



BB PROFESSIONAL SERVICES

**QUEENSLAND SEX WORKERS:
ASSESSMENT OF NEEDS
FINAL REPORT**

prepared by

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A few telling quotes

“A sex worker service needs to be able to address all workers - female, male and trannies and all of their needs including those of street-based sex workers and sole operators.”
(female sole operator, Townsville)

“The government should fund the people who are trying their hardest to get information out there. Sex workers are providing information for the general public (clients) on safe sex with the help of our organisations and so our organisations need to be funded to keep this up.”
(female street-based sex worker, Brisbane)

“I did a course with SQWISI. I'd never used a condom in all my years. I'd just picked partners who were clean.”
(female brothel worker, Townsville)

“They say, ‘I've had that since birth’ or ‘I got it caught in my zipper’. You really need to be able to show them the picture to stand your ground.”
(female brothel worker, Gold Coast)

“We are now seeing very few sex workers since SQWISI supplies are not available: no more than one a month... If the workers had a reason to come to the service, that is to buy supplies, they would talk about information resources and services with our staff... When the workers were having screenings the one on one information sharing was beneficial... The workers are not accessing screenings since SQWISI supplies have not been available.”
(regional sexual health service)

“Best practice services must place sex workers at the centre of the response, and provide resources for that to be developed, mentored and supported. Sex workers should be found at every level of the organisation, as this is the best practice way to ensure that the real voice and needs of sex workers are taken up, and heard beyond the actual service. Law reform is an ongoing area of work that needs attention, yet is not well supported. However, it goes hand in hand with health outcomes...”
(NSW SWOP)

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0 EXECUTIVE SUMMARY

Many stakeholders were consulted for this needs assessment, including:

- a wide range of sex workers, including brothel workers, sole operators, street-based workers and escort workers, female, male, transgender and Asian workers, mainly in Brisbane, Gold Coast, Townsville and Cairns
- brothel owners and managers
- government stakeholders including all HAHCSH Co-ordinators and sexual health services, Prostitution Licensing Authority (PLA), Prostitution Enforcement Task Force (PETF)
- various non-government organisations including Queensland Association for Healthy Communities (QAHC), Queensland Injectors Health Network (QulHN), Family Planning Queensland (FPQ), Ethnic Communities Council of Queensland (ECCQ), Hepatitis C Council (HCC), Australian Community Services Employers Association (ACSEA), Southern Edge Training (SET), Spiritus, DrugArm, Queensland Adult Business Association (QABA)
- national, state/territory and a few international sex worker services/organisations: Scarlet Alliance (national), United Sexworkers of North Queensland (USNQ), Crimson Coalition (Brisbane), SWOP (NSW), Magenta/SWOPWA (WA), RhED (Victoria), SWOPACT (ACT), Crimson Coalition (formerly SSPAN)(Qld), SWOPNT (NT), SIN (SA), CASH project (Tasmania), NZ Prostitutes Collective.
- epidemiological and social research reports and conference papers, Queensland Health and Federal Health strategy documents and various relevant websites.

Informants to this needs assessment provided diverse perspectives, but there was nevertheless a high degree of consensus about priority issues and target groups, the core services that are needed and the forms they should take. The following points emerged.

- The new sex worker service should be decentralised, rather than concentrated in Brisbane, with substantial agencies on the Gold Coast and in North Queensland.
- The central element of the service must be peer-based and provide education and counselling by current or former sex workers.
- There should be a regular dual access link between sexual health clinical services and the new sex worker service.
- The central purpose of the service is to provide HAHCSH health promotion education, training, counselling and other support, especially to those new to doing sex work in Queensland and to others less likely to be well-informed.
- To attract and engage with sex workers in an effective and ongoing way, the service must provide what sex workers want, not just what others think they need.
- To meet the needs of sex workers in diverse circumstances, there must be a range of interactive modes available, including face to face in the service premises, at sexual health services and in the workplace, telephone, e-mail, interactive website and a regular print vehicle.
- All sectors of the industry must be addressed with active outreach, suitable information resources and convenient modes of contact. Sectors include:
 - licensed brothels
 - sole operators
 - street-based sex workers
 - escort agencies and illegal brothels.
- Special needs groups within the industry must be addressed with appropriate staff, specific resources and appropriate modes of contact. Special needs groups include:

- CALD (mainly Asian) sex workers
- male sex workers
- transgender sex workers
- ATSI sex workers.
- While delivery of preventive health and safety education/training and peer support are central, sex workers have other needs and there must also be scope for liaison and collaboration with other agencies, advocacy and facilitation of mainstream service development, sex worker community development and policy development including steps towards law reform to promote health and safety, remove discrimination and promote equality and dignity for sex workers in the general community.

It is recommended that sex worker service agencies be set up in two locations:

- a North Queensland agency based in Townsville, preferably with a small satellite office in Cairns perhaps sharing premises with a compatible agency, and providing some outreach to Mt Isa, Mackay, Bundaberg, Gladstone and Rockhampton in keeping with need.
- a South Queensland agency based in Brisbane, preferably with a small satellite office on the Gold Coast perhaps sharing premises with a compatible agency, and providing some outreach to the Sunshine Coast and other southern centres in keeping with need.

While it will not be possible to address all needs well with the current level of funding, these agencies should endeavour to provide:

- sex worker only drop in at regular, convenient times, with one to one peer education/ counselling in a private space by appointment or in response to acute need
- access to safe sex devices and equipment, including condoms, lubricant, gloves and dams at convenient hours, plus discreet needle exchange
- small safe sex packs free of charge to street-based sex workers on outreach and to others in genuine need or as promotional gifts
- interactive training and discussion workshops conducted on the premises and in brothels as needed
- outreach peer education/counselling through sexual health services, both locally and elsewhere in keeping with need (sexual health services will need to provide a private room for this purpose and actively promote this service)
- outreach to all licensed brothels and also to any illegal brothels
- outreach to sole operators and escort workers advertising in press and internet, accessed by phone, SMS and/or e-mail
- outreach to special needs groups, particularly Asian sex workers, but also male and transgender sex workers, who advertise in press and on the internet, to be accessed by phone, SMS and/or e-mail
- local Ugly Mugs updates for distribution by e-mail or SMS to sole operators and brothels as well as in hard copy on the premises and in the street
- liaison and co-operation with local agencies in the HAHCSH field, police, local government, Centrelink, welfare agencies
- sex worker sensitivity training for mainstream services and financial institutions.

Each agency will need to employ:

- a service Co-ordinator, responsible for staff recruitment, supervision and administration, policy and liaison with local service agencies and police
- female Peer Educator/Counsellors and Outreach Workers to facilitate drop in and provide one-to-one peer education/counselling, access to safe sex supplies and occasional group education/training, regular outreach to brothels, to sexual health services, to sole operators and where relevant, the street needle exchange
- female CALD Peer Educator/Counsellors and Outreach Workers (preferably with Mandarin and/or Thai language skills) to provide outreach to Asian sex workers.

It is desirable that there be male, transgender and possibly ATSI outreach staff as well, but female and female CALD are the highest initial priorities. Provision of English for sex work classes may provide a useful drawcard to facilitate contact with short stay Asian sex workers.

It is preferable that all staff have some direct sex work experience. They may be current sex workers, but past experience of sex work would suffice. All Peer Educator/Counsellors and Outreach workers should be provided with induction training in cash management, record keeping, HAHCSH education for sex workers skills and counselling skills. CALD Peer Educator/Counsellors should receive training in teaching English as a second language.

All Peer Educator/Counsellors and Outreach workers should receive clinical supervision by a qualified clinician external to the service as well as administrative supervision by the service Co-ordinator.

When sex workers present with need for professional services beyond the skills set available amongst service staff, referral should be provided to sex worker friendly service providers, with access assistance and support if needed. These service needs are likely to include:

- sexual health care and screening for certificates
- primary health care, drug treatment services, mental health services, including government and private practitioners
- emergency and supported accommodation services, food, clothing and other basic needs agencies
- retraining/upskilling options and support not available within the service
- legal advice, town planning advice, taxation advice and accountancy
- immigration and visa advice.

Agencies should also devote some time to:

- policy and strategy development
- advocacy, including development of recommendations for law reform to protect the health and safety of sex workers
- information resources, including website maintenance
- service record keeping and other data collection for self-monitoring, service development and planning purposes, as well as external evaluation.

