Submission on systemic barriers and stigma and discrimination experienced by sex workers in accessing health services for hepatitis B, hepatitis C and/or HIV prevention, care or treatment.



Table of Contents

[Executive summary 1](#_Toc487806638)

[About Scarlet Alliance, Australian Sex Workers Association 2](#_Toc487806639)

[Introduction 3](#_Toc487806640)

[The experience of stigma and discrimination in the sex worker community 4](#_Toc487806641)

[Stigma 4](#_Toc487806642)

[Discrimination 6](#_Toc487806643)

[Systemic barriers in the health system 9](#_Toc487806644)

[Annotated bibliography – Published Articles 12](#_Toc487806645)

[Annotated bibliography – Unpublished Research or Articles 17](#_Toc487806646)

[Personal accounts and results of inquiries 32](#_Toc487806647)

[Initiatives to address stigma and discrimination 36](#_Toc487806648)

[Conclusions 43](#_Toc487806649)

[Stigma 43](#_Toc487806650)

[Discrimination 46](#_Toc487806651)

[Systemic health barriers 47](#_Toc487806652)

[References: 50](#_Toc487806653)

[Contact Details for Author or Person Responsible for Submission 52](#_Toc487806654)

# Executive summary

Sex work stigma and discrimination stems from the various ways sex workers are perceived to deviate from established socially accepted gender norms and is often the basis of arbitrary sex industry laws which create significant barriers for sex workers to access health services. Effectively understanding how stigma and discrimination is fostered and facilitated by sex industry laws and perpetuated by healthcare professionals is the ‘first step’ to finding strategies to countering their negative impacts on sex workers’ health. This report provides:

A literature review on the current research on sex worker stigma and discrimination.

Current stigma interventions utilized by sex worker organisations in Australia.

Proposes various strategies for healthcare providers to ensure the provision of best practice methods when providing services for with sex workers.

In addition, this report highlights the additional needs of sex workers experiencing multiple stigmas, such as migrant sex workers and sex workers living with HIV and demonstrates sex worker organisations to be an under-utilized resource of expertise to identify and counter sex work stigma, discrimination and its impact on the health of sex workers.

# About Scarlet Alliance, Australian Sex Workers Association

Scarlet Alliance, Australian Sex Workers Association, is the peak national sex worker organisation in Australia. Formed in 1989, the organisation represents a membership of individual sex workers and sex worker organisations, networks, groups and community-based projects from around Australia. Through our project work and the work of our membership we have very high access to sex workers and sex industry workplaces in the major cities and many regional areas of Australia. Scarlet Alliance has played a critical role in informing governments and the health sector, both in Australia and internationally, on issues affecting sex workers in the Australian sex industry.

Scarlet Alliance leadership, management, staff and volunteers are all sex workers. Since our formation, Scarlet Alliance and our members have been instrumental to the successful HIV, STI and BBV response for sex workers in Australia. We have a long history addressing stigma and discrimination against sex workers, including through sex worker community development, health promotion, and developing and delivering service provider training. We have undertaken a number of research projects, consultations and needs assessments that provide important data and evidence base to guide our work. Scarlet Alliance represents sex workers on a number of Commonwealth committees and ministerial advisory mechanisms, including the Ministerial Advisory Committee on Blood Borne Viruses and the Commonwealth Roundtable on Trafficking.

# Introduction

Identifying the types of discrimination and stigma faced by sex workers is the first step in understanding the ways in which they create barriers to accessing healthcare and implementing evidence-based and targeted approaches for STI and BBV prevention (Scarlet Alliance & AFAO, 1999; 2013).

As described in Scarlet Alliance and AFAO’s 1999 report, ‘*Unjust and Counterproductive: the Failure of Governments to Protect Sex Workers from Discrimination’*, sex workers in Australia experience discrimination and stigma in a vast number of interrelated ways and contexts. One such area of concern is the interaction of sex work discrimination and stigma with the legal context we work within and the implications it has on our health (Scarlet Alliance & AFAO, 1999; Wong, Holroyd, & Bingham, 2011). The legal context sex workers operate within includes not only the laws and regulations governing the sex industry but also wider civil laws which should ensure our civil and human rights such as anti-discrimination and occupational health and safety legislation (Scarlet Alliance & AFAO, 1999; Rekart, 2006).

The legal context sex workers exist in intersects with health promotion and service delivery to determine the forms of stigma and discrimination we are subjected to, our capacity to resist it and its implications on our health (Scarlet Alliance & AFAO, 1999; Australian Department of Health, 2014a, 2014b; Rekart, 2006). The various legislative frameworks, policies and within the states and territories need to be objectively assessed to identify the ways in which stigma and discrimination is perpetuated by the laws itself. Moreover, sex workers need to be assured the same basic civil and human rights afforded to the wider community through the implementation of consistent and comprehensive anti-discrimination and occupational health and safety laws. Ensuring our civil and human rights will enhance our access to services which is necessary in resisting exploitation in our workplaces and maintain our overall health and wellbeing (Scarlet Alliance & AFAO, 1999; Lazarus et al., 2012; Rekart, 2005).

In spite of the persistence discrimination, stigma and systemic health barriers in the health system, sex workers in Australia have consistently maintained low rates of STIs and HIV (Health, 2014a, p. 15; 2014b, p. 6). This is credited to the community mobilization and work of past and present sex workers and peer organisations (Health, 2014a, p. 19). Targeted sex worker health promotion and strategies such as peer education and support, outreach services, sex worker specific safer sex practices, the distribution of condoms, dams, lubricants, gloves and fit packs; and sex worker specific information is credited for the high levels of safer sex practices, sexual health testing and low rates of STI and HIV among sex workers (Daniel, 2010: cited in Donovan et al 2010, p. 2; Rekart, 2006, p. 2129)

Sex workers are not the problem; we are part of the solution. Sex worker peer organisations are able to understand the myriad of barriers and problems currently impacting the health of sex workers. Our knowledge of the sex industry and close contact with the wider sex worker community ensures that we are able to provide recommendations to best address and remedy current issues.

# The experience of stigma and discrimination in the sex worker community

## Stigma

Link and Phelan (2001) define stigma as a process including a number of interrelated elements including isolation and labelling, association to negative stereotypes and misconceptions, discrimination based on the individual’s labelling and result in reduced socio-health outcomes. Moreover, this definition of stigma is enhanced by understanding it as a dynamic process which is impacted by its social, economic and political context and can be challenged and its outcomes intervened (Deacon, 2006).

It is widely acknowledged that sex workers are subjected to these processes of stigmatisation, both as a community and as individuals. The negative portrayal of sex workers stems from the various ways in which sex workers are perceived to deviate from established, socially accepted norms regarding sex and sexuality, resulting in vilification in the media and wider communities as ‘abnormal’ or ‘morally wrong’ (Pheterson, 1993, p. 14). As a result, sex workers are placed outside of the social norms of acceptable behavior (Pheterson, 1993). In addition, sex workers may experience compounding stigma as a result of the stigmatisation of our, race, ability, visa status, HIV status, working environment and trans or gender diverse identity, along with our sex worker identity (Jefferys, Mathews, & Thomas, 2010). Consequently, sex workers are often viewed paradoxically by the wider community as both victims with no agency or the agents of social problems such as the transmission of HIV or STI’s to the wider community.

Sex work stigma affects sex workers *and* the wider community as discussed by health-related stigma researcher Deacon (2006) in their works *Towards a Sustainable Theory of Health-Related Stigma: Lessons from the HIV/AIDS Literature*. An additional consequence of stigma against communities affected by HIV such as sex workers and gay men, there is the unjustified perception of immunity from HIV by people who are not associated with these communities. (Deacon, 2006). As a result, the broader community do not engage with HIV preventative measures (Deacon, 2006, p. 422).

The stigmatisation of our identity permeates all aspects of our lives including the laws and regulations governing our work, our capacity to access services such as health or police services, and our capacity to challenge stigma and its consequences. Furthermore, sex work stigma research, such as the works of Wong et al (2011) and Begum et al (2013), investigates impacts of sex work stigma in different cultural settings and conclude that stigma often permeates the legal frameworks governing the sex industry. These legal frameworks, which aim to restrict and control the activities of sex workers, act as ‘both a facilitator [and] perpetuator of stigma and the negative, moralistic stereotypes associated with such employment (Wong et al., 2011, p. 60).

In Australia, the states and territories are governed by one of three distinct sex industry legal models. Each model has great implications on our lives, our rights, stigma and discrimination directed at us and our capacity to sustain our autonomy and wellbeing. Firstly, the criminalisation model [including the Swedish model] governing the sex industry partially or completely criminalises the selling of sex between two consenting adults. For example, in Western Australia most forms of sex work, except for escort work, are illegal. In most states and territories in Australia, sex workers living with HIV are criminalized because they are understood to be ‘vectors of illness’ (Jefferys et al., 2010, p. 130). The safer sex practices, preventative measures taken by the sex worker such as TasP, undetectable viral load or provision of low risk services such as hand relief are not considered in the risk assessment of HIV transmission by sex workers living with HIV. UNAIDS (2002) and Amnesty International (2016) have identified stigma as a key barrier to effective HIV prevention strategies. Yet, the criminalisation model continues to perpetuate the stigmatisation of sex workers rather than protecting sex workers from it.

Next, licensing models governing the sex industry enforce registration and/or mandatory testing of sex workers and/or strict licensing regulations of brothels. Licensing models perpetuate the stigmatisation of sex workers. For example, licensing models legislates mandatory testing of STIs and HIV of sex workers. Mandatory testing fails to recognize and acknowledge the peer education and community work of past and current sex workers that has resulted in the consistently low rates of STIs and HIV and high rates of testing among sex workers in Australia. However, mandatory testing succeeds in perpetuating the misconception that sex workers need strict health regulations and are unable or unwilling to care for our health.

Sex work stigma and the legal frameworks which perpetuate stigma limit our capacity to utilize health and other services, and increase our vulnerability to victimisation and abuse (Amnesty International, 2016; UNAIDS, 2002). For example, sex workers are victimised by police who do not take our complaints and reports of crime seriously, impeding on our civil rights (Scarlet Alliance & AFAO, 1999, p. 14). Moreover, a lack of understanding and the stigma associated with sex workers living with HIV create barriers for access to services due to fear we may be discriminated or persecuted by service providers upon disclosure of our HIV status and engagement with the sex industry (Begum et al., 2013, p. 60; Jefferys et al., 2010, p. 130).

The decriminalisation model to the sex industry regulates the sex industry through industrial laws and regulations, and removes any criminal sanctions connected to sex work. It defines the sex industry as a legitimate industry and affords sex workers the same basic rights, legislations and regulations as the wider community (Donovan et al., 2012). Moreover, decriminalisation, with the incorporation of consistent and comprehensive occupational health and safety rights, affords sex workers a platform to resist the consequences of stigma. Ultimately, the assurance of our work place rights, health, and human rights enables sex workers better access to health and other services and ensures better socio-health outcomes.

Governments, the public sector and the private sector all discriminate against sex workers. This discrimination results in a general acceptance of social stigma against sex workers and internalised stigma among the sex worker community.

Some states protect sex workers from discrimination on the basis of ‘lawful sexual activity’ or ‘profession, trade, occupation or calling’, but these protections are limited. Protections exist only in Queensland, Tasmania, Victoria, and the Australian Capital Territory. There is no federal anti-discrimination protection coverage for sex workers. The coverage that exists is ad hoc and remains incomplete, providing protection for some sex workers and leaving out the most marginalised within our community.

We are diverse in our identities, working environments, clientele and needs. We navigate various legal environments depending on our location and sector of the industry. Stigma permeates every aspect of our lives. The legal environment determines our capacity to resist stigma. Dismantling stigma is an important factor in the full realisation of our human, industrial and health rights.

## Discrimination

Discrimination harms sex workers. Like stigma, it is fostered by laws and regulations governing the sex industry which in themselves are discriminatory. Discrimination makes sex workers vulnerable to exploitation and impacts on our capacity to ensure our wellbeing. It impedes on our human rights.

