| Total | | | | | | | 1 | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| Total | | | 14 | 14 | 8 | 2 | 13 | 6 | 12 | 9 | 7 | 5 | 2 | 0 | 3 | 1 | 1 | 0 | |
| 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 | | | | | | | |
| Total | | | 8 | 9 | 2 | | 5 | 8 | 7 | 7 | 9 | 7 | 8 | | | | | | |

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

6.0 DISCUSSION

This large mixed methods study provides a contemporary picture of the sex industry in WA, including issues relating to sex worker health and safety, wellbeing, 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, Harcourt, Egger, Schneider, 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 WA, we believe that the study sample reflects the diversity of the sex industry in WA, 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 WA over the past 10 years, particularly the increase in private sex workers and relative decrease in brothel-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 et al., 2015). The high proportion of private workers in WA may be driven in part by WA 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 (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 WA 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 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/managers described a recent downturn in the sex industry in WA that reflects the overall downturn in the WA 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.

6.1 Health and Safety

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, et al., 2016; Callander, Read, et al., 2016; Donovan, Harcourt, Egger, Schneider, 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 et al., 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 WA overall. These findings contrast with the findings of the previous LASH study in WA, 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, Harcourt, Egger, Schneider, 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 WA (Donovan, Harcourt, Egger, Schneider, 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 WA (Donovan, Harcourt, Egger, Schneider, 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 WA 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 WA, as was the proportion of respondents reporting being threatened by one or more clients (Donovan, Harcourt, Egger, Schneider, 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 WA (Donovan, Harcourt, Egger, Schneider, 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 worker legislation in WA is an impediment to sex worker health and safety (Benoit et al., 2016; Donovan, Harcourt, Egger, Schneider, 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 et al., 2013; Bellhouse et al., 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 access to services (Lazarus et al., 2012).

Experiences of stigma and discrimination can also be internalised (Wong et al., 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. Between 2010 to 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 WA, 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.

6.2 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 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 CALD 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 (9). The employment of an Aboriginal peer researcher may have increased the proportion of Aboriginal workers in our study sample.

7.0 RECOMMENDATIONS

1. Sex work should be decriminalised in WA

Our study demonstrated a number of ways that the criminalisation of sex work in WA 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 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.

2. 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.

3. 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 Northgate 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.

4. Increase outreach of peer-based services to private sex workers and those from CaLD 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.

5. 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.

6. 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.

7. 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.



8.0 REFERENCES

- Abel, G. (2011). Different stage, different performance: the protective strategy of role play on emotional health in sex work. *Social Science & Medicine*, 72(7), 1177-1184.
doi:10.1016/j.socscimed.2011.01.021
- Abel, G., & Fitzgerald, L. (2012). 'The street's got its advantages': Movement between sectors of the sex industry in a decriminalised environment. *Health, Risk & Society*, 14(1), 7-23.
doi:10.1080/13698575.2011.640664
- Abel, G., Fitzgerald, L., & Brunton, C. (2009). The impact of decriminalisation on the number of sex workers in New Zealand. *Journal of Social Policy*, 38(3), 515-531.
doi:10.1017/S0047279409003080
- Allimant, A., & Ostapiej-Piatkowski, B. (2011). *Supporting women from CALD backgrounds who are victim/survivors of sexual violence: Challenges and opportunities for practitioners*. (ACSSA Wrap No. 9). Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies Retrieved from
<https://aifs.gov.au/publications/supporting-women-cald-backgrounds-who-are-victim-survivors-sexual-violence>.
- Australian Bureau of Statistics. (2008). *National survey of mental health and wellbeing: summary of results, 2007*. Retrieved from Canberra, ACT:
<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>
- Australian Institute of Health and Welfare. (2014). *National drug strategy household survey detailed report 2013*. Retrieved from Canberra, ACT:
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549848>
- Australian National Audit Office. (2006). *Visa management: working holiday makers*. (Audit report no. 7 2006–07). Canberra Retrieved from
<https://www.anao.gov.au/work/performance-audit/visa-management-working-holiday-makers>.
- Bates, J., & Berg, R. (2014). Sex workers as safe sex advocates: sex workers protect both themselves and the wider community from HIV. *AIDS Education and Prevention*, 26(3), 191-201. doi:10.1521/aeap.2014.26.3.191
- Begum, S., Hocking, J., Groves, J., Fairley, C., & Keogh, L. (2013). Sex workers talk about sex work: six contradictory characteristics of legalised sex work in Melbourne, Australia. *Culture, Health & Sexuality*, 15(1), 85-100. doi:10.1080/13691058.2012.743187
- Bellhouse, C., Crebbin, S., Fairley, C., & Bilardi, J. (2015). The impact of sex work on women's personal romantic relationships and the mental separation of their work and personal lives: a mixed-methods study. *PLOS ONE*, 10(10), e0141575.
doi:10.1371/journal.pone.0141575
- Benoit, C., Smith, M., Jansson, M., Magnus, S., Ouellet, N., Atchison, C., . . . Shaver, F. (2016). Lack of confidence in Police creates a "Blue Ceiling" for sex workers' safety. *Canadian Public Policy* 42(5), 456-468.
- Berger, I., & Mooney-Somers, J. (2015). *Smoking cessation programs for LGBTI people: A systematic review of content and effect*. Retrieved from Sydney, Australia:
<https://ses.library.usyd.edu.au/bitstream/2123/14075/2/Final%20Report%20Smoking%20Cessation%20Programs%20for%20LGBTI%20People%202015.pdf>



- Beyrer, C., Crago, A., Bekker, L., Butler, J., Shannon, K., Kerrigan, D., . . . Strathdee, S. (2014). An action agenda for HIV and sex workers. *The Lancet*, 385(9964), 287-301. doi:10.1016/S0140-6736(14)60933-8
- Bilardi, J., Miller, A., Hocking, J., Keogh, L., Cummings, R., Chen, M., . . . Fairley, C. (2011). The job satisfaction of female sex workers working in licensed brothels in Victoria, Australia. *The Journal of Sexual Medicine*, 8(1), 116-122. doi:10.1111/j.1743-6109.2010.01967.x
- Bimbi, D. (2007). Male prostitution: Pathology, paradigms and progress in research. *Journal of Homosexuality*, 53(1-2), 7-35. doi:10.1300/J082v53n01_02
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Brewis, J., & Linstead, S. (2000). 'The worst thing is the screwing' (1): consumption and the management of identity in sex work. *Gender, Work & Organization*, 7(2), 84-97. doi:10.1111/1468-0432.00096
- Callander, D., Cox, C., Schmidt, H., & Donovan, B. (2016). *Sex worker health surveillance: a report to the New South Wales Ministry of Health* Retrieved from <https://kirby.unsw.edu.au/sites/default/files/hiv/attachment/BRISE%20NSW%20Sex%20Worker%20Health%20Surveillance%20Report.pdf>
- Callander, D., Read, P., Prestage, G., Minichiello, V., Chow, E., Lewis, D., . . . Donovan, B. (2016). A cross-sectional study of HIV and STIs among male sex workers attending Australian sexual health clinics. *Sexually Transmitted Infections*, 1-4.
- City of Sydney. (2006). *Adult entertainment and sex industry premises development control plan*. Retrieved from Sydney, Australia: http://www.cityofsydney.nsw.gov.au/__data/assets/pdf_file/0003/119532/AdultEntertainmentAndSexIndustryPremisesDCP2006.pdf
- Cunningham, S., & Kendall, T. D. (2011). Prostitution 2.0: The changing face of sex work. *Journal of Urban Economics*, 69(3), 273-287. doi:http://dx.doi.org/10.1016/j.jue.2010.12.001
- Dalla, R., Xia, Y., & Kennedy, H. (2003). "You just give them what they want and pray they don't kill you". *Violence Against Women*, 9(11), 1367-1394. doi:10.1177/1077801203255679
- Decker, M., Crago, A., Chu, S., Sherman, S., Seshu, M., Buthelezi, K., . . . Beyrer, C. (2014). Human rights violations against sex workers: burden and effect on HIV. *The Lancet*, 385(9963), 186-199. doi:10.1016/S0140-6736(14)60800-X
- Donovan, B., & Harcourt, C. (1996). The female sex industry in Australia: a health promotion model. *Venereology*, 9, 63-67.
- Donovan, B., Harcourt, C., Egger, S., & Fairley, C. (2010). Improving the health of sex workers in NSW: maintaining success. *New South Wales Public Health Bulletin*, 21(4), 74-77. doi:10.1071/NB10013
- Donovan, B., Harcourt, C., Egger, S., Schneider, K., O'Connor, J., Marshall, L., . . . Fairley, C. (2010). *The sex industry in Western Australia: a report to the Western Australian Government*. Retrieved from Sydney: <https://kirby.unsw.edu.au/sites/default/files/hiv/attachment/WASexReport.pdf>
- Donovan, B., Harcourt, C., Egger, S., Watchirs Smith, L., Schneider, K., Kaldor, J., . . . Tabrizi, S. (2012). *The sex industry in New South Wales: a report to the NSW Ministry of Health*. Retrieved from Sydney: <http://www.acon.org.au/wp-content/uploads/2015/04/NSW-Sex-Industry-Report-CSRH-2012.pdf>
- El-Hayek, C., van Gemert, C., Bowring, A., Feigin, A., & Stoové, M. (2011). *Review of clinical and health promotion services for sex workers in Western Australia: Prepared for the Western Australian Department of Health*. Retrieved from Melbourne, Australia