It is acknowledged that Queensland Health recognise the importance of funding services for sex workers, not only because they are needed by sex workers, but also because they serve the whole community through the STIs prevention education role that well supported sex workers can play in relation to their clients and the referral service they provide in directing sex work clients with signs of STIs to sexual health services for testing and treatment.

It is recommended that the Queensland Government takes a whole of government approach to addressing the needs of sex workers, because the key issues and service needs extend beyond sexual health.

It is recommended that exchange of sex for favours and other opportunistic sex work by people who do not identify as sex workers be addressed separately from sex worker services, as part of broader campaigns and services that target vulnerable population groups where these issues may arise, such as homeless/unemployed/vulnerable youth, remote Indigenous communities and new migrant communities.

The new agencies will require oversight by a Reference Group or Board with governance responsibility. This body should be chaired by a past/current sex worker and the majority of members should be past/current sex workers, providing appropriate sectoral, geographic and special needs representation. Some positions may be filled by people with areas of expertise other than sex work that would be useful to the service.

The service should be independently reviewed after 18 months, to see how well staffing and services in place match needs in each location. Adjustments should then be made, in keeping with the findings, including restructure and resizing if necessary. After three years establishment time, there should be an independent evaluation against an agreed set of objectives / outcomes to inform strategic planning and funding for the next three year period.

1 INTRODUCTION

Sex workers and HIV, STIs and HCV prevention in Australia

In contrast with the high rates of HIV in the surrounding Asia Pacific Region, Australian sex workers have the lowest rate of HIV/AIDS in the world, due to effective provision of information, resources and support to sex workers.

“Australia has the lowest rate of HIV/AIDS among sex workers in the world, due to the work of community-based sex worker organisations and projects conducted in partnership with State and Territory and Australian Governments, and with other agencies. Peer education has been a significant focus of the work of community-based sex worker organisations and has included the provision of information on safe sex practices, up-skilling new workers to implement these practices, and outreach services.”

(5th National HIV/AIDS Strategy 2005-2008 p4)

The National HIV/AIDS Strategy notes substantial increases in HIV infection in the Asia Pacific Region, with high levels of HIV prevalence in some populations of sex workers.

“The UNAIDS 2004 report on the global AIDS epidemic states:

The epidemic in Asia is expanding rapidly. This is most evident with sharp increases in HIV infections in China, Indonesia and Viet Nam....

Recently, there have been substantial increases in HIV infections in the Asia/Pacific region. About 1.1 million people in this region acquired HIV in 2003. It is estimated that a total of 6.5 million people are now infected. An estimated half a million people died of AIDS in the region in 2003. Two of Australia’s nearest neighbours Indonesia and Papua New Guinea, have rapidly expanding HIV/AIDS epidemics. In Indonesia, after many years of consistently low HIV prevalence, rapid increases in HIV prevalence in sex workers and injecting drug users have been reported. The fact that Australia’s nearest neighbours, such as Papua New Guinea, are among the countries experiencing rapid growth in the number of new infections presents enormous challenges for the effectiveness of our own national response as well as for Australia’s international aid program.”

(5th National HIV/AIDS Strategy 2005-2008 p3).

This situation has implications for sex workers from CALD backgrounds working in Queensland and the population of sex work clients they serve.

The National HIV/AIDS Strategy notes the diversity of people from priority CALD backgrounds and higher level need for preventive health promotion services.

“People from CALD backgrounds constitute a growing component of HIV/AIDS in Australia. Within this population there is considerable diversity in terms of culture and language and also in terms of risk behaviours... Among some CALD communities, HIV/AIDS awareness levels are low and there are significant cultural impediments to seeking testing or information about HIV/AIDS.”

(5th National HIV/AIDS Strategy 2005-2008 p19)

In reviewing statistics of HIV prevalence among female sex workers in Australia, the current National Surveillance Report reported that HIV prevalence has remained low amongst women self-identifying as a sex worker with or without a history of injecting drug use. (HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, Annual Surveillance Report 2007 figure 38 p27).

The National HIV/AIDS Strategy notes that there have been no recorded cases of HIV transmission in Australian sex work workplaces due to sex workers’ capacity to negotiate condom use and the availability of free, voluntary testing.

“Sex workers are able to negotiate high levels of condom use in their work and voluntary testing has also been an effective component of the response to HIV/AIDS.”
(5TH National HIV/AIDS Strategy 2005-2008 p19).

This capacity of Australian sex workers to negotiate condom use with clients is not a happy accident, but the consequence of concerted effort by sex worker groups and other agencies to provide the necessary knowledge, skills, resources and support.

The (Donovan and Harcourt, 1996) paper, *The Female Sex Industry in Australia: A Health Promotion Model* shows clearly the impacts these interventions had on sexual health outcomes for Australian sex workers by describing the situation that preceded them. Sex worker survey data from 1980-81 and 1983 revealed

“...gonorrhoea incidence rates which are expected in the developing nations of Africa or Asia. An average sex worker would acquire over four new gonococcal and two new chlamydial infections each year. The number of cases generated among their clientele must have been much greater.”
(Donovan and Harcourt, 1996, p63)

Despite the remarkable success achieved to date, the potential for increase in HIV and other STIs in the sex worker population remains, due to the high turnover of industry participants both from within Australia and from overseas. While some remain in the industry for decades, the average time spent doing sex work is around 2-3 years. Some CALD sex workers migrate to Australia permanently, but many others just come to work for a few months at a time, to be replaced when they leave by newcomers.

There are also some legislative impediments to safe working conditions and easy access to and by health education workers and clinical services. Sex workers in the regulated industry may have an increased capacity to negotiate safe sex practices including condom use, but those working in less safe and illegal and/or unregulated settings and particularly where street-based sex work is illegal, remain disadvantaged in negotiating safe sex.

The current National HIV/AIDS Strategy notes that while the potential for increase remains, *“it is important to continue to support peer education and targeted programs”* (5th National HIV/AIDS Strategy, p21) and sex workers are still identified as a priority for prevention, education and health promotion under the National HIV/AIDS Strategy 2005-2008, the Queensland HIV/AIDS Strategy 2002 and Australia’s International HIV/AIDS Strategy July 2004.

An overview of recent history

Government approaches to sex worker health, education and advocacy in Australia have ranged from compulsory examination, registration and imprisonment in a ‘lock hospital’ (Lewis, 1988) to contemporary clinical and support services through sexual health centres and peer support through community-based non-government organisations (NGOs).

From the late 1970s sex workers and their allies, particularly in New South Wales (Australian Prostitutes Collective NSW), and Victoria (Prostitutes Collective of Victoria) had organised themselves into what were originally lobby groups to advocate for law reform and to provide expression outlets for people working in the sex industry. With the advent of HIV in the early 1980s, new sex worker groups emerged in other states and territories and all focused or expanded their focus to include the threat posed by HIV to sex workers and the sex industry in general. (Donovan and Harcourt, 1996).

In the late 1970s and early 1980 both the NSW and Victorian governments embarked on wide ranging inquiries into their respective sex industries. The terms of reference for the NSW inquiry was “to investigate and report upon the public health, criminal, social and community welfare aspects of prostitution in New South Wales”. (Parliament of New South Wales. Report of the Select Committee of the Legislative Assembly upon Prostitution 1986). In the Chairman’s Forward to the New South Wales Parliamentary enquiry Pat Rogan M.P writes “...while none of us on the Committee expected that the fugitive trade would suddenly blossom into full and frank disclosure, such open public discussion did appear to stimulate an increased flow of valuable information to the Committee from within the ranks of those directly involved in prostitution.”

