

Debate on Motion 1 at the RCN Congress

This is a transcript of the debate on Motion 1. 'Decriminalisation of prostitution' that took place at the RCN Congress on 20 May 2019, taken from the [video recording](#).

Lou Cahill [proposer of the motion]: Hello. My name is Lou. Voting member of the Greater Bristol branch and this is my first time at this podium. I'm here to speak to you about a topic that makes some people feel uncomfortable. Sex work.

As soon as the word sex and the word work are combined it is hard not to formulate opinions based on personal views and moral biases. I'm therefore going to ask you to tune your ears to the nurse setting, because when you take out personal and societal moral views, we do what nurses do best: we follow evidence-based practice and we advocate for those who need our voices. Then the decision to support the decriminalisation of prostitution becomes clear. It is the only model backed by evidence of improvements in health, safety and welfare, and sex workers themselves are calling for it.

Current UK law makes it a criminal offence for sex workers to work together for safety. Brothel keeping is defined as just two or more sex workers working together. Therefore sex workers often have to choose between keeping safe and avoiding possible arrest, avoiding a criminal record or putting themselves in danger. Nobody should be put in danger by the law.

Full decriminalisation of sex work acknowledges that sex work may be driven by poverty, difficult family life, substance misuse, benefit cuts, disability and the high cost of housing and education, but it also acknowledges that some prefer to do sex work to other jobs.

Criminalisation does not change workers' material conditions. Decriminalisation means sex workers' workplaces would be regulated through employment law. This would mean sex workers could hold their bosses to account and make it easier to form trade unions. Buying sex would be decriminalised because criminalising clients undermines sex workers' safety and workers have the right to sell their services.

Evidence from France, Ireland and other places that criminalise clients has shown that criminalising clients gives them more power over workers, not less – as workers need the money more than they need to buy sex. This means that workers are forced into riskier situations.

Decriminalisation increases sex workers' power in their interactions with clients and police. This is especially important for migrant sex workers and women of colour and those who are particularly targeted for discrimination. It reduces the transmission of HIV and other STIs. Sex workers are given greater control over their situations and are therefore better able to negotiate condom use.

Decriminalisation is sometimes presented as at odds with anti-trafficking measures but it should be obvious that giving workers more rights is crucial to tackling exploitation.

Decriminalisation of sex work is recommended by the World Health Organisation, UNAIDS and is backed by human rights organisations, such as Amnesty International, Human Rights Watch and is also backed by the Global Alliance Against Trafficking in Women.

The decriminalisation model has been widely successful in New Zealand and has seen violence against sex workers reduced and health improved. It is worth noting here that following the law change in New Zealand there has been no increase in the number of sex workers or clients.

You may have seen the misleading and frankly false information in leaflets directed at nurses and calling for the Nordic Model. A law that claims to decriminalise workers and criminalise buyers. This model does not decriminalise sex workers. Many laws criminalise associated activities that leave workers vulnerable and deprived of basic right. In the 20 years Sweden has had this model there has been no empirical evidence that sex work or the demand for it has reduced. It failed to deliver.

Why? Because the majority of sex workers enter the sex industry for socioeconomic reasons. These reasons remained unchanged by attempts to reduce demand. As a society, we do not arrest people out of poverty. If you want to end sex work, end poverty.

It is a model based on privileged ideology not based in evidence. In fact academic research conducted into this approach has shown that it increases violence against sex workers. It increases the spread of HIV and other STIs, and it leaves sex workers vulnerable to exploitation. This model is dangerous. This model also harms. It also denies women the right to self-determination, and I would say to you, my fellow nurses, be very wary of those who want to give the government control over women's bodies. This is a fundamental human right issue.

With such a mammoth challenge ahead, we should listen to current sex workers, ensure that sex workers are as safe as possible, and protect their health as best we can. Everyone in this room is committed to evidence-based practice and patient advocacy. How then can we ignore the evidence and the voices of those who need us? Therefore I propose this resolution to you.

Chair: The queue is now open.

