Examining the impact of decriminalisation on sex workers in Victoria, Australia: Results from an online survey

Tiffany R. Phillips,[1,2]* Christopher K. Fairley,[1,2] Mish Pony,[3] Dylan O'Hara,[4] Kate Maddaford,[1,2] Finn Mercury,[1] Ranjit Samra,[1] Basil Donovan,[5] Eric P. F. Chow[1,2,6]

[1]Melbourne Sexual Health Centre, Alfred Health, Melbourne, Victoria, Australia
[2]School of Translational Medicine, Monash University, Melbourne, Victoria, Australia
[3]Scarlet Alliance, Australian Sex Workers Association, Sydney, New South Wales, Australia
[4]Vixen, Victoria's peer sex worker organization, Melbourne, Victoria, Australia
[5]The Kirby Institute, UNSW Sydney, New South Wales, Australia
[6]Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Parkville, Victoria, Australia

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Abstract

Objective: This survey aimed to examine the impact of decriminalisation on rates of sex worker's condom use with clients, and sexually transmissible infection/blood-borne virus (STI/BBV) testing.

Methods: An anonymous, mixed-methods, online survey among sex workers in Victoria, Australia (December 2022-April 2023). This survey asked about changes in condom use and STI/BBV testing following decriminalisation.

Results: 101 participants were included in the study. Median age of participants was 29 years (IQR: 25-33), the majority of participants spoke English (97; 96.0%) and had worked in sex work for at least a year (87; 87.0%). Following decriminalisation, the majority of participants reported no change to condom use for giving oral sex (81/92; 88.0%), receiving oral sex (79/87; 90.8%), receptive vaginal sex (73/80; 91.3%), insertive vaginal sex (37/41; 90.2%), receptive anal sex (45/50; 90.0%) or insertive anal sex (37/42; 88.1%). Most participants did not change their testing frequency for STI/BBV (60/99; 60.6%). Free text responses included positive, neutral and fearful aspects of decriminalisation.

Conclusion: The majority of sex workers maintained high rates of condom use and regular sexual health testing following the decriminalisation of sex work in Victoria.

Implications for Public Health: These findings suggest that decriminalisation may not negatively affect sex practices or STI testing, supporting policy changes to reduce stigma and enhance health access for sex workers.

Key words: transactional sex, human rights, women, labor rights, occupational health and safety, sex legislation

Introduction

There are three primary models of sex work globally: criminalisation whereby sex work is illegal, legalisation/regulation whereby specific forms of sex work are legal within the confines of specific laws, government rules and regulations and decriminalisation, where sex work-specific laws are removed and sex work is regulated under existing frameworks. Criminalisation can foster unsafe working conditions and perpetuate stigma against sex workers, while decriminalisation can improve the health and safety of sex workers.[1,2] Sex work varies in legality by state and territory in Australia. In the state of Victoria, sex work was previously regulated by the Sex Work Reform Act 1994.[3] Initially, under the Sex Work Reform Act 1994, sex work was legal but regulated, including but not limited to: requiring sex workers to undergo 3-monthly testing for sexually transmissible infections (STIs) and blood-borne viruses (BBVs), and to test negative for all STIs/BBVs before commencing sex work; requiring sex workers to use condoms with clients, limitations to where and how sex work could be advertised and requiring brothels and massage parlours, as well as independent and private workers, to be registered with the government. Systems of regulated (or licenced) sex work such as this, create a two-tiered industry, whereby those working outside of the legal framework are criminalised and marginalised.[1,4] These sex workers may find the regulations difficult to

*Correspondence to: Tiffany Phillips, Melbourne Sexual Health Centre, 580 Swanston St, Carlton, VIC 3052, Australia, Tel.: +61 3 9341 6200; e-mail: tiffany.phillips@monash.edu.

