

# Stigma Indicators Monitoring Project

## Sex workers – New South Wales

### Background

Stigma and discrimination have major health implications for people living with or at risk of blood borne viruses (BBVs) and sexually transmissible infections (STIs). Australia has five national strategies addressing HIV, viral hepatitis, and STIs, each with a clear goal to eliminate the negative impact of stigma and discrimination on people's health (Australian Government Department of Health, 2018a,b,c,d,e).

Since 2015, the Australian Government Department of Health has provided funding to the Centre for Social Research in Health (CSRH, UNSW Sydney) to develop and implement an indicator of stigma amongst priority groups identified by the national strategies, namely: gay and other men who have sex with men, people who inject drugs, people living with HIV, people living with viral hepatitis, and people who engage in sex work. Information regarding the development of the indicator has been published elsewhere (Broady et al., 2018). A mirrored indicator was also developed to monitor the expression of stigma by populations such as health workers or the general public. Since 2016, the stigma indicator and mirrored indicator have been periodically used in surveys of the priority populations, health workers, and the general population.

This report outlines the results from a survey of sex workers conducted in 2022. Results specific to participants living in NSW are provided, including comparisons with participants from the rest of Australia and with NSW participants from a previous survey of sex workers (conducted in 2020).

### Method

In 2022, CSRH conducted a survey of sex workers in Australia. This survey was conducted in partnership with Scarlet Alliance, Australian Sex Workers Association. Scarlet Alliance promoted the survey to their members and through their regular communication channels, including to attendees of their national forum. Advertisements directed participants to an online survey, hosted on the UNSW



Qualtrics platform. Survey questions included demographic characteristics and a range of questions regarding experiences of stigma and discrimination in the past 12 months. Participants responded to the stigma indicator and an additional question regarding discriminatory treatment from health workers, as well as reporting the extent to which they felt stigmatised by laws relating to sex work.

Comparisons were made between participants working in NSW and those who worked elsewhere in Australia. Comparisons between binary or categorical variables were conducted using chi-square tests, comparisons between continuous variables were conducted using independent samples t-tests, and comparisons between ordinal variables (e.g., the stigma indicator) were conducted using Mann-Whitney U tests.

Table 1 shows the demographic characteristics of NSW participants from 2020 to 2022.

**Table 1. Demographic characteristics of NSW participants, 2020-2022**

	2020	2022	Change from 2020
<b>Total sample</b>	<b>162</b>	<b>237</b>	
<b>Gender<sup>1</sup></b>			
Woman/female	145 (89.5)	205 (86.5)	ns
Man/male	15 (9.3)	7 (3.0)	↓ $p < .01$
Non-binary	2 (1.2)	27 (11.4)	↑ $p < .001$
Different term	0	3 (1.3)	– <sup>a</sup>
<b>Sexuality</b>			
Heterosexual/straight	86 (53.1)	137 (57.8)	ns
Lesbian	13 (8.0)	9 (3.8)	ns
Gay/Homosexual	6 (3.7)	2 (0.8)	– <sup>a</sup>
Bisexual/Pansexual	46 (28.4)	60 (25.3)	ns
Queer	11 (6.8)	25 (10.5)	ns
Different term	0	4 (1.7)	– <sup>a</sup>
<b>Age</b>			↓ $p < .01$
18-25 years	29 (17.9)	74 (31.2)	
26-35 years	104 (64.2)	130 (54.9)	
36-45 years	26 (16.0)	30 (12.7)	
Over 45 years	3 (1.9)	3 (1.3)	
<b>Aboriginal or Torres Strait Islander</b>	84 (51.9)	61 (25.7)	↓ $p < .001$
<b>Born overseas</b>	4 (2.5)	19 (8.0)	↑ $p = .02$
<b>University education</b>	37 (22.8)	41 (17.3)	ns
<b>Time in Australian sex industry</b>			ns
Less than 1 year	1 (0.6)	19 (8.0)	
1-2 years	34 (21.0)	66 (27.8)	
3-5 years	92 (56.8)	94 (39.7)	
6-10 years	27 (16.7)	42 (17.7)	
More than 10 years	8 (4.9)	16 (6.8)	