Discrimination is broadly defined as ‘a social process that results from social inequalities inherent in people’s lives’ (Wingood, 2007 as cited by Marshall 1998, p. 100) Discrimination for sex workers is unjust treatment based on our engagement with the sex industry and occurs as a result of sex work stigma.

Firstly, the discrimination experienced by sex workers stems from the lack of recognition of our work as ‘real’ work. This is most evident in the laws and regulations governing the sex industry which implements distinct sex industry laws, such as within the criminalisation and licensing models to the sex industry, rather than allowing Australia’s industrial laws to govern the sex industry. As a result, it perpetuates the idea that sex work is different to other forms of labor and implies sex workers are ‘problems’ that need to ‘controlled’ rather than legitimate businesses or work options that should enjoy the same basic industrial rights as other workers.

In addition, the criminalisation and licensing models enables an environment in which discrimination of sex workers is state sanctioned and ‘normalised’ (Jefferys et al., 2010). For example, the enforcement of mandatory testing as part of the licensing model conflicts with the recommendations proposed in the national strategies to STIs and HIV which recommends voluntary testing as best practice for effective STI and HIV prevention (Health, 2014a, p. 18; 2014b, p. 19). The legislative enforcement of mandatory health testing stems from the stigmatisation of sex workers as unable or unwilling to care for our health and so, strict health regulations are required. Moreover, discrimination of sex workers on the basis of their health status is ‘normalised’. This is due to the fact that HIV positive sex workers are stigmatised and criminalised, creating barriers for sex workers living with HIV to seek health and other services in fear of discrimination and persecution (Jefferys et al., 2010, p. 130).

Discriminatory laws and regulations have pervaded our personal lives. For example, laws such as ‘living off earning of prostitution’ have resulted in our family, partners and friends being implicitly criminalised as a result of associating with us and our capacity to purchase goods and services are reduced upon disclosure of our profession such as buying home and content insurance, private health care insurance, personal loans and other consumer items (Scarlet Alliance & AFAO, 1999, p. 7). Our capacity to engage in community activities are restricted due to stigma and discrimination which are fostered and perpetuated through laws and regulations governing sex workers (Scarlet Alliance & AFAO, 1999, p. 7).

The criminalisation and licensing models appear to be more concerned in regulating sex workers rather than protecting us from discrimination. Often we are completely excluded from consideration of anti-discrimination protection. The *Australia’s National Human Rights Actions Plan 2012* [Commonwealth of Australia, 2012] which aimed to consolidate Australia’s federal anti-discrimination laws through the *Human Rights and Anti-Discrimination Bill 2012* Australian Government, 2012 failed to include anti-discrimination protection for sex workers in Australia.

In addition, the existing sex worker anti-discrimination laws are inconsistent and narrow. For example, in Queensland, sex workers outside of the narrow licensing framework, such as street based sex workers or unlicensed brothel workers, are entirely excluded from anti-discrimination protection. Furthermore, the consequences of the Dovedeen Pty Ltd and Anor v GK case exposed the state’s lack of commitment to protect sex workers from discrimination. The Dovedeen Pty Ltd and Anor v GK case involved GK, a sex worker from Queensland, who sued her accommodation provider for breaching the Anti-Discrimination Act (2016) by refusing GK accommodation. Ultimately, the court found the conduct by the motel to have constituted direct discrimination on the basis of ‘lawful sexual activity’. However, shortly afterwards, amendments were made to the Queensland Anti-Discrimination Act (2016) to allow accommodation providers to discriminate against sex workers on the basis of using the accommodation premises for commercial use. Although GK’s victory against the accommodation provider sent a clear message that it was unacceptable and illegal for business owners to discriminate against sex workers, the amendments made to the Anti-Discrimination Act (2016) exposed the state’s lack of commitment to protecting sex workers from discrimination.

The lack of consistent and comprehensive anti-discrimination laws protecting sex workers makes us vulnerable to victimization and abuse and can potentially lead to lowered health outcomes. For example, discrimination hinders effective health promotion as it encourages sex workers to hide their occupation, their practices, location, health status and other details for fear of further discrimination and persecution. This threatens the outreach, peer education and health promotion work of past and present sex workers and their communities, which could potentially lead to lowered health outcomes for sex workers.

Research demonstrates that the implementation of STI education and prevention strategies and occupational health and safety standards in the sex industry is hindered by sex industry laws which criminalise sectors of the sex industry (Alexander, 1998; Banach 1999). The first National HIV/AIDS Strategy recognised the potential for discriminatory laws and practices to damage public health interventions. It stated that, *“State governments should review legislation, regulations and practices which may impede HIV education and prevention”* (1989: para.4.2.22). The key objective to *“remove the negative impact of stigma and discrimination and legal and human rights issues on people’s health”* remains a key objective in the current Seventh National HIV Strategy 2014-2017.

Effective anti-discrimination laws should be implemented and would lead to positive socio-health outcomes for sex workers. Scarlet Alliance, propose existing anti-discrimination legislation be amended to include ‘profession, trade, occupation, calling’ as a category for unlawful discrimination to ensure the anti-discrimination rights of sex workers are protected (Scarlet Alliance & AFAO, 1999, p. 10). Moreover, as suggested in the Scarlet Alliance and AFAO report *Unjust and Counter Productive: The failure of the governments to protect sex workers from discrimination* (1999, p. 10) , a public inquiry by the Federal government’s anti-discrimination commissioner is needed to investigate discrimination in the sex industry occupational settings and commonwealth coverage of discrimination for should be afforded to sex workers. Scarlet Alliance submitted to the Federal Government’s proposed Consolidation of Anti-Discrimination Laws in 2012, however our recommendations were not adopted and sex workers in most states and territories are not protected under anti-discrimination legislation.

Sex workers’ human rights are intrinsically linked to our ability to negotiate with our clients. We are universally recognised as a community affected by HIV. Increased human rights translate to better health and wellbeing in the sex worker community. When Governments and the community systematically violate sex workers’ human rights without being held to account, it reinforces the belief that sex workers are not worthy of human rights protections which, in turn, perpetuates cycles of discrimination. Sex workers have expressed a mistrust of service providers due to previous experiences, either personal or those of peers and co-workers, i.e. regarding discrimination, confidentiality, sharing of information between health services and other agencies (i.e. police, social workers, immigration, FACS, etc.) without the sex workers knowledge or consent. The impact of discrimination is not only limited to the direct consequences arising from each specific case of discriminatory behaviour; the threat or anticipation of being discriminated against also act as a barrier to accessing health services and can undermine sex workers willingness to seek out health care.

# Systemic barriers in the health system

The sex industry laws and regulations in Australia have huge implications on health promotion activities and service delivery (Lazarus et al., 2012; Rekart, 2005). It is essential that an evidence-based approach that clearly illustrates comprehensive health, safety and well-being strategies for sex workers are implemented consistently through Australia. In addition, it is vital that the function of stigma and discrimination in creating systemic barriers in the health system is understood to ensure that interventions are implemented to increase sex workers access to health promotion and services.

Firstly, in most states and territories, sex workers are discriminated against on the basis of our health as it is an offence to knowingly work in the sex industry with a STI or HIV. This has created significant barriers for sex workers to access health services. *The National Needs Assessment of Sex Workers Who Live with HIV* *[The National Needs Assessment]* (Matthews, 2008) involved a 12 month consultation with HIV positive sex workers and reported the various ways in which systemic barriers in health were perpetuated by health professionals and discouraged sex workers from accessing health services. For example, *The National Needs Assessment* reported that:

 ‘instances of disclosure of both HIV status and sex work generally lead to very poor treatment and harassment and in one reported case included physical violence by a health care worker’ (Matthews, 2008, p. 32)

There were also reports by health providers and participants of people living with HIV being provided with misinformation regarding the legal consequences of working in the sex industry while living with HIV (Matthews, 2008, p. 32) This form of discrimination and misinformation impedes effective health promotion and further marginalises sex workers already experiencing multiple stigmas, as a result of the stigma associated with living with HIV and working in the sex industry. In addition, sex workers living with HIV are forced to hide their HIV status and their engagement in the sex industry to avoid discrimination which poses barriers for effective peer education and outreach (Matthews, 2008, p. 25).

Moreover, the criminalisation and policing of street-based sex workers undermines past and present health promotion. For example, in some states and territories, carrying condoms provides a valid justification for legislative action including: demanding identification, full body searches, removal from public amenities such as the street or transport and a sense of entitlement by the police to make discriminatory and offensive comment (Scarlet Alliance & AFAO, 1999, p. 13) Street based sex workers’ experience of police harassment is not only in direct opposition of effective STI and HIV strategies but also marginalises sex workers from supportive health organisations and peer education.

Health interventions such as mandatory health testing of sex workers impedes on our human rights and creates barriers for effective health promotion and service provision. Firstly, mandatory testing conflicts with best practice recommendations proposed in national STI and HIV strategies (Health, 2014a, p. 20; 2014b, p. 19). These strategies propose the most effective response to STI and HIV transmission to be voluntary testing, within both priority and the wider population (Health, 2014a, p. 20; 2014b, p. 19). Secondly, due to the various ‘window periods’ of STIs and HIV, the health status cannot be completely ascertained even during the time of testing (Scarlet Alliance & AFAO, 1999, p. 12) As a result, mandatory testing creates a false impression of a ‘clean’ health status which undermines the value of condom use in the sex industry (Scarlet Alliance & AFAO, 1999, p. 19). Similar concerns have been voiced by sex workers of the potential impact of self testing or home testing on sex workers.

Sex workers in Australia are world renowned for our low rates of STIs and HIV. Research shows that 95% of female sex workers engage in regular condom use (Perkins, 1999 as cited in Daniel, 2010, p. 2). Moreover, sex workers have a high rate of health testing, both as a result of mandatory testing and voluntary testing. Research suggests that affording sex workers the right to voluntary testing would lessen the financial cost of over-testing on the health system whilst retaining the low rates of STI and HIV transmission among sex workers, and not increase health risks to the wider population. (Wilson et al, 2010 as cited in Daniels, 2010, p. 4).

In addition, sex worker organisations in states and territories provide an important resource for sex worker health promotion and service provision. They provide an important conduit for sex workers excluded from mainstream services by providing appropriate referrals, sensitivity training for health service providers and assisting sex workers in accessing services, including through translation support and direct advocacy. Sex worker organisations are also able to gain access to the sex worker population and provide health promotion programs that are targeted and sex worker-specific including, peer education and support; outreach services; sex-worker strategies to safer sex; condoms, dams, lubricants, gloves and fit packs; and sex worker specific information (Daniel, 2010, p. 2). Sex worker specific services continue to be the most effective in meeting the specific needs of sex workers. However, a lack of adequate research, peer education and resource constraints continue to marginalise trans, male, CALD, IDU, Aboriginal and Torres Strait Islander, HIV positive, and street based sex workers from effective health promotion in many states and territories. (Daniel, 2010, p. 2).

Both *the Seventh National HIV Strategy 2014-2017* and the *Third National STI Strategy 2014-2017* note that ‘the incidence of HIV/STIs in sex workers in Australia is among the lowest in the world. This is largely because of the establishment of safe-sex as a norm, the availability of safe-sex equipment, and community-driven health promotion and peer-based interventions (Department of Health, 2014a; Department of Health, 2014b; NSW Department of Health, 2006). Yet sex workers are still discriminated against in blood donation policies and deferral periods. Resources given to prospective blood donors also provide information on the deferral process and exclusions which include stigmatising language and misrepresentation of sex work, giving the impression that sex workers are vectors of disease despite strong, consistent evidence to the contrary in Australia. Scarlet Alliance submitted to the 2012 *Review of Australian Blood Donor Deferrals Relating to Sexual Activity,* evidence from decades of research across workplace types, gender and cultural background that demonstrated consistently low rates of STIs and HIV, with no evidence to suggest that sex workers are high risk.