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navigate, or may face financial and logistical barriers to working within the legal framework and subsequently may fear accessing sexual health services for fear of receiving criminal penalties .[1] Previous research in other countries with legalised sex work has shown that restrictive regulations disproportionately affect migrants without permanent residency, making them vulnerable to violence, exploitation and poorer health outcomes.[5,6]

In 2020, the Victorian Government conducted a targeted review to consider the decriminalisation of sex work in Victoria and found that the regulated system left many sex workers unprotected. The licencing system was found to be difficult to navigate for those trying to work within it, and structural barriers created by the system were identified, which were compounded by stigma against sex workers (for example, sex workers could be discouraged from sharing their sex work status with healthcare providers for fear of being stigmatised).[7] Decriminalisation of sex work ensures the health, safety and human rights of sex workers are maintained.[6,8] Therefore, the Victorian Government initiated a two-stage decriminalisation model with the Sex Work Decriminalisation Act 2022, Stage 1 of which came into effect on 10th May 2022. Under Stage 1 of the Sex Work Decriminalisation Act 2022, many restrictions were repealed from the Sex Work Reform Act 1994, including, but not limited to: mandatory sexual health testing, condom use with clients, and the requirement for independent and private sex workers to register with the government. Stage 2 of the Sex Work Decriminalisation Act 2022 was enacted in December 2023 and resulted in the repeal of the Sex Work Reform Act 1994 in its entirety, allowing sex work regulation to be managed through existing agencies such as WorkSafe and the Department of Health.

A previous systematic review of sex worker health outcomes in high-income countries showed that those working in legalised and decriminalised contexts had greater awareness of health conditions and health risk behaviours compared to those working in models of sex work criminalisation.[9] Additionally, data from Australia has shown that poorer mental health outcomes were reported in sex workers working illegally compared to those working in a regulated or decriminalised state.[10] Yet little is known about the direct impact of shifting from a regulated model of sex work to a decriminalised model on sex worker's sexual practices and frequency of testing. Victoria is the third jurisdiction in Australia to adopt a decriminalisation model of sex work.. As such, we are in a position to provide insights into how Stage 1 of the Sex Work Decriminalisation Act 2022 has impacted sex workers in order to inform future models of decriminalisation for Australia and beyond. The aim of this study was to examine the impact of decriminalisation on sex worker's condom use practices with clients and STI/BBV testing.

Methods

This study is reported in accordance to the STROBE guidelines .[11] We conducted a cross-sectional, anonymous, online survey using Qualtrics software (Provo, UT, USA). The survey was offered in English and was disseminated from December 2022 through April 2023. Advertisements containing QR links to the survey were posted in the public sexual health clinic Melbourne Sexual Health Centre (MSHC) waiting area and disseminated in triage to eligible and interested patients. The survey was also promoted through the professional and social media networks from MSHC, as well as the peer-led community organisations Vixen and Scarlet Alliance. Scarlet Alliance is the national peak body representing sex workers and sex worker organisations and projects in Australia, and Vixen is Victoria's peer-only sex worker organisation. Any person aged 18 or older who was currently working as a sex worker in Victoria, Australia, was eligible to take the survey. Participants were given this definition of sex work and then asked to confirm that they are "currently doing sex work in Victoria, Australia", with only those answering yes proceeding to the survey: "By sex work we mean providing sex services from a person(s) to another for payment or reward. This can include sexual intercourse, masturbation, escorting, porn, film, online work, camming, sugaring, stripping, erotic massage, nude massage, tantric massage, and happy ending massage."