According to Donovan and Harcourt (1996), each enquiry made direct recommendations dealing with health matters because AIDS was an emerging issue. The NSW Parliamentary Enquiry found that sexual health or incidence of STIs did not provide the full story on health related issues for sex workers: *“Because of the nature of their work and their working conditions, a good deal of general ill-health also occurs.”* The Committee heard from a number of sources and was informed that *“...many prostitutes have several episodes of STD each year and ... probably around 10 per cent of the total incidence of STD in New South Wales is prostitution-derived.”*

The NSW Parliamentary enquiry made 29 recommendations in respect to health aspects of prostitution all of which has lead to improvements in the provision of sexual health services and sexual health outcomes for sex workers and placed some pressure on brothel owners to support condom use on their premises. The recommendations that lead to improvement in sexual health services and outcomes and working conditions for sex workers included that:

- *“Provision be made by the universities and teaching hospitals to upgrade instruction in the clinical symptoms, diagnosis, and treatment of STDs in the training of all medical students.*
- *The Department of Health report to the Minister for Health on ways in which general practitioners might be encouraged to update their knowledge of STDs and keep track of new developments in the field.*
- *The Government allocate funds to the Department of Health, and encourage private organisations to donate money for research into the incidence and spread of STDs so that a more complete picture of the situation in New South Wales may be obtained, and monitored in the future...*
- *It should be illegal for brothel owners and/or managers to require that prostitutes not use condoms on their premises.”*

(Parliament of New South Wales. Report of the Select Committee of the Legislative Assembly upon Prostitution 1986 pp xvi- xviii).

In response to the findings of these enquiries and intense lobbying, in 1986 the NSW Health Department (with matched funding from the Commonwealth) funded the Australian Prostitutes Collective in New South Wales, a national and probably world first. This peer-based group had provided an unfunded service to alert sex workers to the threat of HIV in Sydney since early 1983. This emboldened other States and Territories to do likewise and the following year the Prostitutes Collective of Victoria received its first round of funding from Federal, State and local governments. Between 1987 and 1994 other sex worker groups including those in South Australia, Western Australia, Queensland, Northern Territory, Tasmania and the Australian Capital Territory received some level of government funding for their HIV/AIDS health promotion activities (Donovan and Harcourt, 1996). See also section on state and territory sex worker organisations below.

Sex workers responded early to the HIV epidemic and government funding of these early sex worker groups enabled them to formalise their organisations, establish a base, form management committees and working groups, employ staff, develop programs and produce and distribute pamphlets, newsletters and other educational materials, along with the distribution of safe sex and other harm reduction supplies. They also were able to have an

impact on brothel management to encourage their support of safe sex practices (Donovan and Harcourt, 1996).

In September 1986, the National Advisory Council on AIDS (NACAIDS) adopted a national educational strategy, with a community based model of HIV education that called for community participation in the planning, development and implementation of education strategies. However, implementation of this strategy was sometimes difficult, as Elizabeth Reid, the lead author of the Green Paper (a Commonwealth policy discussion paper) that eventually led to the first National HIV/AIDS Strategy 1988-1993, has described.

“The Queensland government of Joh Bjelke Petersen refused to fund community organisations and the Sisters of Mercy had the courage to agree to receive funds from the Commonwealth and direct it to the Queensland AIDS Council.”
(Reid, 2003, p3)

By the late 1980s, sex worker organisations strongly advocated for sex work to be acknowledged as legitimate work, with issues of social justice, industrial and human rights being at the forefront of their argument. Together with promotion of occupational health and safety obligations of industry operators, they strove for law reform, improved working conditions, health and welfare services and improved social standing.

Australia’s response to the HIV epidemic has built strong collaborative partnerships between state and federal governments, community based organisations and other NGOs, as well as medical and social research sectors. Australia’s approach to prevention of HIV and other sexually transmissible infections and blood borne viruses has been informed by the principles of health promotion defined in the *Ottawa Charter* (World Health Organisation 1986). The National HIV/AIDS Strategy notes that:

“The (Ottawa) Charter defines health promotion as a process of enabling people to increase control over, and thereby improve their health.”
(5th National HIV/AIDS Strategy 2005-2008)

Legislative context

In the latter part of the 20th century most English speaking countries attempted to control prostitution using criminal laws. Harcourt, Egger and Donovan in ‘Sex work and the law’ identify three legal approaches, all of which are in use today in varying degrees across the world including Australia. These include:

1. Prohibition (including the Swedish law criminalising sex workers’ clients)
2. Licensing; and
3. Decriminalisation

Prostitution law reform has been initiated in Australia primarily in response to police and other corruption or very real concerns that the legislative framework, under which the sex industry exists, could provide opportunities for corruption. Debates preceding the recent Western Australia reforms highlighted this possibility. Until this year, the Western Australian sex industry had existed under a system of prohibition and ‘containment’ by police. Other issues have included perceived adverse impacts of street based sex work and the discriminatory impact of laws on sex workers (Harcourt, Egger and Donovan, 2005).

A further impetus for legislative reform was the advent of HIV/AIDS in the mid 1980s. The authorities at the time believed the virus was likely to be spread via the sex industry which at

the time was largely illegal across all jurisdictions. (Donovan and Harcourt, 1996). The Australian women's movements and sex worker rights groups that had formed in the 1970s contributed to the debates that preceded the reforms (Sullivan, 2004).

Over the past three decades, law reform and debate has occurred in all states and territories of Australia and legislative approaches continue to range from prohibition through to licensing and partial decriminalisation. The impacts of the various legal responses are discussed further below.

In exploring the health and welfare impacts and administrative effectiveness of the three differing legal frameworks referred to above, Harcourt, Egger and Donovan conclude that while decriminalisation may offer the best outcomes, further population-based research is required.

"On initial impression, decriminalisation appears to avoid many of the pitfalls of other legal approaches and to have enabled the maintenance and further improvement of good health outcomes within the sex industry in NSW and the ACT. Where there are already effective laws protecting minors and adults from sexual abuse, coercion, exploitation, and related harms, decriminalisation may offer the greatest benefit to sex workers and the broader community. However, more rigorous population-based research is needed to properly assess the health and welfare impacts of the various legal approaches to the control of prostitution."

(Harcourt, Egger and Donovan, 2005 2, 121-128)

In writing about law reform in Principles for Model Sex Industry Legislation, the Scarlet Alliance believes that to be effective, the primary goals of any reform agenda should be the occupational health and safety, working conditions and human rights of all sex workers and that current laws are negatively impacting on sex workers' lives.

"It demonstrates through evidence that many of the perceived "problems of the sex industry" are addressed when sex workers' occupational health and safety, working conditions, and their human rights are the primary goals of reform agendas. Sex industry legislation that fails to address these issues has been shown to fail the world over. This is demonstrated repeatedly by the fact that whilst various jurisdictions have attempted to prohibit certain sectors of the industry and support others, they all continue to exist and in some cases flourish. Current laws in the majority of States and Territories (particularly Tasmania, Queensland, South Australia and Western Australia) are negatively impacting on sex workers' health and safety, undermining public health outcomes and initiatives, setting the conditions for police corruption and control of local industries, failing to regulate working conditions, forcing sectors of the industry underground, criminalising sex workers, encouraging discrimination against sex workers, limiting sex workers' access to legal mechanisms to address crimes committed against them and ignoring and denying basic human rights"

(Principles for Model Sex Industry Legislation 2000 p 45)

The Queensland Prostitution Bill which was passed in 1999 led to the formation of the Prostitution Licensing Authority (PLA). Recognising a limited information base concerning the sex industry in Queensland, the PLA commissioned a four-phased research project, including a survey of sex workers, a survey of sex work clients, a survey of community attitudes and a review of public health data (*Prostitution Licensing Report, 2000-2001*).

An important finding from this study was that street based sex workers were not benefiting from the new regulatory system. The report recommended that any new policies and strategies should support the health and human rights of street based sex workers and that any future changes to the legislation should retain as a primary objective, the occupational health and safety of sex workers (*Selling Sex in Queensland, 2003*).

In an interview last year with ABC radio, the Western Australian Attorney-General, Jim McGinty advised that the state government would be "certifying brothels in a pragmatic bid to

put law and order, taxation and health and occupational health and safety issues on a sound regulatory bases.”

“We all know that prostitution is the oldest profession, attempts at prohibition have always failed, everywhere in the world, and so there is now a recognition that we need to regulate something that we cannot prohibit.”

(Jim McGinty Western Australian Attorney General, ABC Radio, June 2007)

Australian sex worker organisations, projects and groups

Sex worker agencies and groups exist today in all states and territories of Australia apart from Tasmania, providing a range of services including policy advice to government, as well as education, prevention and support services to sex workers. These services are delivered through a variety of programs and projects and informed by a range of models. There are sex worker specific funded and unfunded organisations and groups (some peer-based, others not), as well as projects and positions within mainstream clinical health services and NGOs with a broader domain, such as AIDS Councils and Family Planning Association. Groups such as SWALLOW NSW and VIXEN Victoria choose to conduct their lobbying activities without government funding or intervention.

