

RCN Congress Agenda 2019 Extract

This is an extract from the RCN Congress Agenda 2019, copied from <https://www.rcn.org.uk/congress/whats-on/debates>, 31 May 2019.

R indicates a resolution.

1. Decriminalisation of prostitution

That this meeting of Congress calls upon Council to lobby governments across the UK to decriminalise prostitution. Proposed by the RCN Greater Bristol Branch. (R)

World Health Organisation (2012) guidelines recommend that countries work towards the decriminalisation of sex work. There are two important things to note. Firstly, decriminalisation is not legalisation. And secondly, sexual exploitation and/or trafficking of persons will remain illegal.

There is no reliable evidence to suggest that the decriminalisation of sex work would encourage human trafficking; in fact, several international anti-trafficking organisations believe that decriminalisation of sex work would have a positive role to play in the fight against trafficking.

Currently in England, Wales and Scotland, prostitution itself (the exchange of sexual services for money between one seller and one buyer) is legal, but a number of related activities, including soliciting in a public place, kerb crawling, owning or managing a brothel, pimping and pandering, and more than one sex worker working together, are crimes. The law in Northern Ireland is different to the rest of the UK as it has conflated sex work and human trafficking into one issue. It is regulated primarily by the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015, which makes it illegal to pay for sex in Northern Ireland.

Credible evidence shows that where sex workers are able to negotiate safer sex, HIV risk and other vulnerabilities can be better managed and greatly reduced. A recent systematic review, led by the London School of Hygiene and Tropical Medicine (Platt et al., 2018), found sex workers who had been subjected to recent arrests, prison or displacement from places of work had a three-times higher chance of experiencing sexual or physical violence and were twice as likely to have HIV and/or other sexually transmitted infections.

The review also noted that sex workers who had avoided repressive policing were 30% less likely to engage in sex with clients without a condom.

There have been proposals for a so-called Nordic Model (there are several types of Nordic Model but most approach this by criminalising the buyer and not the seller in order to reduce demand for sex workers). This model built on the assumption that sex work exists because of

demand, but the reality is that the majority of sex workers enter the sex industry for socio-economic reasons and this will be unchanged by any reduction in demand.

Research in Sweden and Canada has also shown that criminalising sex workers' clients did not improve sex workers' safety or access to services and in some cases showed a detrimental impact. A 2017 Scottish Centre for Crime and Justice report highlighted both the limited and contested nature of existing evidence on the impacts of the criminalisation of the purchase of sex and the consensus for the need decriminalise individuals involved in prostitution.

This compared to New Zealand, where following decriminalisation, sex workers reported being better able to refuse clients and insist on condom use, in addition to improved relationships with police.

Amnesty International argues in favour of decriminalisation, arguing that the criminalisation of prostitution "threatens the rights to health, non-discrimination, equality, privacy, and security" of a sex worker. The World Health Organisation also condemns the criminalisation of sex work, and backs research by The Lancet which shows that decriminalising prostitution would help lower rates of sexually transmitted infections, particularly HIV/Aids.

As nursing staff, we have a responsibility to call for what is in the best interests of public health and the patients who entrust us with their care. Lending our voice to support a stigmatised and marginalised group is not only the right thing to do but will lead to improved health outcomes.