Jason Warriner [seconder of the motion]: Voting member, Public Health Forum. The Public Health Forum supports this resolution. We do recognise this is a difficult area sometimes for people to discuss. This is about rights and safety of people. Yes, decriminalisation is a first stage around the change in sex work but also we need to look at support service, access to relevant services, helping people move away from sex work into different careers. But also bearing in mind with that, some sex workers choose to work this profession and let's not judge people for that.

There's nurses in this room today who work in services, sexual health, HIV, community services, homelessness, A&E departments, and support sex workers, be that at street level, people working brothels, saunas or online. It is so diverse now the way sex work is seen and also how it is misunderstood.

Louise has so eloquently put the debate forward there with the strong evidence bases. We have the English Collective of Prostitutes today outside talking to us. They came to speak at the RCN Congress about 12 years ago when we were discussing sex work again. We had a very mature debate. It helped move services forward, but also advocated for women and men who are sex workers.

Yes, we may have some conflicting views and opinions around this debate, but let's see what the wider world has said about it but what us as nurses are going to say, as student nurses, as nursing associates, as health care support workers. Let's get the message across about support, about people's rights and that it's their choice. Let's not get this mixed up about trafficking and other things that can side-track. Let's have a clear debate around decriminalisation, how we move forward with this, and most of all, how we advocate for our patients out there. Thank you.

Chair: Rod, would you like to come to the lectern please. Jeremy Davis, Abigail Lawrence and Matthew Sidebottom, will you take a seat at the front please.

Rod Thompson: Voting member, Mental Health Forum. A few years ago I was given a task following the murder of two young women in this city, to investigate alternative approaches to dealing with street prostitution. Unusually, Liverpool City Council had a cross party agreement that actually adopting models from other countries might make sense for this city.

So myself and my colleague, Mark Bellis, undertook a major piece of work studying evidence from around the world, taking advice from colleagues, such as the police and the municipality in Utrecht in Holland, to look at the models that were being used that were much safer for all involved in sex working. And I stress all involved, because women are the majority of those involved in street sex working, but there are also men and transgender people who are involved in sex working.

We conducted a major piece of evidence in this city, contacting the communities affected by street prostitution, the businesses in those areas and the sex worker themselves. [9.42] Interestingly for us, what was identified clearly was that sex between consenting adults where money was exchanged wasn't an issue. The things that concerned the population and those businesses was the detritus associated with it: used condoms, potentially needles, and those types of activities. So the idea of adopting a managed zone similar to that in Holland was seen actually as something reasonable.

This city proposed to the government at the time to actually pilot this, to see if it would work. Sadly the government rejected that and consequently the risk to women in this city and every town and city across the UK has continued.

Louise has identified very clearly the rationale why this is an issue that we must support. Louise, brilliant presentation. Support this resolution.

[10.41]

Chair: Jeremy Davies, please.

Jeremy Davies: Good afternoon. Mental Health Forum. I'd ask you to support this motion because, as we all know, criminalisation never works. If you think making something a criminal act works, look to America in the 1930s when they thought alcohol was a bad thing. That went wrong. Then to the 1960s in Britain when the British government decided that heroin abusers were not people that should be treated, they were criminals. That also went well. Not.

Anything that we can do to take something that people for centuries now, have judged as a criminal activity and make it a situation that we can take people and we can give them access to treatment, we can give them support, we can give them rights, and in an environment where too often their rights are determined by other people who you would deem criminals. That is an important thing. These are people's sons and people's daughters. They deserve the chance and the support that we can give them. Please support this. Thank you.

[12.16]

Chair: Abigail.

Abigail Lawrence: Hello my name is Abigail Lawrence. Eastern Region. Voting member. I am so glad to be able to contribute to this debate because I have had an interest in the sex industry for some years now. The sex industry is by its nature exploitative, manipulative, and is based on coercion.

It is not about choice in any true sense. The fact that a prostitute is a victim – that is a no brainer. Yes, they should not be being prosecuted. However, what I am about to say may shock some of you. I cannot vote for this resolution.

