FIVE ESSENTIAL ACTIONS

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 anti-discrimination 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.

BIOMEDICAL PREVENTION

Biomedical prevention provides new opportunities for communities where rates of HIV continue to rise. However, for sex workers, treatment as prevention (TasP), rapid testing, home testing and Pre-Exposure Prophylaxis (PrEP) create new challenges and may not be appropriate for sex workers.

The Scarlet Alliance position paper on the implications of rapid testing for sex workers (developed through consultation) outlines that rapid testing should not be targeted towards sex workers (a low HIV prevalence population) as there is a likelihood of high levels of false positives. Rapid testing should not be targeted for sex workers in states where working with HIV/STIs are criminalised, should not be combined with contact tracing, should not occur in sex industry workplaces, must always be voluntary, and should always be offered in parallel with conventional testing so sex workers have choice. Rapid testing in any other circumstance presents risk for sex workers; putting confidentiality, careers, lives and income at risk.

Our national consultation with Scarlet Alliance membership on PrEP and TasP revealed that sex workers are concerned about:

- appropriateness and benefits of PrEP and TasP for sex workers;
- resistance and long term health impacts;
- effects on negotiating safer sex practices and creating a false sense of security for clients;
- preserving STI/HIV peer education programs; and
- the potential of PrEP or treatment becoming mandatory for sex workers.
STIGMA AND DISCRIMINATION

Stigma and discrimination continue to have a significant impact on sex workers’ work and private lives, and limit social inclusion. While some sex workers are covered by anti-discrimination laws in Queensland, Victoria, Australian Capital Territory and Tasmania, the coverage remains inconsistent both across Australia and even within those states and territories. Sex workers are legally protected against discrimination based on ‘profession, trade, occupation or calling’ (ACT), ‘sexual activity’ (TAS) and ‘lawful sexual activity’ (VIC and QLD). Australia’s National Strategies prioritise eliminating stigma and discrimination for priority populations; however, indicators to measure this are still not developed. The media continues to reinforce stigma.

FUNDING AND INDEPENDENCE

Systemic underfunding of sex worker organisations remains a salient issue in Australia, and our organisations and projects face an uncertain future. There is an urgent need for enhanced funding and for targeted programs to reach Aboriginal and Torres Strait Islander sex workers, trans and gender diverse sex workers, and CALD/migrant sex workers. The current HIV landscape has the potential to redirect funding to new testing technologies, away from approaches that have proven to be highly successful, while continuing to ignore gaps in reach and the impact of sustained under-resourcing.

DECRIMINALISATION, CRIMINALISATION AND LAW REFORM

Research presented at the International AIDS Conference (AIDS 2014) in Melbourne this year found that the decriminalisation of sex work is an essential component of an effective HIV response. Whilst the sex industry in New South Wales is mainly decriminalised, delivering strong public health outcomes, other parts of Australia have fallen significantly behind. Panel speakers including representatives from South Australia, Western Australia, and the Northern Territory described the impact and sex workers’ experiences of criminalisation, licensing, registration, mandatory testing and policing practices in their jurisdictions. Anti-trafficking laws and responses also continue to harm sex workers.

The local panel outlined the laws in Victoria and how they pose an ongoing danger to sex workers through mandatory HIV/STI testing, criminalisation, registration, advertising restrictions, criminalisation of street-based sex work, and excessive police targeting. Victoria remains a clear, visible example of the failure of licensing in protecting the health and safety of sex workers.

“IN RELATION TO SEX WORKERS, IT IS IMPORTANT TO ENSURE THAT LEGISLATION, POLICE PRACTICES AND MODELS OF REGULATORY OVERSIGHT SUPPORT HEALTH PROMOTION SO THAT SEX WORKERS CAN IMPLEMENT SAFER SEX PRACTICES…”

AUSTRALIA’S 7TH NATIONAL HIV STRATEGY

THE MEANINGFUL INVOLVEMENT AND PARTICIPATION OF PEOPLE LIVING WITH BBVs AND STIs AND OF AFFECTED COMMUNITIES IN ALL ASPECTS OF AUSTRALIA’S RESPONSE IS ESSENTIAL TO THE DEVELOPMENT, IMPLEMENTATION, MONITORING AND EVALUATION OF PROGRAMS AND POLICIES.

KEY DISCUSSION ISSUES FOR OUR MEMBERSHIP

Each National Forum, sex workers nominate and prioritise current discussion topics, reflecting key issues requiring attention throughout the country. In 2014 they were:

- Younger sex workers: must be able to access appropriate information, peer education and health promotion, including information on laws, labour rights, support services and referrals.
- Sex workers with children: stereotypes of being an unfit parent, work being raised in custody cases, and a need for child care along with laws affecting sex worker parents were discussed.
- Sex work and drug use: Sex workers who use or inject drugs face dual, intense media vilification and inappropriate and often discriminatory treatment from health professionals.
- Abolitionist groups: Campaigns aimed at ending sex work, including the push for the Swedish or ‘Nordic’ laws which undermine sex workers autonomy and safety were raised as a major concern.

“DECRIMINALISATION OF SEX WORK IS AN ESSENTIAL COMPONENT OF AN EFFECTIVE HIV RESPONSE”