

PROSTITUTION IN NSW: THE IMPACT OF DEREGULATION¹

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SINCE 1979 THE LAWS RELATING TO PROSTITUTION IN NSW HAVE BEEN characterised by a predominantly liberal or laissez-faire approach; the most liberal in Australia. Brothel keeping per se is not an offence (except under the provisions of outdated legislation like the *Disorderly Houses Act 1943* or the common law) and soliciting for prostitution is legal outside residential areas. The decriminalisation or deregulation of the industry in NSW may be contrasted with the approach adopted in Victoria. The scheme recommended by the Neave Committee involved the legal recognition of brothels through a licensing scheme (Victorian Inquiry into Prostitution 1985). The aim of the scheme was to regulate the industry: the location and size of outlets, the conditions under which workers are employed, the health and industrial safety standards employed etc. Whilst the implementation of the Victorian scheme has been criticised and appears to have led to certain undesirable consequences there was at least an endorsement by the Government of the value of a regulatory approach (Neave 1988).

The Victorian approach and the NSW approach thus represent the two extremes of contemporary approaches to prostitution. Both entail a recognition that the enactment of punitive criminal offences has failed to eradicate the industry. At most, such laws have changed the organisation and marketing of prostitution services, often

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forcing the workers to be employed in large, prosperous and protected brothels operated by vice syndicates.

Both perspectives recognise that whilst prostitution is not inevitable, it is likely to continue as long as the demand exists. In the long term, demand reduction strategies which recognise the gender bias and socially constructed nature of client demands may reduce the size of the industry. The overwhelming majority of clients are male and the majority of prostitutes are female. In the short term, however, there are many undesirable aspects of the industry which can be addressed by legal and administrative reforms.

The two approaches differ markedly in the way they seek to reduce the harms associated with prostitution. The approach recommended and partially adopted in Victoria was to control through a licensing and inspection scheme many aspects of the industry. In contrast in New South Wales the key criminal sanctions were removed and the industry was allowed to operate with few controls. The self-regulation inherent in the NSW approach did not stem from any articulated free-market policies but more from a recognition that criminal sanctions were responsible for the creation of many problems: police corruption, the discriminatory policing of workers, the growth of organised crime, the removal of the autonomy of the workers and the difficulties inherent in implementing an effective health and welfare outreach scheme in an illegal industry. The aim of the present paper is to examine the impact of the NSW laissez-faire laws in several key areas: the organisation of the industry, health and welfare of the workers, policing, and public order.

Typology of Sex Workers in NSW

The vast majority of prostitutes are females but a significant (though unquantified) number of males, and approximately 100 transsexuals, are also engaged in prostitution. The NSW Parliamentary Select Committee upon Prostitution estimated that on one day (in 1985) there might be between 1500 and 2200 female sex workers in all types of prostitution in New South Wales. Five years later, Lovejoy et al. (1991) concluded that there were still approximately 1500 female prostitutes working at any one time.

Age of Workers

In spite of frequent publicity about child prostitution in New South Wales, few prostitutes are aged under sixteen years. Most are between twenty-one and thirty years with a median in the late twenties. A few women continue to work over the age of fifty (Philpot et al. 1988). A recent study showed that most female sex workers entered 'professional' prostitution between the ages of sixteen and twenty-five years. Five per cent entered under the age of sixteen and a similar proportion entered over the age of thirty-five years (Lovejoy et al. 1991).

Parlours

Almost 70 per cent of female prostitutes work in parlours (brothels) which vary considerably in style and size. They are located throughout the Sydney metropolitan area, in Wollongong, Newcastle and a number of rural towns.

In general parlour workers are the most accessible to health professionals and researchers, both in the work place and because many of them regularly attend public STD clinics. They are also the group which seems to have responded most significantly to AIDS education campaigns. Currently, they have a low risk of HIV infection and appear to have reduced their risk of contracting other STDs by the adoption of safer sex practices and in particular by a very significant increase in the use of condoms for vaginal sex with paying clients.