- https://www.burnet.edu.au/system/asset/file/1125/2011_WA_review_of_sex_worker_project_FINAL.pdf
- Estcourt, C., Marks, C., Rohrsheim, R., Johnson, A., Donovan, B., & Mindel, A. (2000). HIV, sexually transmitted infections, and risk behaviours in male commercial sex workers in Sydney. *Sexually Transmitted Infections*, 76(4), 294-298.
- Fox, J., Tideman, R., Gilmour, S., Marks, C., van Beek, I., & Mindel, A. (2006). Sex work practices and condom use in female sex workers in Sydney. *International Journal of STD & AIDS*, 17(5), 319-323. doi:10.1258/095646206776790240
- Giusta, M., Di Tommaso, M., & Strøm, S. (2009). Who is watching? The market for prostitution services. *Journal of Population Economics*, 22(2), 501-516. doi:10.1007/s00148-007-0136-9
- Global Commission on HIV and the Law. (2012). *HIV and the law: risks, rights & health*. Retrieved from <http://www.hivlawcommission.org/resources/report/Executive-Summary-GCHL-EN.pdf>
- Government of Western Australia. (2013). *Prostitution Act 2000*. Perth, Australia: Government of Western Australia, Department of the Premier and Cabinet Retrieved from [https://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:25227P/\\$FILE/Prostitution%20Act%202000%20-%20\[02-00-03\].pdf?OpenElement](https://www.slp.wa.gov.au/pco/prod/FileStore.nsf/Documents/MRDocument:25227P/$FILE/Prostitution%20Act%202000%20-%20[02-00-03].pdf?OpenElement).
- Ham, J., & Gerard, A. (2013). Strategic in/visibility: Does agency make sex workers invisible? *Criminology & Criminal Justice*, 14(3), 298-313. doi:10.1177/1748895813500154
- Harcourt, C., & Donovan, B. (2005). The many faces of sex work. *Sexually Transmitted Infections*, 81(3), 201.
- Harcourt, C., Egger, S., & Donovan, B. (2005). Sex work and the law. *Sexual Health*, 2(3), 121-128.
- Harcourt, C., O'Connor, J., Egger, S., Fairley, C., Wand, H., Chen, M., . . . Donovan, B. (2010). The decriminalisation of prostitution is associated with better coverage of health promotion programs for sex workers. *Australian and New Zealand Journal of Public Health*, 34(5), 482-486. doi:10.1111/j.1753-6405.2010.00594.x
- Harcourt, C., van Beek, I., Heslop, J., McMahon, M., & Donovan, B. (2001). The health and welfare needs of female and transgender street sex workers in New South Wales. *Australian and New Zealand Journal of Public Health*, 25(1), 84-89. doi:10.1111/j.1467-842X.2001.tb00556.x
- Harris, M., Nilan, P., & Kirby, E. (2011). Risk and risk management for Australian sex workers. *Qualitative Health Research*, 21(3), 386-398. doi:10.1177/1049732310385253
- Hubbard, P., & Prior, J. (2013). Out of sight, out of mind? Prostitution policy and the health, well-being and safety of home-based sex workers. *Critical Social Policy*, 33(1), 140-159. doi:10.1177/0261018312449807
- Immordino, G., & Russo, F. (2015). Laws and stigma: the case of prostitution. *European Journal of Law and Economics*, 40(2), 209-223. doi:10.1007/s10657-015-9491-2
- Jefferys, E., & Perkins, R. (2011). Sex work, migration, HIV and trafficking: Chinese and other migrant sex workers in Australia *Intersections: Gender and Sexuality in Asia and the Pacific*, 26.
- Jeffrey, L., & Sullivan, B. (2009). Canadian sex work policy for the 21st century: enhancing rights and safety, lessons from Australia. *Canadian Political Science Review*, 3(1), 57-76.
- Kerrigan, D., Kennedy, C., Morgan-Thomas, R., Reza-Paul, S., Mwangi, P., Win, K., . . . Butler, J. (2015). A community empowerment approach to the HIV response among sex workers:



