

## **International HIV/AIDS Education Kit Sex Work**

### **DRAFT**

The approach adopted in Australia to prevent the transmission of HIV/AIDS as a result of sex work is best demonstrated by reference to the health and promotion principles of the Ottawa Charter for Health Promotion.<sup>1</sup>

It is a response guided by a fear that HIV would rapidly spread through the heterosexual community via the sex industry and acknowledgment that the effectiveness of any strategy aimed at sex workers would depend on the cooperation across all levels of government, sex worker organisations and brothel operators and managers.

It is marked by a holistic approach entrenched in the three national HIV/AIDS strategies that identify sex workers as a priority group for HIV/AIDS education/prevention programs. Government funded sex worker organisations (SWOs) have shown innovation in the production of resources, educational programs and interventions.

#### **Building Healthy Public Policy**

A change in the political climate in the mid-eighties provided the impetus for funding bodies to engage with newly formed community based SWOs. Governments acknowledged through inquiries into the sex industry that criminalising the industry does more harm than good and that legal and social justice reforms have longer term positive health implications. At the same time there was an acknowledgement that peer education models were best suited to the provision of safe sex messages to sex workers.

Some of the changes which took place include:

1. Access to needle exchanges from 1986 onwards for IDU sex workers,
2. Increase in the visibility, accessibility and quality of condoms,
3. The personal intervention of the then Health Minister, Dr. Neal Blewett in giving sex workers the right to claim refunds for consultations with doctors,
4. Expansion in the network of specialist sexual health services,
5. The 'Grim Reaper' campaign on HIV/AIDS aimed at the general community, from whom sex workers' clients are drawn.

#### **Creating Supportive Environments**

Prior to the advent of AIDS, sex workers were very much marginalised socially and legally. This provided the impetus to organise in order to demand law reform and acceptance of sex work as a profession. The appearance of AIDS spearheaded this process through governments undertaking the review of sex work laws. There was a realisation that criminalisation of the sex industry drives it underground and makes it more difficult for peer educators to access sex workers to provide safe sex information. National leadership was provided through the formation of an intergovernmental committee on AIDS legal working

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<sup>1</sup> World Health Organisation, Health and Welfare Canada, Canadian Public Health Association. Ottawa Charter for Health Promotion. WHO, Copenhagen 1986.

group by the Commonwealth government which made a number of very profound recommendations, including:

1. the repeal of laws (statutory and common law) criminalising sex industry work (brothel, escort and street),
2. opposition to registration and or mandatory testing of sex workers,
3. use of planning laws to control location of brothels,
4. legislative prohibition of the evidentiary use of condoms or HIV/AIDS education and prevention materials for any prostitution-related or planning offences,
5. enactment of codes of practice for the industry,
6. Deeming STDs, including HIV/AIDS as industrial diseases in the sex industry, and
7. no special offences for sex workers, brothel operators or owners of premises used for prostitution where a sex worker is HIV infected.<sup>2</sup>

Some of these recommendations have been enacted in statutes by a number of different jurisdictions. It is unfortunate that not all of them have been acted upon and that a number of jurisdictions in Australia still criminalise aspects of sex work.

Recent developments have included the formulation and adoption of codes of practice on occupational health and safety in the ACT and NSW and anti-discrimination laws to protect sex workers in the ACT. The codes of practice describe safety practices that should be adopted in the sex industry. These encourage the adoption of drug and alcohol policies for the workplace, condom breakage and slippage policies as well as providing specifications for the cleanliness of spas, showers, etc. There is a requirement that brothel operators provide sex workers with safe sex information in the workplace.

SWOs have adopted an approach of support and collaboration with brothel management in order to encourage the adoption of a safe sex culture by brothels. This engagement has facilitated entrance into brothels by peer educators and resulted in the production of collaborative resources. A number of resources aimed at clients have been produced in this way, utilising the fact that most brothels have waiting rooms for clients. These have consisted of 'Hot Sex' a nationally produced erotic booklet which contains messages about HIV and safe sex and promotes the safe sex policy of the brothel in six languages. This booklet could not be utilised in South Australia where brothels are criminalised as educational resources such as these are used by police to gain convictions against sex workers.

A number of SWOs have been successful in getting police to designate sex industry liaison officers within the police force. This officer is acquainted with sex work issues by the sex worker organisations and they act as the point of contact between sex workers and police. This has been taken further with SWOs undertaking police training sessions to educate police officers about the sex industry and dispel myths.

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<sup>2</sup> The Final Report of the Legal Working Party of the Intergovernmental Committee on AIDS, 1991, pg. 48. Intergovernmental Committee of AIDS, Legal Working Party, Department of Health, Housing and Community Services.

The provision of a variety of education and support services by sex worker organisations has created a culture where sex workers feel empowered through their ability to access up to date, accurate information. Not all SWOs are able to provide the variety of services that they would like for lack of funds, but services provided fall within the following categories:

#### Health

1. sexual health and HIV/AIDS information and referral,
2. safe commercial sex information for sex workers and management,
3. supply of condoms, lube, dams and gloves (some organisations are able to provide these for free, whilst others charge a minimal fee),
4. information workshops to the sex industry and service providers,
5. needle exchanges

#### Employment and Safety

1. Occupational health and safety information,
2. ugly mugs listings (this is a list of dangerous clients which is distributed to sex workers),
3. workplace assistance and employment referrals.