Individuals accessing the survey link were first shown a Participant Information Sheet with details about the study. The Participant Information Sheet also provided links to information about the Sex Work Decriminalisation Act of 2022 from the Victorian Government and Vixen, to ensure participants had the resources to learn more. Individuals were asked to provide consent to participate in the study after viewing the Participant Information Sheet by clicking "agree" to participate. Individuals who did not agree to participate were not shown the survey. The survey was co-designed by researchers and clinicians from MSHC and peer workers from Vixen and Scarlet Alliance. This process was facilitated by regular meetings between representatives from the three participating organisations, where study design and survey measures were discussed and agreed upon. The survey collected demographic details (including age, gender, and preferred language) as well as detail about participant's experiences working in the sex work industry (including length of time working as a sex worker, location and type of sex work). Participants were asked about their awareness of the Sex Work Decriminalisation Act of 10th May 2022, as well as their condom use with clients and sexual health testing prior to and following 10th of May 2022. Finally, the survey offered a free-text response for participants to share other insights, thoughts or comments on how decriminalisation has influenced sexual health practices at work or how frequently they used condoms at work and attended sexual health check-ups (including STI/BBV testing).

Descriptive statistics were calculated using Stata (version 17; College Station, TX, USA). Categorical variables were compared using the χ^2 test. Free-text data were analysed using a conventional content analysis approach, which is appropriate when the study aim is to describe a phenomena, in this case, participants' experiences with and insights on decriminalisation.[12] TP read and re-read the free-text responses in their entirety, then created an initial set of codes inductively from the data. The research team including TP, EC, KM, MP, and DOH, then met to review and revise the coding framework together and the final coding structure was used to inform the results of the study.

Results

The link to the survey was accessed 153 times, five of which were determined to be spam by the survey platform and were removed. There were nine individuals who indicated they were not currently working as sex workers, and 38 who began the survey but did not complete it; and were also removed. Thus, 101 participants were included in this analysis.

Table 1: Participant demographics for 101 sex workers in Victoria, Australia.

	Number of participants n (%)
Gender	
Cis or trans female	62 (61.4)
Non-binary	22 (21.8)
Cis or trans male	14 (13.9)
Gender fluid	2 (2.0)
Gender queer	1 (1.0)
Sex assigned at birth	
Female	84 (83.2)
Male	16 (15.8)
Prefer not to answer	1 (1.0)
Age range (years)	
18-24	24 (23.8)
25-30	56 (55.5)
31-35	21 (20.8)
Length of time in sex industry	
Less than a year	12 (11.9)
1-2 years	20 (19.8)
≥3 years	69 (68.3)
Country of birth	
Australia/New Zealand	82 (81.2)
Overseas	19 (18.8)
Location or type of sex work[a]	
Independent/private	66 (65.3)
Brothel	52 (51.5)
Online/camming	28 (27.7)
Porn/film	19 (18.8)
Sugaring[c]	16 (15.8)
Stripping	14 (13.9)
Massage parlour	13 (12.9)
Escort agency	9 (8.9)
Street-based	4 (4.0)
Other types of sex work[b]	6 (5.9)

[a]Participants were able to select more than one type of sex work. Only 37 participants selected one type of sex work, the remaining 64 selected two or more types of sex work.
[b]Other types included: Bondage, discipline, sadomasochism/dominatrix work, phone and tantric/erotic massage.
[c]Sugaring is a transactional sexual relationship between typically an older wealthy person and a younger person.

Participants were predominately cis and trans women (62; 61.4%), followed by non-binary individuals (22; 21.8%), and cis and trans men (14; 13.9%) (Table 1). The median age was 29 years (IQR: 25-33). Most participants had worked as a sex worker for a year or more (median length of time working as a sex worker was 4 years, IQR: 2-7). The most common type of sex work participants engaged in was independent/private sex work (66; 65.3%) (Table 1), and most participants engaged in more than one type of sex work (64; 63.4%), the most common combination being brothel and independent or private work (10; 9.9%).

Decriminalisation

The majority of participants were aware that sex work was licenced in Victoria (meaning that you could legally work as a sex worker if government regulations were followed) before taking the survey (93; 92.1%) and most were aware that, following the Sex Work Decriminalisation Act from 10th May 2022, it was no longer an offence for sex workers not to use condoms for sex work (73; 72.3%). The majority of participants reported they did not change their frequency of condom use with clients for any reported sex practice following the Sex Work Decriminalisation Act of 10th May 2022 (Table 2 and Supp Fig. 1).