There are, however, a number of parlours, employing mainly Asian women under a repressive contract system, which have a poor health record. Their managers often are hostile towards the prostitute support groups and outreach workers who have been instrumental in improving the conditions in other parlours.

The male brothels in Sydney seem to be well run and have few major health problems. Outreach workers report that condom use is high and safer sex practices are generally adhered to (Sex Workers Outreach Project, pers. comm., 1991).

Escorts

Approximately 12 per cent of prostitutes in New South Wales work exclusively as escorts. Women working as escorts are less well documented than parlour workers as they often use private doctors for their checkups and are less accessible to outreach. However, there is no evidence that their health is any worse than that of parlour prostitutes and it is generally assumed that they benefit from having fewer clients per week than do most parlour workers.

Nevertheless the situation for escorts is potentially dangerous because they work alone on the client's own territory and therefore are vulnerable to coercion.

Private workers

A similar proportion of female prostitutes prefer to work independently, on their own premises and, as with escorts, little is known about their health or work conditions. They are often also alone (although some employ receptionists or one or two other workers) but they have the advantage of being 'at home' and of controlling the initial phone contact with the client.

However it is of concern that private workers have many 'regular' clients with whom they are less diligent in practising safer sex (Harcourt & Philpot 1990).

Street Workers

Up to 10 per cent of female prostitutes in New South Wales work by soliciting clients on the street. Services are provided in cars, alleyways or lanes, or in nearby safe houses where rooms are rented on a casual basis.

The greatest health problems appear to be associated with male, female and transsexual street workers. A high proportion of all street workers (90 per cent or more) are severely socially and economically disadvantaged, have a high level of substance abuse and injecting drug use (IDU) and are at great risk of physical abuse from their clients and passers-by. Many lead haphazard and disorganised lives and rarely present for check ups and regular health care. However, female street workers do report a high level of condom use by their clients (Parliament of NSW 1985).

Sexual Health of Prostitutes

HIV Infection

There is still no documented case of a female prostitute in Australia receiving or transmitting HIV infection during sexual intercourse with a client. In New South Wales, those women identified as sex workers who are known to be HIV infected, all have IDU as a possible mode of transmission (Donovan 1990).

It is estimated by outreach workers (from Sex Workers Outreach Project and Kirketon Road) that fewer than twenty currently active sex workers, including males, transsexuals and females, are infected with HIV. Nearly all of these work on the streets and the females and transsexuals who are infected are all known injecting drug users. There is a greater likelihood however that some of the young males have become infected through their sexual activity.

Sydney Sexual Health Centre has records of over 1450 female prostitutes who have been tested for HIV antibody since 1985 with none found to be positive. Lovejoy's (1991) recent statewide study of 280 female prostitutes similarly found no HIV positive individuals. Over 70 per cent of women in both groups worked in parlours.

Condom use

The low HIV infection rate among female prostitutes may be attributed in some part to the low level of infection in the heterosexual population as a whole (National Health and Medical Research Council 1991). There has also been a considerable increase in condom use by parlour prostitutes (male and female) since 1986.

A study in Sydney in 1988 attributed this change 'to AIDS publicity and the educational work of health professionals and the Australian Prostitutes Collective (APC)' (Harcourt & Philpot 1990, p. 143). The APC was funded by the state Government between 1986 and 1989, and built up a considerable rapport and influence with most sectors of the industry, including many managers.

In 1985 Staff who were working at the Sydney Sexual Health Centre (formerly Sydney STD Centre) estimated that less than 5 per cent of female prostitutes insisted on their clients using condoms for vaginal intercourse (Philpot et al. 1988). By 1987 this figure had climbed to 46 per cent. In 1988, 87.8 per cent of respondents to a questionnaire said they used condoms always with paying partners (Harcourt &

Philpot 1990). Even more recently 97.5 per cent reported using condoms at work in a study of 280 female sex workers (Lovejoy et al. 1991).