Australian sex worker organisations and groups are predominantly peer-based, but have differing philosophies and policies concerning sex worker involvement at a staff, board and volunteer level and differing expectations concerning disclosure of sex worker status in the workplace. Additionally, they have differing degrees of autonomy from their auspicing bodies.

An important feature of the majority of these organisations is the advocacy role they play in addressing social and structural barriers to health promotion, including aspects of legislation, social stigma, human and labour rights violations. Effective individual, local and national response to HIV/AIDS, as well as other STIs and hepatitis C, require that these issues be recognised and addressed (Meeting the Challenge: Australia’s International HIV/AIDS Strategy, July 2004). This has led some sex worker organisations and services to seek additional income sources. The former SQWISI received some funding from the Attorney General’s Department for its legal advisory work. SWOP NSW receives some funding from the Attorney General’s Department and the WorkCover Authority and the North Queensland sex worker group USNQ is currently seeking funding from the Department of Justice and Attorney General. The New Zealand Prostitutes Collective (NZPC) receives funding from the NZ Ministry of Health, but also derives income from sale of merchandise.

National Organisations

Scarlet Alliance

With a mandate from delegates to the Sex Industry and the AIDS Debate Conference held in Melbourne in 1988, the inaugural general meeting of what would become known as the Scarlet Alliance was held in Adelaide in 1989.

Scarlet Alliance is the Australian peak body of sex worker organisations, projects and groups in Australia and represents sex worker issues at a national level but also manages and administers a number of community development and health promotion projects in Australia and in the Asia Pacific Region. There is also an individual sex worker membership.

The Scarlet Alliance Executive is made up of people who have had sex work experience as well as experience working in the health and welfare sector providing services to sex workers. Membership includes state-based sex worker organisations, projects and groups, both funded and non-funded, as well as individual sex workers throughout Australia.

The aims of the Scarlet Alliance is “to achieve equality, social, legal, political, cultural and economic justice for past and present workers in the sex industry, in order for sex workers to be self-determining agents, building their own alliances and choosing where and how they work.”

Funding is derived from a variety of sources including government and national and international aid agencies. Their primary funding is project based and derived from the Commonwealth Department of Health and Ageing

Scarlet Alliance projects and related funding sources include:

- Communications Project: To enable communications between the executive and to employ a communications officer and produce a range of print resources including a National Newsletter known as ProVision. Funded by the Commonwealth Department of Health and Ageing.
- Reframing the Future: National Training Project for sex workers including Certificate IV Workplace assessors and trainers and Diploma in Community Education. Funded by Commonwealth Department of Health and Ageing
- CASH (Chlamydia Prevention Project) conducted in Tasmania, South Australia and Northern Territory funded by Commonwealth Department of Health and Ageing.
- Scarletmen Website. This website is promoted as “the site for Australian Male Sex Workers” and is a joint initiative of the Scarlet Alliance and the Australian Federation of AIDS Organisations National Education Team. The website provides a link to peer-based education and support services provided by male sex worker health educators for male sex workers around Australia. The site also promotes a male sex worker e-list and provides links to trade tips, client negotiation strategies, personal stories, issues and academic papers and an archive of male sex work materials.
- HIV/AIDS Sex Worker Community Development Project in Papua New Guinea. Funded by AusAID, this project established in 2005 and which is ongoing has enabled the formation of the National PNG Sex Worker organisation known as Friends Frangipani Inc.
- In partnership with and funded by the Australian Red Cross and the Mongolian Red Cross, Scarlet Alliance are currently working with Mongolian sex workers to aid in the development of a peer education and support service. The project is ongoing.
- Multi-country Capacity Development Role in the region funded by AusAID
- National Needs Assessment of HIV positive sex workers funded by the EJAF (Elton John AIDS Foundation). The project will provide information on ‘self-identified issues facing HIV positive sex workers, barriers to accessing services, and the impact of discrimination, stigma, policy and law.’
- AYAD – Australia. 6 month placement of Scarlet Alliance member with Empower, Thailand’s sex worker organisation. This project has been devised to gain better understanding of cultural issues and differences. A similar project is planned for Papua New Guinea and elsewhere in the region.

Debby Doesn’t Do It For Free

Formed in Perth in 2002, Debby Doesn’t Do It For Free is a national sex worker arts collective which promotes sex worker control of sex worker images and the use of sex worker voices in the examination of sex work through various media including performance and visual arts. The Debbys are an unfunded group of 30-40 individual female, male and

transgender sex workers and operational costs are derived from performances, exhibitions and sale of merchandise. Their philosophy is that the sex working community benefit from promoting a more complex understanding of sex work beyond political lobbying and legislative aims, towards a broader acceptance and understanding of sex workers and sex work.

State based sex worker agencies and their legal contexts

Queensland

Queensland sex work related laws provide for a licensing system in which potential brothel owners must apply to the Prostitution Licensing Authority for a licence and then gain local government planning approval which regulates the location of a brothel in industrial zones only. Massage parlours are classified as brothels and therefore fall under the same licensing system.

Sole operators can operate legally from their own homes, a place rented for the purpose or in the client's home or hotel without the need for a licence. However, sole operators are not permitted to engage third parties (such as drivers or receptionists) other than licensed security personnel. Technically, engaging a cleaner, an accountant or a lawyer is illegal, but to date no one has been charged for this.

Under the Prostitution Act, "brothel" means "premises made available for prostitution by two or more prostitutes at the premises." Hence, two sex workers working together without a licence is illegal. Police from the Prostitution Enforcement Taskforce (PETF) endeavour to entrap sex workers by posing as clients and asking for two sex workers or a massage service.

Escort agencies and street based sex work are also illegal with the latter being heavily policed.

Recent amendments to the Prostitution Act extend the timeframe between mandatory STI and HIV tests for licensed brothel workers from 6 weeks to three months. It is an offence to use medical tests or results of a check up to cause a client to believe that you are STI/HIV free.

It is an offence for a sex worker to work at a licensed brothel while he or she is infective with a sexually transmissible infection. It is also an offence for a licensee or approved manager to permit a person to work as a sex worker at a brothel if the person knows the sex worker is infective with a sexually transmissible infection.

It is a criminal offence to provide any kind of commercial sex without condom use. Both sex workers and clients can be fined if prophylactics are not used for services involving sexual intercourse or oral sex. Clients can also be fined for interfering with the efficacy of a prophylactic or continuing to use a prophylactic that they know or could reasonably be expected to know it is damaged. Brothel owners/managers must provide safe sex products free of charge.

SQWISI

The organisation known as SQWISI (Self Health for Queensland Workers in the Sex Industry) was one of the early peer-based sex worker groups to receive government funding.

SQWISI received continuous government funding from 1988 until its recent closure. SQWISI was based in Brisbane and later the Gold Coast, but also had regional offices/workers in Townsville and Cairns.

SQWISI provided a comprehensive service to sex workers and others, including:

- *Drop in*
- *Sex work supplies and equipment*
- *Individual and group training for sex workers new to the industry and others wanting to extend their skills into specialist areas*
- *Training and information for brothel owners and managers*
- *Sexual health clinical services provided as outreach by government sexual health services*
- *Outreach to brothels*
- *Outreach to the street*
- *Website*
- *Information print resources.*

The demise of SQWISI after more than 20 years in existence is to some extent shrouded in mystery. While there has been a perception amongst sex workers that Queensland Health decided to discontinue funding, this is not true. It is understood that the Board of SQWISI made the decisions to sack the staff and dissolve the organisation due to governance concerns raised in the findings of an independent review report, that may have raised issues such as inadequate cash-handling procedures, unorthodox administration of staff salaries and leave entitlements and non-expenditure of government funds intended for purchase of premises. It is not known why the Board chose to dissolve the organisation rather than attempt remedial action. There was no reference to a sex worker membership, as might be expected, because SQWISI was no longer a membership based organisation.

WISI

Following the demise of SQWISI, WISI (Information for Workers In the Sex Industry) was established by the Queensland Department of Health to provide an interim part time telephone information service to sex workers and others (one day per week), as well as website access to information and training resources for sex workers, brothel owners and manager and other service providers. WISI is currently updating the SQWISI-developed on-line training programs. WISI is auspiced by Family Planning Queensland.