The majority of participants reported testing for STIs and BBVs at least every 3 months prior to decriminalisation (78; 77.2%) and among the 78 who tested at least every 3 months prior to decriminalisation, 18 (23.1%) reduced their testing frequency, 13 (16.7%) increased their testing, and 47 (60.3%) did not change their testing after decriminalisation (Table 3).

The proportion of participants who always disclosed their sex work status to clinicians increased from 48% (47/98) to 54% (53/98) ($p<0.001$; **Figure 1**; Table 4) after the Discrimination Act compared to before.

Free-text comments

There were 42 participants who provided free-text comments about how decriminalisation had influenced their sexual health practices at work, condom use practices or sexual health check-ups following decriminalisation. The responses have been grouped into four main themes and summarised in Table 4: positive or hopeful aspects of decriminalisation, neutral views about decriminalisation, negative or fearful aspects of decriminalisation and additional insights tangential to decriminalisation.

Among the positive or hopeful aspects of decriminalisation were reflections that decriminalisation has made it easier to access healthcare, particularly from general practitioners ("[Prior to decriminalisation] access to services was more difficult, and I would not necessarily have been comfortable disclosing sex work status to previous GPs"). Participants also commented on feeling safer at work as a result of decriminalisation ("Decriminalisation has allowed to me to practice private sex work more safely and I have seen no negative effects in regards to the community's approach to sexual health checks (for both clients and workers) or condom usage."). A couple of participants commented on the agency that decriminalisation gives them over their own body, for example by allowing them to decide whether to use a condom or not with a client ("No condom is something that should be used between people who are maybe regulars with each other who have agreed to not have sex naturally with others and both do tests."). Some participants shared their views that decriminalisation has reduced the stigma faced by sex workers, which in turn made sharing their sex work status easier ("Decriminalisation has helped to decrease stigma around sex work and makes me feel more comfortable disclosing my sex worker status."). There were also participants who felt personally unaffected by decriminalisation, yet saw and valued how it would benefit other sex workers.

A few participants shared neutral sentiments about decriminalisation, which centred around the idea that it hadn't changed anything for them because prior to decriminalisation their health had always been their priority and it remains their priority after decriminalisation. One participant shared this view while also commenting on the agency to choose which clients to use condoms with for oral sex (condomless oral sex with clients would have been illegal prior to decriminalisation): "Decrim[inalisation] or no decrim[inalisation] my health is my top priority; therefore, I will always use condoms for penetrative sex. Oral sex is at the discretion of each client based on

Table 2: Self-reported frequency of condom (or dental dam) use with clients by sex practice before and after the Sex Work Decriminalisation Act of 10th May 2022 of 99[a] sex workers currently working in Victoria,

Sex practice	Prior to decriminalisation				After decriminalisation			
	Always (100% of the time)[b]	Often (more than 50% of the time)[b]	Sometimes (less than 50% of the time)[b]	Never (0% of the time)[b]	Condom use hasn't changed, n(%)[b]	Condoms used less frequently, n(%)[b]	Condoms used more frequently, n(%)[b]	I did not provide this service A) before decriminalisation B) after decriminalisation, (%)
Giving oral sex (client's genital in your mouth)	52 (55.9)	19 (20.4)	14 (15.1)	8 (8.6)	82 (88.2)	6 (6.5)	5 (5.4)	A) 6 B) 6
Receiving oral sex (your genital in client's mouth)	10 (11.2)	2 (2.2)	21 (23.6)	56 (62.9)	80 (90.9)	4 (4.5)	4 (4.5)	A) 10 B) 11
Giving rimming (your mouth on client's anus)	17 (39.5)	2 (4.7)	6 (14.0)	18	54 (93.1)	0	4 (6.9)	A) 56 B) 41
Receiving rimming (client's mouth on your anus)	5 (7.0)	5 (7.0)	12 (16.9)	49 (69.0)	68 (94.4)	0	4 (5.6)	A) 28 B) 27
Insertive vaginal (your penis in client vagina)	16 (76.2)	1 (4.8)	2 (9.5)	2 (9.5)	37 (90.2)	1 (2.4)	3 (7.3)	A) 78 B) 58
Receptive vaginal (client penis in your vagina)	73 (92.4)	1 (1.3)	4 (5.1)	1 (1.3)	74 (91.4)	0	7 (8.6)	A) 20 B) 18
Insertive anal (your penis in client anus)	15 (57.7)	3 (11.5)	4 (15.4)	4 (15.4)	37 (88.1)	2 (4.8)	3 (7.1)	A) 73 B) 57
Receptive anal (client's penis in your anus)	29 (69.0)	4 (9.5)	5 (11.9)	4 (9.5)	45 (90.0)	1 (2.0)	4 (8.0)	A) 57 B) 49