Unfortunately the model that is being presented to us today not only decriminalises the prostituted women, which is great, however, it also decriminalises brothel owners, pimps and the buyers. In effect it makes the people that own the women, and up to 85% are pimped by somebody and it changes the status of those people to become their managers. They then have legal sanction to demand that whatever this woman does.

A very quick Internet search of prostitution survivors shows that, to a woman, they all advocate bringing in the Nordic Model. This has been adopted by six countries now.

Dr Melissa Farley's seminal research shows that 90% of prostituted women want to escape. When implemented correctly the Nordic Model provides valid support to the women to enable them to exit.

To quote a prostitution survivor, most are not interested in gaining professional status. They are interested in exit services.

The Nordic Model decriminalises the women. Yes of course. But ensures that demand is addressed and holds, pimps, traffickers and brothel keepers to account.

Yes we do need to have a discussion about this, and yes, we do need to join others like Unison and others in lobbying for the Nordic Model, which is the way to go. I am running out

of time but if you have an interest in this and want to know more, please speak to me afterwards. But please not this. Thank you.

Chair: So could we have Matthew up to the podium, but then could we have Margaret Devlin and then Ellen Grogan at the front please. Thank you.

[14.51]

Mathew Sidebottom: Voting member West Yorkshire Branch. So this is a question of safeguarding. I'm a nurse consultant and it's my role to improve access to healthcare for the most vulnerable people in our society. And the most vulnerable patients I work with are street sex working women. Yes men, there are male sex workers, but I want to focus primarily on street sex working women. Their lives are often controlled by men; men that they believe are there to help them but they really are the most exploitative engagement – it's not what they expect. They are exploited by men and criminalisation only serves to marginalise these people further.

What is the purpose of criminalisation – if it has to have a purpose – the biggest problem for me is the marginalisation of these women. They are really really difficult to engage with. So decriminalisation must be for the purpose of helping these women to engage and to improve their access to vital services.

I do want to touch finally on the discussion on the Nordic Model. There's no reason that if we vote for this resolution that we can't have further debate and discussion afterwards to look at various models of decriminalisation. It could be anything from the Nordic Model to decriminalisation. But if you vote this down then you're going to risk throwing away the whole discussion, the whole debate. It needs to be taken forwards. So I would support... er... urge you all to support this resolution, whether you want the Nordic Model or you want full decriminalisation, this is the way to go.

Chair: Thank you Matthew. Margaret?

[16.44]

Margaret Devlin: Voting member, Southern Branch, Northern Ireland. I believe that serious thought should be given to voting in favour of this resolution. Can the years of criminalisation be said to have been successful in the control of prostitution?

I have recently read a book called *The Five* about the women killed by Jack the Ripper. They were dismissed then and since as just prostitutes. What is evident is that the socioeconomic reasons leading to sex work and/or human trafficking existed then and still exist now.

People are left vulnerable and unable to seek the help they may require. Decriminalisation would be a start. But what needs to be examined and dealt with are the reasons that may make prostitution an option of last resort for some or a brilliant business opportunity for others.

Please vote in favour of this resolution.

Chair: Ellen Grogan would you like to come up. And meanwhile to the front could we have Rowan Kitchen and Jessica Davidson please.

[18.12]

Ellen Grogan: Thank you chair, and hello all again. Lou, can you tell us why your motion does not make clear that decriminalisation means the decriminalisation of pimping, brothel keeping and sex buying – the very activities that cause harm to the women concerned, the prostituted women.

Most people I spoke to when canvassing were completely unaware and immediately thought that decriminalisation means decriminalising the women, which of course we all support. They need to be decriminalised. People assume that they meant support service for the women and the redress of their poverty. This is what we need to be going for, following the BMA.

A few other questions or points. Re harms. All liberalisation systems, in practice decriminalisation is much the same as legalisation. [19.15] Since the Netherlands legalised they've had 127 murders of prostituted women. Since Spain, 43. Since Germany, 139 attempted and actual murders. Sweden, which has the Nordic Model has had one murder since it instituted the Nordic Model, and that was by an ex-partner and not a pimp or punter.