Crimson Coalition

Crimson Coalition is a volunteer based and unfunded group of sex workers located in Brisbane that provides advocacy and political representation for sex workers. Crimson Coalition is a member of the Scarlet Alliance. An office-bearer of Crimson Coalition analysed data collected through the Scarlet Alliance website survey and prepared a report that was included in the submission by Scarlet Alliance to this needs assessment.

United Sex Workers North Queensland (USNQ)

USNQ describe themselves as a “fledgling group of sex workers doing what we can to meet the needs left after the closure of SQWISI”. USNQ is an affirmative action group which aims to provide an holistic response to the needs of sex workers in North Queensland. Active members include former staff and volunteers of SQWISI, who have continued to provide information, cheap supplies and support to sex workers at their own expense. USNQ have recently become incorporated, receive support in kind from local government and are currently seeking funding from the Department of Justice and Attorney General and elsewhere. USNQ is a member of the Scarlet Alliance.

The USNQ Mission is:

“To provide a variety of services to sex workers in North Queensland within a peer based approach relevant to their workplaces.”

Aims and objectives dependent upon funding include:

- *To provide peer based support and education within an affirmative action group*
- *To provide resources which will support sex workers in their workplaces in regards to their health, safety, emotional wellbeing, legal and taxation rights and responsibilities*
- *To provide a legitimate voice for North Queensland sex workers to advocate for legal and other social policies to be designed to support sex workers rights and remedies*
- *To advocate for sex workers human and civil rights*
- *To advocate against discrimination against sex workers, past and present*
- *To lobby government to provide sex workers the legal avenues to work within any area of the Queensland sex work trade industry (escort, in-house, agency, sole trading, co-operatives and/or street) as they choose*
- *To lobby government to provide legal rights and remedies to enhance workplace health and safety initiatives.*

Australian Capital Territory

Sex work related activities are partially decriminalised in the ACT. However, the situation could be described as being a mixture of partial legalisation, decriminalisation and legalisation because it includes the registration of individual sex workers, a form of licencing of brothels and the locating of brothels via local government planning consent.

Brothels are permitted in prescribed industrial locations with local government planning consent and must be registered with the Office of Regulatory Services. Escort agencies are legal. As in Queensland, Victoria and Northern Territory, owners and interested persons must obtain a police report to ensure they have no convictions for a ‘disqualifying offence’ which includes assault, sexual assault, paedophilia, offences against the Prostitution Act and miscellaneous others.

Sole operators may work from home and there is no offence in living off the earnings. However, sole operators are required to register as a private sex worker with the Office of Fair Trading for which a fee applies. If there are more than two workers on the same premises, the premises are considered to be a brothel and would be required to conform with the laws pertaining to brothels as described above.

Sex workers are not permitted to work in a brothel or privately if they have an STI. Knowingly working with an STI is punishable by 6 months imprisonment. Hepatitis C is not listed as an STI under the Act. Both sex workers and clients can be fined if prophylactics are not used for oral, anal and vaginal sex and brothel owners must take all reasonable steps to make sure workers are using condoms. Clients may be charged if they interfere with a prophylactic. Brothel owners/managers usually provide condoms and lubricant free of charge.

The first sex worker group in the Australian Capital Territory was known as WISE (Workers in Sex Employment, Australian Capital Territory). Formed in 1988, it received some government funding in 1989.

SWOP ACT

SWOP ACT is the current sex worker service, whose primary purpose is HIV/AIDS & STI prevention, education and referral for sex workers in the ACT. SWOP ACT is a project of the AIDS Action Council of the ACT, housed within the AIDS Council premises and funded by ACT Health. SWOP “promotes sex industry work as a valid occupational choice, and encourages recognition of personal and occupational rights.”

Mission Statement

“To achieve acceptance of sex work as a valid occupation and to empower and encourage sex workers to support and educate each other within their community.”

Aims and objectives are:

- *To provide education, advocacy and support programs, prevent the transmission and spread of HIV and STIs to sex workers and their commercial or private partners*
- *To assess and address the special needs of workers in the sex industry whose ethnic and cultural backgrounds impede their access to sex worker related services*
- *To strive to eradicate sex worker stereotypes in the popular consciousness and to replace these myths with the true experiences of sex workers*
- *To provide welfare, finance and legal information and support services for workers in the sex industry.*

Services and resources include:

- *In-house and outreach services to the sex industry*
- *Workers’ Resource Kit (starting out, tips and tricks of trade, your rights, registration, ACT WorkCover requirements, health and wellbeing, safety and useful contacts)*
- *A SWOP shop providing a range of safe sex products and in a range of preferred brands*
- *Information about STIs and sexual health, what to do if a condom breaks or slips, starting out in the industry, private work, legal and individual registration issues and occupational health and safety for sex workers*
- *In conjunction with the Canberra Sexual Health Clinic provide a mobile sexual health clinic*
- *Resources are produced in a range of other languages including Chinese, Korean, Thai and Vietnamese.*

SWOP ACT are currently funded to do monthly outreach only and would like additional funding to extend their outreach activities and to employ CALD outreach workers. They

would also like a separate office, believing that greater privacy would increase contact with private workers.

New South Wales

Sex work related activities are partially decriminalised in New South Wales. Brothels are legal and are regulated under the Environmental Planning and Assessment Act 1979, WorkCover NSW (occupational health and safety) and NSW Health (public health) and require local government planning approval before the business is established, as determined by local council planning controls. The majority of NSW Councils have amended their planning controls to permit brothels only in industrial and to a lesser degree, commercial areas with a range of other locational restrictions. Escort agencies are legal.

The Restricted Premises Act 1943 defines a 'brothel' as "...premises may constitute a brothel even though used by only one prostitute for the purposes of prostitution." Some councils have allowed home based sex services premises also known as a 'brothel' to operate like other home based business as exempt or complying development. That is, they do not require development consent. However, most councils have adopted the definition above in their Local Environment Plans and therefore require one or more sex workers to submit a development application which can create dangerous breaches of confidentiality for individual sex workers as the DA must be notified publicly with their name and address. .

A massage parlour that provides any kind of sexual service such as 'body rub' or 'hand relief' is subject to the same regulatory system as brothels. Street based sex work is legal so long as it occurs away from dwellings, schools, churches and hospitals. Living off the earnings is illegal with brothel employees exempted.

In 2007 laws were strengthened under the Brothels Legislation Amendment Bill 2007 to give Councils greater powers to more quickly take action against brothels that are operating unlawfully or are deemed to be disorderly by virtue of one amenity complaint, and to rely solely on circumstantial evidence. Under the amendment, councils may also apply to a court for an Order to disconnect the gas, water and electricity. However, the shutting down of utilities does not apply to a single operator.

There are no laws that penalise sex workers or clients for not using prophylactics. However, Section 13 of the Public Health Act 1991 states: "*any person who knows that they are suffering from a sexually transmissible disease and then has sexual intercourse with another person is committing an offence unless the person has been informed of the risk and has voluntarily agreed to accept the risk. Similarly, the proprietor or manager is also guilty of an offence if they knowingly permit sex workers suffering from a sexually transmissible disease to have sexual intercourse with other persons at their premises unless the client has been informed of the risk and has voluntarily agreed to accept the risk.*"

Brothel owners and managers are equally liable if they know a person engaged in sex work on their premises has a sexually transmissible infection. Condoms and lube are to be provided to all sex workers free of charge.

NSW SWOP

NSW SWOP was formed in 1989 following the demise of the Australian Prostitutes Collective, which was the first sex worker organisation in Australia to be funded for its HIV/AIDS prevention and advocacy work.

SWOP is a project of and auspiced by ACON (formerly the AIDS Council of NSW). However, it is separately housed in the inner Sydney suburb of Chippendale, apart from a sex work policy advisory position, which is located within ACON. Funding is derived from the NSW Department of Health, Attorney General's Department and the WorkCover Authority.

The NSW SWOP Mission is:

"To promote the health and safety and wellbeing of sex workers in a way which enables and affirms their occupational and human rights and is the leading agency in NSW for HIV prevention amongst sex workers."

