

Sexual Health Testing in the Sex Industry

History of testing in the sex industry

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In France's earliest state-run brothel in the late 19th Century - a classic example of governments' attempt to enact control over sex worker's bodies - sex workers were forcibly tested for syphilis. The reality was, the same speculums were used over and over in these tests, resulting in the speculums themselves transferring syphilis among the sex workers. Modern feminists refer to this forced testing as 'speculum rapes'. This testing was about protecting men (clients) from disease, with no regard shown for the health of sex workers. Throughout the early 20th Century, the sexual health testing of sex workers was largely motivated by a desire to protect the armed forces from the threat of syphilis.

Today, sex workers often regularly visit sexual health clinics for testing, even when there has been no evidence of condom breakage, or symptoms of a sexually transmitted infection. This practice is a hangover from the days before HIV/AIDS when condom use in the sex industry was much lower and Sexually Transmitted Infections (STIs) were much more common within the industry. During this time, the visit to the 'Clap Clinic' was something sex workers did routinely every few weeks, and if they had a Gonorrhea or Chlamydia infection, they took a couple of weeks off work until they had finished their course of antibiotics. However, these days most sex workers use condoms 100% of the time at work and this has resulted in sex workers having higher standards of sexual health than the general community.

I believe that a certain amount of the belief that sex workers are 'contaminated' arises from a moral dialogue, that sees sex work as morally filthy, and transfers this view to physical health. Traditionally stigmatised groups, such as the working classes, lesbians and gay men, people of colour, criminals and sex workers were used as guinea pigs during the 19th century by 'scientists' who would do comparison measurements of brain and genital size, amongst other things, to attempt to prove the inherent inferiority of these groups in comparison with straight white middle class 'god-fearing' folk. While most people no longer believe that lesbians have larger clitorises, thus sexual appetites more like men, the rise of HIV/AIDS has reignited in certain sectors of the community the belief that groups associated with 'filth and immorality', such as sex workers and gay men are also physically 'diseased', and that moral filth and physical disease are linked.

Compulsory health testing of sex workers doesn't make sex work safer.

The mandatory sexual health testing of sex workers is discriminatory and does not help protect sex workers or the general public from sexually transmitted infections (STIs). As the overwhelming majority of clients of the sex industry are male, and about 85 - 90% of sex workers are female, sex workers are at greater risk of contracting a sexually transmitted infection from clients than clients are from sex workers. This is because of simple anatomy: the receptive partner is at more risk of contracting HIV than the insertive partner during sex. In fact, sex workers have higher than average standards of sexual health; they maintain these by sustaining high levels of safe commercial sexual activity and so it is sex workers who protect themselves from clients. This is reinforced by data from every sexual health clinic in Australia; in fact, there has never been a reported case of HIV transmission in a sex industry context in Australia to date.

The practice of compulsory health testing of sex workers is intended to create a pool of 'disease free' sex workers available for access by a client population of unknown sexual health histories. No one suggests mandatory testing of sex work clients, or other sexually active adults, yet sex workers, who have consistently shown to have higher standards of



sexual health are singled out – it just makes no sense. Clearly, mandatory sexual health testing is about positioning sex workers outside of the general community, placing importance on the clients' health, (who are seen as mostly respectable citizens who may infect their wives with a communicable disease transmitted from a sex worker) rather than that of the sex worker. This is part of a world view that does not see sex workers as being members of the general community whose health and well-being is as important as anyone else's.

I think another reason for the focus on the health status of sex workers rather than clients, considering that the majority of sex workers are female and an overwhelming majority of clients are male, is the sexist tradition that encourages women through their roles as wives and mothers to be responsible for ensuring the health, safety, comfort and well-being of men, who are seen as testosterone-fuelled risk takers (boys will be boys) – this social value operates unconsciously in many interactions between the sexes, and places unfair responsibility on women. I do not believe that the mutual obligation that everyone has to take care of their own health should be negated due to traditional gender roles, and I do not believe that a sex partner has less responsibility because they have paid for sex.

A focus on testing also ignores the 'window period', in which someone maybe infected for a period of time before the infection is able to be detected by sexual health screening. HIV has a 3 month window period. This means that if you test negative to HIV, that means that you were not infected 3 months ago. The test will not show if the virus has entered your body within the last 3 months. A lack of public knowledge of window periods leads to a false sense of security, as people believe that if someone has tested negative to an infection that therefore the person is not infected.

Sex industry business operators, as a enticement to clients, often use the requirement of health certificates (or pink slips) from sex worker employees as promotional material. Moreover, certificates are often assumed to be proof of the absence of sexually transmitted infections. There is anecdotal evidence from sex worker organisations around Australia (our sister organisations in other States) that health certificates and compulsory health checks encourage clients to pressure sex workers for unprotected sex more frequently. Client perceptions of the 'disease free' status of tested sex workers can create a 'false sense of security' among clients. This severely undermines hard fought community and public health campaigns, which encourage each individual to take responsibility for his/her own sexual health. This also puts additional pressure on sex workers to resist the demands of their clients for unprotected sex.

Some people think that weekly/monthly testing is a good idea, however, if safe sex is being practiced all

the time at work, then testing only needs to occur if symptoms are present or suspected, in the case of condom breakage or if the worker is involved in private sexual activities that place her/him at risk of an STI. Your sexual health is your business, and forced unnecessary testing simply reinforces stereotypes about sex workers being irresponsible and a risk to public health. Employers can support their staff by providing sexual health information in the workplace, providing free condoms or at least cheap condoms (rather than buying cheaply from us and selling to staff at a profit) and banning any clients insisting on unsafe sex.

But what about HIV Positive Sex Workers?

"The exclusion of people with HIV from daily life is unnecessary, unjust and unachievable when the mechanisms for preventing transmission are known and available."

Cheryl Overs from *To Work or Not to Work?: Questions Facing HIV Positive Sex Workers*.

HIV positive people currently working in the sex industry don't necessarily put other sex workers at risk. I think that fear of HIV positive sex workers stems from a belief that commercial sex is not safe sex, and that safe sex isn't really all that safe, (i.e. the concern that condoms are not reliable enough). The reality is, condoms are extremely effective, especially in a sex industry context. For example, I have worked for over a decade in the sex industry, and for most of that time only using condoms for birth control, without falling pregnant during that time.

I think the idea that sex workers have a greater number of sexual partners, thus making HIV positive workers a greater risk to the community than HIV positive people that do not work in the sex industry is a concern to many people. This concern is nullified by the knowledge that safe sex occurs much more frequently in commercial sex transactions – safe sex with multiple partners is safer than unprotected sex with one. Moreover, sex workers, including HIV positive sex workers are very adept at condom use. This skill is the result of lots of practice, and experience in a commercial sex setting, specifically.

Again, this fear of HIV positive sex workers stems from a belief that sex workers are irresponsible, and more likely to put sex partners at risk than other people – a belief that people working in the sex industry should be rejecting, rather than buying into.

*The Scarlet Alliance (the National Forum for Sex Worker Organisations), in their publication **A Guide to Best Practice – Occupational Health and Safety in the Australian Sex Industry** states: "Frequency of assessment (sexual health tests) is a matter for determination by the individual sex worker in consultation with their clinician and must be voluntary."*