The following will ensure continued good health outcomes and reduce systemic barriers in the health system for sex workers (Scarlet Alliance & AFAO, 1999; Amnesty International, 2016; Daniel, 2010; Donovan et al., 2012; Jefferys et al., 2010; Jeffreys, Fawkes, & Stardust, 2012; Lazarus et al., 2012; Matthews, 2008; Rekart, 2005; UNAIDS, 2002):

* Decriminalisation of all sectors of the sex industry.
* Implementation of comprehensive anti-discrimination legislation.
* Assurance of equal rights for sex workers along with the continued resourcing and support of sex worker organizations.
* Peer education.

An evidence informed, human rights-based approach to sex work policy and legislation would draw the debate away from issues relating to personal prejudices and morality and instead promote a health and wellbeing focus.

# Annotated bibliography – Published Articles

**1.** **TITLE: Unjust and Counter-Productive: The Failure of Governments to Protect Sex Workers from Discrimination**
AUTHOR: Scarlet Alliance, Australian Sex Workers Association and AFAO

PUBLICATION DETAILS: Written by Linda Banach (AFAO) and Edited by Sue Metzenrath (Scarlet Alliance)

HYPERLINK: <http://www.scarletalliance.org.au/library/unjust-counterproductive>

**Key findings:**

In this resource, Scarlet Alliance and AFAO review Scarlet Alliance’s research on discrimination experienced by sex workers and their opinions on law reform. Additionally, this article discusses the ways in which discrimination harms sex workers, impedes health promotion strategies and undermines regulatory objectives.

The *Unjust and Counterproductive* report reveals discrimination to pervade the personal and professional lives of sex workers. Restrictions on, inter alia, the premise of sex work, the beneficiaries of sex worker income, type of sex work sex workers are permitted to engage in and health regulations undermines the human rights of sex workers and increases barriers for sex workers to access health and supportive services. In addition, this article proposes the introduction decriminalization of sex the industry alongside comprehensive anti-discrimination and industrial laws to ensure sex workers are afforded equal legal protections from discrimination and are able to access their human rights.

**2. TITLE: The Sex Industry in New South Wales (NSW): a Report to the NSW Ministry of Health.**AUTHORS: Donovan, B., Harcourt, C., Egger, S., Watchirs Smith, L., Schneider, K., Kaldor, J.M., chen, M.y., Fairley, c.K., Tabrizi, s.,
PUBLICATION DETAILS: 2012, Kirby Institute, University of New South Wales
HYPERLINK: [**http://**www**.nswp.org/sites/nswp.org/files/NSWSexIndustryReportV4.pdf**](http://www.nswp.org/sites/nswp.org/files/NSWSexIndustryReportV4.pdf)

**Key findings:**

*The Sex Industry in NSW* report is a comparative study of the various sex industry legislations across three Australian states and its health and welfare implications on sex workers. This research project demonstrates that outreach programs targeting sex workers are most successful in NSW, where sex work has being decriminalized. On the other hand, licensing models create illegal ‘underclasses’ of sex workers who are unable or unwilling to work within the legal sex industry. These sex workers are excluded from mainstream health and supportive services.
This study is useful in providing evidence-based research on the implications of various sex industry legal models in Australia and its impact on stigma, discrimination and access to the health system for sex workers.

**3. TITLE: HIV criminalisation and sex work in Australia**
AUTHOR: Scarlet Alliance (E. Jeffreys, K. Matthews, A. Thomas)
PUBLICATION DETAILS: 2010, Reproductive Health Matters 2010;18(35):129–136
HYPERLINK: <http://www.scarletalliance.org.au/library/Jeffreys_Matthews_Thomas_2010/>

**Key findings:**

In 2008, Scarlet Alliance, the Australian Sex Workers Association, carried out a needs assessment among sex workers living with HIV in Australia. The research showed that HIV positive sex workers experience discrimination from within the community, are criminalised for sex work and subject to disclosure laws in some states and territories, and face stigma perpetrated by the media. Supported by legislation, they have an almost insurmountable lack of access to policy development due to disclosure and confidentiality issues, and have expressed ongoing frustration at the lack of leadership on the intersecting issues of HIV and sex work. A high profile prosecution of a sex worker living with HIV coincided with the duration of the needs assessment project. The research gave a voice to sex workers living with HIV and highlighted the levels of institutionalised marginalisation and stigmatisation they experience. Criminalisation of sex work, of people living with HIV, and of sex workers living with HIV is at the core of this discrimination and must be challenged. Scarlet Alliance advocates for the decriminalisation of sex work across all jurisdictions in Australia. This will deliver rights to sex workers living with HIV and create a more equitable and productive environment for HIV prevention and public health generally

**4.TITLE: Mandatory Testing for HIV and Sexually Transmissible Infections among Sex Workers in Australia: A Barrier to HIV and STI Prevention**
AUTHOR: Scarlet Alliance (Jeffreys, Fawkes, Stardust)
PUBLICATION DETAILS: World Journal of AIDS, 2012, 2, 203-211 doi:10.4236/wja.2012.23026 Published Online September 2012 (http://www.SciRP.org/journal/wja)
HYPERLINK: <http://www.scarletalliance.org.au/library/mandatorytesting2012>

**Key findings:**

This report investigates the persistence of mandatory testing in various states and territories, in spite of the fact that such health promotion strategies has had no measurable impact on the health of sex workers who are experiencing STI symptoms, and has negative impacts on those who are. This indicates that mandatory testing is based on misconceptions rather than evidence or the best interests of sex workers. In addition, this report demonstrates that the criminalization of sex workers living with HIV has proven to impede effective health promotion strategies and services because it deters sex workers from HIV and STI testing for fear that a positive detection will result in persecution. The criminalization of sex workers living with HIV contravenes best practice recommendations made in the National Guidelines for the Management of People Living with HIV Who Place Others at Risk and the human rights of sex workers living with HIV because it assumes greater responsibility of the individual living with HIV in preventing transmission rather than recognizing transmission as a shared responsibility. In addition, the criminalization of sex workers living with HIV prioritizes punitive strategies over support and counselling.

**5. TITLE: Migrant Sex Workers in Australia**
AUTHOR: Lauren Renshaw, Jules Kim, Janelle Fawkes, Elena Jeffreys [AIC, Scarlet Alliance]
Publication Details: 2015, Australian Institute of Criminology Research and Public Policy Series 131
HYPERLINK: <http://scarletalliance.org.au/library/Migrantsexworkersreport2015>

**Key findings:**

The Migrant Sex Workers in Australia research project is an important investigation of the experiences and needs of migrant sex workers. This research project targeted migrant sex workers in sexual health clinics and brothels. It utilized the support of Korean, Thai and Chinese language speaking peer educators to distribute self-administered questionnaires. The results of this research project found that social and structural barriers, such as sex work stigma, discrimination and immigration legislation, marginalized migrant sex workers from accessing services and resources.
Although migrant sex workers are often referred to as a ‘hard to reach’ population, the use of strategies such as the provision of translated material and matching language speaking peer outreach workers with participants, assisted in providing greater access to the participants and demonstrated effective pathways to accessing ‘hard to reach’ populations. In addition, this research project indicates a strong need for additional effective research on migrant sex workers to address the impact of isolation, stigma and discrimination in accessing services and support.

**6. TITLE: The National Needs Assessment of sex workers Living with HIV**
AUTHOR: Kane Matthews, Scarlet Alliance
Publication Details: 2008, Scarlet Alliance
HYPERLINK: <http://www.scarletalliance.org.au/library/hiv-needsassessment08/view>

**Key findings:**

This paper compiles two national needs assessments of sex workers living with HIV. It has found that the key issues for sex workers living with HIV to be stigma, discrimination and a lack of services which cater to their needs, as both a sex worker and an individual living with HIV. The recommendations proposed in this report indicate that health services can reduce the impact of stigma for sex workers living with HIV by:
- providing accurate and easy to understand legal and health information for sex workers living with HIV.
- address stigma towards sex workers living with HIV in health and supportive services.
- develop strategies which promote inclusiveness and support while not requiring sex workers living with HIV to disclose.
In addition*, The Needs Assessment of Sex Workers Living with HIV* indicated a need for training and education for health professionals who interact with people living with HIV and/or sex workers to reduce stigma and discrimination against sex workers living with HIV. Furthermore, the removal of legally enforced disclosure of HIV status in all states and territories and the implementation of anti-discrimination legislation for sex workers living with HIV will ensure they are afforded equal protection from stigma and discrimination as other Australians. Also, this needs assessment has identified a strong need for investigation of appropriate programs and strategies that support sex workers living with HIV.

**7. TITLE: Principles for model sex work legislation**
PUBLICATION: Scarlet Alliance, Redfern, Sydney: 2014 ISBN: 978-0-646-56379-4
HYPERLINK: <http://www.scarletalliance.org.au/library/principles_2014>

**Key findings**

The *Principles for Model Sex Work Legislation Model Principles* report demonstrates the best regulatory approach to the sex industry to ensure human rights and effective health promotion is decriminalization. Decriminalization creates an enabling environment in which a partnership approach to HIV prevention can be implemented. Additionally, the UNAIDS Guidance note has indicated that a lack of protection of the rights of sex workers and other marginalized groups reduces our access to health and supportive services such as peer education.
The lack of legal protection for sex workers from sex worker stigma and discrimination contravenes our human rights and our capacity to participate in the creation and implementation of effective HIV prevention strategies. Effective responses to stigma and discrimination include sex worker community mobilization, decriminalization alongside the implementation of comprehensive labor and anti-discrimination laws and legal recognition of the human rights of sex workers.

**8. TITLE: The sexual health of sex workers: no bad whores, just bad laws**
AUTHOR: Ally Daniel, Scarlet Alliance, Australian Sex Workers Association, Sydney
PUBLICATION DETAILS: Social Research Briefs; National Centre in HIV Social Research
Number 19, 2010 Ally Daniels Article

HYPERLINK: <https://csrh.arts.unsw.edu.au/media/CSRHFile/SRB19_Sex_workers.pdf>

**Key findings:**

Sex workers in Australia have being criminalized, vilified, discriminated against, monitored, regulated, decriminalized yet even empowered. Since the beginning of the HIV epidemic in Australia, sex workers have engaged with HIV prevention. This article indicates that an evidence-based approach which clearly identifies ‘what is working well to protect the health, safety and well-being of sex workers must be implemented and maintained throughout Australia’. In addition, decriminalization with the implementation of comprehensive anti-discrimination and labor laws; recognition of sex worker rights; continued investment in peer education and support services; and sex worker directed policy and law reform will provide sex workers with effective platforms to challenge stigma and discrimination and increase their access to health and support services. Mainstream services can increase their capacity to meet the needs of sex workers by undertaking education and training offered by sex worker organizations and peer educators to address stigma, discrimination, access and inclusivity.

**9. TITLE: The Lancet Special Edition, HIV and Sex Workers**

AUTHOR: Various, Editor- Richard Horton and Chris Beyrer

PUBLICATION DETAILS: Special Series on HIV and Sex workers, The Lancet collaboration with Johns Hopkins Bloomberg School of Public Health, 2014

**Key findings:**

Sex workers have heightened occupational risks of HIV and other STI’s but face substantial barriers in accessing prevention, treatment and care. The Lancet posit this is due to stigma, discrimination and criminalisation that contribute to a higher risk of acquiring HIV. They also point to the lack of appropriate services in the HIV response for sex workers. The issue investigates the complex issues faced by sex workers worldwide and provide recommendations for action using examples from successful programs and interventions globally. They highlight the need for more research specifically on new prevention technologies and approaches and their applicability for sex workers. Thirdly they point to the need for targeted interventions that address the cultural and gender diversity of sex workers. Fourth, the impact of structural reform addressing the laws, policies and practices that can help or harm sex workers health. They stress the important need to include sex workers meaningfully in programming and practice in order for successful and sustainable approaches that work. Importantly the Lancet call on governments to decriminalise sex work essential to reducing environment of risk that is exacerbated by stigma and discrimination.

