To the Committee Chair for Justice and Community Safety

Re: ACT PROSTITUTION INQUIRY

I make this submission having been the Director of the Sexual Medicine Clinic at Woden Valley Hospital from 1979 to 1997 [called then the Gilmore Clinic]. It was in that year 1979,having returned from 13 years working in the Northern Territory in various areas of public health medicine including STD`s that the ACT Health Dept. asked me to set up a control; program and treatment program for the Territory. One of my early problems was with the surveillance of the prostitutes. At the beginning there was no routine system in place. However with the co=operation of the police a mechanism allowed sex workers to be tested on a regular basis. We were also able to counsel young women who were being asked to work in this field. Of course the situation was different to what is in place today as prostition was illegal at that time.

Most prostitutes in those days were Australian but occasional itinerant visitors mostly from the UK were seen .These latter were sometimes drug users and I saw a couple infected with hepatitis B from sharing needles. I had little or no trouble seeing them on a regular basis and I always put that down to the police supervision. In fact there was one time in the early eighties that we were seeing nearly all the prostitutes in our clinic on a regular basis. This was important because the brothel owners could not permit them to be beaten up and had to maintain a degree of discipline over their actions. We were aware that workers came down from Sydney and up from Melbourne when parliament was sitting and these were difficult to supervise and evaded police and public health scrutiny. The program did control the STD`s fairly well and regular testing together with blood test helped maintain a surveillance that the brothel owners respected. They knew if there were problems then they would be in trouble. There were some independent workers but they were outside the ACT. It was clear that when local prostitutes ventured outside the ACT they frequently got into physical trouble. Broken jaws arms and fingers, black eyes general body bruising was then obvious when they came back for routine testing after returning to the ACT. This is not to say that physical and sexual abuse did not occur in the ACT, it certainly did but it was not obvious. We gave the workers an attendance receipt to show the police that they had been checked that week.

I need to mention at this point that there can and should be life after prostitution. I will discuss this later but at this point I would like to mention that the abuse and violence against these women must be taken seriously. Many are likely to suffer post traumatic stress disorder and to have been severely affected as well by the Stockholm syndrome. This latter condition occurs when women develop positive feelings towards their abusers ands tormentors. These can be coupled with negative feelings toward the police or the medical profession or other members of the health profession. In doing so they were attempting to please their minders. It is important to keep these two factors in mind because they can help explain many of the responses seen in these women both during their time in prostitution but afterwards as well. For example they explain why they continue in an abusive situation when they have the opportunity to leave or even escape. It explains their antipathy and resistance to medical care and even to the police or social workers attempting to help them because they have

identified with their abusers to such and extent that they just follow their dictates, to appease them. To some extent these are coping mechanisms, and I was amazed over the years at the level of self-delusion that many of these women displayed. The self delusion was always present when these were some sort of abuse operating.

During 1983 I was a National Health and Medical Research Council Public Health Travelling Fellow and for six months visited overseas where I studied a range of STD and sexual medicine topics including visiting clinics and surveying the control of prostitution. Upon my return I introduced additional changes into the operation of the ACT service. I also set in motion administrative procedures to start a position of venereology registrar in Woden Valley Hospital. And in fact the Woden Valley Hospital was the first hospital in Australia to start such a teaching program .I also set in place steps to form a College of Venereology for Australia and New Zealand. To formalise the training of venereology and sexual medicine and to set proper standards so as to maintian proper control of these diseases and to look after the welfare of those who were afflicted or who might become afflicted. This was important at this time because the HIV/ AIDS epidemic was becoming prominent although it was only in 1983 that the culprit a retrovirus was first being proposed. I heard this at the CDC in Atlanta Georgia that year before returning to Australia. My worry was that if this disease would become established in the prostitute population with its fluid movement of workers that our society could be in real trouble.

