

My Service

My Rules

Sex worker FAQs:

**Sexual health
law changes
in Victoria**



A resource made by Vixen
For sex workers, by sex workers





Victoria has decriminalised sex work.

Contents

- 2 What is 'decrim'?
- 3 What was wrong with the old laws?
- 4 What's changed for sexual health?
- 5 Why are these changes good for us?
- 6 What's wrong with mandatory condom use?
- 8 What's wrong with mandatory testing?
- 10 When should I test?
- 12 Why is it important to decriminalise working with STIs and HIV?
- 14 I heard STI rates will go up now - is this true?
- 16 Can I still make clients use condoms?
- 17 What can I say when clients argue about using condoms?
- 20 References
- 21 More info

What is 'decrim'?

Decriminalisation of sex work or 'decrim' removes criminal laws, licensing regulations and police powers that **unfairly target sex workers.**

It is a legislative model based on human rights and is the best way to support our health, safety, and rights.

Decrim vs legalisation

Decriminalisation means sex work isn't a crime. Sex work is regulated like every other job.



Legalisation makes sex work legal under specific conditions, but otherwise it's still a crime.



What was wrong with the old laws?

Victoria previously had a licensing system, with harmful and discriminatory laws and regulations that singled out sex workers. These included sexual and public health laws that:

- Violated our human rights and denied us bodily autonomy by taking away our right to make choices about our own bodies.
- Discriminated against sex workers and stigmatised our work.
- Aimed to restrict and control us through policing and surveillance.
- Made accessing healthcare and other services dangerous due to risk of prosecution, stigma and discrimination.
- Were based on the harmful myth that sex workers spread disease.
- Were ineffective - evidence shows STI/HIV rates are lower under decrim.



What's changed for sexual health?

Since **10 May 2022**, these laws that unfairly targeted sex workers have been **removed**:

Mandatory condom use

It was illegal to provide sexual services without condoms and other barriers, such as dams and gloves.



Mandatory testing

Sex workers had to get tested every 3 months, and it was illegal to work without a valid sexual health certificate.

STI/HIV criminalisation

It was illegal for sex workers to work with STIs, including HIV.



Why are these changes good for us?

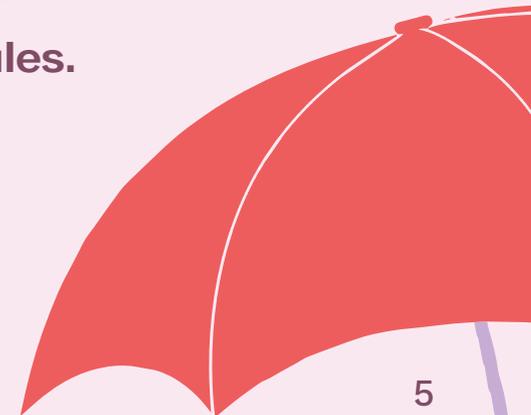
Removing these laws is a step towards protecting our rights, reducing stigma and discrimination, and improving access to essential services for everyone in our community. The old system made getting healthcare dangerous for many sex workers and forced vulnerable people underground.

Decrim aims to create a supportive environment for sex worker health and wellbeing by recognising that each of us has the right to make our own choices about our bodies and our work - not clients, not managers, and not the government.

Our bodies, our business.

Our service, our rules.

We're in charge.



What's wrong with mandatory condom use?

Mandatory condom use made it illegal to provide services without condoms and other barriers like dams and gloves. We all have the right to make our own choices about our own bodies - **sex workers shouldn't be punished for doing things at work that are legal for everyone else.**

Instead of protecting sex workers, these laws made it harder for many of us to access health and legal services due to fear of judgement and mistreatment. For example, Victorian police have used these laws against sex workers who reported being assaulted at work, even in cases of stealthing.

'Stealthing' is when a person secretly removes or breaks the condom during sex without the other person's consent.



There's no evidence that mandatory condom use laws reduced STI/HIV rates. Stats show that under decrim, sex workers have lower rates than the general population and high rates of voluntary condom use. We're capable of making decisions about our bodies without the government or police interfering.

Sex workers offer different services and extras based on our own preferences, boundaries, and ways of working. Some of us offer kissing, or anal, or mutual oral, or natural.