[a]Two participants declined to report condom use.
[b]The proportion is calculated excluding those that have not provided that service for each sexual practice (subtracting the last column from 99 to get the denominator).

Table 3: Testing frequency for STI and BBV before and after the Victorian Decriminalisation Act of 10th May 2022 among 100[a] sex workers

		I test less frequently after decriminalisation n (% of row)	I test more frequently after decriminalisation n (% of row)	I have not changed my testing frequency after decriminalisation n (% of row)	N/A
Testing frequency prior to decriminalisation	At least every 3 months	18 (23.1)	13 (16.7)	47 (60.3)	0
	2-3 checks per year	1 (12.5)	2 (25.0)	5 (62.5)	0
	Once a year or less	0	2 (40.0)	3 (60.0)	0
	Only as needed	0	0	6 (85.7)	1 (14.3)
	Did not work prior to 10th May 2022	0	2 (100.0)	0	0

STI = sexually transmissible infection; BBV = blood-borne viruse.
[a]One participant declined to report testing frequency.

hygiene and a thorough health check before starting a service." For one participant, her positive experiences with the recruiting sexual health clinic impacted her neutral views on how decriminalisation impacts her personally:

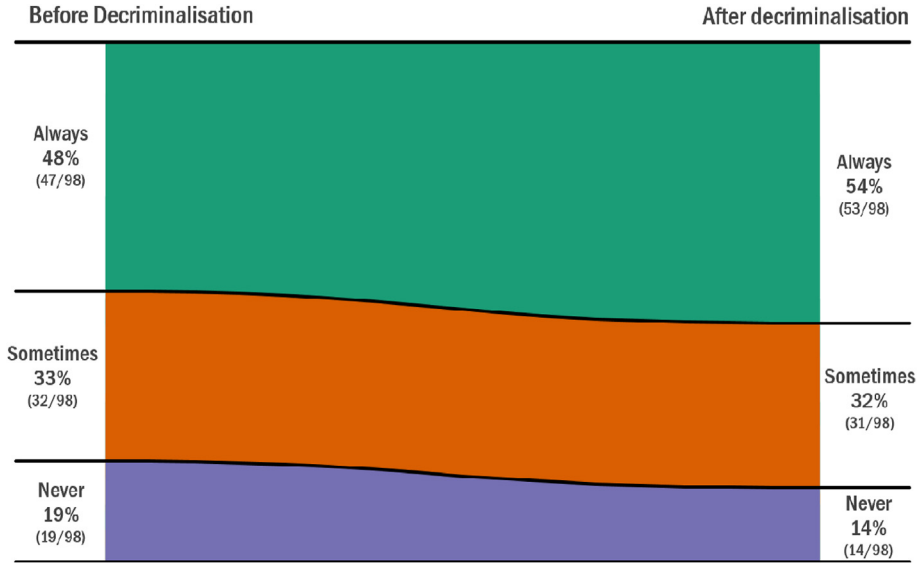
> *" I would say it hasn't changed my views regarding my own health status. Attending the Melbourne Sexual Health clinic has always been a nonjudgmental and safe environment for me regardless of whether SW is legal or not, and my own concerns about my health are not impacted by the law or what the government decides they are doing"*