Now, trafficking. The very first effect of legalisation is an explosion in demand – because men and society in general are given the message that it's OK to buy and sell women. So trafficking always follows decriminalisation. And then New Zealand, it's not been a success. The women are ground down. They need licences to start up brothels and they don't have the money to set up commercial lettings. So it's not been and they're getting children and women trafficked from Maori and the Pacific islands.

Please follow the BMA, the NUT, Unison and Unite and let's not indemnify prostitution as a form, as a solution to women's poverty. We abolished race slavery. Please let's not indemnify sex slavery.

Chair: [Cuts her off.] Rowan? Thank you.

[20.32]

Rowan Kitchen: I'm a student at the University of York. So I've just done my dissertation and it was a service improvement project and within that service improvement project I learnt two things.

Number one: We as nurses should always work on an evidence base and the evidence base shows that the Nordic Model does not work. It does not keep workers safe.

Secondly, do we not always, always, say that our patients are the experts by experience? So why do we not believe that sex workers are also the experts by experience and they are calling out, crying out, if you go on social media you'll see them. They are crying out for decriminalisation and legalisation.

Brothels keep workers safe. My uncle is a barrister. He has defended a woman who was running quite frankly a delightful brothel in a flat where they were happy and somehow a punter got annoyed and things got difficult. But they do keep the workers safe. Trade unions, regulations, it keeps workers safe.

The Nordic Model is proposed as the get out system. Not only is this proven to not work, as Lou so eloquently said, but why can't we as healthcare workers help women to get out if they want to, even if it's decriminalised?

Service improvement under decriminalisation is not a perfect science. But we can improve things for the sex workers that we should support. Thank you.

Chair: Rowan, I want you to promise me something.

Rowan: Yeah?

Chair: Don't ever lose that passion because it's absolutely brilliant. Well done. Jessica Davidson, please. Then John Gilmore and Andrea Spyropoulos.

[22.30]

Jessica Davidson: Hello Congress. The chair of the Justice and Forensic Nursing Forum. I work in police custody and forensic examination. I recently qualified as a sexual assault examiner, one of only three qualified in Scotland.

I wanted to put out there – just because – I welcome absolutely this conversation – things change when like-minded people get together and have decent conversations. There's no point in criminalising prostitution. None whatsoever. But where there's exploitation, there will be enforcement from the law and this is something not to be frightened of. Not at all. Because if we work together, then we can actually look at the social determinants of why people go into prostitution and why they're exploited. And I think that's been put very eloquently.

What I would advocate is for self-referral services for people who have been at the wrong end of sexual assault – there isn't a right end – but they've been raped and sexually assaulted. Self referral services which don't exist very well in Scotland at all – they do in other countries of the four. That encourages people who are marginalised to come forward, kids such as people in Rochdale. And I will use that as an example. These LGBTQI people and men who wouldn't actually perhaps come forward. And there's evidence to say that if you have self referral agencies, sex workers will come forward, vulnerable and actually have access to the public health services that they need.

And we as nurses need to recognise their needs right now.

Chair: John, would you like to come up? Then if Carol could just join the front here and that will be the last speaker.

[24.25]

John Gilmore: Thank you very much, madam chair, and thank you very much to the Greater Bristol branch for proposing this motion.

Chair: I've never been called madam chair...

John Gilmore: This is my first time to be at Congress and to speak at Congress and one of the reasons I am at Congress is because of this motion. People working in the sex industry, of course, there's massive exploitation, we do see trafficking, we do see horrible injustice right across areas of labour. However, we can still fight trafficking, we can still fight exploitation through other means rather than criminalising the actions of the sex workers.

My role as a nurse and the role of nurses and health practitioners is to elevate and support the people they care for. To elevate their voices, to listen to them. We've gone from the era of Florence Nightingale, I know we all love her, where we told patients how to manage their health, what to do. Now we have conversations with patients and sex workers are telling us quite clearly, those that stood outside to speak with you, to share their experiences, tell us quite clearly that decriminalisation is the way forward.