None of us deserve to be criminalised or shamed for the services we choose to offer.

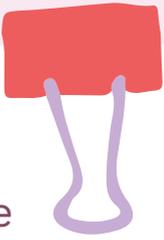
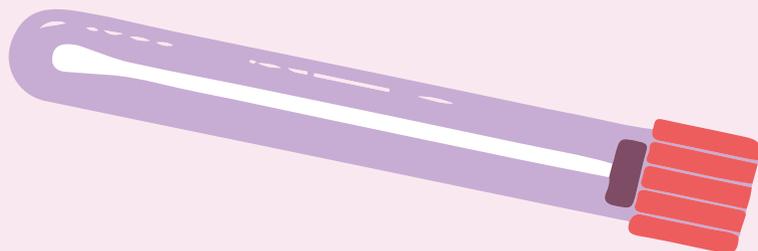
'Natural' is sex industry slang for uncovered services, e.g. 'natural oral' is oral sex on a penis without a condom or oral sex on a vulva without a dam.



What's wrong with mandatory testing?

Mandatory testing was sexual health testing required by law, which meant sex workers had to get a sexual health certificate every 3 months to work legally. This forced those of us without access to anonymous sexual health testing to out ourselves to GPs, putting us at risk of stigma and discrimination.

These laws wrongly said that sex workers can't be trusted to manage our own sexual health. But testing data show that sex workers have consistently lower rates of STIs than the general population and high rates of regular, voluntary sexual health testing - we don't need the government to tell us to do it.



There's no evidence mandatory testing reduced STI/HIV rates. Peer education and better access to voluntary testing and treatment are proven to be the best approach.



The federal Department of Health's national STI/HIV strategies and international health organisations such as WHO and UNAIDS all support **voluntary testing** based on empirical research.

When should I get tested?

Condition	Test type	Regular testing	After potential exposure
Chlamydia	Vaginal/cervical swab Urine test Rectal swab (if anal sex) Throat swab	Every 3 months	When you have symptoms. 1-2 weeks after potential exposure. When a sexual partner tests positive.
Gonorrhoea	Vaginal/cervical swab Urine test Rectal swab (if anal sex) Throat swab	Every 3 months	When you have symptoms. 1-2 weeks after potential exposure. When a sexual partner tests positive.
Hepatitis A	Blood test	Once, before vaccination	If you are not vaccinated against hepatitis A, test two weeks after a potential exposure risk.
Hepatitis B	Blood test	Once, before vaccination	If you are not vaccinated against hepatitis B and have an exposure risk, wait at least four weeks before testing, as it is unlikely to be detected by a test until then.
Hepatitis C	Blood test	Only if blood exposure	Get tested for hepatitis C straight after potential exposure. You will need to be tested again after 3 months and possibly again at six months.

Condition	Test type	Regular testing	After potential exposure
Herpes	Swab from a blister or sore	If symptoms appear	It is not recommended to test people who do not have any symptoms of herpes. If symptoms are present, it is best to test when the blister is less than 4 days old.
HIV	Blood test Rapid test (finger-prick or saliva) Self Test/ At-Home Testing (finger-prick)	At least twice a year	If you think you have been exposed to HIV, see a doctor to get PEP within 72 hours. Follow up with a test as instructed by a doctor. Most people who have been exposed to HIV will test positive within 1 month. For a small number of people, HIV may take up to 3 months to be detected on a test.
Syphilis	Blood test	Every 3-6 months	It is possible to detect syphilis in a blood test 1-2 weeks after a potential exposure, but more likely to be detected from 6 weeks.
Trichomoniasis	Urine test Vaginal/cervical swab	Every 3 months	Test when you have symptoms and have tested negative for other STI. You may have to request a test. Discuss with your doctor or nurse.
Thrush	Vaginal swab	If symptoms appear	N/A – this is not an STI.
Bacterial Vaginosis (BV)	Vaginal swab	If symptoms appear	N/A – this is not an STI.

Why is it important to decriminalise working with STIs and HIV?