- effectiveness, challenges, and considerations for implementation and scale-up. *The Lancet*, 385(9963), 172-185. doi:10.1016/S0140-6736(14)60973-9
- Lazarus, L., Deering, K., Nabess, R., Gibson, K., Tyndall, M., & Shannon, K. (2012). Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. *Culture, Health & Sexuality*, 14(2), 139-150. doi:10.1080/13691058.2011.628411
- Lea, T., Mao, L., Hopwood, M., Prestage, G., Zablotska, I., de Wit, J., & Holt, M. (2016). Methamphetamine use among gay and bisexual men in Australia: Trends in recent and regular use from the Gay Community Periodic Surveys. *International Journal of Drug Policy*, 29, 66-72. doi:10.1016/j.drugpo.2016.01.003
- Lee-Gonyea, J., Castle, T., & Gonyea, N. (2009). Laid to order: Male escorts advertising on the internet. *Deviant Behavior*, 30(4), 321-348. doi:10.1080/01639620802168858
- Li, B., Bi, P., Waddell, R., Chow, E., Donovan, B., McNulty, A., . . . Fairley, C. (2015). Was an epidemic of gonorrhoea among heterosexuals attending an Adelaide sexual health services associated with variations in sex work policing policy? *Sexually Transmitted Infections*.
- Lyons, T., Krüsi, A., Pierre, L., Kerr, T., Small, W., & Shannon, K. (2017). Negotiating violence in the context of transphobia and criminalization. *Qualitative Health Research*, 27(2), 182-190. doi:10.1177/1049732315613311
- Mawulisa, S. (2002). *Principles of peer education with sex workers*. Scarlet Alliance Sex Industry Network. Sydney, Australia. Retrieved from <http://www.scarletalliance.org.au/library/mawulisa02>
- McKewon, E. (2003). The historical geography of prostitution in Perth, Western Australia. *Australian Geographer*, 34(3), 297-310. doi:10.1080/0004918032000152393
- McLean, A. (2013). *An evolving trade? Male sex work and the internet*. (Doctor of Philosophy), RMIT University Melbourne, Australia Retrieved from <https://researchbank.rmit.edu.au/eserv/rmit:160406/McLean.pdf>
- Minichiello, V., Marino, R., Browne, J., Jamieson, M., Peterson, K., Reuter, B., & Robinson, K. (2002). Male sex workers in three Australian cities. *Journal of Homosexuality*, 42(1), 29-51. doi:10.1300/J082v42n01_02
- Minichiello, V., Mariño, R., Browne, J., Jamieson, M., Peterson, K., Reuter, B., & Robinson, K. (1999). A profile of the clients of male sex workers in three Australian cities. *Australian and New Zealand Journal of Public Health*, 23(5), 511-518. doi:10.1111/j.1467-842X.1999.tb01308.x
- Minichiello, V., Scott, J., & Callander, D. (2013). New pleasures and old dangers: reinventing male sex work. *The Journal of Sex Research*, 50(3-4), 263-275. doi:10.1080/00224499.2012.760189
- Minichiello, V., Scott, J., & Callander, D. (2015). A new public health context to understand male sex work. *BMC Public Health*, 15(1), 282. doi:10.1186/s12889-015-1498-7
- Ministry of Justice. (2008). *Report of the Prostitution Law Review Committee on the Operation of the Prostitution Reform Act 2003*. Retrieved from Wellington, New Zealand:
- Murray, L., Lippman, S., Donini, A., & Kerrigan, D. (2010). 'She's a professional like anyone else': social identity among Brazilian sex workers. *Culture, Health & Sexuality*, 12(3), 293-306. doi:10.1080/13691050903450122
- Neame, A., & Heenan, M. (2003). *What lies behind the hidden figure of sexual assault? Issues of prevalence and disclosure*. (ACSSA Briefing No. 1). Melbourne, Australia: Australian Institute of Family Studies Retrieved from <https://aifs.gov.au/publications/what-lies-behind-hidden-figure-sexual-assault>.



- Neave, M. (1988). The failure of prostitution law reform. *Australian & New Zealand Journal of Criminology*, 21(4), 202-213. doi:10.1177/000486588802100403
- O'Connor, C., Berry, G., Rohrsheim, R., & Donovan, B. (1996). Sexual health and use of condoms among local and international sex workers in Sydney. *Genitourinary Medicine*, 72(1), 47.
- O'Doherty, T. (2011). Criminalization and off-street sex work in Canada. *Canadian Journal of Criminology and Criminal Justice*, 53(2), 217-245. doi:10.3138/cjccj.53.2.217
- Pell, C., Dabhadatta, J., Harcourt, C., Tribe, K., & O'Connor, C. (2006). Demographic, migration status, and work-related changes in Asian female sex workers surveyed in Sydney, 1993 and 2003. *Australian and New Zealand Journal of Public Health*, 30(2), 157-162. doi:10.1111/j.1467-842X.2006.tb00110.x
- Perkins, R. (1994). *Sex work and sex workers in Australia*. NSW, Australia: UNSW Press.
- Perkins, R., & Lovejoy, F. (2007). *Call girls: private sex workers in Australia*. Crawley, Western Australia: University of Western Australia Press.
- Pratt, L. A., Dey, A. N., & Cohen, A. J. (2007). Characteristics of adults with serious psychological distress as measured by the K6 scale: United States, 2001-04. *Advance Data from Vital and Health Statistics*, 382, 1-18.
- Prestage, G., Jin, F., Bavinton, B., & Hurley, M. (2014). Sex workers and their clients among Australian gay and bisexual men. *AIDS and Behavior*, 18(7), 1293-1301. doi:10.1007/s10461-014-0755-6
- Prostitution Licensing Authority. (2009). *Annual Report 2008-09*. Retrieved from Brisbane, Australia: <http://www.parliament.qld.gov.au/Documents/TableOffice/TabledPapers/2009/5309T1380.pdf>
- Prostitution Licensing Authority. (2016). *Annual Report 2015-2016*. Retrieved from Brisbane, Australia: <http://www.pla.qld.gov.au/Resources/PLA/reportsPublications/annualReport/2016/PLAannualreport2015-16.pdf>
- Quadara, A. (2008). *Sex workers and sexual assault in Australia: Prevalence, risk and safety*. Retrieved from Melbourne: <http://www.aifs.gov.au/acssa/pubs/issue/i8.html>
- Read, P., Wand, H., Guy, R., Donovan, B., & McNulty, A. (2012). Unprotected fellatio between female sex workers and their clients in Sydney, Australia. *Sexually Transmitted Infections*, 88(8), 581.
- Rekart, M. (2005). Sex-work harm reduction. *The Lancet*, 366(9503), 2123-2134. doi:10.1016/S0140-6736(05)67732-X
- Renshaw, L., Kim, J., Fawkes, J., & Jeffreys, E. (2015). *Migrant sex workers in Australia*. Retrieved from http://www.aic.gov.au/media_library/publications/rpp/131/rpp131.pdf
- Richters, J., de Visser, R., Badcock, P., Smith, A., Rissel, C., Simpson, J., & Grulich, A. (2014). Masturbation, paying for sex, and other sexual activities: the Second Australian Study of Health and Relationships. *Sexual Health*, 11(5), 461-471. doi:10.1071/SH14116
- Rissel, C., Donovan, B., Yeung, A., de Visser, R., Grulich, A., Simpson, J., & Richters, J. (2017). Decriminalization of sex work is not associated with more men paying for sex: results from the Second Australian Study of Health and Relationships. *Sexuality Research and Social Policy*, 14(1), 81-86. doi:10.1007/s13178-016-0225-1
- Rissel, C., Richters, J., Grulich, A., de Visser, R., & Smith, A. (2003). Sex in Australia: experiences of commercial sex in a representative sample of adults. *Australian and New Zealand Journal of Public Health*, 27(2), 191-197. doi:10.1111/j.1467-842X.2003.tb00807.x