A few participants expressed negative or fearful views of decriminalisation. Some participants expressed concern that decriminalisation would lead to a rise in STIs. One participant highlighted this fear while still acknowledging the overall positive nature of decriminalisation ("I understand the change is a good thing but I worry about other people not using protection and then spread of STI among the community"), while others shared this fear with no mention of the positive aspects of decriminalisation. Some participants worried that clients would become emboldened to ask for services without condoms now that it is no longer a legal requirement. ("I still use condoms the same at work but worry that clients will know it's not an offence to not use a condom and push boundaries.") A couple of people worried that decriminalisation, specifically the removal of mandatory STI/BBV testing, would increase negative perceptions of sex work and sex workers ("…as it's now not illegal to work with a known STI I'm concerned about the influx of STI and STDs that will inevitably happen, along with sex work being frowned upon once again"). A few people commented on how, with the removal of mandatory 3-monthly testing, they now find it difficult to remember to get tested ("I find it difficult to keep track of checkups, I still get testing done regularly but it is more difficult and I wish there was a way I could be reminded").

A few participants took the opportunity in the free text box to provide insights that were tangential to decriminalisation, particularly around discrimination they face when seeking healthcare.

> *"I usually only disclose I am a sex worker if I feel it's totally necessary e.g. am questioned about the 'extensive' sexual health check up I want or if in hospital. Unfortunately I've still faced back handed comments, an unwillingness to help or general obvious judgement from professional practitioners"*

Figure 1: The frequency with which 98* sex workers disclosed their sex work status to clinicians during STI/BBV testing before and after the Victorian Decriminalisation Act of 10th May 2022.



*Two participants were excluded because one had not engaged in sex work prior to the decriminalisation act and one did not answer the question. STI/BBV = sexually transmissible infection/blood-borne viruse.

Several others commented on the need for more resources to fund peer-led education on sexual health for sex workers and clients.

> *"In regards to condom use, I think it's up to the client and the worker. We are all responsible for our health. I do believe there needs to be more education around STI risks and pregnancy risks. 50% of my clients over 10 years had no f*kn idea about non identifying STIs that don't have symptoms such as chlamydia, the amount of times I end up educating a client on transmissible diseases blows my mind!!!! If anything let's increase education !!!!!!!!! Some men had no idea about the risks and quickly regret asking for natural services and insist on condom use."*

Discussion

This study examined the impact of the first stage of decriminalisation of sex work in Victoria on sex workers' condom use and STI and BBV testing, and found that the majority of sex workers maintained high rates of condom use and frequent testing following decriminalisation. Furthermore, participants shared views on how decriminalisation has increased their health and wellbeing, as well as concerns raised by a handful of sex workers. The arguments for implementing a regulated system of sex work as opposed to a decriminalised system often point to public health and safety. These arguments suggest that with regulation enables mandatory condom use and STI/BBV testing.[13] However, our findings show that the shift from a regulated system of sex work to a decriminalised system, which is the preferred system to respect and protect sex worker's human rights,[14] did not reduce the high rates of condom use and STI/BBV checks, providing further support for the adoption of a decriminalised model of sex work over a regulated one.