Although they may use condoms consistently with paying clients, female prostitutes are much less likely to use them in their private relationships or, as indicated above, with 'regulars' (Philpot et al. 1988, Lovejoy et al. 1991).

Consistent condom use and acute sexually transmitted diseases

The increase in condom use, greater awareness of health issues, and the impact of outreach work by peer groups and health professionals have led to an observable decrease in acute STDs in female prostitutes. The effect on chronic, viral STDs is less obvious because of the long latency period of these diseases.

A study of 231 women found there had been a significant reduction in gonorrhoea (from 58 per cent to 38 per cent), herpes (over the same period, from 51 per cent to 25 per cent) and trichomoniasis (from 52 per cent to 29 per cent), when compared with a similar study of 132 female prostitutes conducted in 1985 (Philpot et al. 1991).

Lovejoy et al. (1991) also described a reduction in self-reported acute STDs (gonorrhoea, trichomoniasis and PID) in 1990 compared with 1985-86.

Gonorrhoea

Gonorrhoea is the disease which has decreased most significantly in the last decade. It is now rarely reported in Australian prostitutes in New South Wales whereas in 1980/81 Donovan observed that 44 per cent of prostitutes in a Sydney brothel acquired gonorrhoea within one month (a rate of 10 per cent per week). This was mainly attributed to the extremely high number of clients (an average of eighty per week) serviced by the women (Donovan 1984).

Since that time, apart from the increased use of condoms, prices have risen in brothels, attitudes in the community have changed somewhat, and the sex industry has been depressed by fear of AIDS and an economic decline. Parlour prostitutes now see an average of approximately twenty to twenty-five clients per week with a great deal of fluctuation between 'good weeks' (thirty-eight clients on average) and 'bad weeks' (average thirteen clients) (Philpot et al. 1991).

Asian workers

There is, however, one part of the industry where gonorrhoea is still common and that is in the parlours which employ contracted Asian workers. These parlours, which are often only identifiable through advertisements in the ethnic press, may number over forty (R. Louie, pers. comm., 1991). They are usually managed by men of non-English-speaking background (NESB) and many of the employees are women who are in Australia on short stay visas and are therefore working illegally. The women appear to be subject to a good deal of coercion and they service a large number of clients who are culturally disinclined to use condoms.

Donovan et al. (1991) found that 88 per cent of cases of gonorrhoea in females, seen at Sydney Sexual Health Centre were in prostitutes born overseas (76 per cent from Thailand and 25 per cent from Malaysia). Similar, unpublished, data have been collected at Parramatta Sexual Health Centre (D. Packham, pers. comm., 1991). Staff at Kirketon Road Centre also deal with very many cases of gonorrhoea of similar origin (I. Van Beek, pers. comm., 1991).

The clients are very difficult to access as they come mainly from non-English-speaking backgrounds and do not present to public STD clinics. It is not clear whether health education and HIV prevention messages are reaching them, or if they relate the messages they do receive to their own situations.

Substance Abuse

Injecting drug use

There is a widespread perception that prostitution and substance abuse, especially injecting drug use (IDU), are inevitably linked. In the USA a large multicentre study revealed that 'Half the prostitutes interviewed gave histories of IV drug abuse' (Centers for Disease Control 1987). A recent study in NSW, however, found that 22 per cent had injected drugs at least once in their lives, and 11 per cent reported current IDU (Philpot et al. 1989). These percentages had not changed by 1989 when a study of 231 women was completed. Heroin was still the most favoured injected drug, but amphetamines, and more recently cocaine were injected by a few individuals (Philpot et al. 1991).

In Lovejoy's (et al. 1991) sample of 280, figures for IDU are very similar, 5 per cent (13/280) injected amphetamines, 2.5 per cent (7/280) injected cocaine and 9.3 per cent (26/280) injected heroin.