- Rössler, W., Koch, U., Lauber, C., Hass, A. K., Altwegg, M., Ajdacic-Gross, V., & Landolt, K. (2010). The mental health of female sex workers. *Acta Psychiatrica Scandinavica*, *122*(2), 143-152. doi:10.1111/j.1600-0447.2009.01533.x
- Roxburgh, A., Degenhardt, L., & Copeland, J. (2006). Posttraumatic stress disorder among female street-based sex workers in the greater Sydney area, Australia. *BMC Psychiatry*, *6*, 24-24. doi:10.1186/1471-244X-6-24
- Sanders, T. (2002). The condom as psychological barrier: female sex workers and emotional management. *Feminism and Psychology*, *12*(4), 561-566.
- Sanders, T. (2005). 'It's just acting': sex workers' strategies for capitalizing on sexuality. *Gender, Work & Organization*, *12*(4), 319-342. doi:10.1111/j.1468-0432.2005.00276.x
- Sanders, T., & Campbell, R. (2007). Designing out vulnerability, building in respect: violence, safety and sex work policy. *The British Journal of Sociology*, *58*(1), 1-19. doi:10.1111/j.1468-4446.2007.00136.x
- Scambler, G. (2007). Sex work stigma: opportunist migrants in London. *Sociology*, *41*(6), 1079-1096. doi:10.1177/0038038507082316
- Scambler, G., & Paoli, F. (2008). Health work, female sex workers and HIV/AIDS: Global and local dimensions of stigma and deviance as barriers to effective interventions. *Social Science & Medicine*, *66*(8), 1848-1862. doi:10.1016/j.socscimed.2008.01.002
- Scott, J., Minichiello, V., & Meenagh, J. (2015). Male escorts in Australia. In P. Aggleton & R. Parker (Eds.), *Men who sell sex: Global perspectives*. London: Routledge.
- Seib, C., Debattista, J., Fischer, J., Dunne, M., & Najman, J. (2009). Sexually transmissible infections among sex workers and their clients: variation in prevalence between sectors of the industry. *Sexual Health*, *6*(1), 45-50. doi:10.1071/SH08038
- Seib, C., Dunne, M., Fischer, J., & Najman, J. (2012). Predicting the job satisfaction of female sex workers in Queensland, Australia. *International Journal of Sexual Health*, *24*(2), 99-111. doi:10.1080/19317611.2011.632073
- Seib, C., Fischer, J., & Najman, J. (2009). The health of female sex workers from three industry sectors in Queensland, Australia. *Social Science & Medicine*, *68*(3), 473-478. doi:10.1016/j.socscimed.2008.10.024
- Sex Services Premises Planning Advisory Panel. (2004). *Sex services premises planning guidelines*. Retrieved from New South Wales, Australia: http://www.scarletalliance.org.au/library/ssppg_04
- Shannon, K., & Csete, J. (2010). Violence, condom negotiation, and HIV/STI risk among sex workers. *Journal of the American Medical Association*, *304*(5), 573-574. doi:10.1001/jama.2010.1090
- Sherman, S., Footer, K., Illangasekare, S., Clark, E., Pearson, E., & Decker, M. (2015). "What makes you think you have special privileges because you are a police officer?" A qualitative exploration of police's role in the risk environment of female sex workers. *AIDS Care*, *27*(4), 473-480. doi:10.1080/09540121.2014.970504
- Sloss, C. M., & Harper, G. W. (2010). Legal service needs and utilization of women who trade sex. *Sexuality Research & Social Policy*, *7*, 229-241.
- Socias, M., Deering, K., Horton, M., Nguyen, P., Montaner, J., & Shannon, K. (2015). Social and structural factors shaping high rates of incarceration among sex workers in a Canadian setting. *Journal of Urban Health*, *92*(5), 966-979. doi:10.1007/s11524-015-9977-9
- Walker, S., Bellhouse, C., Fairley, C., Bilardi, J., & Chow, E. (2016). Pharyngeal gonorrhoea: the willingness of Australian men who have sex with men to change current sexual practices



- to reduce their risk of transmission—a qualitative study. *PLOS ONE*, 11(12), e0164033.
doi:10.1371/journal.pone.0164033
- Warr, D., & Pyett, P. (1999). Difficult relations: sex work, love and intimacy. *Sociology of Health & Illness*, 21(3), 290-309. doi:10.1111/1467-9566.00157
- Weitzer, R. (2009). Legalizing prostitution: Morality politics in Western Australia. *British Journal of Criminology*, 49, 88-105. doi:10.1093/bjc/azn027
- Wong, W., Holroyd, E., & Bingham, A. (2011). Stigma and sex work from the perspective of female sex workers in Hong Kong. *Sociology of Health & Illness*, 33(1), 50-65.
doi:10.1111/j.1467-9566.2010.01276.x
- Woodward, C., Fischer, J., Najman, J., & Dunne, M. (2004). *Selling sex in Queensland 2003: A study of prostitution in Queensland*. Retrieved from Brisbane:
<http://www.pla.qld.gov.au/Resources/PLA/reportsPublications/sellingSex/documents/sellingSexInQLD.pdf>



9.0 APPENDICES

Appendix A. Key advisor interview guide – sex worker

About the advisor:

- 1. Date of interview: _____ ID Code: _____

Local sex worker issues identified by advisor:

- 2. How many parlours/brothels or escort agencies do you know about in Perth? What about outside of Perth (in WA)?

Perth

| | |
|---|-----------------|
| Parlours/Brothels | No. of parlours |
| Approximate number of sex workers working in the parlours | |
| Escort Agencies | No. of agencies |
| Approximate number of sex workers working in the agencies | |

Outside of Perth

| | |
|---|-----------------|
| Parlours/Brothels | No. of parlours |
| Approximate number of sex workers working in the parlours | |
| Escort Agencies | No. of agencies |
| Approximate number of sex workers working in the agencies | |

Other

- 3. How many private sex workers do you know personally within Western Australia? Number of men, number of women, number of trans Men, number of trans Women

- 4. How many street-based sex workers do you know personally within Western Australia? Number of men, number of women, number of trans Men, number of trans Women

- 5. Are you aware of women or men coming to Perth for the purpose of sex work from:

| | |
|-------------|-----------|
| Interstate? | Overseas? |
|-------------|-----------|

Comment: (where from / how many?)



6. Have you noticed any changes in the sex industry within Western Australia over the past 5-10 years?

Yes No

Reasons for change?

7. Are you aware of any (other) health services, including outreach, that provide services to sex workers in Western Australia?
8. Would you like to comment on any other issues relating to sex work in Western Australia; for example homelessness, childcare, migration, or social conditions?
9. *If the respondent has experience in another state:* In what way is the sex industry in Perth or Western Australia different?
10. Do you know anyone else who is particularly knowledgeable about sex work in Perth or in other parts of Western Australia?

Name:

Position:

Phone:

Email:

11. Are you willing to provide us with a list of parlours with approx. numbers of workers in each?

Yes No

Reference to list/names:

12. Are you willing to provide us with a list of escort agencies with approx. numbers of workers in each?

Yes No

Reference to list/names:

13. Can you suggest ways that we can get in touch with sex workers in Perth or regional areas (e.g. advertising, websites), particularly private workers, men and workers from CaLD backgrounds?

14. Can you suggest anyone who might be willing to work as a peer researcher for this project? (ask them to contact Kahlia and give card)

Yes No



15. Would you be willing to provide these cards/flyers to people in your network who may be interested in completing our survey?

Yes No

Appendix B. Key advisor interview guide – local government

About the advisor:

1. Date of interview: ID Code:
2. Title or role of advisor:
3. Employed by:

Other
4. Relationship with the sex industry:
5. Types and numbers of SWs contacted in past 12 months:
Street
Brothel
Private
Escort
NESB
Other

Local sex worker issues identified by advisor:

6. Have you received any complaints about the sex industry in your local government area in the past 5 years? Yes No

If Yes, what were the nature of the complaints and approximately how many?

If yes, what was the nature of the land use (e.g. shop front, residential, industrial building) and what zoning was the site(s) located in?

If Yes, what was the response to the complaints? (Prompt, what do you usually do when a complaint is received? Did you/do you involve other agencies?)
7. Have you noticed any changes in the sex industry within Western Australia over the past 5-10 years?

Yes No



(Describe)

Reasons for change?

8. Are you aware of any brothel managers or massage parlours offering sexual services in your area? Yes No

If so, how many are you aware of?

Brothels Massage Parlours

9. What are your impressions of brothel managers in parlours in your area? On the whole do they co-operate with:

| | | |
|--------------------------------------|-----|----|
| Your organisation? | Yes | No |
| Health workers? | Yes | No |
| Peer educators? | Yes | No |
| OH&S issues? | Yes | No |
| Council regulations | Yes | No |
| Do they support safer sex practices? | Yes | No |

Comment:

10. Are you aware of any groups of sex workers that are particularly out of the reach of health services or peer educators? Why are they out of reach?

11. To what extent, and by whom, are the sex workers in your city subject to violence? Parlours/brothel workers:

Other workers:

12. What are the most common charges laid against sex workers, while they are working?

13. How heavily is the law policed?

14. Are you aware of any coercive behaviour or presence by the police, other than enforcing the law?

15. Do you have any general comments about the way the criminal law and its enforcement affects the everyday lives of sex workers in Western Australia?