It was after this time probably early 1990`s that decriminalisation of prostitution occurred and some general practitioners wanted to examine and supervise prostitutes. As well more and more SE Asian tourists started to come to Australia and Australian males in particular were starting to visit SE Asia on sex holidays and many of these returned with STD`s. There was no way at that time for us to ensure that those starting work as prostitutes were free of infection and there was no system for us to maintain regular surveillance of their health and welfare. I made representations to other Departments at the time but I was given responses to the effect that "Women are adults and they are in charge of their own bodies and welfare"

There was no way to supervise the GP`s although some GPs came to the STD clinic to learn how to do the testing properly. However the general maintenance of good supervision gradually dissipated. For example I saw a Asian woman who had previously been seen by GP`s but when she came to me she obviously had cancer of the cervix. She spoke no English and was accompanied by an Asian woman who was obviously superervising her. There was a heavy set man in the waiting room that appeared to be the attending muscle. I was horrified by what I saw and told the superving Asian woman that the patient needed further investigation and treatment. Immediately the patient was hurried out of the room with the forceceful assistance of the the minder from the waiting room. That was the last I saw of any of them. It is important to recognise that there is always the real danger of hostage type situations developing with these women.

Nevertheless prostitutes came to the Gilmore clinic whilst others apparently preferred to go to GPs where I assume they were treated, but what really happened to them was anyone's guess. The role being played by the owner's minders and pimps of the various agencies was always an important part in their responses. Those who did come to our clinic tended to become regular. And I now see some of them years later,

older and wiser around Canberra from time to time. Some have managed to rehabilitate themselves and now live useful lives. Others sadly are still under the domination of overpowering men and they live lives of virtual slavery.

Prostitution is a vicious racket that attracts drug pushers, criminals stand-over merchants and people who are essentially psychopaths. I met many pimps who would come into the clinic to see that the girls that they were living off did not escape their clutches. As decriminalisation became more and more laizze- faire efforts to maintain any form of welfare or supervision became less and less possible. It was obvious that those Asian women I saw were terrified of their minders sitting tin the waiting room and they hardly ever would engage in conversation.

Over the intervening years I made several overseas trips visiting clinics and examining prostitution supervision and control. At that time the most efficient system was in Singapore where all prostitutes had to be registered and had to carry a card with their photo on it. They had to regularly attend the public health clinic. The brothels were supervised by the public health inspectors and the ones that I visited were certainly clean and maintained...

I always found dealing with these women a challenge. They came from all walks of life but the early days in the late 70`s and early 80`s was a time when control and supervision was easier to maintain. It was a time before the easy movement of young women occurred from country to country and there were few cultural and language barriers and the police oversight were of great benefit to the general welfare of the women although the women probably would not have agreed with me at the time.

Thank you for the opportunity to contribute to this inquiry. Below are my recommendations.

Sincerely, Gordon White

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[redacted]

Some principles for the control and supervision of Prostitution

1. Prostitution is a public health matter with a strong social component. Because of the nature of the activity it can potentially cause or be part of the rapid spread of disease in the community. Those involved can become socio-economic burdens to the community. Drug addiction and abuse is common.

2. There has to be defined set control and supervision rules .These may seem harsh to some but protection of the public requires this: as does the protection of the workers themselves.

3. Medical supervision must be regular and clearly defined and there must be a socio=welfare component embodied in the process. There must be adequate records and where necessary central reporting on a strictly confidential basis. Drug abuse and addiction must be part of the medical management process. This supervision will be time consuming and costly to the health department. Medicines must be free and available at the point of medical examination. These workers cannot be trusted to go to a pharmacy unsupervised.

4. Those engaged in sex work must be centrally registered. This is for their own protection as well as for the protection of the public. There must be adequate laws to allow legal supervision especially where individually try to set up shop in flat s and in the suburbs. There must be protection from pimps and others trying to live off the earnings of prostitution. Prostitution attracts violent and psychopathic personalities and those addicted to drugs and those who enjoy torture and pain. It requires serious laws.

5. Tourists and others coming to Australia can be easily sidetracked into prostitution by predatory males. And psychopathic women madams. This must be addressed somewhere.

6 There must be regular supervision of brothels and workers by police and health inspectors...