Their vision includes:

- *Elimination of HIV and other sexually transmissible infections in the NSW sex industry*
- *A strong, healthy, resilient and empowered sex industry workforce in NSW*
- *Elimination of discrimination experienced by those involved in the sex industry*
- *A society that respects the link between health and social justice.*

Services and resources include:

- *In-house and outreach services to the NSW sex industry*
- *HIV/AIDS, STI, Hep C information and referral*
- *Provision of safe sex information and equipment including sale of products*
- *Needle and syringe outreach program*
- *OH&S information*
- *Information and education about the regulation of the NSW sex industry*
- *Training for organisations*
- *Counselling and support for sex workers*
- *Educational resources and The Professional (a quarterly sex worker magazine)*
- *Multilingual print and video resources*
- *Interactive website (still in development phase).*

New South Wales is believed to have the largest sex industry in Australia and SWOP NSW report 20,000 occasions of service per year. While many are repeat contacts, they believe that they reach more than 70% of sex workers, though more of some sectors than others.

While SWOP NSW provides a very broad range of services, they would like to provide more legal advice, immigration advice, a childcare service, more interactive media and social events. They are currently piloting an "Ugly Mugs" SMS service and will provide sensitivity training for police.

They see need to improve services in and outreach to regional NSW, and to increase outreach to CALD and to street-based sex workers. Increased funding would also allow employment of a mental health / drug and alcohol "dual diagnosis" worker and increase resource production, which has not kept pace with rising costs.

SWOP feel constrained by their location within another organisation, which limits their capacity to manage their own budget and seek additional grants.

SWALLOW

SWALLOW is an unfunded group of current and former sex workers that "lobbies and advocates for sex worker rights at a local level". Formed in 2007, SWALLOW is now considering registration as a trade union.

Northern Territory

Northern Territory sex work related laws also exist under a licensing system where only escort agencies are legal but owners/managers must have an operator's licence issued by the Licensing Commission. The licences which must be renewed every 12 months carry conditions and restrictions which can relate to working conditions, health and welfare of sex workers and of the general community. Agency operators or managers must not have conviction "of a disqualifying offence" (violence or drugs) and must not have a business or domestic partner who has convictions for a 'disqualifying offence.'

An agency manager/owner must also apply to the police for a certificate for each worker they employ. Before a certificate is granted a police check is done. Certificates may be refused if the individual is found to have a record for violence or a drug related crime. Personal information on sex workers is stored on file by the Northern Territory Police. The file may be subpoenaed at a future time in the event the individual is charged with an offence or a criminal record check is done.

Brothel keeping and soliciting in a public place are both illegal. As massage parlours are classified as a brothel, they too are illegal. There is no offence for living off the earnings. Sole operators are not required to have an operator's licence unless they work with another person including another sex worker, or employ a receptionist or driver. They would then be deemed to be an escort agency and require an operator's licence.

Sex workers and agency operators must not publicize that sex workers have regular STI checkups or are free of any sexually transmissible infections in order to promote their service. The agency can ask sex workers in their employ to have regular STI check-ups and may ask to see a certificate of attendance. It appears, that a current condition of a licence is that the operator or person arranging the service, must inform the potential client if they know a worker has a blood borne virus including HIV, Hepatitis B and Hepatitis C.

The first peer based sex worker group in the Northern Territory was known as PANTHER (Prostitutes Association of the Northern Territory). PANTHER was formed in approximately 1987 and received some government funding via the Northern Territory Health Department in 1992.

SWOP NT is the current sex worker organisation in the Northern Territory and is housed and auspiced by the Northern Territory AIDS and Hepatitis Council (NTAHC). Funding is derived from Northern Territory Health Department.

SWOP NT provides an anonymous and confidential information and support service for sex workers. It provides information to both sex workers and escort agencies on occupational health and safety standards, legislation as well as updates on relevant industry news and issues. It also provides information to the sex industry on protection against sexually transmitted infections and blood borne viruses such as HIV and hepatitis B and C.

Services and resources include:

The SWOP Shop:

- *The SWOP shop sells a variety of condoms, lubricant, stringless soft tampons and other products at very economical prices*
- *Free specialist sexual health service available @ NTAHC `Monday afternoons 12noon-2.3pm. To use this service you don't need to use your real name of your Medicare card*

Referral:

- *SWOP provides a wide range of information on related organisations and health care providers. It is the policy of SWOP to refer clients to appropriate organisations, where their individual needs will be best met*

Information:

- *A newsletter provides current information relevant to the sex industry. Contributions to the newsletter are welcome*
- *Information for people entering the industry either as a worker or agency operator is provided*
- *Information about other states, regarding sex industry rules and regulations is also available*
- *A range of videos, brochures and books are available*

Education:

- *SWOP provides workshops to meet the needs of the sex industry which include a variety of topics such as blood borne viruses, STIs, legislation, sex worker practices and advice and budgeting*
- *Workshops may be requested from private workers, escort agencies or other service providers*
- *SWOP can educate on an Education or group basis, as required.*

Sex workers call or come in for safe sex supplies, debriefings on difficult clients, new worker training, referral to legal services, information about NT laws. Some sex workers also come in to pick up the newsletter and participate in community development initiatives such as stalls and art displays at events such as the May Day March, Gay Pride Festival and International Whores' Day.

NT note that the vast majority of their work to date has involved a great deal of unpaid time and that funding and staffing are at inadequate levels for the range of services they provide and provides only for limited opening hours. With further funding, they would like to develop programs to support independent Indigenous sex workers and establish an office in Alice Springs for regional outreach work. Their current funding allows for services within the wider Darwin area only.

South Australia

South Australian sex work related laws exist under a system of prohibition where brothel keeping is illegal. Massage parlours are considered brothels and are therefore also illegal. Living off the earnings is illegal and soliciting in a public place is illegal with the latter attracting intense policing and strict bail conditions.

New laws were introduced in 2000 dealing with 'sex slavery', minors and the deceptive recruitment of persons to provide commercial sexual services. There are no laws that penalise escort agencies. This is primarily due to operators purporting to provide 'company' only and it is difficult for law enforcers to prove otherwise. Operating under the guise of another business, protects operators from charges relating to living off the earnings and procuring a person to become a sex worker.

The definition of a 'brothel' contained in the Summary Offences Act (1953) states that 'brothels means premises - (a) to which persons resort for the purposes of prostitution or (b) occupied or used for the purposes of prostitution (premises includes a part of premises). Under this definition, a sex worker's home may be defined as a brothel even if the individual is working alone. The client's home is not considered a brothel nor does the definition in most circumstances, apply to hotels/motels. However, there have been instances where managers/proprietors of hotels/motels have been charged with keeping a brothel.

There are no laws regulating mandatory condom use, sexual health screening or sex worker registration. Disclosure of having a sexually transmissible infection as in other States and Territories is not required in South Australia. There is no law that prohibits people with a sexually transmissible infection including HIV from engaging in sex work. Similarly, there is no law penalising a client.

The first peer-based sex worker group in SA, formed in approximately 1986 and was known as PASA (Prostitutes Association of SA).

SIN

The current service, SIN (South Australian Sex Industry Network) has been in existence for approximately 13 years and promotes the health, rights and well-being of sex workers.

The SIN Mission is:

“To improve the working lives of sex workers, SIN is committed to promoting pride and empowerment throughout the sex industry.”

SIN has an affirmative action policy for employment of current and former sex workers and states “only sex workers can truly understand the needs of other sex workers ... that is why SIN is committed to being sex worker owned and driven. We seek to work *with* (rather than *for*) sex workers, facilitating opportunities for workers to work from their strengths.”

SIN is housed and auspiced by the AIDS Council of South Australia and is funded as a health promotion project which aims to support the current high standards of sexual health among South Australian sex workers and provides onsite and outreach services including:

SIN provides a very broad range of services, including workshops for sex workers seeing clients with disabilities, safe BDSM for beginners, self defence, tax and legal workshops, STI workshops, training for volunteers and other interested sex workers around outreach and communication, as well as social/networking luncheons, Christmas and Whores’ Day celebrations and new worker training sessions.