Our need for income doesn't disappear if we test positive - making our job a crime only discourages testing and treatment and forces vulnerable sex workers underground. **We should all be able to be honest with our doctors without risking breaking the law.**

Everyone who is sexually active has a responsibility to take reasonable steps to avoid spreading infections, and the law shouldn't single out sex workers for criminalisation. There are ways to reduce the risk of passing on infections even if we can't stop working, but punishing people just trying to survive doesn't help.



Undetectable = Untransmissible (U=U)

Effective treatment can make HIV levels so low they're undetectable, meaning the virus can't be transmitted.

There's lots of misinformation and fear-mongering about HIV+ sex workers. Safer sex practices makes the risk of getting HIV from a HIV+ person low.

People on effective HIV treatment can't pass on the virus, and starting earlier makes it more effective. **Criminalisation actually prevents sex workers at risk from getting help sooner.**

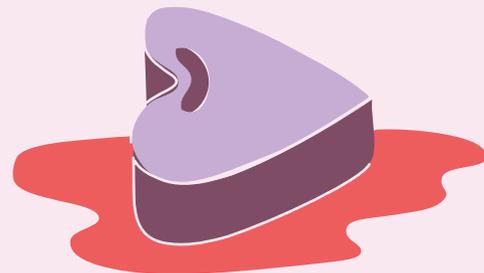
Decrim improves access to healthcare for all sex workers, and the evidence shows that it results in lower STI/HIV rates.

I heard STI rates will go up now - is this true?

NO. These rumours are not true. The evidence from states where condom use is no longer mandatory shows that there has been no increase in STIs.

Anyone who is sexually active is at risk of STIs, getting paid for it doesn't increase your risk. Many of us feel safer getting tested without having to out ourselves to get a certificate for work.

Sex workers have to be safer sex experts - managing our own sexual health, providing safer sexual services, and educating our clients is part of the work we do!



'Whorephobia'
is fear or hatred
of sex workers.

At the end of the day it's **whorephobia** that's the problem, not other workers. Shaming and blaming other people within our community, and making statistically untrue statements against other workers only makes the cycle of stigma worse.

Decrim has given us consistent evidence that licensing and criminalisation don't work. Stigmatising and discriminatory laws contribute to whorephobia against our entire community. We're stronger together - **no sex worker should be left behind.**



I still want to use condoms for every service. Can I require clients to wear condoms?

YES. The laws no longer restrict what services we can offer - **you can decide what you require from clients.** Our bodies are our business, and what we say goes.

Managers and owners will still be required to follow sex industry OHS (Occupational Health & Safety) best practices, e.g. making sure condoms, lubricant and dental dams are readily available.



When clients argued about using condoms, I used to say,

“NO, IT’S ILLEGAL.”

What can I say now?



As sex workers, we all have different strategies for setting boundaries with clients. Here are some lines sex workers at Vixen use:

Trust me, once we fuck you won't be thinking about the condom.

The laws might have changed, but my service hasn't.

Your dick isn't important enough to risk my health, sorry.

But we're having such a good time, you don't want to ruin it do you?

My room, my rules.

You can wear one, or you can leave.

I actually have a latex fetish - condoms really turn me on.

You'll love it if I put it on with my mouth!

If you don't like wearing condoms you can have a handjob instead.

If I make an exception for you, I have to make an exception for everyone.

My body, my business.

I can fit this condom over my fist/head/foot - I'm sure it'll fit you just fine.

I can't cum without a condom!

You really think I'd risk my health for one person's orgasm?

Got some more good ones?

Share them online with [#myservicemyrules](#) and follow us [@vixenworkers](#) on Twitter and Instagram. Or just start a convo with your coworkers to swap lines, tips and tricks!

References

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More info



Decrim Info Hub (Vixen)

Info and factsheets on sex work decriminalisation in Victoria

vixen.org.au/infohub



Red Book Online (Scarlet Alliance)

Sexual health resources for sex workers, by sex workers

redbook.scarletalliance.org.au



Sex Worker Health (Department of Health Victoria)

Government advice on sex worker health and law changes

health.vic.gov.au/preventive-health/sex-worker-health



Vixen is Victoria's peer sex worker organisation, run 100% by and for sex workers. We provide peer education, support, outreach, advocacy and representation for sex workers in Victoria.



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