

**Submission to the Standing Committee on Social Issues
NSW Legislative Council**

Reproductive Health Care Reform Bill 2019

Sex Workers Outreach Project (SWOP) would like to thank the Standing Committee for the opportunity to make a submission on the Reproductive Health Care Reform Bill 2019.

SWOP is a non-government organisation that works towards the goal of achieving for NSW sex workers the same access to health, safety, human rights and workplace protections as other Australian workers. SWOP has the highest level of direct contact with sex workers of any agency, government or non-government, in Australia. Established nearly 40 years ago SWOP interacts with over 6,000 NSW sex workers a year, makes over 600 visits to sex service premises, distributes over a quarter of a million condoms and this year supported over 1,100 workers new to sex work.

While we are primarily funded by NSW Health to sustain the low rates of sexually transmitted infections amongst sex workers; sustain the virtual elimination of HIV transmission within the sex industry; and reduce hepatitis infections in sex workers, we take a holistic view of health. Social justice and equity are identified as prerequisites for health in the Ottawa Charter¹ and it is this that prompted our decision to submit to this particular inquiry.

SWOP believes strongly that a woman's body, is a woman's choice. Sex workers of all genders have already made considered choices in the way that they use their bodies to work and believe strongly that the work that we do should not be criminalised and we note that NSW decriminalised sex work over 20 years ago with excellent outcomes for sex workers and sex worker health.

It therefore follows logically that should not be the decision or choice of the law or others to determine women's healthcare needs. There is no role for the criminal justice system in the decision to continue a pregnancy or have an abortion. The decision to continue a pregnancy or not is personal and women should be supported by their healthcare professional.

People who choose sex work are often condemned by moral and religious viewpoints and it's shaming and stigmatising. The negative effects to health and safety of persons who are marginalised and stigmatised in society are well documented. Criminalisation by the state entrenches already stigmatising and discriminatory views. The same thing occurs with the criminalisation of abortion. The shaming and stigmatisation marginalises women who are seeking bodily autonomy and control over their lives. Sex workers experience continual shaming, stigmatisation and marginalisation and know its profound negative effects. We would urge the committee to consider this consequence of legislative power carefully.

We also note that the removal of barriers around abortion access will remove the uncertainty and the fear of prosecution or penalty that many woman experience during what we know from case work experience is a difficult and fraught time in their lives as we have observed no person to take this decision and action without deep thought and struggle..

We note that 90% of pregnancy terminations occur before the 12th week. It is very rare for a woman to be making her first request for an abortion late into the second trimester of pregnancy. Women who have barriers accessing abortions early in the pregnancy are economically penalised merely because of the fees of medical procedures in private clinics for late stage abortion. Women in NSW should have equitable access through the public health system.

SWOP is a state- wide service and many women in regional NSW have told us of the difficulties they have faced in accessing abortion nearby to them. These barriers of cost and distance need to be removed. SWOP strongly supports laws that provide for compassionate healthcare access, including later in pregnancy.

SWOP provides services to culturally diverse populations in the sex industry and we are certain there are many woman with limited English who are unaware of their options. We strive for women to be well informed regarding their sexual, reproductive rights and healthcare needs. Pregnancy options needs to be readily available to all women.

The use of condoms for insertive vaginal sex is a standard practice for female sex workers and one in which SWOP strongly promotes and we provide information, resources and safe sex supplies. Condoms are used not only to prevent STI's, also as an effective method of contraception.

SWOP has often spoken with sex workers who have had condom breakage and we have heard too many situations whereby clients have intentionally removed (also known as stealthing) or tampered with a condom which has resulted in a sex worker having an unintended pregnancy. Very few sex workers would want to continue a pregnancy that has occurred through sex with a client. When stealthing takes place or accidental breakage of condoms, there are some sex workers that remain unaware that emergency contraception is available in Australia.

In such circumstances and in other cases of sexual assault termination of pregnancy should also be available.

We ask that the Committee make careful consideration of the issues and most especially the intersection of not allowing termination of pregnancy and the effect of that legal policy on women who already carry high burdens of marginalisation and stigma. Sex working women being only one of many such groups in NSW.

SWOP thanks the committee for its time and consideration. We have attached some words from sex workers on this issue on the next page to give the committee a personal perspective of this issue from individual sex workers. Please contact the undersigned if you require further information of our organisation.

Kind Regards



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VOX-POP

I live in a large town in country NSW. The last time I was pregnant contraception had failed and I already had two kids. There was no way that I could afford and manage to have another child. My local doctor knew my circumstances and was really supportive but there was no way I could have an abortion at my local hospital. So I journeyed to Sydney and had the abortion at a private clinic, the biggest problem for me was the cost. Only some was covered by Medicare and I had the added expense of travel and accommodation. I had to take out a loan. On my income I had difficulty repaying that loan, so I did sex work for a while which removed this financial burden- Stephanie, Age 34

Since starting sex work I have become really aware of my sexual and reproductive health. I am better informed about many things but prior to that some years ago I accidentally became pregnant and at that time motherhood was not an option for me. So I went to our family doctor who told me that abortion was illegal in NSW. I knew I had to have an abortion there was no option, so I went to South Australia. It was only some years on that I found out that I could've had an abortion in NSW. Even though the law is still in the criminal code- Jackie, age 26

My ex-boyfriend repeatedly bashed me because I was a sex worker and I ended up with an unintended pregnancy. He didn't allow me to have an abortion and it was only at 20 weeks into the pregnancy that I found help to get out of the relationship and go to a safe place. Under these circumstances it would not have been right for me to continue with the pregnancy and I knew I had to do something immediately. I was really worried about delays in having an abortion- Mary, age 24

ⁱ World Health Organisation, *The Ottawa Charter for Health Promotion*, accessed online 19 February, 2019 at <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.