16. Are you aware of any criminal activity (other than sex work itself) associated with any part of Western Australia's sex industry? Is protection money paid to anyone?
17. Are you aware of any health services, including outreach, that provide services to sex workers within Western Australia?
18. Would you like to comment on any other issues relating to sex work in Western Australia; for example homelessness, childcare, migration, or social conditions?
19. If the respondent has experience in another state: In what way is the sex industry in Perth or Western Australia different?
20. Do you know anyone else who is particularly knowledgeable about sex work in Perth or in other parts of Western Australia?

Name:

Position:

Phone:

Email:

21. Are there any local reports or surveys we can refer to?

Yes

No

Reference:

Appendix C. Key advisor interview guide – other organisation

1. Date of interview:
2. ID Code:
3. Title or role of advisor:
4. Employed by:
 - Local Government
 - Other
5. Relationship with the sex industry:
6. Types and numbers of SWs contacted in past 12 months:
 - Street
 - Brothel
 - Private
 - Escort
 - NESB
 - Other
7. Have you received any complaints about the sex industry in your local government area in the past 5 years?
 - Yes No
 - If yes, what were the nature of the complaints and approximately how many?
 - If yes, what was the nature of the land use (e.g. shop front, residential, industrial building) and what zoning was the site(s) located in?
 - If yes, what was the response to the complaints? (Prompt, what do you usually do when a complaint is received? (Did you/do you involve other agencies?))
8. Have you noticed any changes in the sex industry within Western Australia over the past 5-10 years?
 - Yes No
 - Reasons for change?



9. Are you aware of any brothel managers or massage parlours offering sexual services in your area?

Yes No

If so, how many are you aware of?

Brothels

Massage Parlours

10. What are your impressions of brothel managers in parlours in your area? On the whole do they co-operate with:

Your organisation? Yes No

Health workers? Yes No

Peer educators? Yes No

OH&S issues? Yes No

Council regulations Yes No

Do they support safer sex practices? Yes No

Comment:

11. Are you aware of any groups of sex workers that are particularly out of the reach of health services or peer educators? Why are they out of reach?

12. To what extent, and by whom, are the sex workers in your city subject to violence?

Parlours/brothel workers:

Other workers:

13. What are the most common charges laid against sex workers, while they are working?

14. How heavily is the law policed?

15. Are you aware of any coercive behaviour or presence by the police, other than enforcing the law?

16. Do you have any general comments about the way the criminal law and its enforcement affects the everyday lives of sex workers in Western Australia?

17. Are you aware of any criminal activity (other than sex work itself) associated with any part of Western Australia's sex industry? Is protection money paid to anyone?



- 18.** Are you aware of any health services, including outreach, that provide services to sex workers within Western Australia?
- 19.** Would you like to comment on any other issues relating to sex work in Western Australia; for example homelessness, childcare, migration, or social conditions?
- 20.** If the respondent has experience in another state: In what way is the sex industry in Perth or Western Australia different?
- 21.** Do you know anyone else who is particularly knowledgeable about sex work in Perth or in other parts of Western Australia?
- 22.** Are there any local reports or surveys we can refer to?

Appendix D. Sex worker survey

ID NUMBER: _____

LAW AND SEX WORKER HEALTH (LASH) PROJECT

SEX WORKER SURVEY

1. Are you 18 years old or above?

- Yes No *Please stop the survey

SECTION ONE: ABOUT YOU

2. What is your country of birth?

3. If you were born overseas, what year did you arrive in Australia?

4. How old are you?

- 18-20 years 21-25 years 26-30 years 31-35 years
 36-40 years 41-45 years 46-50 years 51-55 years
 56-60 years 61+ years

5. What gender do you identify as?

- Male Female Genderqueer Decline to state

6. What sex were you assigned at birth?

- Male Female Decline to state

7. When you work as a sex worker which gender do you work as? (Mark all the apply)

- Male Female Transgender Decline to state

8. Are you of Aboriginal or Torres Strait Islander decent?

- Yes, Aboriginal Yes, Torres Strait Islander No

9. What language do you prefer to speak at home?

- English Other (please specify)

10. How would you rate your English language skills?

- Good Fair Poor



11. What is your highest level of education?

- Primary School (or similar)
- High School (or similar)
- Diploma or Trade Certificate (or similar)
- University Degree (or similar)
- Unsure

12. Do you have Medicare entitlements?

- Yes
- No
- Unsure

13. Is sex work your main source of income?

- Yes
- No

14. Do you share your income with anyone?

- Yes
- No (skip to question 16)

15. How many people do you share your income with?

- Adults (please specify how many)
- Children under the age of 18 (please specify how many)

16. Do you have a support network? (E.g. do you have someone who would look after you if you were sick at home)

- Yes
- No (skip to question 18)
- Unsure

17. Who is in your support network? (Mark all that apply)

- Partner / boyfriend / girlfriend
- Another sex worker
- Flatmate
- Friend
- Parent
- Several people
- A group (religious / community / self-help)
- Other (please specify)

SECTION TWO: YOUR WORK

18. How long have you worked in the sex industry in Australia?

19. How long have you worked in the sex industry in total? (If you have not worked continuously in the sex industry, please indicate how long you have worked in the sex industry in total combined)



20. What type of sex work do you currently do? (Mark all that apply)

- Parlour or brothel
- Escort agency
- Private work (sole operator)
- Massage shop
- Street-based
- Other (please specify)

21. Overseas, what type of sex work have you ever done? (Mark all that apply)

- Parlour or brothel
- Escort agency
- Private work (sole operator)
- Massage shop
- Street-based
- Bar or hotel work
- Other (please specify)
- I haven't worked overseas

22. Why did you choose to work in the type of sex work that you do? (Mark all that apply)

- I like my work mates
- I like the management
- It pays better
- It is more discreet
- Location is more convenient
- It is safer (better security)
- The clients are better
- Drug friendly workplace
- It was all that was available / or that I know of
- Not as many rules (as the parlours or brothels)
- Better services (i.e. clothes hire, food provided)
- To avoid trouble with police / council / immigration
- Sex worker support / peer-educators / health service providers come by
- Flexible working conditions (please describe)
- Other (please specify)

23. How many hours in an average week do you work as a sex worker?

24. If you work at a brothel / parlour / massage shop which of the following are provided at your workplace? (Mark all that apply) (Otherwise skip to question 26)

- Receptionist
- Dressing / relaxation room
- Food preparation / tea room
- Smokers' room
- Security guard
- Security cameras
- Duress / room alarm
- Intercom



- Driver (for outcalls)
- Condoms (one size only)
- Dams
- Lubricant
- Cleaning fluid / disinfectant container)
- Clean linen or towels
- Safe sex information for staff
- Taxi (for outcalls)
- Condoms (multiple sizes)
- Latex gloves
- Wet wipes
- Needle disposal bin (sharps)
- Safe sex information for clients

25. Are there shift fees or other charges for the supply or use of any of the items listed previously which are provided by your workplace? If yes, please specify item and fee / cost.