In implementing decriminalisation, the state of Victoria joins other states and territories in Australia who have already implemented this policy (New South Wales (NSW) 1995 and the Northern Territory in 2019), as well some countries such as New Zealand (2003) and Belgium (2022) (though there are some restrictions remaining about where sex work can take place, [for example street-based sex work is still criminalised in specific locations] in all but the Northern Territory and Belgium) .[8] The impact of decriminalisation is thus well-established in NSW, given its early initiation. Sex workers in NSW have consistently reported high rates of condom use with clients [15–17] and subsequent low rates of STIs and HIV .[16] Victoria likewise has reported high rates of condom use among female sex workers for both vaginal sex and giving oral sex prior to decriminalisation,[18] findings which our results support. Of the sexual practices reported in this study, giving oral sex had the highest proportion of participants who reported using condoms less frequently after decriminalisation, but this was only reported by 6 individuals (6.5% of those who give oral sex amongst our participants). Our findings indicate there is no reason to anticipate that decriminalisation would lead to decreased condom use with clients, particularly for vaginal and anal sex. These findings are in line with findings from other high-income countries with decriminalised and legalised systems of sex work, which report higher rates of condom use and lower rates of STIs compared with systems criminalising sex work .[9]

Several participants used the free-text response to address how decriminalisation has led to less stigma while working as a sex worker. Another study in New Zealand found similar results when 46 sex workers were interviewed and felt that decriminalisation represented an important step in changing public perceptions of sex work .[19] The New Zealand study also found that participants could access healthcare more easily after decriminalisation because they did not have to disclose their sex work status. The finding from the New Zealand study is consistent with our observation that our participants were more likely to disclose their sex work status to clinicians as a result of decriminalisation. The beneficial effect on access to healthcare may have been felt more strongly by participants who had previously experienced negative encounters with healthcare providers when they felt judged when asking for sex worker certificate.

Some participants were concerned that the lifting of mandatory testing will lead to increased STIs. Exacerbating this concern was a worry among a handful of participants that, without a mandatory condom law, they will have reduced bargaining power with clients

Table 4: An overview of short-answer responses from 42 sex workers on their additional thoughts, insights or comments about how the decriminalisation of sex work in Victoria has affected their sexual health or condom use at work and their STI/BBV checkups.

Theme	Subtheme	Example quote
Positive or hopeful aspects of decriminalisation	I can access healthcare more easily	- "In regards to sexual health check-ups I have had mixed treatment from GPs. In the past some are aware of the mandatory sexual health testing and are happy to proceed, some are confused about it, some refuse to test every three months unless (there) are symptoms, often I would lie about symptoms to get the piece of paper to work in a brothel. Some are outright concerned for your wellbeing and I never return to their offices again. Some are welcoming and ask no questions. Being a single mother most recently I disclosed my sex worker status to get the mandatory tests and the GP was extremely concerned for my son's welfare. Now the mandatory testing has been removed, I don't need to explain my situation to my family GP and risk being marginalised."
	I am safer at work	- "Management can't bully me into working or not working without a medical certificate. Both instances have happened to me and other colleagues."
	I have more agency over my work and my body	- "Mandatory testing was a barrier to making income. I would remember the morning of my shift and have to try and squeeze in an appointment or I would rock up only to find out I can't work as my certificate just expired. I am still staunch in my health checks around the genitals, thighs, and mouth and condom use on a penis for vaginal and oral sex."
	I face reduced stigma	- "I think that there are strong philosophical and cultural differences between different workers and their views on sexual health and condoms. I think that the decriminalisation of working with BBVs or STIs goes a long way to diminishing the stigma that many gay men who live with HIV who do sex work experience."
	It is better for other sex workers	- " I don't think anything has changed for me. Most of the changes were to help street workers in my opinion, which is a good thing."
Neutral about decriminalisation	My health has always been and continues to be my priority	- " It hasn't changed anything, I always got checked as part of my ethical conduct and safer sex practices"
Negative or fearful aspects of decriminalisation	I worry it will increase STIs	"I believe that not enforcing sexual protection and regular STI checks is dangerous to the new inexperienced workers coming into the industry."
	Clients may be more emboldened to ask for services without a condom	- "I hate that it's not a legal requirement to use condoms as it makes it my personal choice which makes it more complicated."
	I worry it will increase stigma for sex workers	- "I believe more and more clients, once they find out it is no longer a legal requirement will as[k] for 'natural' uncovered/protected services. This section of decrim[inalisation] act and working with STI/BBV should have never changed. This will only increase the stigma that sex workers are dirty whores."
	It is harder to remember to test for STIs now	- "The mandatory 3 monthly testing helped me to remember to get tested. Now I forget to test or leave it too late sometimes."
Insights tangential to decriminalisation	There is still judgement from healthcare providers	- "Decrim[inalisation] hasn't changed the stigma around sex work when visiting healthcare workers or other professionals."
	More peer-led education is needed	- "I think we need to encourage each other to get tested regularly regardless of what the law says. Just to be safe. I think condoms should always be used and I don't feel good about the trend toward not using them even for oral sex. We need to ensure everyone who works is educated about the risks of catching things even orally. So education is going to be key. Which means peer organisations need more funding."