**Recommendations**

The recommendations proposed in these publications indicate that healthcare approaches must be governed by an evidence-based and human rights approach to health. This involves:

* Actively advocating for policy reform to ensure health promotion strategies and services are adhering to best practice guidelines for working with sex workers. For example, mandatory testing impedes the recommendations made in the national guidelines for STI and HIV prevention. It has had no measurable impact on the health of sex workers who are experiencing STI symptoms, creates a false impression of ‘clean’ health status and threatens the value of condom use in the sex industry. In addition, the criminalisation of sex workers living with HIV deters sex workers from HIV and STI testing for fear of persecution and contravenes their human rights.
* Advocating for decriminalisation as an essential component of best practice framework for health promotion and service delivery aimed at sex workers. Decriminalisation, with the incorporation of consistent and comprehensive occupational health and safety and anti-discrimination rights, assures the labor, health and human rights of sex workers.
* Undertaking sex worker sensitivity training by sex worker organisations and peer educators to increase health services’ capacity to meet the needs of sex workers and address stigma, discrimination, barriers to health and inclusivity.

# Annotated bibliography – Unpublished Research or Articles

**1. Title****:** **KEY ISSUES: SEX WORKER POLICY ISSUES IN AUSTRALIA**

Author: Scarlet Alliance

Publication details: Scarlet Alliance, 2015

Hyperlink: <http://www.scarletalliance.org.au/library/NFkeyissues14>

**Key findings**

In November 2014, Scarlet Alliance held its annual National Forum where sex workers, peer educators and peer staff of our sex worker member organisations from each state and territory in Australia gathered to hold workshops, panels, and presentations to discuss key policy issues, share successes, challenges and envision new ways forward. This resource documents the key sex worker policy issues in Australia in a briefing sheet style.

**Recommendations**

The five essential actions to ensure good health outcomes for sex workers, including low rates of BBVs/ STIs, are: 1 Addressing legal and policy barriers (decriminalisation and antidiscrimination protections); 2 Voluntary, confidential, anonymous and free testing, and access to treatment (free choice and the right to say no to testing and treatment); 3 Resourcing for advocacy, funding of peer education, community engagement/mobilisation and translation of information; 4 Recognition of sex workers as experts (through community consultation, development and leadership); and 5 Delivery, provision and uptake of safer sex equipment and practices. Sex workers are successfully implementing safer sex practices with clients in Australia. Rates of HIV and STIs are low and our challenge is to maintain this achievement, particularly in an increasingly unsupportive legal and funding environment. The work of sex worker community organisations providing peer education, outreach and community engagement activities is critical to this outcome.

**2. Title****: Stepping up to the evidence on HIV and Sex Work: Decriminalise Sex Work Now! Sex Workers at AIDS 2014**

Author: Scarlet Alliance (J. Kim)

Publication details: Scarlet Alliance, 2015

Hyperlink: <http://www.scarletalliance.org.au/library/NFkeyissues14>

**Key findings****:**

This colourful report demonstrates the strong sex worker presence at the 20th International AIDS Conference - AIDS 2014 in Melbourne, July 2014. The report documents key themes and outcomes through quotes, summaries and photos of the sex worker sessions, workshops, performances, actions, media, pre-conference and consensus statements. The content transverses issues relating to HIV and sex work, with a focus on: biomedical developments; stigma and discrimination; human rights issues including criminalisation of HIV and sex work; migration and mobility and funding

**Recommendations**

Sex workers must be included in conferences that discuss any aspect of sex work. Conference location decisions must consider barriers to entry for members of affected communities. The full decriminalisation of sex work is essential to HIV responses, not just for sex workers but for the whole community. Biomedical responses must meaningfully include sex workers at all levels, and must not come at the expense of HIV prevention that already work for sex workers. Stigma and discrimination remain major barriers to effective responses to HIV. Criminalisation of sex work and HIV is a human rights violation. We unanimously reject models that criminalise sex workers, our clients, and places of employment, and all other laws that specifically target sex work and sex workers. This will allow us to advocate for workplace health and safety; enable access to anonymous, non judgemental, free and voluntary testing, and quality services; support safer sex practices; and is essential to progress the prevention, treatment and care of HIV. Governments and donors must be accountable to their commitments, step up the pace and turn the policies and commitments of AIDS 2014 into actions that result in law reform and decriminalisation. Detention of sex workers increases HIV risk. Safe migration pathways for sex workers are needed, not anti trafficking rhetoric which harms sex worker rights. Ensure HIV program funding goes directly to sex worker communities and our organisations. It is what works best and it is cost effective. Funding needs to have a human rights approach to HIV prevention and support, not a medicalised approach. Empowerment and rights based sex worker led responses within supportive legal frameworks are most effective for sex workers rights, safety and health.

**3. Title****: Sex Worker Pre-conference AIDS 2014 Consensus Statement (18/07/14-19/7/14)**

Authors:

Over 100 sex workers from 30 different countries attending AIDS 2014 Sex worker pre-conference hosted by Scarlet Alliance

Publication details: Scarlet Alliance, 2014

Hyperlink: <http://www.scarletalliance.org.au/events/AIDS2014/consensus2014/>

**Key findings**

A two day meeting of sex workers from more than thirty countries was held in Melbourne, July, 2014 and documented the outcome of workshopping, discussing and agreeing on key statements across five areas. The meeting was the sex worker pre-conference meeting for the 20th International AIDS Conference - AIDS 2014.

**Recommendations**

**1. Biomedical developments**

Sex workers are concerned that funding towards biomedical approaches will be taken from sex worker led community interventions.

An emphasis on testing without acknowledging: legal barriers; the impact of stigma and discrimination; and barriers to treatment and services; limits sex workers’ ability to access non-judgemental, quality, voluntary, testing, treatment, care, support and services.

Information and access should be comprehensive and easily understood.

Current and existing implementations of biomedical approaches are doomed to fail because they don't take into account discriminatory legal frameworks that create barriers for sex workers.

Rapid testing of HIV could lead to enforced or mandatory testing of HIV, STIs and BBVs and we have no control over what happens to the information.

Biomedical responses are often imposed without thought of the workplace health and safety of sex workers which need to be considered before implementation.

Sex workers are being forced to engage, without consultation, without adequate information so we can choose if and how it can benefit our community. Sex workers face pressure from governments to be tested and pressure from clients who want workers to use PrEP in place of existing safe sex practices.

New approaches don't meet the needs of sex workers, we need to maintain and increase funding for sex worker led community programmes.

Legal Barriers for sex workers are still so significant that unless we resolve those issues first, through the full decriminalisation of sex work, test and treat or treatment as prevention are abstract concepts that have no meaning for sex workers but will divert resources away from approaches that we know work.

The reality for sex workers is that we have little to gain when an emphasis is put on treatment as prevention.

PrEP and early treatment will be used as evidence by police against us just as condoms already are. Rapid testing = rapid criminalisation

Sex workers say: For us it’s not testing for support but screening for control.

**2. Stigma and discrimination**

Recognise the importance of sex worker voices- stop anti's speaking over us.

Combat anti-sex work rhetoric - their arguments are not valid.

Humanising sex work - this has costs re the perceived "obligation" of revealing our lives.

Challenge how sex workers are spoken about & prioritise lived experience.

Recognise stigma exists within the HIV sector.

Sex workers are often trapped between the stigma of being perceived as vector of disease without agency but still remain voiceless even within the HIV sector.

**Statements:**

You can't stop HIV without sex workers.

The HIV sector must stop stigmatizing sex workers.

Sex workers are the experts in and for our community.

Nothing about us without us. Decriminalisation is required to end HIV.

Sex workers speak from lived experience. Don't silence us, don't speak on our behalf.

**3. Human Rights issues including criminalisation of HIV and sex work**

We believe sex workers should be recognized as the experts in our field and in our lives. We are organized globally and support full decriminalisation of sex work and sex workers including sex workers living with HIV.

No criminalisation of sex work, our clients, work places or other laws pertaining to sex work. We unanimously reject models that criminalise sex workers, our clients, and places of employment. This will allow us to advocate for workplace health and safety, access to anonymous, non-judgemental, free and voluntary testing, and quality services, support for safer sex practices and the prevention, treatment and care of HIV.

The AIDS2014 conference declaration has expressed the shared and profound concern at the continued enforcement of discriminatory, stigmatizing, criminalizing and harmful laws which lead to policies and practices that increase vulnerability to HIV. Sex workers want to ensure that our laws, policies and practices parallel this declaration.

We want to hold governments and donors accountable to their commitments, step up the pace and turn these policies and commitments into action that results in law reform.

We demand the inclusion of sex workers as stakeholders in all aspects of policy development processes.

All UNAIDS, UNFPA, UNDP, UN family and Global Fund policies must explicitly recognise and support full decriminalisation of all aspects of sex work.

**4. Migration and mobility**

Detention of sex workers increases HIV risk.

Sex work is work – migrant sex workers choose to work just like other sex workers.

We are not victims. We are not trafficked!

Don’t ignore the evidence.

Being sex workers should not limit our right to migrate.

Restricting our movement restricts our access to treatment, care and support.

We oppose the mandatory testing of migrant workers upon arrival, and the denial of visas based on serostatus.

We don’t need your pity. We need our rights.

**5. Funding**

Governments must include direct funding for sex workers, including sex workers of all genders, in their national strategies.

UNAIDS should take leadership on getting sex workers included in national strategies.

Sex workers need funding, not just words on paper.

We want funding for sex workers to consult and provide advocacy within national strategies.

Sex workers in all countries should be receiving funds under their national strategies.

We demand that national strategies and their implementation fund sex worker communities directly to do health promotion and human rights advocacy.

Give the money directly to sex workers. It’s what works best and it is cost effective. It’s about time!

We need funding for sex worker community led research and work. We have outreach data and want to share this evidence, but we need money for training and to analyse our data.

Governments and donors, you lose face if you sign up for global targets, but at the same time gag sex workers from lobbying and advocacy for the changes we need. If you are going to sign up for targets you need to stop using gag clauses that stop organisations from challenging human rights abuses against sex workers.

Funding needs to have a human rights approach to HIV prevention and support, not a medicalised approach.

Stop HIV funding to faith based organisations working on sex worker issues. Stop HIV funding to ‘rescue’ and ‘rehabilitation’ organisations.

We need funding for regional and global sex worker’s conferences and sex worker attendance at international conferences and thus funding sex workers to shape the response to HIV.

No one left behind in terms of funding!

All UNAIDS, UNFPA, UN family and Global Fund to integrate human rights into all stages of their grant making processes.

**4. Title****: AIDS 2014 - Sex Worker Pre-Conference Thematic Paper – 18-19th July, 2014**

Author: Scarlet Alliance (J.Kim)

**Key findings**

This paper was designed to provide attendees with some information that is relevant to sex workers about the topics that will be discussed at the 20th International AIDS Conference in Melbourne, in July 2014. Key themes were identified as a priority for discussion though a process of consultation and consideration of the conference’s main tracks and themes. The paper was designed to get sex workers thinking about these issues within their country context and facilitate discussion at the sex worker pre-conference about the issues.

The paper was designed to enhance discussion and outputs by supporting a shared starting point of information and knowledge for sex workers attending the pre-conference. This supported the opportunity to strengthen key advocacy messages to promote and share at the conference and communicate effectively to global leaders, government and policy makers on the role and needs of sex workers, vital for an effective and sustained response to HIV. The topics covered in the paper were:

1. Bio medical developments including treatment as prevention

2. Stigma and Discrimination

3. Human rights including criminalisation of HIV and Sex Work

4. Migration and Mobility

5. Funding

**Recommendations**

Stigma and discrimination by society, law enforcement officers and health workers towards sex workers are barriers to the successful prevention of HIV.

Sex workers in different countries and circumstances face many forms of stigma and discrimination, including being:

• Denied the right to vote;

• Denied the right to enter contracts and leases;

• Denied birth certificates or admission into schools;

• Arbitrarily (and non arbitrarily) arrested and held in detention;

• Made to pay bribes or be sexually assaulted in order to be released from detention;

• Harassed and abused by police, other officials and NGOs; and

• Denied health care.