#### Legal

1. Information and education on laws affecting the industry,
2. referrals to legal and planning services.

#### Support and Wellbeing

1. Counselling and support for sex industry workers, management and their partners,
2. Crisis/supported accommodation referrals,
3. Support in entering and exiting the industry.

#### Educational Resources

1. Regular newsletters
2. Printed resources for sex industry and service providers,
3. Reference Library,
4. Information websites
5. videos for sex workers

#### Financial

1. Budgeting and taxation information,
2. Referrals to accountants and financial advisers.

### **Strengthening Community Action**

The existence of a number of community based SWOs prior to the arrival of HIV in Australia provided the framework for the development of peer based HIV/AIDS education and prevention programs. Government funding of these organisations has enhanced the ability for sex workers to organise and take action.

Specifically targeted strategies have been devised and implemented acknowledging that the sex worker community is a conglomerate of communities or groups. For example a national project was devised targeting workers of non-English speaking backgrounds- the Siren project. This project produced a resource kit for service providers, which includes research based information on issues facing sex workers of NESB, a discussion of access and equity issues as it relates to these workers and an examination of NESB sex worker stereotypes. Resources aimed at the workers themselves include low literacy booklets covering sexual health issues, legal issues, STDs and testing for HIV/AIDS. Cassette versions of the information were produced to complement the written material aimed at illiterate sex workers. These were produced in Tagalog and Thai, with a Chinese version forthcoming. One of the innovative approaches that SWOs have undertaken is that of educating sex workers to check clients for visible signs of STDs. This intervention built on a practice which was occurring sporadically prior to HIV. Booklets have been produced (by WISE-Workers in Sex Employment in the ACT, SWOP- Sex Worker Outreach Project in NSW) with photographs of common STDs (herpes, gonorrhoea and warts) in their early stages. A poster version of these STDs was produced by the PCV (Prostitutes Collective of Victoria) with a national STD booklet currently in press. The philosophy behind checking clients for visible signs of STDs is that this acts as a first point of intervention which is then followed by the use of prophylactics. Sex worker organisations also developed policies on condom slippage and breakage for emergency situations.

The dissemination of information has utilised pre-existing networks such as sex workers who work in port regions and truck stops to outreach visits to brothels, street, escort and private workers.

Most newsletters produced by SWOs include information which is specific to male, female, transgender and IDU workers and more recently NESB and rural workers acknowledging the different needs of these groups.

The need for female sex workers to be protected from STD acquisition through oral sex guided the development of Lollyes (lips on lickable latex-yes! or dams), through the collaboration of WISE with Kia Ora, a local condom manufacturer.

### **Developing Personal Skills**

Peer education programs have provided a means of passing on knowledge and empowering sex workers to better communicate with other service providers (e.g. Sexual health services). For example knowing what STDs to get tested for and how often.

SWOs have developed induction training workshops for new workers covering all the aspects of working safely as well as skills enhancing sessions to increase the repertoire of services that sex workers provide. These have including working with clients with disabilities, bondage and discipline (B&D) workshops and fantasies.

The 'Exit and Retraining' program conducted by SQWISI (Self Health for Queensland Workers in the Sex Industry) aims to provide support for sex workers who want to leave

the sex industry. This support takes the form of consulting the worker about her skills and what she/he wants to do. It facilitates entry into educational institutions and skills developing and enhancing schemes.

### **Reorienting Health Services**

As mentioned previously, Dr Neal Blewett's personal intervention in giving sex worker's the right to claim refunds for consultations with doctors had a dramatic impact on the cost associated with getting tested for STDs.

Anonymous and free HIV testing with pre and post test counselling has enabled sex workers to easily know their HIV status.

In the mid 1980s the number and scope of sexual health services increased from 20 in 1981 to nearly 100 in 1994.<sup>3</sup>

SWOs and the National Venereology Council of Australia produced guidelines for the maintenance of sexual health in sex industry workers<sup>4</sup>. These guidelines detail how often sex workers should be tested for STDs, what STDs they should be tested for and the sites from which swabs should be taken.

Development of primary health care model for younger, often drug dependent sex workers.<sup>5</sup>

### **Conclusion:**

Not all governments have adopted the recommendations of the IGCA legal working party which has added a greater degree of difficulty in successfully implementing intervention strategies.

The success of sex worker peer education programs in Australia have shown that better public health outcomes are achieved when sex work is largely decriminalised and sex workers have personal autonomy and a choice of work venues.

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<sup>3</sup> Marks C., Mindel A. Study of sexual health facilities within Australia. Abstracts. IUVDT World STD/AIDS Congress, Singapore 1995:49.

<sup>4</sup> Moran J., Anderson B., 1994. Australian Guidelines for the Maintenance of Sexual Health in Sex Industry Workers. *Venereology* vol. 7/2.

<sup>5</sup> Mulhall B. P., Anderson B., Venables S., Donovan B. STDs in Australia- a decade of change, Part 2. The Development of a broader sexual health model. *Ann Acad Med Singapore*.