Issues of stigma related to sex work, and why sex workers should be included in the *New Zealand Project Plan to Eliminate Stigma and Discrimination Associated with HIV & AIDS*.

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A plan on the elimination of stigma related to HIV has recently been released to the New Zealand HIV Forum (Feenstra, 2013). The paper is well written, and explores the causes and effects of stigma, and suggests strategies and action to overcome stigma. The action plans suggested would be, and have proven overseas to have been, effective strategies to overcome stigma against stigmatised groups, predominantly anti-lesbian and anti-gay stigma.

In the needs assessment, this paper captured the points of view of many of those most at risk of HIV infection, or already living with HIV, or those who deal with issues around HIV prevention and treatment, with interviews being conducted with:

Body Positive –Auckland
Body Positive –Under 30's Positive Group
Positive Women Inc
Maori . Indigenous & Pacific Island AIDS Foundation -INA
Auckland Sexual Health Service
New Zealand Aids Foundation –Auckland
New Zealand Aids Foundation –Christchurch
New Zealand Aids Foundation -Wellington
Cartier Trust
Auckland District Health Board –Infections Diseases
Auckland District Health Board –Pediatrics Infectious Diseases/Starship
Auckland District Health Board –Community HIV Team
Massey University –School of Health and Social Services
Grafton Pharmacy
Individual people living with HIV
Individual people not living with HIV (Feenstra, 2013: 8)

[1] New Zealand Prostitutes Collective

The stated objective of the paper was:

> To reduce the stigma associated with HIV and reduce discrimination experienced by people living with HIV and/or AIDS by:
>
> Empowering individual HIV positive people to gain equality, respect and rights
>
> Putting HIV on people's personal agendas
>
> Educating people about what HIV is today
>
> Promoting greater understanding of, acceptance of and support for people living with HIV
>
> Changing public and private sector policy to reflect the above; and
>
> Communicating the above effectively with all key groups in New Zealand, including consumers, statutory agencies, GPs, Health professionals, health agencies, other governmental agencies such as Housing New Zealand (Feenstra, 2013: 6)

The project was also to:

> be guided by the following six principles:
>
> 1. Acknowledge and build on the good work already done by individuals and groups in this area. Using a strengths based approach.
> 2. Ensure the project activities are driven by the focus of reducing stigma and discrimination for people who are living with and affected by HIV.
> 3. Ensure that all various ethnic, gender and sexual preference populations perceptions and experience of stigma and discrimination are acknowledged, included and valued throughout the project. These various populations include but are not limited to: Men who have sex with Men (MSM), Heterosexual people (male and female), transgender people, Maori, Pacific and Polynesian people, African New Zealanders, Asian New Zealanders, other New Zealand immigrant people and other people living with or affected by HIV and/or AIDS.
> 4. Ensure the governance of the project includes the involvement and leadership of people living with HIV. 'nothing about us, without us'
> 5. Ensure Māori perceptions and experiences of stigma and discrimination are acknowledged and valued throughout the project. This requires Māori participation in accordance with the Treaty of Waitangi.
> 6. Ensure that people who are actively working within the project, model the attitudes and behaviours that we wish to encourage in others (Feenstra, 2013: 6)

Sadly, from all of this, sex workers were omitted. While sex workers fit into one, or more, of the categories listed (Men who have sex with Men (MSM), Heterosexual people (male and female), transgender people, Maori, Pacific and Polynesian people, African New Zealanders, Asian New Zealanders, other New Zealand immigrant people, and other people living with or affected by HIV and/or AIDS, [Feenstra, 2013: 6]), there is no mention of the stigma faced by sex workers, either as sex workers or "vectors of disease", which combines both sex worker stigma and HIV stigma. While NZPC has contact with all groups in the questionnaire (Gay and bisexual Men, New Zealand African, Heterosexual women, Heterosexual men, Maori, Children, Transgender people, New Zealand Asian [Feenstra, 2013: 23]), and more groups, including migrants from areas where there is a HIV prevalence, NZPC was never interviewed. While sex workers with HIV may be members of one or

more other support groups, these groups may not necessarily have an understanding of the issues around sex work that may be feeding into the felt stigma sex works with HIV may be subject to.