26. If you work for an escort agency which of the following are provided to you? (Mark all that apply) (Otherwise skip to question 27)

- Receptionist
- Personal safety alarm
- Driver
- Condoms (one size only)
- Dams
- Lubricant
- Safe sex information for staff
- Someone who pre-arranges locations for you to meet clients
- Security guard
- Company protocols to help keep you safe
- Taxi or hire car
- Condoms (multiple sizes)
- Latex gloves
- Safe sex information for clients

27. Where did you learn about safer sex and sex work skills? (Mark all that apply)

- Nowhere
- I learnt from my local GP / doctor
- I learnt from the internet
- I learnt from friends away from work
- I learnt from information booklets
- I learnt from health workers or peer-educators that come to my work (face-to-face)
- Other (please specify)
- I learnt on the job from other workers
- I learnt from a sexual health centre
- I learnt from clients

28. How often do peer-educators from Magenta visit you or your workplace?

- Never
- Less than once a year



- 1-4 times a year
- 5 or more times a year
- Unsure
- Not applicable

SECTION THREE: SEX WORK AND THE LAW

29. Have you ever moved state (or country) because of laws about sex work?

- Yes (please specify what state or country you left)
- No

30. Have you ever changed your workplace within Western Australia because of the laws?

- Yes (please specify reasons why)
- No

31. Do the police visit your current workplace? (Do not include visits as paying clients)

- Never
- 1-4 times a year
- Unsure
- 5 or more times a year
- Less than once per year

32. In the last 12 months have the police ever arrested / detained anyone in your workplace?

- Yes
- No
- Unsure

33. In the last 12 months have the police charged anyone in your workplace with an offence?

- Yes
- No (skip to question 37)
- Unsure (skip to question 37)

34. Can you state what the charges were?

35. Did the premise close down after the chargers were laid?

- Yes
- No
- Unsure

36. Did the premise open up elsewhere after the charges were laid?

- Yes
- No
- Unsure

37. In the last 12 months have you had any personal experiences with police in regards to you working as a sex worker?

- Yes
- No (skip to question 39)
- Unsure (skip to question 39)



38. Please answer yes or no to the following statements in regards to your experience with police

| | Yes | No |
|--|--------------------------|--------------------------|
| On the whole police are supportive and helpful | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been threatened with arrest | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been threatened with violence | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been physically assaulted | <input type="checkbox"/> | <input type="checkbox"/> |
| I have had money demanded from me | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been pressured into providing sexual services | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Yes, once or twice | Yes, more than twice | No |
|---|--------------------------|--------------------------|--------------------------|
| Threatened you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assaulted you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressured you to you something you didn't want to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

40. As a sex worker how comfortable are you about going to the police with complaints such as sexual assault, threats, theft, unpaid services etc.?

- Very comfortable
- Comfortable
- Somewhat comfortable
- Not comfortable
- Very uncomfortable

41. In the last 12 months have any of the following officials ever visited your workplace?



| | Yes, once or twice | Yes, more than twice | No | Unsure |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Immigration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local Council | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tax Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WorkSafe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Centrelink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION FOUR: YOUR WELL-BEING

Given the illegal nature of sex work in Western Australia we are interested to know how this may affect your well-being.

The following questions relate to how you've been feeling over the past 4 weeks. For each statement please tick the answer that best reflects your thoughts, feelings and behaviours.

42. In the past four weeks, about how often did you feel ...

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Tired out for not good reason | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nervous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| So nervous that nothing could calm you down | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hopeless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restless or fidgety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| So restless you could not sit still | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Depressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Everything was an effort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| So sad that nothing could cheer you up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worthless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

43. Does working as a sex worker enhance or hinder your well-being? (Please explain)

SECTION FIVE: ALCHOL AND DRUG USE

For the next question, please select the answer that matches best to the definitions of the Standard Drinks Guide below.

The bold number under each drink equals to the number of standard drinks the drink contains.

Standard Drinks Guide

| | | | | | | | | | |
|---|---|---|---|---|---|--|---|---|---|
|  |  |  |  |  |  |  |  |  |  |
| 1.5 | 1 | 0.8 | 1.5 | 1 | 0.8 | 1 | 0.7 | 0.5 | 1.5 |
| 375ml Full Strength Beer 4.9% Alc./Vol | 375ml Mid Strength Beer 3.5% Alc./Vol | 375ml Light Beer 2.7% Alc./Vol | 375ml Full Strength Beer 4.9% Alc./Vol | 375ml Mid Strength Beer 3.5% Alc./Vol | 375ml Light Beer 2.7% Alc./Vol | 285ml Middy/Pot* Full Strength Beer 4.9% Alc./Vol | 285ml Middy/Pot* Mid Strength Beer 3.5% Alc./Vol | 285ml Middy/Pot* Light Beer 2.7% Alc./Vol | 170ml Standard Serve of Sparkling Wine/ Champagne 11.5% Alc/Vol |
|  |  |  |  |  |  |  |  |  | |
| 1.5 | 1.5 | 1 | 22 | 0.9 | 1 | 1.8 | 7 | 38 | |
| 375ml Pre-mix Spirits 5% Alc/Vol | 340ml Alcoholic Soda 5.5% Alc/Vol | 30ml Spirit Nip 40% Alc/Vol | 700ml Bottle of Spirits 40% Alc/Vol | 60ml Port/Sherry Glass 18% Alc./Vol. | 100ml Standard Serve of Wine 12% Alc/Vol | 180ml Average Restaurant Serve of Wine 12% Alc/Vol | 750ml Bottle of Wine 12% Alc/Vol | 4 Litres Cask Wine 12% Alc/Vol | |

* NSW, WA, ACT = Middy; VIC, QLD, TAS = Pot; NT = Handle; SA = Schooner

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



Never

Less than monthly

Monthly

Weekly

Daily or almost daily

45. Do you use any of the following? (Mark all that apply)

| | No | Yes in the last 12 months | Currently using |
|---|--------------------------|---------------------------|--------------------------|
| Cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana / cannabis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ecstasy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speed / ice / crystal / meth / amphetamines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine / crack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heroin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Synthetic drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ketamine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GHB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hallucinogens / LSD / mushrooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inhalants / petrol / glue / solvents / aerosols | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Methadone / buprenorphine (bupe) (for non-medical use) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Codeine / other opiates (for non-medical use) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

46. Have you injected a drug in the last 12 months?

- Yes No

SECTION SIX: SEXUAL HEALTH

47. How often do you have sexual health checks in ...

| | Weekly | Monthly | Every 2-6 months | Every 7-12 months | Less than once per year | I do not have sexual health checks overseas |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Australia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Overseas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

48. How long since your last sexual health check?

- Less than a month 1-3 months More than 3 months

49. Where do you usually go for sexual health checks? (Mark all that apply)

- Royal Perth Hospital Sexual Health Clinic
- South Terrace Clinic Fremantle (formally known as B2 Clinic)
- Sexual Health Quarters (formally known as Family Planning WA (FPWA))
- M Clinic
- Magenta
- Derbarl Yerrigan Health Service



- General practitioner (GP) or doctor
- Women's health / family planning clinic
- Another sexual health clinic not mentioned
- None
- Other (please specify)

50. Why do you go to this particular health service? (Mark all that apply)

- Expertise
- Cost
- Confidentiality
- Friendly
- Recommended
- Required by my employer
- Only place I know
- Easy to get to
- Other (please specify)

51. In the last 12 months have you attended any of the following Perth based services? (Mark all that apply)

- Royal Perth Hospital Sexual Health Clinic
- South Terrace Clinic Fremantle (formally known as B2 Clinic)
- Sexual Health Quarters (formally known as Family Planning WA (FPWA))
- M Clinic
- Magenta
- Derbarl Yerrigan Health Service
- Women's Health and Family Services
- No

52. Have you ever been tested for HIV? (Blood test during a sexual health check)

- Yes
- No (skip to question 54)
- Unsure (skip to question 54)

53. How long ago was your last HIV test?

- 1-3 months
- 4-6 months
- 7-12 months
- More than a year ago
- Unsure

54. Have you ever been diagnosed (by a doctor or nurse) with any of the following conditions? (Mark all that apply)

| | Yes, in the last 12 months | Yes, more than a year ago | No | Unsure |
|--|----------------------------|---------------------------|----|--------|
| | | | | |



60. How many clients do you see in an average week?

61. In an average week how many of your clients ask for the following services without condoms or other protection?

| | All clients | Most clients | Some clients | No clients |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Vaginal sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anal sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