Sex workers often face additional stigma and discrimination related to drug use, HIV status, ethnic and migrant status, and gender identity.

Sex workers living with HIV face dual stigma: for being a sex worker and for being HIV positive. In many cases, we are rejected by family, face abuse and criminalisation by governments and are left behind when it comes to treatment and care. For migrant sex workers, HIV status can be grounds for deportation.

Under the 2011 United Nations Political Declaration on HIV and AIDS, countries have committed to protect and promote human rights and the elimination of stigma and discrimination for sex workers as a critical element in combating the global HIV epidemic. The Declaration also commits countries to ‘intensify national efforts to create enabling legal, social and policy frameworks’. United Nations Secretary General Ban Ki-Moon calls for change in countries where discrimination remains legal against sex workers.

**5. Title****: Scarlet Alliance Submission to the Australian Human Rights Commission: Rights and Responsibilities Consultation**

Author: Scarlet Alliance

Publication details:

Scarlet Alliance, 2014

Hyperlink if available

<http://www.scarletalliance.org.au/library/hrsub_2014/>

**Key findings**

In 2014, Scarlet Alliance submitted a report to the *Rights and Responsibilities Consultation* outlining how current legislation fosters and facilitates discrimination and impede the human rights of sex workers in Australia. The human rights sex workers are denied include:
- Protection from discrimination (sex workers are criminalised on the basis of their HIV status);
- Free choice of employment, and just and favorable conditions of work (some or all sectors of the sex industry are criminalised in various states and territories);
- Freedom of movement (sex workers are forced to retreat to industrial areas, face ‘move-on’ orders and exclusion zones and lack pathways for safe migration);
- Freedom of association (consorting laws prevent sex workers from working together, making referrals or hiring security, while new laws against protesting, criminal organisations and the push for the Nordic model criminalises sex workers families and support structures); and
- Opportunities to participant in government (sex workers are systemically excluded from debate, funding, policy and research regarding issues that directly affect us).

**Recommendations**

Decriminalisation is essential for sex workers in accessing human rights because:
- it has proven to sustain very low rates of STIs and HIV among sex workers, as demonstrated in NSW;
- it provides better access to health promotion;
- there are little to no impacts on amenity;
- there is no evidence of decriminalisation increasing organized crime or the size of the sex industry; and
- it creates better access to labor rights such as occupational health and safety

Decriminalisation of sex work in every state and territory, combined with anti-discrimination protections at federal and state levels is an essential component of improving human rights. Decriminalisation includes the removal of police as regulators of the sex industry; repealing criminal laws specific to the sex industry (including laws that criminalise sex workers, our workplaces, clients and support structures); regulating sex industry businesses through standard business, planning and industrial codes; and not singling out sex workers for specific regulation. All jurisdictions should amend their anti-discrimination legislation to include ‘profession, trade, occupation or calling’ as a protected attribute. This is the only way to ensure that sex workers are not left behind in human rights reforms.

**6. Title****: Sex Workers' Rights, Human Rights: The Impact of Western Australian Legislation On Street Based Sex Workers**

Author: Elaine Dowd

Publication details

Paper with key findings from 2002 PhD project by Elaine Dowd.

Hyperlink: <http://www.scarletalliance.org.au/library/dowd02>

**Key findings**

*The Sex Worker Rights, Human Rights* demonstrates how current Western Australian sex industry laws create significant barriers for street-based sex workers to access health and supportive services. That is, under the Prostitution Act 2000 (WA) (s24), any person suspected of engaging in or intending in engaging in street-based sex work, as either a sex worker or a client, can be issued with a ‘move-on’ notice. An additional restraining order may be issues if the same individual is stopped by the police in that area which prohibits them from entering that specific area for up to one year.

Move-on orders and restraining orders create barriers for sex workers to access health and supportive services such as sex worker support services, Women.and perpetuateHouse, the needle exchange as well as other community services commonly used by street-based sex workers. For example, Dowd () refers to a case in which a sex worker accessing the Sex Worker Out Reach Program WA (SWOPWA) was issued with a move-on notice at SWOPWA’s premises. In addition, criminalizing sectors of the sex industry and strengthening police powers deter sex workers from reporting assault and abuse for fear of persecution.

**Recommendations**

Present legislation in WA denies many sex workers equal rights and hinders efforts of projects and agencies which provide services which aim to ensure the health and well-being of sex workers, particularly street-based sex workers. Law reform, in the form of decriminalization of all sectors of the sex industry is needed. Decriminalisation, along with other legislation which ensures equal civil protections, protects the human rights of sex workers and acknowledges our entitlements to privacy, dignity and fair treatment.
Additionally, the introduction of a Sex worker Liaison Officer for sex workers to contact if in need of police assistance will ensure the fair treatment of sex workers during interactions with the police.

**7. Title****: proVision issue 2, The Whore Stigma**

Author: Scarlet Alliance, Various sex worker contributors

Publication details: Scarlet Alliance, 2007

Hard copy available at Scarlet Alliance office

**Key findings**

This edition of proVision is about sex worker phobia/discrimination and the whore stigma. It aims to share a vision of sex work and those issues affecting sex workers that is usually envisioned by others in the public sphere such as media, politicians and other policy makers. The stigma against sex workers functions to keep sex workers silent and in the shadows. The edition looks at actions sex workers have taken to combat stigma such as through the use of anti-discrimination provisions where they exist, through public awareness and campaigning as well as through peer programming and interventions. It documents experiences of stigma, sex workers reporting personal experiences of discrimination as well as legislative and systemic discrimination such as through NT registration, Red Cross Blood policy and for street based sex workers as experienced and reported by sex workers.

**8. Title****: Scarlet Alliance Submission to Human Rights and Anti-Discrimination Bill 2012.**

Author: Scarlet Alliance

Publication details

Scarlet Alliance, 2012

Hyperlink: <http://scarletalliance.org.au/library/Anti_Discrim12/>

**Key findings**

Scarlet Alliance recommends that the Human Rights and Anti-Discrimination Bill 2012 is extended to include anti-discrimination protection for sex workers in Australia. Most disappointing, is the failure of the Bill to extend anti-discrimination protection to sex workers as a priority population identified in the Australian Government National HIV and STI Strategies, for whom discrimination creates an unnecessary vulnerability. A human rights approach, as referred to in the National HIV Strategy, recognises the need to specifically provide this type of legal protection to sex workers. Countless global and regional reports recommend anti-discrimination protection for priority populations as critical to a countries HIV response. The 2012 UN agencies Sex Work and the Law in Asia and the Pacific Report refers to extensive and consistent calls for countries to provide this protection including the 2006 International Guidelines on HIV/AIDS and Human Rights, that recommends enactment of anti-discrimination laws along with the UN Economic and Social Commission for Asia Pacific (ESCAP) Resolution 66-10 (2010), that calls on Member States to ground universal access in human rights and to address legal barriers to HIV responses, and Resolution 67-9 (2011), which requires states to initiate reviews of national laws, policies and practices to enable the full achievement of universal access targets with a view to eliminating all forms of discrimination against key affected populations.

**Recommendations**

1. As a matter of priority the Committee should amend the Bill to include a protected attribute of ‘profession, trade, occupation or calling’ extending anti-discrimination protection to sex workers.

2. As a second option, the Committee should at the very least include protection on the basis of ‘lawful sexual activity’ including sex workers. This is only a preferred option in the absence of protection as per Recommendation 1 as there are limitations associated with only protecting ‘lawful’ sexual activity in states where sex work is heavily licensed or criminalised.

3. The ground of ‘sexual orientation’ should explicitly include sexual activity, behaviour and identity.

4. Definitions of ‘Sexual Orientation’ and ‘Gender Identity’ should be broadened to be inclusive of people whose genders and sexualities fall outside heterosexual, bisexual, homosexual, lesbian, male or female.

5. The Committee should recognise that sex workers are a community recognised by the Australian Government and globally by the United Nations as affected by HIV, experiencing unacceptable levels of discrimination and denial of human rights and requiring legal protection as part of this process.

6. The Bill should reflect this historic opportunity to ensure that sex workers are protected from discrimination, utilise the unparalleled and unprecedented access to evidence, research and expert opinion that this consultation has provided, and position Australia as a world leader on human rights as it has been on HIV prevention, creating alignment between anti-discrimination laws and the Australian Government’s response to HIV.

**9. Title****: Building Partnerships on HIV and Sex Work: Report and Recommendations from the first Asia and the Pacific Regional Consultation on HIV and Sex Work, 2011**

Author: UNAIDS and UNFPA, APNSW (Asia Pacific Network of Sex Workers)

Publication details

Hyperlink: <http://www.hivpolicy.org/Library/HPP001830.pdf>

**Key findings**

The consultation produced a range of key messages, here listed, and discussed in detail within this report. All partners involved in the consultation, and the wider AIDS response, are urged to take these key messages into account in programming and policy development at all levels in relation to HIV and sex work.

* Meaningful participation of sex workers - “Nothing about us without us”

• Successful programmes on making sex work safer and preventing HIV include sex workers as partners in development and implementation

• Self-organizing by sex workers is crucial to the HIV response in Asia and the Pacific

Stigma and discrimination

• Sex workers and their families face multiple forms of stigma and discrimination that impede their human rights and increase their vulnerability to HIV

• Influential people in society need to be involved and leverage their influence to tackle stigma and discrimination related to sex work and HIV

Creating an enabling legal and policy environment

• Insist on universal rights for sex workers

• Removing criminal laws against sex workers is essential, but not sufficient

• Access to justice for sex workers is critically important to address and prevent rights violations

• Sex work is work

Sexual and reproductive health (SRH) and rights

• Focusing HIV prevention on sex work is the most cost-effective investment in Asia and the Pacific

• Condom programmes must address all aspects of supply, demand and environment within a rights based approach

• A comprehensive set of sexual and reproductive health and HIV services must be provided to sex workers that address the whole spectrum of prevention, treatment, care and support from a rights-based approach

Eliminating violence against sex workers

• Violence against sex workers, including by state actors, are human rights violations that should be taken up by human rights institutions

• All HIV programmes targeting sex workers and their clients should address violence and violence prevention

• Safe working spaces are needed for sex workers

**Recommendations**

Successful HIV prevention among sex workers can only happen by ensuring universal rights for sex workers - human rights that are extended to all people within international laws. Sex workers must not be excluded. To ensure that universal rights are upheld for sex workers, including the right of a person to be able to protect him/herself from HIV and access to treatment, care and support services, requires that sex worker issues including sexual, reproductive and maternal health and rights, education for sex workers and their children, violence and poverty, etc. - must be addressed through the broader development agenda and sectors. To achieve Millennium Development Goal (MDG) six, particularly in Asia and the Pacific, the specific issues faced by sex workers, people who use drugs and men who have sex with men (MSM) need to be addressed within the context of other development goals. A holistic empowerment-led approach is required to ensure the rights of sex workers are upheld and that their issues are addressed in the broader health and development contexts.

**10. Title****: Joint submission of Twelve HIV Expert Agencies on The Public Health Bill 2010 Consultation Draft: Section 76: Persons with sexually transmitted diseases to inform sexual partners**

Authors:

* Australian Federation of AIDS Organisations;
* National Association of People Living with HIV/AIDS;
* Australasian Society for HIV Medicine;
* National Centre in HIV Epidemiology and Clinical Research;
* National Centre in HIV Social Research;
* Australian Research Centre in Sex, Health and Society;
* Scarlet Alliance, Australian Sex Workers Association
* Albion Street Centre;
* ACON;
* Positive Life (NSW);
* HIV/AIDS Legal Centre; and
* Bobby Goldsmith Foundation.