Furthermore, there is little mention of people who inject drugs, and the stigma they face when combined with HIV infection. The only reference is the stigma generated by societal memory of HIV and AIDS in relation to "dirty or drug users" (Feenstra, 2013: 7), a stigmatising term in itself. It also appears that Needle Exchange New Zealand has not been consulted, even though people who inject drugs are also stigmatised in relation to HIV and other blood borne viruses.

There is no doubt that sex workers are stigmatised. The current Bill before Parliament, currently the Manukau City Council (Regulation of Prostitution in Specified Places) Bill 2010, soon to be renamed as an Auckland Council Bill is partly fuelled by stigma against sex workers.

Examples of stigma against sex workers are widespread in society, from well prior to the passage of the Prostitution Reform Act, to recent claims they are causing trouble, urinating and defecating on the streets, and leaving condoms and other offensive litter (Aucklander, 4 June, 2008; Herald, in PLRC, 2008: 40; Thompson, 2005).

This, together with other claims that have been made in South Auckland since the campaign against street workers there began in 2004, (Manukau City Council, 2005), and the claims against brothels in Epsom (Tan, 2013) and Christchurch (Clark, 2013; Stylianou, 2013), indicates that sex work is still stigmatised in society, despite decriminalisation in 2003. Comments by several people have fuelled the stigma led, NIMBY debate on the original Bill Manukau City Council put forward in 2005 (Black, 2004 [insert]; Cook, 2004a; du Chateau, 2005; Landrigan, 2006a).

The "think of the children" argument, familiar to many LGBT activists, as it has been used in many arguments opposing the rights of LGBT people over a number of years, also rears its head to increase stigma against sex workers, making them, and/or their clients, out to be a danger to children:

> Jessica Closson told the planners had failed to consider whether the business of prostitution could be a nuisance to neighbours, or incompatible with the neighbourhood. "Between 62 and 100 Austin St, there are 34 school aged children. How is a large-scale brothel … with this many workers, in keeping with the existing use of the neighbourhood?" (Burgess, 2008).

There are claims that sex workers in New Zealand have been passing on Hepatitis B and C (Tan, 2011), even though the chances of catching Hepatitis C through sexual activity is rare (Hepatitis New

South Wales, 2011). Similar claims were made by Gordon Copeland who linked street based sex work and "the increasing rates of STDs, syphilis, gonorrhoea, chlamydia, and human papilloma virus that are in epidemic proportions down in the streets of Manukau City" in his speech in favour of the Manukau City Council (Control of Street Prostitution) Bill that sought to make street based sex work an offence in Manukau (Copeland, 2006).

The fact stigma associated with is sex work is also associated with disease stigma can be seen in the words of Sir Barry Curtis, then Mayor of Manukau:

> We cannot tolerate this any longer. It [street prostitution] is attracting a lot of undesirable elements and we plan to take whatever steps necessary to rid our community of this disease (Cook, 2004b)

This is repeated, though in a different way, by claims that as there are sex workers arriving in NZ from countries with high HIV rates, sex workers should have mandatory sexual health checks (Landrigan, 2006b). With people in power making comments such as these, it is not surprising that the ordinary person in the street feels they can also make such claims with impunity. Letters to the editor also include this combination of sex worker stigma and HIV stigma:

> We can expect an increase in HIV and other types of diseases over the next few years as we liberalise sexual activity. In Africa where some states have decriminalised prostitution, there has been a sharp increase of HIV infection into the heterosexual community via the homosexual-bisexual route (Van As, 2004).

It can also be seen in the letter "Bunch of scrubbers":

> I work in South Auckland and the so-called ladies of the night (and day) I spot on my travels are a bunch of scrubbers. You would not touch them with a totem pole, otherwise it could be bingo full house for you (sexually transmitted disease (Waddell, 2006).

These comments in the public arena combine both sex worker stigma and HIV stigma.