However, neither of these studies included a significant number of street workers.

A study of forty-eight female prostitutes, including ten (22 per cent) street workers, attending the Kirketon Road Centre in Kings Cross, revealed that 25 per cent were currently injecting drugs (Harcourt & Philpot 1990). This high percentage of IDUs is associated with a much higher level of clinical hepatitis B in this group. Thirty five per cent of seventeen street workers interviewed in 1988 had been ill with hepatitis B within the previous five years, compared with 4 per cent of parlour workers. One was infected with HIV (Harcourt et al. 1989). Philpot et al. (1989) and Lovejoy et al. (1991) both found that worker IDUs do not regard sharing needles and syringes with their partners and close friends as a high risk activity. In fact they treat needle sharing very much as they treat condom use. Precautions are taken only with strangers. This attitudinal problem is very hard to combat as it is integral to the way prostitutes compartmentalise their lives to keep work distinct from private pleasure.

Non-injected drugs

The non-injected drugs most often used by prostitutes are tobacco (63-89 per cent of subjects), alcohol (47-79 per cent), marijuana (39-48 per cent), sleeping pills (25 per cent) and amphetamines (15 per cent) (Philpot et al. 1989).

Other Welfare Issues

The primary motive for entering prostitution is economic. For seriously disadvantaged marginalised groups such as very young, homeless males and females, for transsexuals, and for those with a major drug addiction, it is at times the only source of income to which they have immediate access.

Older women enter prostitution for more complex economic reasons. Many appear to have made a considered, rational choice and to be unscathed by the work or

the lifestyle it entails. Many others, however, feel they have little choice and are forced into prostitution through economic necessity.

Even when the industry is relatively depressed the economic rewards offered to women by prostitution appear to be greater than any other accessible source of income. No particular qualifications are required. They receive cash in hand and the hours are flexible and can be fitted around child minding and other domestic duties.

In the working-class western suburbs of Sydney where unemployment is high, 50 per cent of female prostitutes were supporting school aged children. Many of these were single parents, but a significant number were in stable relationships with a long-term partner experiencing severe economic hardship (Harcourt & Philpot 1990).

The stress of the job is compounded, for those who are having difficulties, by the need for secrecy about the source of income. Since children have to be shielded and other relatives may well be hostile, the prostitute is cut off from many of the support networks that might otherwise be available. The nexus between prostitution, drug dependence, welfare issues and public health is a very complex one and cannot be unravelled simply by legislation.

The Law and the Policing of Prostitution

The law in NSW attaches liability to certain prostitution related conduct under specified circumstances. The present review is confined to the most important provisions: soliciting and brothel keeping. These provisions have always been the cornerstone of the policing of prostitution and have been applied most often in a discriminatory fashion. The overwhelming majority of prosecutions are against working women. Clients are almost never prosecuted.

Soliciting for prostitution

Soliciting for prostitution under certain circumstances is prohibited by the provisions of the *Summary Offences Act 1988*. The key offence is that soliciting is prohibited 'in a public street near or within view from a dwelling, school, church or hospital'. The maximum penalty is \$600 fine or three months imprisonment (s. 19(1)).

Soliciting for public prostitution is a criminal offence in many jurisdictions. The NSW provisions are notable in that soliciting is only prohibited in certain locations, loosely characterised as residential. Soliciting outside these areas is a lawful activity.

Traditionally, the justification for the legal prohibitions against soliciting has been in terms of public order. Soliciting in a public place is viewed as an act against public order. The noise generated by prostitutes, clients and clients' cars and the paraphernalia associated with the trade is a further harm often cited as justifying prohibitions against soliciting.

The NSW law attempts to strike a balance between the claims of residents and other citizens to be protected from the offensive and annoying activities associated with soliciting for prostitution, and the claims of prostitutes and clients to use public places as a venue for negotiation. A brief recent history of the NSW soliciting provisions serves to illustrate the tension between the public order problems arising out of a liberal legal approach to soliciting, and the crime, corruption and other problems arising out of a restrictive legal approach.