Note: 'ns' refers to non-significant test results

<sup>a</sup> Trends not calculated due to small sample size

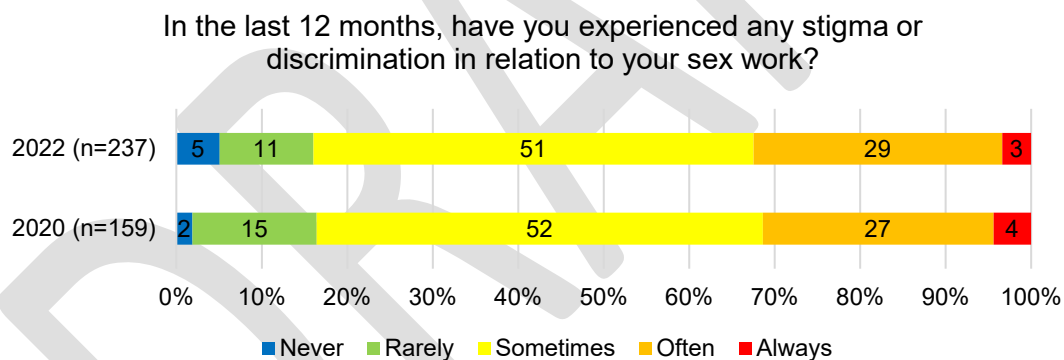
In 2022, the proportion of male participants was lower than in 2020 (3.0% vs. 9.3%), while the proportion of non-binary participants was higher (11.4% vs. 1.2%). On average, participants in 2022 were younger than in 2020. The proportion of Aboriginal and Torres Strait Islander participants was also lower in 2022 than in 2020 (25.7% vs. 51.9%), while the proportion born overseas was higher (8.0% vs. 2.5%).

In 2022, the proportion of female participants was lower in NSW than elsewhere in Australia (86.5% vs. 91.7%,  $p=.04$ ). Compared with those from elsewhere in Australia, a smaller proportion of NSW participants identified as Aboriginal or Torres Strait Islander (25.7% vs. 41.1%,  $p<.001$ ).

## Results

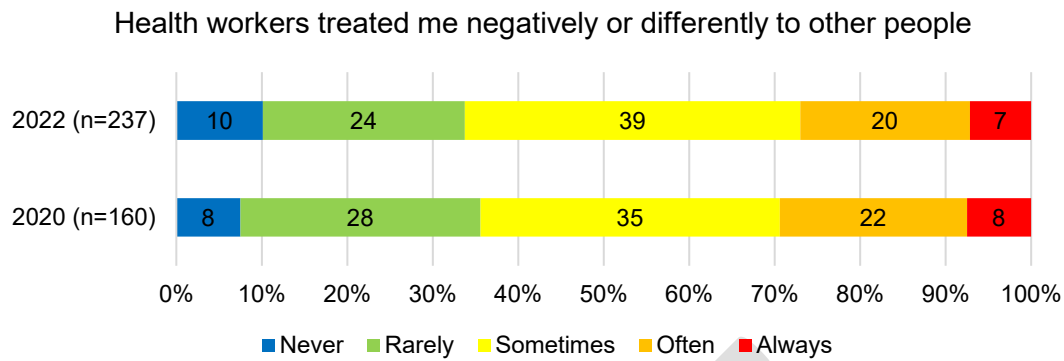
In 2022, 95% of NSW participants reported any experience of stigma or discrimination in relation to their sex work within the past 12 months, including 32% who indicated this 'often' or 'always' occurred. There was no significant difference in the frequency of stigma reported by NSW participants in 2022 and 2020,  $Z=0.04$ ,  $p=.97$ . In 2022, there was no difference in the frequency of stigma reported by NSW participants and those from elsewhere in Australia,  $Z=0.96$ ,  $p=.34$ .