**Key findings**

The legal requirement for HIV-positive people to disclose their HIV status prior to ‘sexual intercourse’ (as expressed in Section 76 of the draft Bill) is highly problematic for the following reasons;

1.1 Undermines the ‘enabling environment’

1.2 Undermines the message of mutual responsibility

1.3 Is inconsistent with National and State guidelines on people who put others at risk of HIV transmission

1.4 Operates outside HIV management systems

2.1 Cannot be appropriately policed

2.2 Is applied to HIV only

2.3 Confuses individual desires with a legal system supporting HIV prevention

3. Ignores scientific evidence on risk

4. Behavioural evidence that Disclosure laws do not increase disclosure rates, Fear of legal repercussions from disclosing HIV status

5. Undermines capacity to undertake scientific research to inform the HIV response.

6. Sex work in a decriminalised environment - safe sex, high rates of condom use, regulation and support in place and importance of an enabling environment

**Recommendations**

This coalition of HIV expert agencies has come together specifically to communicate to NSW Health their uniform belief that the legal requirement for HIV-positive people to disclose their HIV status prior to ‘sexual intercourse’ (as expressed in Section 76 of the draft Bill) is highly problematic. The coalition submits section 76 should be removed because its application is antithetical to the accepted norms of Australian public health practice based on sophisticated scientific and epidemiological research, and out of touch with the scientific and service provider understanding of sexual behaviour. Most importantly, the legislation would inevitably be applied inequitably or inconsistently, and decisions to pursue charges would be unacceptably arbitrary.

The coalition recommends that section 76 (1) be removed from the draft Bill, **or** That section 76 (1) be replaced with a section that entrenches the public health message of mutual responsibility.

# Personal accounts and results of inquiries

**1. Title: Accounts of stigma and discrimination from migrant sex workers**

Author or Source of Information

Migrant Sex Worker Steering Committee members

Collecting Agency

Migration Project, Scarlet Alliance

Date: 2015/2016

Hyperlink: No source document available- information available via contacting Migration Project at Scarlet Alliance

**Key findings**

The *Migrant Sex Worker Steering Committee* reported experiences of stigma and discrimination which created systemic barriers to health such as:

* A lack of translated health and supportive service information.
* A range of issues were identified about interpreters at sexual health and other health services, if they were made available, which was often not the case. Without the presence of interpreters, migrant sex workers expressed confusion or lack of clarity about the consultation. When non peer interpreters have been used, migrant sex workers have reported issues about;
* breach of confidentiality or a perception of potential for being outed as a sex worker within small, or close knit migrant communities;
* judgments from the interpreter about sex work, with inappropriate comments being made such as “you are bringing shame to your community” or “do your family know what you are doing?”and others have reported incorrect information given;
* in some instances interpreters have had limited knowledge of medical terminology and have mistranslated important information.
* Lack of services for people without Medicare cards, even in situations of extreme need. For example, a sex worker reported an incident in which they approached a hospital in need of emergency care but was told that the hospital is a business and therefore could not give them support without a Medicare card;
* Discrimination by doctors who exhibit body language to indicate they are uncomfortable to have a sex worker as a patient and push STI testing regardless of what the sex worker was there for;
* Often been assumed to be trafficked and asked inappropriate questions to gain insight into their sex industry employment situation;
* Migrant sex workers are often represented by others as either trafficked or exploited or ‘vectors of illness’;
* Migrant sex workers are spoken in ways that is against the surveillance data, research evidence and based on assumptions and stereotypes.

**RECOMMENDATIONS**

The Migrant Sex Worker Steering Committee indicated that stigma and discrimination are persistent issues within their community and create significant barriers to accessing health and supportive services. Healthcare providers need to:

* Provide translated material on supportive and health services;
* Ensuring interpreters are trained in medical terminology to ensure correct information is being given.
* Recognize the human rights of migrant sex workers, including their right to choose their employment and have favorable working conditions at work;
* Uptake sensitivity training which include an understanding of the implications of intersecting stigmas;
* Implement strategies to consult migrant sex workers on policies and practices which affect them; and
* Use of trained bilingual peer support in sexual health clinics.

**2. Title: Experiences of stigma and discrimination by sex workers**

Author or Source of Information:

Scarlet Alliance and member organisations

Collecting Agency

Scarlet Alliance

Date: 2016

**Key findings**

Scarlet Alliance contacted our member organisations and membership to share personal accounts of stigma and discrimination experienced in health care settings. The experience of stigma and discrimination was widespread and reported by numerous sex workers.

Common themes that emerged were;

- being treated differently by doctors. In particular GP’s were highlighted by a number of sex workers as being the perpetrators of discrimination.

- sex workers report assumptions from the health service provider that the sex worker is lying or dishonest because of their occupation;

- no respect for confidentiality and disclosure. Due to the persistent direct and institutional stigma that exists against sex workers there are legitimate reasons why a sex worker may choose to not disclose to members of their family, friends or other services. Sex workers may disclose to medical professionals in order to receive appropriate care. Sex workers report in particular hospitals outing them to their family, friends and other services without the sex worker’s knowledge or consent. In a number of cases this has led to disastrous impacts for the sex worker;

- trans sex workers report having being refused hormones or doctors refusing reassignment surgery based on assumptions on their correct gender based on their sex work as determined under the Harry Benjamin model. Further trans sex workers report issues with transgender health regulation especially as intersect with other sex work legislation that requires registration or mandatory testing;

-unnecessary focus on sexual health. Sex workers report visiting a doctor or being admitted to a hospital for a matter unrelated to their sexual health and upon discovery that the person is a sex worker being forced to undergo a STI or HIV test. Sex workers report this occurring when visiting a doctor for matters completely unrelated to their work or sexual health such as the flu or being in hospital for a broken leg. Others report being subject to assumptions that any health complaint is related to a STI. This behaviour persists regardless of whether a sex worker has recently tested at a sexual health clinic and contrary to the evidence that sex workers have consistently maintained low rates of STI’s and BBVs and high rates of condom use and regularly engage in testing;

-a number of sex workers report being told information about laws or policies governing sex work by medical professional which has been incorrect and based on stereotype and prejudice;

 - stigmatising comments made by health professionals about sex work. A large proportion of sex workers report inappropriate and discriminatory statements made about sex work and their choice to sex work. This is unnecessary moralizing and judgment that is irrelevant to the health services that sex workers are seeking;

- being charged higher prices because they are a sex worker. This was reported by a couple of sex workers within the health care context, however this has been a persistent complaint by sex workers in relation to accommodation providers and in advertising;

- a large number of sex workers reported visiting mental health professional and regardless of what their reason for accessing their services, in particular the counselor or psychologist, will fixate on sex work. Many report the mental health professional asking inappropriate and invasive questions that have no therapeutic relevance. One sex worker reported that she felt as if the psychologist should have paid her as the whole hour was spent with her being bombarded with a myriad of questions about sex work, even though she was there to help cope with grief after the loss of her partner. Many report that there is a misunderstanding of their work and all their mental health issues keep being attributed to sex work with no examination of any other factors.

**RECOMMENDATIONS**

The persistence of sex work stigma and discrimination creates barriers for sex workers to access health services and can lead to poor health outcomes. The recommendations outlined indicate that health services need to take an evidence-based and human rights approach to health. This involves providing health services which are:
- translated and specific to migrant sex workers and include information regarding their rights, migration pathways and relevant support and health services;
- anonymous and does not require sex workers to provide a Medicare card to ensure sex workers who do not want to be identified or outside of the mainstream health care system are able to access health services;
- sensitive to the experiences and needs of sex workers. Health workers must undertake sex worker sensitivity training by peer sex worker organisations to ensure that they are able to recognize and address intersecting stigma experienced by sex workers, such as for sex workers who are living with HIV, are Aboriginal or Torres Strait Islander, a migrant, have poor literacy levels, trans or gender diverse or use drugs.

- undertake training to understand how best to work with sex workers as well drug users and other communities that are often subjected to stigma, discrimination and misunderstanding by health service providers;

- able to provide accurate information on sex work laws or policies and their impacts on health or able to provide sex workers with appropriate referrals to access that information instead of providing incorrect information;
- able to address the negative consequences of mandatory testing and sex industry legislation; and- within a human rights approach to health. This requires health service workers to recognize decriminalisation and voluntary testing as within the best practice guidelines outlined by the national STI and HIV strategies, UNAIDS and Amnesty International.

# Initiatives to address stigma and discrimination

**1. Title: Policy Level Interventions and Education by sex worker organisations**

Author or Source of Information: Scarlet Alliance

Collecting Agency: Australian Medical Association

Date: current/ongoing

**Evaluation**

The AMA made inflammatory statements regarding sex workers, fly-in fly-out (FIFO) and Drive-in Drive-out workers (DIDO) by implying that there was a spike in STI and HIV rates among FIFO and DIDO workers and this spike was caused by sex workers. However there was no evidence to suggest that this was true and did not reflect the health surveillance information on sex workers in Australia.

Upon intervention by Scarlet Alliance, the AMA made an agreement to write a policy paper on their position on sex workers, as well as a commitment to make accurate and acceptable media comments on sex work issues in the future to ensure they are enabling sex workers access to health services rather than fostering stigma and discrimination which create barriers to accessing to health services.

The AMA recognized that:

* Epidemiological studies have consistently shown sex workers in Australia to have lower rates of STIs than the general population, and very high rates of condom use;
* This is largely due to the establishment of safe sex as a norm, the availability of safe sex equipment, community-driven health promotion and peer education, and improved access to clinical sexual health services;
* Maintaining low rates of STI transmission and high rates of safe sex among sex workers in Australia requires ongoing policy, and programmatic responses;
* Ongoing health promotion and outreach is required to sustain sexual health outcomes among a constantly changing and increasingly diverse workforce; and
* Continued funding and support should be provided for programs and services that promote sexual health among sex workers, including peer education and support services that work in collaboration with mainstream health providers.

Could this resource be further developed or rolled out?

Scarlet Alliance and the AMA utilized a collaborative approach in which the expertise of sex worker organisations along with epidemiological data directed AMA’s response to sex workers and the sex industry rather than misconceptions and stigma. This approach can be utilized by other health services to ensure that are actively involved in creating a healthcare environment which does not foster stigma and discrimination and are enabling sex workers access to health services.

**2. Title: Sex Worker Sensitivity Training**

Author: Scarlet Alliance and many of our member organisations around Australia

Health Services with whom this is Delivered/Run

Various Health Service Providers and Hospitals

Dates: current/ongoing

**Evaluation**

Scarlet Alliance and Scarlet Alliance state based sex worker member organisations conducted sensitivity training to individuals and various health organisations such as hospitals. drug and alcohol services, mental health services, sexual health clinics and at universities. The sex worker sensitivity training is often initiated by the health service provider or can result from complaints by sex workers, requiring Scarlet Alliance or state-based sex worker organisations to intervene, which usually results in the service provider agreeing to undertake the training for their staff.

The sex worker sensitivity training commonly comprises of:
- dispelling common myths and stereotypes including those perpetuated by media and other health professionals;

- information, research and statistics on sex workers in Australia (or the particular sub population of sex workers of interest or state and territory);

- question and answer sessions to allow health staff to ask questions and foster frank discussions;

- information sharing which equip the healthcare provider to understand the different forms of stigma and discrimination experienced by sex workers and its implications on health and sex workers willingness to engage honestly with the health service provider;

- how to work appropriately with sex workers, including appropriate terminology and language;

- discussion or presentation on intersecting or compounded stigma. Often, this section compromises of focusing on sub-communities within the sex worker community, such migrant sex workers or ATSI sex workers; and

- importance of confidentiality and privacy and the impact of exposing the sex worker’s identity to the wider community.

Sensitivity training is often followed up with more specific information and written resources for healthcare workers to share the information with other workers.

Could this resource be further developed or rolled out?

The range of sensitivity trainings sex worker organisations deliver are developed and tailored to respond to different situations and target audiences. However, there are rarely sufficient resourcing for sex worker organiSations to develop these resources and trainings, nor to deliver them. This lack of sufficient resourcing extends to many health services who frequently face under resourcing across the board, but in particular with regard to funding and resourcing regarding addressing these critical issues.
The high turnover of staff in various health care settings and changing experiences and environments of sex workers requires sensitivity training to occur regularly to provide training which is tailored to both the needs of sex workers and healthcare service providers.
In addition, it is important that health services understand the valuable role of peer organisations in steering health policy, creating connections and providing training on improving health services and outcomes. Sex worker organisations consult sex workers across Australia and both understand and represent the diverse experiences and issues faced by sex workers.