In 1979 the laws relating to prostitution were reformed as part of a package of public order reforms. Offences prohibiting soliciting for public prostitution were criticised as discriminatory, criminogenic, and an overreach of the criminal law and in 1979 soliciting for prostitution in a public place were decriminalised by the repeal of the *Summary Offences Act 1970*. The new *Prostitution Act 1979* contained no equivalent provision.

This liberal period was relatively short-lived; four years. Much has been written regarding this period with most commentators agreeing that the 1979 decriminalisation had the following effects (Travis 1986, Parliament of NSW 1986, Perkins 1991): a dramatic increase in public order problems in the 'vice' areas of Sydney (East Sydney, Darlinghurst and Kings Cross), and a corresponding increase in complaints from citizens who now resided in the recently gentrified areas of Darlinghurst; a dramatic decrease in police corruption. Many street prostitutes welcomed their new found freedom which removed the threat of prosecution and thus the need to pay for police protection; and an increase in the number of independent women working in the prostitution industry.

In 1983, largely as a result of the successful campaigns by the NSW Police Association and the residents of Darlinghurst the *Prostitution Act 1979* was amended. Soliciting in a public street, near a dwelling, school, church or hospital became an offence (s. 8A). The purpose of the amendment was to contain soliciting to areas which would not cause annoyance to residents.

The new provisions, by partially outlawing soliciting for prostitution in a public place, appeared to strike a reasonably successful compromise. Street workers were still able to legally use public places for soliciting if outside residential areas and the public order complaints were reduced to a minimum. The residential areas of Darlinghurst were deserted by the street workers and 'beats' were established in lawful locations in William Street. From time to time new areas were colonised by streetworkers and tensions created. In recent years street prostitution has moved into

the suburban western parts of Sydney. Canterbury Road, Belmore and the Great Western Highway, Minchinbury and Mt Druitt are relatively recent soliciting beats and public order tensions are still a problem (Vice Squad, pers. comm., 1991). Residents and workers have yet to establish a compromise as to the acceptable and unacceptable areas for soliciting.

In 1988, the *Prostitution Act 1979* was repealed and replaced with the *Summary Offences Act 1988*. The new soliciting offence (s. 19(1)) is very similar to the s. 8A of the *Prostitution Act*: soliciting is prohibited near or within view from a dwelling, school, church or hospital. The geographical scope of the prohibited conduct is widened to 'within view'.

Arrests for soliciting increased dramatically in 1988 after the enactment of this offence. The bulk of arrests are believed to emanate from the Canterbury Road area (Perkins 1991). Table 1 describes the increase in court appearances. Such an increase cannot be explained by the slight change in the formal requirements of the law. The more vigilant policing of prostitution can only be explained by reference to the changes in the wider political and 'law and order' context. A new government with a strong law and order platform was elected in March 1988. Soliciting charges have remained higher than in the 1983-88 period. They have not, however, returned to the high rates of the 1970s (*see* Table 1).

Apart from the Canterbury Road tensions, the public order problems associated with street soliciting have retreated to manageable proportions. The causes of this relative calm are complex. The most important factors appear to be the success of the provisions which have largely removed soliciting from residential areas and a relatively tolerant community attitude, informed by an understanding of the need for health care workers to have free and open access to prostitutes in the struggle to contain the HIV epidemic.

Owning, occupying or being found on premises used for prostitution

There are no statutory provisions in NSW which prohibit the keeping of a brothel and until 1990 it was unclear whether the common law misdemeanour of keeping a brothel was still available or had been displaced by the comprehensive legislative reforms involved in the *Prostitution Act 1979* (substantially re-enacted in the *Summary Offences Act 1988*). There had been no common law prosecutions 'in living memory' (*Sibuse Pty Ltd v. Shaw* 1988 13 NSWLR 98, per McHugh, J.A.). In 1990 a successful common law prosecution was mounted by the police (*R v. Chapman* 1990 unreported). The Vice Squad reported to the present authors that a further three prosecutions have been undertaken for this offence.