**Figure 1. Past 12-month stigma or discrimination in relation to injecting drug use**

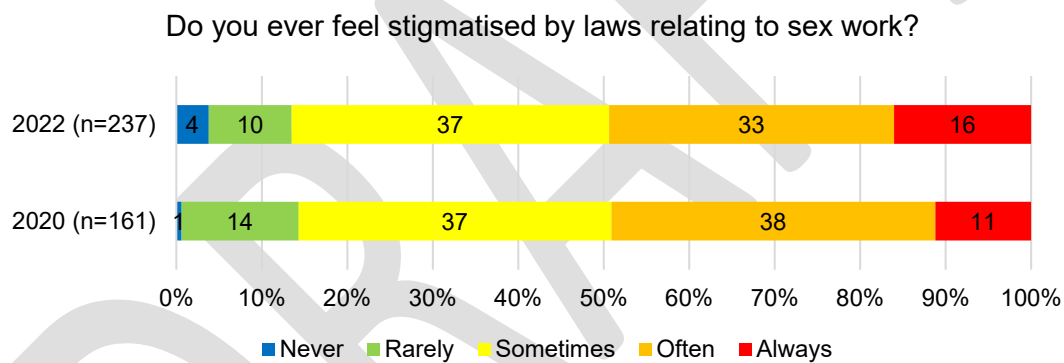


In 2022, 90% of NSW participants reported any negative treatment by health workers in the past 12 months, including 27% who indicated this 'often' or 'always' occurred. The frequency of reported negative treatment by health workers in 2022 was not significantly different from 2020,  $Z=0.21$ ,  $p=.83$ . In 2022, there was no difference in the frequency of negative treatment from health workers reported by NSW participants and those from elsewhere in Australia,  $Z=0.07$ ,  $p=.95$ .

**Figure 2. Past 12-month stigma or discrimination by health workers due to injecting drug use**



In 2022, 96% of NSW participants felt stigmatised by laws relating to sex work, including 49% who ‘often’ or ‘always’ felt this way. There was no significant difference in participants reports of feeling stigmatised by sex work laws in 2022 and 2020,  $Z=0.45$ ,  $p=.65$ . In 2022, there was no difference in the frequency of feeling stigmatised by sex work laws reported by NSW participants and those from elsewhere in Australia,  $Z=0.85$ ,  $p=.40$ .



**Conclusion**

Findings from the 2022 survey of sex workers show stigma related to sex work is extremely prevalent across Australia, with 95% of NSW participants reporting any experience of stigma or discrimination within the past 12 months (similar to the rate of stigma across other Australian jurisdictions). Further, 90% of sex workers from NSW reported being treated negatively by health care workers and 96% felt stigmatised by laws relating to sex work. This highlights a significant need for initiatives to reduce sex work-related stigma and discrimination in NSW across a variety of contexts, including health care and sex work legislation.

It is noteworthy that the proportion of NSW participants reporting any stigma or discrimination in the past 12 months did not significantly change from the 2020 survey, nor did the proportion reporting negative treatment from health care workers or the proportion who felt stigmatised by laws relating to sex work. The absence of targeted interventions to address stigma related to sex work is likely to be a major reason for

this lack of change over time. It is also noteworthy that there were no significant differences between participants working in NSW and those working in other Australian jurisdictions. This indicates the substantial need to address stigma and discrimination across all states and territories, including those with different legal frameworks related to sex work.

Investing in wide-reaching and targeted interventions will be an important step towards reducing various forms of stigma towards sex workers within health care settings and more broadly. Ongoing monitoring of stigma and discrimination as experienced by sex workers is necessary to identify whether any such interventions or changes in sex work legislation impact sex workers' experiences of stigma and discrimination over time.

## References

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- Broady, T.R., Cama, E., Brener, L., Hopwood, M., de Wit, J., & Treloar, C. (2018). Responding to a national policy need: Development of a stigma indicator for bloodborne viruses and sexually transmissible infections. *Australian and New Zealand Journal of Public Health*, 42(6), 513-515. doi:10.1111/1753-6405.12809