Services and resources include:

- *Health education and information about safe commercial sex, HIV/AIDS, Hepatitis C, sexual health and other sexually transmitted infections.*
- *Supplies discounted condoms, lubricant, dams, sponges and gloves to the sex industry through our on-site safe sex shop. We also offer free delivery to sex workers and sex industry businesses and clean needle program services*
- *Information, referral, advocacy and support on legal, health, financial and employment issues. We are concerned with all the issues that concern sex workers.*
- *Production of an informative, lively quarterly magazine and other print resources for sex workers*
- *Training and information to new sex workers, and workshops focusing on skills development and other relevant issues, such as sexual health or taxation for all sex workers*
- *Community Education – in addition to the peer based services SIN offers to sex workers, they also provide education about sex workers and the sex industry to the broader community by providing speakers and conducting workshops, contributing articles from a sex worker perspective to community and other publications, information packs and interviews for students and researchers, community education resources including the “Selected Readings” resource.*

SIN also plays an advocacy and lobbying role, promoting the rights and best interests of sex workers with all levels of government and their departments and within the community sector. With more funding, SIN would like to employ transgender and Indigenous workers and devote more time to accessing clients and training other organisations to be sex worker friendly. SIN is a member of the Scarlet Alliance.

Tasmania

Tasmanian sex work related laws exist under a system of prohibition where brothel keeping is illegal. Massage parlours are considered brothels and both are illegal if more than 2 sex workers are working from the premises.

New Tasmanian laws were passed in 2005 introducing large fines and jail sentences for non compliance. This new law allows for only one or two sex workers to work privately from a residential address, rented rooms or hotel so long as neither one employs or manages the other. Soliciting in a public place is illegal. It is also illegal for a client to “knowingly visit a commercial sexual services business” if two workers are working together, but one organises the other.

Sex workers and clients must use condoms and take every reasonable step to prevent transmission of STIs and HIV. People with HIV must take every reasonable step to prevent transmission. Disclosure is required prior to having sex, with penalties for knowingly or recklessly infecting someone, unless they accept the risk.

Sex worker groups have formed in Tasmania from time to time, but none have been successful in gaining government funding, apart from a short period in the early 1990s, when a small grant was provided to a sex worker group known as CYBELE

The current CASH Project (Chlamydia and Sex Worker Health) is a funded initiative of Scarlet Alliance, housed in the offices of TasCARD (Tasmanian Council on AIDS and Related Diseases). CASH has established significant contact with the Tasmanian sex industry, but is a short term project.

Victoria

Victorian sex work related laws exist under a licensing system similar to the Queensland model and brothels and escort agencies with more than two workers must have a licence plus local government planning approval. The regulatory authority is the Business Licensing Authority (BLA). As in Western Australia under the 2007 reforms, Victorian laws have provision for “small owner-operated (Exempt) brothels where an “exempt prostitution service provider” can operate a brothel with up to one other person apart from themselves. However, in Victoria sole operators are required to have local government planning consent and register as “exempt brothel workers” with the Business Licensing Authority and display their Prostitution Control Act (PCA) number in their advertising. It appears this approval is only for ‘out-calls.’ A similar process is required for up to two people working together as escorts. They are required to register as ‘exempt escorts’ with the BLA and again, display a PCA number in their advertising.

To register with the BLA, an “exempt prostitution service provider” or “exempt brothel workers”, sex workers must give their real name, phone number for advertising purposes and photo identification signed by a witness. Exempt escort workers are permitted to employ a driver, a receptionist or security person. Massage parlours that offer any sexual service must be licensed by the BLA and there are restrictions on advertising. Words such as ‘massage’, ‘masseur’, ‘remedial’, or any words that imply the provider is offering a massage are prohibited.

Operating an unlicensed brothel, soliciting in a public place and living off the earnings are illegal. Additionally, sex workers can be charged for working in a non BLA approved brothel and so too can clients who are found on unlicensed premises.

Mandatory testing legislation requires brothels to request a recent medical certificate stating you have attended an STI check up, prior to you beginning work, once a month while you are working and an HIV test every 3 months. This certifies that you attended a check-up and should not disclose any results. Certificates are issued immediately - you do not have to wait for results and you can request it only states your working name. In Victoria, a certificate is the only defence if accused of transmitting a STI.

As in other states and territories, there are a range of laws relating to sexual health. This includes the requirement that owner/managers of a legal brothel must provide free prophylactics, and that medical certificates are not to be used to imply a person is free from infection. The law prohibits HIV positive people from engaging in sex work. However, the law does not require the disclosure of a person's HIV or sexual health status prior to the sexual act. It is not illegal for a client with HIV to engage the services of a sex worker.

It is understood that the Health Department may undertake contact tracing if a sex worker is found to be HIV positive.

The first sex worker organisation in Victoria was known as the PCV (Prostitutes Collective of Victoria) and was formed in the early 1980s. The PCV received its first round of government funding around 1987.

RhED

RhED (Resourcing Health and Education in the Sex Industry) is the current funded sex worker service in Victoria and is a program of the Inner South Community Health Service of Victoria. RhED is a service for the sex industry in Victoria and provides site based and outreach services in collaboration with relevant programs and agencies. RhED is committed to respecting and reflecting the needs of the sex industry, and actively promoting the rights of sex workers. They take a harm minimisation approach, providing practical and realistic health information and supports.

“RhED aims to provide a service that recognises that health is not only a physical dimension but includes a person's emotional and social wellbeing.”

Program aims are:

- *To provide health, education, support and advocacy services for sex industry workers*
- *To share understanding and knowledge of safe sex practices through the promotion of positive health and wellbeing strategies*
- *To be inclusive of sex worker views and experience through peer based mechanisms*
- *To participate at a national level to promote solidarity amongst workers in the sex industry.*

Services and Resources include:

- *Free and confidential telephone, drop-in and outreach services*
- *Support and debriefing*
- *Counselling by appointment*
- *Information, referral and advocacy*
- *Sexual health screening, allied health services and health information*
- *Education about sexually transmissible infections, HIV and blood borne viruses to individuals and groups within the community*
- *Development and distribution of educational resources including sex industry magazine*
- *Supplies of needles and syringes, condoms and lubricant*
- *Occupational health and safety education and support*
- *Interpreter services and translated educational materials (Thai/Chinese).*

RhED's services are primarily provided to licensed brothel and escort workers and to street-based sex workers. RhED reported that their current staffing levels are inadequate to meet their objectives, due to an increase in the Victorian sex industry since licensing came into effect in 1994. According to RhED, in the early days of licensing there were only 46 premises, but now there are more than 90 regulated brothels, 36 regulated escort agencies and more than 2,100 private workers, but their funding has only increased annually in keeping with CPI growth.

"This does not take into account the extra staff and funds needed to support a much bigger industry with the increased legislative requirements. Submissions for extra funding are always needed and the current staffing struggles with this additional requirement."

RhED noted the range of services requested of them is very broad. While street-based sex workers drop in for condoms, magazines, other resources and to attend meetings, workers from licensed brothels and escort agencies primarily phone and email for information ranging from health information, good places to work, interstate /overseas contacts and referrals to accountants, bank managers, financial advisers and counsellors.

RhED's current level of funding and staffing does not enable them to undertake regional outreach and additional funding and more staff would be required to develop and deliver educational programs for new workers and approved managers.

VIXEN

VIXEN is a group set up by current and former sex workers from all areas of the sex industry in Victoria and receives no government funding.

The VIXEN Mission is:

"To empower all sex workers through the provision of community and peer support and promoting the cultural, legal, human, occupational and civil rights of all sex workers."

Their Aims are:

"To overcome divisions between workers and acknowledge the links between all sex workers we celebrate us in all our diversity."

VIXEN is committed to "promoting the wellbeing and rights of sex workers from all backgrounds. They value their members' diversity of race, culture, gender, sexuality, ability, choice of drug use, ways of working and so on."

Western Australia

With the introduction of new laws late last year, the Western Australian government has moved from prohibition to partial decriminalisation where brothel keeping is no longer illegal and a raft of new laws regulate various aspects from certification of owner/managers via background and reputation checks through to advertising and employment of under-age persons. Premises are also subject to local government planning and development controls in a similar manner to that which regulates NSW sex services premises. Provision has also been made for "small owner-operated businesses" which is defined to cover sex workers who "on their own or with one other sex worker independently operate their own business" and who are excluded from certain provisions of the Act.