I want to thank Lou and the proposers of this motion as well for actually supporting the motion with evidence. Studies by Melissa Farley, you're all educated people, you know how to critique and investigate research. We've very clear and evidence based research that decriminalisation works. The Nordic Model does not work. I come from Ireland – you may have guessed from my accent. The Nordic Model was introduced there in 2017. There have been 56 arrests, 55 of sex workers working together to protect each other and one of a client who was violent.

Decriminalisation will help protect sex workers. It will not stop us from challenging and stopping violence and exploitation and trafficking. Please vote in favour of this motion.

Chair: Thank you. Andrea?

[26.41]

Andrea Spyropoulos: Non-voting member. It's 12 years since we had this debate and I put this proposal to Congress and it was a really dynamic debate and all of the speakers that have spoken today far outweigh the things that I said then. But I want to say one thing to you.

I would urge you to support this resolution, because by supporting it you will allow Council to look at those models, to look at the position that we are going to take as an organisation, to continue moving this forward. But women and men who are sex workers are just ordinary people who are doing what they think they need to do in order to survive or making choices.

Decriminalisation is the way forward because prosecuting people does not eliminate the act, it does not remove the safety and risk elements.

And we've only got to look that in my lifetime I have seen the decriminalisation of sex between the same sexes and we used to prosecute people for that and actually prohibiting something does not stop it. So support these women, let them make their own destination and

absolutely prosecute where there is trafficking, abuse and coercive behaviour. Throw the book at them, but not the women who are earning a living from sex work.

Carole Evans: Trade union committee member Eastern Region. Following Andrea, that's a bit difficult. Following the murders of five sex workers working women in Ipswich in 2006 and the consequent conviction of Stephen Wright, the Suffolk Strangler, I came to Congress in 2009 to present a resolution for the decriminalisation of sex workers. We discussed the impact of these workers' health through their work and how decriminalisation would give them better access to healthcare, drug services, etc. and help them exit poverty.

The resolution was carried by you wonderful people. However, prostitution remains illegal and men and women are still coming to harm and we as nurses see them everyday. Have we not learnt anything since Ipswich 2006? I support this resolution, so articulately put by Louise, yeah. Thank you.

[29.40]

Chair: Yes, it's Lou again. It's your right of reply.

Lou Cahill: Thank you very much. I want to thank everybody for giving their input.

I'd like to address a few of the things that have come up. First of all that the British Medical Association voted to not support this motion, but the Junior Doctors Committee has voted repeatedly to back the full decriminalisation of sex work.

As to whether decriminalisation and legalisation are the same, they are absolutely not. Decriminalisation is the deregulation of consensual exchange of sexual service. Legalisation means the government backs it and promotes it as an industry. We do not advocate for that. We advocate for the removal of criminalisation that penalises people.

As for the explosion in trafficking, there's absolutely no research that suggests that trafficking explodes where there is decriminalisation. In fact, we talk about Sweden as this great big bastion of success, but in Sweden their trafficking rate has increased year on year on year. So we cannot claim that the Nordic Model reduced trafficking.

As to this constant, we're decriminalising pimps, I have worked with sex workers and sex trafficking victims for six years and of that I know many many sex workers who have been prosecuted as pimps. They're prosecuted as pimps, because if someone has a spare room, and they lend it to their other sex worker friend, they are pimps and brothel keeper and therefore they are prosecuted as such. It's inflammatory language that does not represent who's actually doing this work.

As for sex workers who advocate for the Nordic Model, I'd encourage you to speak to the sex workers on social media. And they are very well organised. The English Collective of Prostitutes, DecrimNow, an organisation set up by sex workers to advocate for the decriminalisation of sex work, and there are many others.

As for the exit strategies, the Nordic Model focuses exclusively on the buyer and not the seller. We want the focus to be on the seller, on sex workers, keeping them safe and providing them with support. Thank you.

Chair: Thank you Lou.

[31.50]

Chair: So we're going to go to a vote.

It was well and truly passed. Thank you very much.