**3. Title: Sex Worker Friendly Health Services Lists**

Author: Scarlet Alliance and VARIOUS SEX WORKER ORGANSIATIONS

Health Services with whom this is Delivered/Run:

SEXUAL HEALTH CLINICS, GP’s, Drug and alcohol services, mental health services

Dates: current/ongoing

**Evaluation**

Sex worker organisations keep lists of sex worker friendly services to provide as referrals and share within sex worker spaces. Services who have undertaken the sex worker sensitivity training are included in the list. Sex workers also add to the list based on their personal positive experiences with service providers.

Could this resource be further developed or rolled out?

Referral lists of sex worker friendly services have assisted in mitigating stigma by limiting the potential for the sex worker in experiencing discrimination. A number of sex workers have reported personal strategies they use to manage their expectations of stigma and discrimination within the health system, such as not disclosing their work which have implications for the ability to receive holistic healthcare that meets their needs. Many organisations keep these lists online with systems in place for who gets included and excluded from the list. A national list will assist sex workers in reducing barriers to accessing services.

**4. Title: Sexual Health Testing Policy and Victorian Sex Workers**

Author: Vixen Collective

Health Services with whom this is Delivered/Run:

Melbourne Sexual Health Clinic (MSHC)

Dates: current/ongoing

Hyperlink: via [Vixen Collective](https://vixencollective.net/)

**Evaluation**

The MSHC was texting their patients’ STI results which created a number of issues for sex workers in Victoria, from confidentiality concerns to legal implications as a result of mandatory testing and the criminalisation of sex workers living with HIV or STIs. The Vixen Collective, the Victorian sex worker organisation, conducted community education which comprised of informing the wider sex worker community that it was possible to opt out of the SMS notification service at MSHC and how to do so. In addition, Vixen collaborated with MSHC to raise the concerns of sex workers and advocated for MSCH to change their policy. This resulted in MSHC changing their policy to exclude sex workers from the text messaging service and an agreement was made that Vixen will be notified as soon as policy and practices change, or new policy or practices are introduced to MSHC. However, this initiative could have been more meaningful and achieved greater positive health outcomes for sex workers if MSHC consulted sex workers *while* developing policies and practices, rather than notifying sex workers after the policy decision-making process.

Could this resource be further developed or rolled out?

Other health services can benefit from including sex worker organisations in their networks and consultation process, and notifying any news or changes to policies and practices. Greater health outcomes can be achieved for sex workers if stigmatising and discriminatory practices and policies could be addressed before they are put into practice, thereby reducing the barriers sex workers face when accessing health services.
A significant issue for sex worker organisations in their capacity to be meaningfully involved in the development and implementation of health policy, services and training is a lack of adequate funding.

**5. Title: Testing buddy programs**

Author: Scarlet Alliance and VARIOUS SEX WORKER ORGANSIATIONS

Health Services with whom this is Delivered/Run:

SEXUAL HEALTH CLINICS

Dates: current/ongoing

**Evaluation**
Sex worker peer educators accompany sex workers with barriers accessing sexual health care to appointments to get tested and pick up results. This has been incredibly effective in reaching more marginalised populations and connecting them to ongoing testing and sexual health care. The peer educators is able to provide pre and post test support for the worker and provides an opportunity for direct peer education throughout. Specifically this has included;

- new workers, to support building connections with sexual health providers and take away the fear of the unknown;

- connecting sex workers in rural and remote communities with sex worker friendly sexual health providers (often combined with sensitivity training for the local sexual health service);

- peer educators picking up street based sex workers from work and taking them to appointments at clinics and then dropping them back;

- bilingual CALD peer educators providing interpreting support for migrant sex workers at sexual health appointments.

Could this resource be further developed or rolled out?

This has been incredibly successful approach but is not often resourced. With the exception of SIN SA, the testing buddy program is not formally funded. This means most organisations are only able to provide this support on an ad hoc basis. Due to a general lack of funding for sex worker organisations in Australia, peer educators are not able to provide this support proactively or as widely. There is a demand for this service that is currently unable to be met in most states and territories.

**6. Title: Workshops and presentations to medical students and recent graduates**

Author: Scarlet Alliance and VARIOUS SEX WORKER ORGANSIATIONS

Health Services with whom this is Delivered/Run:

Universities

Dates: current/ongoing

**Evaluation**
Sex worker organisations work present at universities and conferences targeting medical and nursing students such as the MD Student Conference and Australian Medical Student's Association Global Health conferences. This intervention is designed to engage students and future medical professionals at the early stages of their learning. Topics covered generally span the legal frameworks around sex work as misinformation about the legal status of sex work has been a common complaint from sex workers; trafficking and anti-trafficking responses; dispelling stereotypes and myths; confidentiality and disclosure; awareness of stigma and discrimination experienced by sex workers especially in relation to health and appropriate sex work terminology.

Could this resource be further developed or rolled out?

Currently Scarlet Alliance present to student MD’s each year in Melbourne, Adelaide and Tasmania. This has been well received by attendees. Our member organisations also present in some of the states and territories. There would be great benefit for this to be rolled out generally to all states and territories and better engagement with other students and new medical professionals such as nursing schools and mental health as these have been two areas identified by our member as that of particular concern in relation to experiences of stigma and discrimination.

**7. Title: Partnership with sexual health clinics**

Authors: VARIOUS SEX WORKER ORGANSIATIONS

Health Services with whom this is Delivered/Run:

Sexual health clinics

Dates: current/ongoing

**Evaluation**
Sex worker organisations partner with local sexual health clinics to provide a peer educator to be available during targeted sex worker clinic days. In particular this has been useful for CALD bilingual peer educators to provide culturally appropriate language support but has been successful in increasing attendance while simultaneously engaging the sex worker with opportunities for health promotion and peer education. Some sex worker organisations have instead provided clinics with the opportunity to set up in the sex worker organisation for 1 morning a week or month. This has been beneficial in ensuring a peer friendly space were the sex worker can also gain access to the other services at the same time, such as low cost safer sex supplies, resources, fitpacks and peer support.

Could this resource be further developed or rolled out?

Both initiatives have successfully engaged sex workers with sexual health services supporting the continued low rates of STI and BBV amongst sex workers in Australia. Unfortunately due to low resourcing of many sex worker organisations, it is not always possible for peer educators to be available as this work needs to be combined with the usual ongoing work of the sex worker organisation. In some states there is no engagement with the sexual health service with sex worker organisations.

**Recommendations**
Sex worker organisations have provided various services to the healthcare sector to increase healthcare providers’ capacity to meet the needs of sex workers, such as:

Represented sex worker views and experiences on a variety of high level committees, advisory groups and ministerial advisory mechanisms at both federal and state level.;

Implemented services which are guided by the national strategies for STI and HIV prevention;

Conducted workshops on sex worker stigma and discrimination and coping mechanisms;

* Conduct presentations and workshops at conferences attended by a large variety of health professionals such as ICAAP, AIDS conferences, IHRA, ASHM and UNSW;
* Developed policy papers in collaboration with other organisations and services;
* Consulted the wider sex worker community on current issues such as rapid testing, PreP and PEP
* Provide feedback and input into the health system through submissions.

Healthcare providers need to create greater opportunities for and invest in sex worker organisations to ensure sex worker needs and experiences are effectively represented in the healthcare sector.

##

# Conclusions

The persistence of stigma and discrimination against sex workers creates significant barriers for sex workers to access health services. Policies and practices which foster stigma and discrimination, such as mandatory testing and various sex industry legal models, fails to utilize strategies which have retained consistently low rates of STIs and HIV among sex workers, such as peer education, community mobilization, human rights, and partnership approaches to health promotion and service delivery.

Sex worker organisations, including the state-based organisations and Scarlet Alliance, are under-recognized, under-utilized and under-funded resources of expertise. Sex worker organisations have the knowledge and resources to meaningfully address the lack sensitivity in addressing sex work stigma and discrimination and its implications on the sex workers’ access to health services. As outlined above, sex worker organisations have enriched health services’ capacity to provide services which is relevant to the needs and experiences of workers and recognizes the rights of sex workers. However, a lack adequate funding for sex organisations to develop and implement resources and services, such as sensitivity training, consultation with wider sex worker community and policy development, limits sex worker organizations capacity to provide services to increase sex workers access to the health system.

Health services need to ensure their services incorporate a human rights approach to health. This involves recognizing sex work as a legitimate work option and ensuring sex workers are not discriminated against on the basis of their occupation. Secondly, health professionals need to actively recognize and advocate for anti-discrimination protections as a key component of creating greater access to health and supportive services. Lastly, health services need to implement strategies to consult sex workers in the creation and implementation of policies and practices that affect their health.

## Stigma

**1. Obscures health services responses to sex workers.**

Stigma obscures health service providers’ responses, diagnoses and treatments as well as creating substantial obstacles for sex workers accessing healthcare. Healthcare workers fixation on our occupation, rather than recognising our holistic healthcare needs, further stigmatises us and has resulted in misdiagnoses. The on-going persistence of sex work stigma within healthcare settings deters sex workers from accessing services for fear of stigmatisation and healthcare workers unable to meet our healthcare needs.
Sex workers and sex worker organisations have consistently fought for policies and practices that affect us to be informed and evidenced-based, human rights approach to healthcare rather than misconceptions which create additional barriers for sex workers

Health service in which this is experienced: Across different health services.

**Recommended remediation:**

The sensitivity training offered by Scarlet Alliance and other sex worker run organizations will significantly enhance healthcare providers’ capacity to meet the needs of sex workers. Awareness of the ways in which stigma pervades healthcare practice, as opposed to an evidence-based approach, is the ‘first step’ in the process of creating an enabling healthcare environment which is able to adequately meet the needs of and ensure better health outcomes for sex workers.

**2. Over testing; coercive testing**

Sex workers have consistently retained extremely low rates of STIs and HIV, irrespective of restrictive sex industry legislations or a lack of access to effective healthcare services. Yet, sex workers continue to be treated as ‘vectors of disease’ by healthcare professionals and legislation that fosters and perpetuates misconceptions of sex workers as unable or unwilling to care for their health. A lack of understanding of the implications of sex industry laws on the health of sex workers and the sex worker community, community mobilization and peer education in facilitating the uptake of safer sex practices continues to misguide healthcare professionals who enforce over testing or coercive health testing of sex workers rather than creating an enabling environment in which sex workers and healthcare workers are working together to ensure positive health outcomes for sex workers.

Health service in which this is experienced

On site testing, sexual health nurses and/or clinics visiting sex worker workplaces; GPs; sexual health clinics; reproductive health services

**Recommended remediation**

The continuation of mandatory testing in various states and territories foster and perpetuate the misconception that sex workers are unwilling to care for their health and require strict health regulations. The removal of mandatory testing from legislation and the implementation of decriminalization, along with comprehensive anti-discriminatory and occupational health and safety protections, will create an enabling environment for sex workers to access health services and maintain their high standards of health.

In addition, the funding of sex worker organization will increase their capacity to develop and deliver comprehensive and regular sensitivity training which will, in turn, increase the capacity of health and supportive services to end practices which deter sex workers from services, and instead, create and implement services and practices which have positive impacts on the health of sex workers.

**3. INCONSISTANT, UNPROFESSIONAL BEHAVIOUR OF HEALTH PROFESSIONALS; RESPONDING TO THE PRESENTING NEEDS OF THE PATIENT, NOT THEIR OCCUPATION.**

The lack of adequate understanding of and consultation with the sex worker community has resulted in health professionals engaging in unprofessional behavior towards sex workers, such as, asking questions unrelated to the treatment sought, making stigmatizing assumptions, and misdiagnosing as a result of fixation on our occupation rather than viewing our health holistically.