Despite comments from a Tamahere couple about their ownership of a brothel and how:

> "We're not doing anything wrong. I know some people have a moral issue.
>
> It doesn't make us bad, it just makes them a bit judgmental" (Adams, 2013).

Family First (2013) have commended vigilante actions against a brothel in a residential area and is:

> predicting that there will be more 'vigilante justice' against street prostitution and residential-based brothels as communities around the country become victims of a flawed law change.

The claims by Family First are based on mistaken stereotypes:

> Before decriminalisation, the prostitution industry was predominantly a red-light district issue. Since decriminalisation, the industry has moved right next door to a family home and opposite a school or kindy (Family First, 2013).

Sex workers have operated privately in residential areas for a long time prior to the Prostitution Reform Act being passed, and were sometimes beside schools, kindergartens, churches, Marae, and retirement homes. Prior to law reform, stigma kept these sex workers hidden, and neighbours were therefore often unaware of their presence.

The fact that people running their own brothel from their own home now believe they are able to say so, and people like the Matthews (Adams, 2013) are able to be open about owning a managed brothel, indicates that people feel more able to be open about their involvement in brothels since law reform, and law reform has had some effect in helping to destigmatise the sex industry.

People feel 'safe' in throwing such epithets such as the above around because of the greater corpus in society, reported by the media, and repeated by those in authority, such as Members of Parliament, that allows what appears to be 'less' offensive material to be published that encourages such stigma against sex workers.

Nevertheless, I do know of male sex workers who have refused to undergo an HIV test. Part of the reason for this is that they believe they will be pushed out of the sex industry by others – workers, clients, and/or other people – if they test positive for HIV. This fear of a positive test having a large impact on their working life, completely removing their means of support, and instead having to rely only on government welfare benefits, despite being able to continue sex work, is due to the double stigma of being a gay male sex worker who is HIV positive. While the law does not prescribe mandatory sexual health checks, and does not prevent a person with HIV working as a sex worker, societal stigma, stimulated by rumour, would soon ensure they had few clients. In one case, I have seen this happen.

Sex workers are subjected to stigma because of what they are: sex workers, and what they are perceived to be: vectors of disease, usually STIs, which includes HIV as can be seen above. Herek (2004: 14) indicates:

> First, hostility exists in the form of shared knowledge that is embodied in cultural ideologies that define sexuality, demarcate social groupings based on it, and assign value to those groups and their members. Second, these ideologies are expressed through society's structure, institutions, and power relations. Third, individuals internalize these ideologies and, through their attitudes and actions, express, reinforce, and challenge them.

This is not a new idea, but dates back to Allport (1954). He stated minority members develop coping methods to deal with stigma directed at them, including "intrapunitive" measures, directed inwards:

"one's sense of shame for possessing the despised qualities of one's group" as well as "repugnance for other members of one's group because they 'possess' these qualities" (p. 152).

This taking on of stigma, through intrapunitive measures, is the stigma felt by people. This felt stigma affects a number of aspects of a person's personality, including self esteem, mental health, etc., (Herek, 2004: 19).

While a number of earlier writers claimed that self esteem was a factor in risk behaviours, research from New Zealand tends to indicate this is not the case (McGee & Williams, 2000). It has been found that the levels of stigma felt by a targeted group seems to have more effect on risk behaviour in relation to safer sex than self esteem (Bruce Ramirez-Valles, & Campbell, 2008; Preston, D'Augelli, Kassab, Cain, Schultze, & Starks, 2004; Preston, D'Augelli, Kassab, & Starks, 2007). The greater amount of stigma, the higher chance of risky sexual behaviour occurring.

If safer sex is compromised as a result of felt stigma, and unsafe sex practiced, infection with an STI, such as gonorrhoea, Chlamydia, or HIV may occur, with the resultant negative effects on public health. It is thus important to address this double stigmatisation of sex workers, and include them in the groups targeted by *the New Zealand Project Plan to Eliminate Stigma and Discrimination Associated with HIV & AIDS*.

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