62. In an average week how many of your clients use condoms or other protection for the following services?

| | All clients | Most clients | Some clients | No clients | I don't have this type of sex with clients |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Vaginal sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anal sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION EIGHT: SUPPORT, INFORMATION AND SOCIAL SERVICES

63. Do you access any of the following support or social services in Western Australia? (Mark all that apply)

- Counselling
- Alcohol and other drug services
- Sexual assault services
- Housing support services
- Legal aid
- Gambling support services
- Centrelink
- Services to support exiting the sex industry
- Culturally and linguistically diverse (CaLD) support services
- Other (please specify)
- No
- Social worker
- Mental health services
- Domestic violence services
- Sexuality support services
- Disability support services
- Employment support services

64. Please rate the importance of having the following aspects of information and support available to sex workers in Western Australia:

| | Very important | Important | Neutral | Not very important | Unnecessary |
|--|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Information on working as a sex worker and the sex industry in WA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal information and support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual health information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The opportunity to share information with other sex workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Referrals to other sex worker friendly services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sex worker only sexual health clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information that is provided in your preferred language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information and support is delivered to you by current or former sex workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

65. What other support, information or social services would you like as a sex worker in Western Australia?

66. Is there anything else you would like to add about the impact of the law on your work conditions, health or well-being as a sex worker?



SECTION NINE: PERCEIVED AND EXPERIENCED STIGMA AND DISCRIMINATION

We would like to know how you think people would treat you if they knew of your status as a sex worker, and how people have actually treated you

67. Is there anything that you worry you might experience if people knew of your status as a sex worker?

68. Have you ever experienced negative treatment, stigma or discrimination from any professionals because they knew of your status as a sex worker?

| | Yes once | Yes multiple times | No | Unsure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Police officer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immigration official | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local Council official | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General practitioner (GP) / doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other medical professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Department of Child Protection official | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Journalist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

69. Would you like to comment on your experiences?

70. Have you ever experienced negative treatment, stigma or discrimination in any of the following settings because people knew of your status as a sex worker?

| | Yes once | Yes multiple times | No | Unsure |
|--|----------|--------------------|----|--------|
| | | | | |



| | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Medical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parenting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accommodation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Educational | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance agency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Media | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Australian Taxation Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

71. Would you like to comment on your experiences?

Appendix E. Owner / manager survey

ID NUMBER: _____

LAW AND SEX WORKER HEALTH (LASH) PROJECT

OWNER/MANAGER SURVEY

1. How would you describe yourself? (Tick all that apply)

- Business owner Owner/manager General manager
- Shift manager Receptionist

2. How long (years) have you been involved with the sex industry, in any capacity?

3. How many people work at this business?

4. What is your policy on STI testing of sex workers working in your business?
(Tick all that apply)

- Sex worker determination Monthly or quarterly certificates required



- No policy Other, please specify

5. Has this business been visited by the Western Australian state police in the past 3 months?

- Yes No Unsure

If you answered 'Yes' to question 5:

a) Was anyone charged with an offence?

- Yes No Unsure

If yes, please describe what happened, and what the charges were:

b) Was anyone convicted as a result?

- Yes No Unsure

6. In the last 3 months, has this business been visited by any of the following?

- | | | | |
|----------------------------------|------------------------------|-----------------------------|---------------------------------|
| a) Immigration Department | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| b) Australian Tax Office | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| c) Local Council | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| d) Federal Police | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

If yes, please describe how often, and what action arose from these visits:

7. Has the Western Australian state criminal law had any other impact (positive or negative) on this business in recent years?

- Yes No

If yes, please describe:

8. In the past 3 months, have you been asked for money by any of the following? (Tick all that apply)

- a) Police** No Yes, in relation to this business



Yes, in relation to another similar business

in this state

b) Local Council Officer(s)

No

Yes, in relation to this business

Yes, in relation to another similar business

in this state

c) Any other official(s)

No

Yes, in relation to this business

Yes, in relation to another similar business

in this state

Which department did these other official(s) come from?

Comments:

9. In the past 3 months, have you been asked to provide free sexual services for any of the following? (Tick all that apply)

a) Police

No

Yes, in relation to this business

Yes, in relation to another similar business

in this state

b) Local Council Officer(s)

No

Yes, in relation to this business

Yes, in relation to another similar business

in this state

c) Any other official(s)

No

Yes, in relation to this business

Yes, in relation to another similar business

in this state

Which department did these other official(s) come from?

Comments:



10. Have you any other comment about the criminal law and its enforcement and the way it affects the sex industry in this state?



Appendix F. In-depth interview guide

1. General information about the worker
2. Changes in the industry
3. Pros/cons of work
4. Natural services
5. Drug use
6. Influence of sex work on your wellbeing
7. Experience of violence/harassment/threats
8. Relationship with the police, local government, other authorities
9. Discrimination and disclosure

Appendix G. Venue audit

Date

ID number

Suburb/postcode

Street name

Number of workers at visit

Number of rooms

Total surveys completed

Visit time (Tick only one)

- Day
- Night (6pm onward)

OVERALL STUDY

Number of refusal/s

LASH study refusals (Tick all that apply)

- Too busy
- Not allowed by owner/manager/receptionist
- Low English literacy
- Not interested
- Scared/fearful
- Unable to finish, got busy, interrupted
- Drug affected
- Negative reaction to questions
- Other



Had any of the refusals attended either of the following? (Write number)

- Magenta clinic
- Royal Perth Sexual Health Clinic
- Fremantle Sexual Health Clinic

Languages (also include those not participating)

- Predominantly English
- Chinese
- Thai
- Vietnamese
- Korean
- Japanese
- Spanish
- Other

Location of parlour (Tick only one)

- Commercial
- Residential
- Industrial
- Other

Health and safety (Tick all that apply)

- Security cameras
- Security guard
- Exterior well lit



- Driver
- Regular sex worker outreach
- Regulatory signs
- Fire extinguishers
- Other _____

Health promotion (Tick all that apply)

- Sex worker resources
- Client resources
- Occupational Health Safety information
- Other

General ambience (Tick all that apply)

- Staff friendly
- Tidy/clean
- Staff room
- Smokers room/area
- Rules, regulations (punitive) posted i.e. fines, bonds, don't use drugs here
- Other

Work place (Tick all that apply)

- Parlour
- Escort
- Private
- Massage
- Other

Appendix H. Introductory letter

Parlour Name
Street Address
City, State, Post Code

Dear Madam / Sir,

Law and Sex worker Health (LASH) Project

Researchers from Curtin University are conducting a study investigating the impact of the law on WA sex workers; their health and safety; and the intersections between Western Australian sex workers, service providers and police. It is hoped that the information collected through this research will contribute to decisions about the provision of health services to sex workers and to improve any future legislation relating to sex work in Western Australia.

We are seeking the help of the Western Australian sex industry in allowing our research team to visit premises in order to survey both sex workers and managers/owners who are willing to participate. Sex worker participants will be reimbursed for their time at the completion of a survey which takes approximately 20 minutes to complete. Participation is completely voluntary. All information provided is confidential and anonymous, with no businesses or sex-workers being identified.

Ms. Julie Bates (consultant sex worker and advocate) will be in Perth from August 8 for approximately 8-10 days and is looking forward to meeting with you. Please expect a follow up phone call from us as we would very much like to make an appointment to meet with you and your team. If you do not wish to be contacted please email or phone either of the details provided below.