Table 1

Court Appearances for Prostitution Related Offences

	Soliciting	Live on Earnings	Allow Premises to be Used	Advt Premises	Premises Held Out As Massage Parlour	Own Premises Held Out as Massage Parlour
1972	4288	46	51			
1973	No Figures					
1974	3301	17	19			
1975	2592	21	24			
1976	1930	20	16			
1977	2075	19	4			
1978	1804	13	17			
1979	653	16	5	0	43	10
1980	6	35		4	94	28
1981	0	53		0	84	21
1982	0	39		0	66	17
1983	210	40		8	26	21
1984	419	33		166	27	17
1985	258	31		22	12	2
1986	180	11		0	11	7
1987	238	20		0	2	7
1988	376	32		68	8	4
1989	774	8		4	6	3

Source: NSW Bureau of Crime Statistics & Research

The scheme created by the *Disorderly Houses Act 1943* does, however, lay open the way for brothel keeping charges to be prosecuted. Under s. 3(1)(e) premises that are habitually used for the purpose of prostitution or have been used for the purpose of prostitution and are likely to be so used again may be declared a disorderly house by the Supreme Court. Offences are created in relation to owning, occupying, or being found on premises so declared.

In the 1980s the police made a number of applications to the Supreme Court seeking declarations. According to Perkins (1991) there are at present fifty such applications waiting to be heard. The procedure involved in seeking a declaration is costly and slow and the courts have exercised considerable caution in making declarations. However, in *Sibuse Pty Ltd v. Shaw* 1988 13 NSWLR 98 the NSW Court of Appeal by a two to one decision upheld a Supreme Court ruling that a brothel was a disorderly house notwithstanding that there was no element of disorder over and above the breach of the law (the common law misdemeanour of keeping a brothel). This decision is likely to make declarations easier to obtain.

The recent police use of legislation rarely applied since the 1960s is in direct contradiction to the policy underlying the reforms of 1979 and 1988. On both occasions the legislature turned its attention to the issue of prostitution and enacted extensive provisions relating to prostitution. Brothel keeping per se was not made the subject of the criminal law. Despite this, the police have repeatedly used the *Disorderly Houses Act* in an attempt to prohibit the keeping of a brothel and have

recently revived the common law offence of brothel keeping. Law enforcement appears to be at odds with the policy underlying the last decade of legislative reforms.

Police Corruption

Prostitution, along with many other so-called victimless crimes has long been regarded as an activity which encourages police corruption. There are many facets of the industry which are believed to lead to corruption:

- the vast discretion exercised by police when policing vaguely drafted soliciting and other public order laws;
- the ambivalent community attitudes to prostitution;
- the existence of a thriving market prepared to pay for services despite any illegality;
- the large police discretion created by the gap between the formal prohibitions of the criminal law on the one hand and the community tolerance and market demands on the other;
- the regular opportunities created by the 'squad' style of policing.

Police corruption has been a feature of the prostitution industry in NSW since the early days of the colony. The key areas of corruption appear to be in the payment of police by street workers to reduce the risk of arrest (the 'weighing-in') and the payment by brothel owners/keepers to ensure that the business remains open. Other benefits alleged to flow from the latter payments often include protection from prosecution for living on the earnings and restrictive trade agreements whereby newcomers to an area are closed down by the police.

In recent history, the period from the early 1960s to 1979 is regarded as the high point for police corruption. Payments were made to the police by street workers, brothel owners and managers. It was regarded as the cost of doing business, not much more than a tax on earnings. The factors that led to such a growth appear to be:

- the criminal prohibitions in the period 1968-79 were the most restrictive in NSW history;
- there was a thriving market (e.g. the influx of the R and R servicemen);
- the resulting discrepancy between the formal prohibitions of the law, and market demands and community tolerance allowed the police great flexibility and discretion in policing prostitution;

- the centralised style of policing where much of the vice policing was undertaken by the specialised squads in the CIB and elsewhere.