Health service in which this is experienced

GPs, nurses, mental health practitioners; health services in general,

**Recommended remediation**

Health services have a lot to gain by undertaking sex worker sensitivity training and education. Increasing sex worker lead research increases the ways in which we can find strategies to alleviate current stigma and its barriers to health. To ensure consistency in healthcare settings, policies need to be implemented in which health services are required to consult with sex workers in their provision of services to ensure the services are relevant to sex workers and they are not stigmatizing or creating barriers to healthcare.

**4. REPRESENTATIONS OF SEX WORKERS BY HEALTH PROFESSIONAL WORKERS AND HEALTH LITERATURE AND HEALTH RESOURCES.**
The representation of sex workers by health professionals, and in health literature and resources, are often based on misconceptions rather than evidence. For example, Australian Medical Association (AMA) accused sex workers of contributing to the rise in STIs and HIV among FIFO and DIDO workers. The statements made by the AMA were inaccurate and further entrenched the misconceptions about sex workers. However, Scarlet Alliance’s collaborations with the AMA resulted in the AMA agreeing to work with Scarlet Alliance in producing a policy paper on sex work and demonstrated that misconceptions perpetuated in the healthcare sector can be alleviated.

Health service in which this is experienced

Health services in general are affected by the rhetoric reproduced and created by these depictions in literature and resources, and other health professionals.

**Recommended remediation**

Sex workers need to be provided with more avenues to be involved in consultation of healthcare policies and practices. The consultation process needs to be meaningful, accountable and ongoing to ensure practices and policies are not stigmatising and are relevant to needs of sex workers.

Discrimination

**1. REFUSAL OF TREATMENT AND EXCLUSION FROM HEALTH PRACTICE FOR SEX WORKER LIVING WITH HIV.**

Both anecdotal and evidence-based research reveals that there is a significant gap for services for sex workers living with HIV. Sex workers living with HIV are often are unable to find services which cater to their needs as a sex worker *and* a person living with HIV. The multiple complaints by sex workers living with HIV of been provided with misinformation by health care workers around the legality of working while living with HIV is discriminatory and deters HIV positive sex workers from accessing health services. Sex workers have reported police and others being notified without their knowledge or consent. In addition, the criminalisation of sex workers on the basis of their HIV status is against the recommendations made in the UNAIDS guidelines and the Lancet special edition on Sex Work and HIV.

Health service in which this is experienced:

GP, medical centers, police

**Recommended remediation**

Health professionals need to be informed on best practice methods for working with patients who are sex workers and HIV positive. They need to be informed on legal information pertaining to HIV positive sex workers. In addition, health professionals need to respect the autonomy of sex workers living with HIV and work within a human rights and harm reduction approach which recognizes the shared responsibility of everyone in preventing HIV transmission and advocating for safer sex practices.

**2. DISCRIMINATORY TREATMENT OF MIGRANT SEX WORKERS**

Migrant sex workers are misunderstood because of stigmatization and a lack of accurate research on their experiences. Migrant sex workers often experience multiple stigmas as a result of their background, visa status and sex work. They are often assumed to be victims with no agency and suffer from a lack of services which are culturally sensitive and cater to their specific needs.

Health service in which this is experienced:

Various Health Service Providers including GPs, hospitals and medical clinics.

**Recommended remediation**

Health services need to provide translated health and supportive information which targets the needs of migrant sex workers, such as information pertaining to their rights as sex workers, their labor rights and migration pathways. Migrant sex workers have reported that there is a need for more health services which are anonymous and does not require a Medicare card. Additionally, more ethical research is needed which is directed by migrant sex workers and can inform strategies to reduce barriers to accessing the health system.

**3. DICRIMINATORY TREATMENT**

Workers have reported they have being unfairly treated on the basis of their occupation. For example, a sex worker attending a counseling session with a psychologist during a personal crisis, was informed by the psychologist at the end of a session that they would be billed at the highest private rate because they were a sex worker and was assumed to be making double the amount the psychologist made. Sex workers have also reported being billed for mandatory health checks and unrequested sexual health tests at higher rates upon disclosure of their occupation.

Health service in which this is experienced:

Mental health practitioners (psychologists); GPs, Sexual Health Clinics

**Recommended remediation**

Consistent anti-discrimination protections for sex workers must be present in every state and territory of Australia. In addition, sex worker sensitivity training will assist the healthcare sector dispel myths and misconceptions about sex workers and their income and health. This has been effectively conducted in conferences, at services and at universities for the next generation of health professionals. The use of sex worker friendly referral lists will support jn minimising the potential for sex workers to experience discrimination and provide incentive to service providers to address discriminatory behavior amongst their staff.

## Systemic health barriers

**1. MANDATORY TESTING**

Within some states and territories, sex workers are subjected to mandatory health testing for STIs and HIV by legislation. In these states and territories, mandatory testing is prioritized over resourcing and expanding strategies that have proven to be effective in preventing STIs and HIV among sex workers such as peer education, sex worker community mobilization and a partnership approach to STI and HIV prevention.
Mandatory testing stem from the stigmatization of sex workers as ‘vectors of illness’. Research has exposed mandatory testing to have failed in protecting sex workers and the wider community from HIV and STI transmission because it creates a false sense of ‘clean’ health status which reduces the value of condom use in the sex industry and marginalizes sex workers who fear a positive health test will result in a loss of income and/or persecution.

**Health service in which this is experienced:**

Health clinics, GPs,

**Recommended remediation**

Laws and policies that enforce mandatory testing and the criminalisation of sex workers on the basis of their HIV or STI status must be removed. Health services need to explicitly recognize and advocate for best practice policies for STI and HIV prevention such as voluntary testing, promotion of safer sex practices and a holistic approach to healthcare.

**2. BLOOD DONOR EXCLUSIONS AND DEFERRAL POLICIES**

Sex workers, anyone who has seen a sex worker or “exchanged sex for goods, money or drugs” are excluded for 12 months from donating blood, “regardless of whether a condom was used”. There is no evidence to support ongoing deferrals of sex workers by the Australian Red Cross Blood Service. Red Cross blood deferrals should be based on risk activity, rather than group or orientation.

Resources given to prospective blood donors also provide information on the deferral process and exclusions which includes stigmatising language and misrepresentation of sex work, giving the impression that sex workers are vectors of disease and contributing to further marginalisation and discrimination against sex workers.

**Health service in which this is experienced:**

Red Cross Blood Service

**Recommended remediation**

Red Cross Blood Service should abandon deferrals for sex workers altogether, based on overwhelming evidence that sex workers – across Australia, working in different environments, across sub-populations – consistently demonstrate low rates of STIs, with no evidence to suggest that sex workers are high risk. Low rates of STIs among sex workers in Australia are not limited to a specific demographic, type of sex work, legal framework, jurisdiction or gender. Available evidence and research findings supports this. Additionally any committee or panel formed, or process to further decisions and development of deferrals and exclusions policy based on sexual activity must include the active participation and meaningful involvement of key affected communities, including sex workers.

**3. CRIMINALISATION and POLICING PRACTICES**

The criminalisation of any sector of the sex industry, including the criminalisation of clients, marginalises sex workers and their clients from health services for fear that identification of their occupation or engagement with the sex industry will result in persecution. In addition, the criminalisation of sex workers on the basis of their HIV or STI status deters sex workers from testing. Disclosure laws can create further disincentives for sex workers to get tested, as knowledge of your HIV or STI status can be used against sex workers in court. The use of condoms of evidence in court creates a disincentive for sex workers to carry safer sex tools that are necessary for our health and safety.
Arbitrary and problematic sex industry legislation and policing practices have undermined sex workers ability to access health care. As outlined above, policing practices, such as racial profiling, harassment of street based sex workers, entrapment of sex workers, using condoms as evidence, provision of exclusion zones and ‘move on’ notices, have all created systemic barriers to sex workers access to health.

**Health service in which this is experienced:**

Across all health services in which sex workers accessing the service are affected by such laws.

**Recommended remediation**

All forms of criminalisation of consensual sex work should be removed from legislation. Decriminalisation of all sectors of the sex industry enables a healthcare environment which utilizes best practice policies and practices such as peer education, community mobilization and a meaningful partnership approach to STI and HIV prevention. In addition, decriminalisation enables a human rights and harm reduction approach to govern the sex industry and the implementation of workplace health and safety standards..

# References:

Amnesty International. (2016). Amnesty International Policy on State Obligations to Respect, Protect and Fulfil the Human Rights of Sex Workers. 17.

Anti-Discrimination Act 1991, (2016).

Begum, S., Hocking, J. S., Groves, J., Fairley, C. K., & Keogh, L. A. (2013). Sex workers talk about sex work: six contradictory characteristics of legalised sex work in Melbourne, Australia. *Cult Health Sex, 15*(1), 85-100. doi:10.1080/13691058.2012.743187

Daniel, A. (2010). The Sexual Health of Sex Workers: No Bad Whores, Just Bad Laws. *Social Research Brief*(19), 4.

Deacon, H. (2006). Towards a sustainable theory of health-related stigma: lessons from the HIV/AIDS literature. Journal of Community & Applied Social Psychology, 16(6), 418-425. doi:10.1002/casp.900

Department of Health, (2014a). Seventh National HIV Strategy 2014-2017. ACT: Commonwealth of Australia.

Department of Health, (2014b). Third National Sexually Transmissible Infections Strategy 2014-2017. ACT: Commonwealth of Australia.

Donovan, B., Harcourt, C., Egger, S., Watchirs Smith, L., Schneider, K., Kaldor, J., . . . Tabrizi, S. (2012). The sex industry in New South Wales: A report to the NSW Ministry of Health. Sydney: Kirby Institute, University of New South Wales.

Jefferys, E., Mathews, K., & Thomas, A. (2010). HIV Criminalisation and Sex Work in Australia Reproductive Health Matters, 18(35).

Jeffreys, E., Fawkes, J., & Stardust, Z. (2012). Mandatory testing for HIV and sexually transmissible infections among sex workers in Australia: a barrier to HIV and STI prevention. World Journal of AIDS, 2(03), 203.

Lazarus, L., Deering, K. N., Nabess, R., Gibson, K., Tyndall, M. W., & Shannon, K. (2012). Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. Cult Health Sex, 14(2), 139-150. doi:10.1080/13691058.2011.628411

Link, B. G., & Phelan, J. C. (2001). Conceptualizing Stigma. Annual Review of Sociology, 27, 363-385.

Matthews, K. (2008). The National Needs Assessment of Sex Workers who Live with HIV. Scarlet Alliance, 56.

NSW Department of Health, (2006). STI Strategy Environmental Scan:2006-2009. Sydney.

Pheterson, G. (1993). The Whore Stigma: Female Dishonor and Male Unworthiness. Social Text(37), 27.

Rekart, M. L. (2005). Sex-work harm reduction. The Lancet, 366(9503), 2123-2134. doi:10.1016/s0140-6736(05)67732-x

Rekart, M. L. (2006). Sex-work harm reduction. The Lancet, 366(9503), 2123-2134.

Scarlet Alliance & AFAO. (1999). Unjust and Counter-Productive: The failure of government to protect sex workers from discrimination. Avaiable from: www.scarletalliance.org.au.

UNAIDS. (2002). Sex Work and HIV/AIDS. UNAIDS Best Practice Collection, 20.

Wingood, G. M., Diclemente, R. J., Mikhail, I., McCree, D. H., Davies, S. L., Hardin, J. W., . . . Saag, M. (2007). HIV discrimination and the health of women living with HIV. Women Health, 46(2-3), 99-112. doi:10.1300/J013v46n02\_07

Wong, W. C. W., Holroyd, E., & Bingham, A. (2011). Stigma and sex work from the perspective of female sex workers in Hong Kong. Sociology of Health & Illness, 33(1), 50-65. doi:10.1111/j.1467-9566.2010.01276.x

# Contact Details for Author or Person Responsible for Submission

Jules Kim

Email: ceo@scarletalliance.org.au

Phone number: 0411 985 135