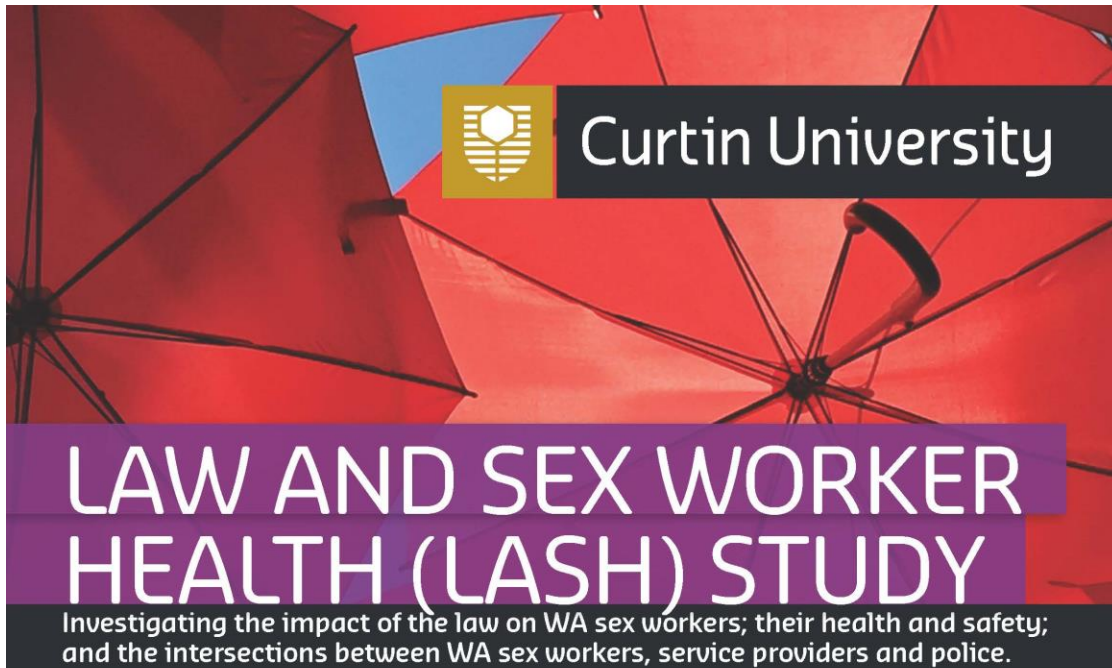
If you would like any further information or would like to participate please do not hesitate to call myself, or Associate Professor Linda Selvey, the Senior Chief Investigator on the project on (08) 9266 3799 or at linda.selvey@curtin.edu.au. Julie Bates is also contactable on 0425 286 785.

For more information www.siren.org.au/lash.

Kind regards,
Kahlia McCausland

Project Coordinator, LASH Project
Curtin University
kahlia.mccausland@curtin.edu.au
(08) 9266 7382 or 0466 395 643

Appendix I. Promotional flyer



LAW AND SEX WORKER HEALTH (LASH) STUDY
Investigating the impact of the law on WA sex workers; their health and safety; and the intersections between WA sex workers, service providers and police.

Researchers from the Law and Sex worker Health study (LASH) will be visiting parlours, as well as private, escort and street based sex workers in Perth from August to October 2016.

We are requesting your help with the project by allowing us to survey any sex workers who are interested in participating. The questionnaire is available in English, Chinese, Thai, and Korean.

Sex workers who choose to participate will be reimbursed for their time.

We believe the findings of our study will contribute to decisions about the provision of health services to sex workers and to inform any future legislation relating to sex work.

Curtin University Human Research Ethics Committee (HREC) has approved this study (HREC number HRE2016-0078).

LASH needs your help for our anonymous and confidential study of how sex worker health and safety may be affected by the law. To participate go to: www.siren.org.au/lash

FOR MORE INFORMATION

Don't hesitate to contact Julie or Kahliia if you have any questions, would like more information or would like to participate. Any discussions will be treated in strict confidence and will not be disclosed to anyone else.

Ms Julie Bates
Urban Realists Planning and Health Consultants
Mobile: 0425 286 785
Email: julie@urbanrealists.com.au

Ms Kahliia McCausland
School of Public Health, Curtin University
Phone: 08 9266 7382 or 0466 395 643
Email: kahliia.mccausland@curtin.edu.au

Make tomorrow better.

siren.org.au/lash

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Appendix J. Promotional advertising examples

OUT IN PERTH MAGAZINE

FRESH TRACKS
Discover these & your favourite records

TV NEWS
More Wentworth in 2017
Laverne Cox defends Rocky Horror remake
Teen Wolf to end with 100th episode
Nickelodeon cartoon features gay characters

CD REVIEW
Les Poupees de Paris
Sid and Marty Kroffts

LAW AND SEX WORKER HEALTH STUDY
WOULD YOU LIKE TO PARTICIPATE?

Investigating the impact of the law on WA sex workers; sex worker health and safety; and the intersections between sex workers, service providers and police.

FOR MORE INFORMATION
LASH Project Coordinator: KATHIE McCausland
School of Public Health
Curtin University
kathie.mccausland@curtin.edu.au
0849 393 643
www.siren.org.au/lash
f @LASH2.Ostudy

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www.cosmetic-plastic-surgery.com.au

FACEBOOK POST

Magenta/SWOPWA
July 12 at 9:08am

WA - LAW AND SEX WORKER HEALTH (LASH) STUDY
Investigating the impact of the law on WA sex workers; their health and safety; and the intersections between WA sex workers, service providers and police.

Researchers from the LASH study will be visiting parlours, as well as private, escort and street based sex workers in Perth from August to October 2016. We are requesting your help with the project by allowing us to survey any sex workers who are interested in participating. The questionnaire is available in English, Chinese, Thai, and Korean. Participants will be reimbursed for their time.

LASH needs your help for our anonymous and confidential study of how sex worker health and safety may be affected by the law.
To participate go to www.siren.org.au/lash

www.siren.org.au
SIREN.ORG.AU

RESPECT WEBSITE PAGE

Respect Inc Support for Queensland sex workers

workshops English 한국어 中文 ไทย Việt English Korean Chinese Thai Vietnamese

Home / Campaigns & Research / **WA Law And Sex Worker Health Study**

Campaigns & Research
WA Law And Sex Worker

WA Law And Sex Worker Health Study
Seeking Peer Researchers, key advisors and participants in WA

These roles are in Western Australia but we know people travel in their real and virtual selves so we are spreading the net a bit wider by promoting these positions on our Queensland based site

Here are the promo and role description details in the files below

LASH_Flier
LASH WA Peer researchers job description
LASH WA Sex worker key advisor role description 6-7-16
LASH WA Stakeholder key advisor role description 6-7-16
Advertising blurbs for LASH - condensed

TWITTER

SIREN @SIREN_WA Jul 11
LASH Study recruiting peer researchers. Applications close 3/8/16. Download job description siren.org.au/lash/. Facebook @LASH2.Ostudy

Law and Sex Worker Health (LASH)
siren.org.au

BACKPAGE

WA sex workers complete the online LASH survey now - 25

Posted: Thursday, 27 October 2016, 7:29 AM

Reply

This project aims to investigate the impact of the law on WA sex workers; their health and safety; and the intersections between sex workers, service providers and police.

It is hoped that the information collected through this study will contribute to decisions about the provision of health services to sex workers and to inform any future legislation relating to sex work.

Have your say now and complete the online survey. Available in Korean, Chinese, Thai and English. <http://siren.org.au/lash/>

You will be reimbursed for your time.

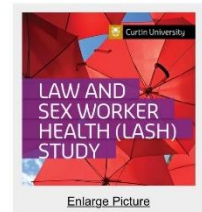
This is a study by Curtin University.

Poster's age: 25

• Location: Inner Perth, North Perth, Perth, South Perth, WA

• Post ID: 19718485 perth

email to friend



Enlarge Picture

Appendix K. Zone areas