GP = general practitioner; STI = sexually transmissible infection; BBV = blood-borne viruse.

(i.e. it would be more difficult to decline condomless sex with a client without using the law as an excuse). However, the quantitative findings of this research do not support these concerns, with high levels of condom use remaining. These qualitative findings also suggest, and were, in fact, directly requested by several of our participants, that more peer-led education is warranted for sex workers and clients of sex workers alike. Peer-led education should include offering supportive strategies for sex workers on how to establish boundaries with clients that do not involve relying on the legality of condoms, as well as providing sexual health information. Future research could focus on how to develop peer-led support to optimally address these concerns.

There were several limitations to our study. The main limitation is that our participants were predominately born in Australia or New Zealand, were within a narrow age range of 18-25, and had been working in sex work for over a year. Further research is warranted to examine the impact of sex work on those born overseas (which might require a questionnaire in languages other than English 9), those in other age ranges, and those just entering the sex industry. Secondly, it is likely that participants selected "condom use has not changed" for sexual practices after decriminalisation when it would have been more accurate for them to select "I have not performed this practice or not applicable". This is evidenced by an increase in the number of participants who selected "condom use has not changed" after decriminalisation who had previously selecting not engaging in the said practice prior to decriminalisation. We cannot accurately identify whether a participant meant to select "I have not performed this practice or not applicable" when they indicated that their condom use had not changed as just because a participant had not performed the practice prior to decriminalisaiton does not

necessarily mean they did not perform it after decriminalisation. Thus, data should be interpreted with caution. Another limitation of our study is that recruitment was conducted through social media but advertised by the recruiting sexual health clinic and community organisations. It is possible that those who accessed the survey are biased toward those linked to sexual health services or peer organisations. Lastly, there may have been recall bias when ascertaining condom use practices prior to decriminalisation, as it required participants to reflect on behaviour from at least 6 months prior to the study period.

Our findings supply key details on the impact of decriminalisation on condom use practices and sexual health check-ups among sex workers in Victoria. Minimal changes in these practices coupled with the positive impacts of decriminalisation in terms of access to healthcare and decreased stigma, support growing research indicating that decriminalisation is beneficial for the health, safety and human rights of sex workers.

Conflicts of interest

The authors have no competing interests to declare.

Ethics statement

This study was approved by the Alfred Hospital Ethics Committee, Melbourne, Australia (626/22).

Author contributions

TRP, EPFC, and CFK conceived the study. TRP, EPFC, DOH and MP designed the survey. TRP conducted the data analysis and EPFC, DOH, MP and KM were involved in cross-checking data analysis. TRP wrote the manuscript. All authors contributed to manuscript revisions.

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Author ORCIDs

Tiffany R. Phillips https://orcid.org/0000-0001-6920-7710
Mish Pony https://orcid.org/0009-0001-6799-587X
Basil Donovan https://orcid.org/0000-0001-8851-4126
Eric P.F. Chow https://orcid.org/0000-0003-1766-0657

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Appendix A Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.anzjph.2025.100250.