The decriminalisation of soliciting and the repeal of the brothel keeping offence (s. 32, *Summary Offences Act 1970*: knowingly permit premises to be used) in 1979 appear to have been instrumental in the decline of police corruption. The greatest impact appears to have been in the area of soliciting. Empirical research conducted in the early 1980s demonstrated that street workers enjoyed their new found freedom and reported the collapse of the system of paying police (Travis 1986, Perkins 1991). However, the impact of decriminalisation on police corruption in relation to brothel prostitution appears to have been less, at least in the early 1980s. The NSW Parliamentary (1986) Select Committee heard many allegations of corruption.

In recent years there appears to have been a further reduction in police corruption, particularly in relation to brothel prostitution. Personal communication with prostitutes, outreach workers, health workers and others suggests that payments to police by brothel and massage parlour operators are no longer a prominent feature of the industry. Whilst such a conclusion must be treated with caution, the information provided does at least suggest a change in the system of paying police if not a real change in the incidence.

The apparent decline is likely to be related to a number of factors:

- more permissive prostitution laws which reduce the power of the police to threaten those in the industry with a criminal prosecution;
- the appointment of a Commissioner whose reign was marked by a strong anti-corruption stance. (Corrupt conduct was identified by Commissioner John Avery as the first priority of his administration);
- the establishment of effective mechanisms for the investigation and prosecution of complaints against police;
- the imposition of severe penalties when complaints against police were proved;
- the structural reorganisation of the NSW police force into four regions with localised control and greater accountability to the community;
- the devolution of the responsibility for policing to the local detective and general duties police;
- the reduction in strength of the vice squad by 36 per cent in the last three years;
- the disbanding of the CIB and many of the specialised squads dealing with the policing of vice.

It appears that this vigorous anti-corruption campaign has combined with relatively liberal prostitution laws to create a situation where corrupt police involvement in the prostitution industry appears to be less now than at any other time

this century, particularly in the area of street prostitution. The major burden for the payment of corrupt police no longer appears to fall on the working women.

Conclusion

This brief review of prostitution in NSW has revealed many significant changes in the industry in recent years. The identification of the precise causes of these changes is a difficult task but some tentative conclusions may be drawn.

Successive NSW Governments have ignored the comprehensive recommendations of the NSW Parliamentary Select Committee. Instead, a number of piecemeal reforms have been made to the criminal law. These piecemeal reforms have, however, had a strong liberal character and when combined with other policy initiatives, appear to have resulted in a number of positive changes. The NSW prostitution law is the most liberal in Australia. Brothel keeping per se is not an offence (except as previously indicated) and soliciting for prostitution is legal outside residential areas. These liberal laws, combined with structural and prosecutorial anti-corruption measures in the police force, widespread AIDS education, improved funding for STD services, the establishment of outreach Health Services and funding for prostitutes organisations appear to have resulted in certain positive changes: a reduction in the public order problems associated with the industry; a reduction in police corruption; a decentralisation of the industry; the proliferation of small groups of independent workers; an increase in the use of condoms and other safer sex practices; a reduction in the prevalence of STDs amongst prostitutes; and an awareness amongst prostitutes and the general community of the measures necessary to assist in HIV prevention.

Many problems, however, remain. Violence, drug abuse, exploitation, poor health, stress and a multitude of other health and social problems are experienced daily by prostitutes. HIV prevention measures are not adopted in a certain proportion of brothels and are less common in other forms of prostitution. The threat of prosecution still plays a significant role in the industry and many workers are subject to dangerous working conditions. The extent to which a liberal, laissez-faire approach to the industry can adequately deal with these problems in the long term is questionable.

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