The Prostitution Amendment Bill 2007 also amended certain definitions contained under the Prostitution Act 2000 amended. Various terms relating to prostitution have been deleted and replaced with terms such as “act as a sex worker”, “commercial sexual act”, “sexual service business” and “sex worker” in lieu of words such as “prostitute” and “prostitution.” There is no reference to a ‘brothel’ and the term “sexual service business” is used throughout.

Street based sex work is still illegal and is strictly policed. Sex workers and clients are subject to a range of penalties where the police have the right to stop, search and detain a person and issue “Move on Notices” and restraining orders. Under a “move on notice” a person is banned from entering a mapped area for up to 24 hours. . Repeated violation of move on notices can result in a restraining order which effectively bans a person from the area for up to 12 months. Further violations of restraining orders can result in fines or imprisonment. Presumably, if the individual happens to live in the area they are unable to return to their home.

The new law does not appear to distinguish between brothels or the new terminology “sexual service business”, escort agencies or massage parlours. It would appear they all come under the definitions of a ‘sexual service business” or “small owner-operated business.” As referred to above sole operators are excluded from certain provisions of the Act including the requirements for certification and 2 sex workers can independently operate their own business.

There are a range of laws relating to sexual health. This includes the requirement that owner/managers must provide free prophylactics, that medical certificates are not to be used to imply a person is free from infection, and that a person must not take part in a commercial sexual act without a prophylactic if the act involves penetrative sex or other activities with a similar or greater risk of acquiring or transmitting a prescribed infection. Additionally, it is illegal to engage in a commercial sexual act involving vaginal, anal or oral penetration, including cunnilingus, if the person has a prescribed infection or virus. Owner/managers are equally liable under the law if they know or could reasonably be expected to know the person has a prescribed infection or virus.

Formed in 1987, the first sex worker group in Western Australia was known as SIERA (Support Information, Education, Referral Association of WA). SIERA received some funding from the WA Health Department in 1989, as later did an organisation known as Phoenix, another peer-based HIV/AIDS support and advocacy group. Following the closure of Phoenix, Magenta, under the auspices of the Family Planning Association of WA took over the role of providing HIV/AIDS and related services to the Western Australian sex industry.

Magenta

Magenta Sex Worker Project is a current project of and funded by the Family Planning Association of WA. Magenta provides services to support and promote the health and safety of people involved in the sex industry.

“Magenta is committed to the provision of a non-judgemental and excellent service” which includes:

- *Rights - Individual advocacy to access social and legal equity*
- *Education - Accessible up to date and accurate information to assist in informed decision making*
- *Peer Support - An essential component to service provision*
- *Harm Reduction - Promoting safe practices to increase individual and community wellbeing*
- *Capacity building to enable members of the community to work effectively and appropriately*
- *Respect underpins all interactions with our clients.*

Services and resources include:

- *In-house and outreach services to brothels and the street via SWOPWA (SWOPWA provides services for street based sex workers only).*
- *Appointments can be made to speak with an educator as well as crisis assistance and referral and related welfare needs for street based sex workers*
- *Workshops by arrangements in brothels or at Magenta office providing a comprehensive session on everything you need to know about reducing health risks while working. Workshops include a new worker workshop which offers additional information on work techniques with an emphasis on personal safety and self empowerment*
- *Information on sexual health, STIs, entering and leaving the industry, occupational health and safety, safe working practices, new worker information kit, current legal status, working in the country or interstate*
- *A range of brochures and articles*
- *Community Education: Magenta addresses community forums, TAFE and university groups, doctors, and many others about sex industry issues*
- *Referral to legal, tax, counselling, medical, parenting and welfare and other issues*
- *Sexual Health Clinic every Wednesday from 1am-1pm*
- *The Magenta shop sells a variety of safe sex products, toys and massage products. These can be purchased directly from the shop or with delivery using COD service.*

At the time of interview, all brothels in Western Australia were subject to the rules of prohibition and police “containment”. In effect, all brothels were illegal before legislative reform in late 2007. Magenta report that they gain access to most brothels (31 out of 32 known brothels in the metropolitan area), regardless of their legal status and, while some close and new ones open, they have developed a good relationship with the industry and continue to “knock on doors” to gain access over time. Trust is gained by word-of-mouth reputation, patience, positive attitudes of outreach staff and providing small gifts on first contact.

Magenta find their current staffing and funding levels inadequate for their regional outreach program, which functions irregularly year to year, dependent on funds being available. It requires a half day per week in preparation and the unpredictable nature of visits causes problems for building trust and gaining open invitation to brothels.

SWOP WA

SWOPWA is also a project of and funded by the Family Planning Association of WA. SWOPWA provide services to support and promote the health and safety of people involved in street-based sex work only.

SWOPWA services to street-based sex workers include:

- *Clinical services*
- *Crisis assistance and referral*
- *Ugly Mug reports and distribution of Ugly Mugs List*
- *Free harm reduction supplies of safe sex equipment and safe injecting equipment*
- *Support and assistance negotiating with other community agencies such as the Police, Ministry of Justice, and Centrelink etc*
- *Support and information for exiting the industry.*

“Educators are out on the streets Tuesdays, Wednesdays and Thursdays and two out of three Friday and Saturday nights. Workers can drop into the office between 9am and 4pm Monday to Thursday and have a chat with an Educator.”

International and overseas organisations

The social forces that contributed to the rise of sex worker organisations in Australia, including second wave feminism and responses to the HIV epidemic, simultaneously gave rise to sex worker organisations in most parts of the world and a number of international conferences, including that organised by the International Committee for Sex Workers' Rights in the Netherlands, where the World Charter for Prostitutes' Rights was adopted.

After a review of many sex worker organisations' websites, five selected organisations have been described briefly below because they may in some respects provide useful information sources, models to inform development of the new sex worker service for Queensland or contacts for collaboration in relation to special needs groups.

NSWP (International)

The Network of Sex Work Projects (NSWP), formed in 1991, is an informal alliance of sex workers and organisations that provide services to sex workers. The NSWP is now a legally constituted international organisation promoting sex workers' health and human rights with member organisations in more than 40 countries. A function of the NSWP is to develop partnerships with technical support agencies to work on independently financed projects.

The NSWP aims to:

- *provide practical information and opportunities for information sharing among organisations and projects which provide services to men, women and transsexuals who work in the sex industry*
- *raise awareness of the health and welfare needs of sex workers*
- *advocate at regional and global level for policies and action, which further the human rights of sex workers. These rights include the right to health and a safe working environment free from abuse, violence and discrimination*
- *develop and maintain links between service providers, sex worker organisations and relevant international institutions and agencies*
- *facilitate opportunities for the voices of sex workers to be heard in relevant international forums.*

The NSWP mailing list is open to:

- *any organisation or project which provides health or welfare services to sex workers and their organizational philosophy agrees with the aims of the NSWP*
- *any individual sex worker or a sex worker organisation.*

A key issue of concern to NSWP has been that USAID and PEPFAR money has previously funded a number of sex worker HIV prevention or control projects in developing countries. However, to continue to receive this financial support, recipient organisations have been required to commit to explicitly denouncing sex work in all of their policies and activities. A number of sex worker organisations have refused to accept funding on these terms, resulting in closure of community development and HIV prevention work, including distribution of safe sex products to poor and vulnerable sex workers in these countries. There are a number of ongoing legal challenges to "the pledge" (as this requirement is known) by individuals and organisations involved in HIV prevention, treatment and human rights. Related reviews of scientific literature have concluded that the empowerment, organisation and unionisation of sex workers can be effective as HIV prevention strategies and can also reduce other harms associated with sex work, including violence.

Stella (Canada)

Formed in 1995 by a handful of sex workers, public-health researchers and sympathisers, Stella has been involved in the international fight against HIV/AIDS, working with governments to improve sex workers' living and working conditions. For example, Stella is represented on the City of Montreal's committee on street prostitution to ensure better living conditions for street-based sex workers. Stella receives government funding for their HIV/AIDS prevention programs, is affiliated with a number of partner organisations and participates in a diversity of committees, coalitions, research groups and Boards.

Stella's goals are:

- *to provide support and information to sex workers so that they may live in safety and with dignity*
- *to sensitise and educate the public about sex work and the realities faced by sex workers*
- *to fight discrimination against sex workers*
- *to promote the decriminalisation of sex work.*

Stella activities include:

- *a variety of activities from their office*
- *a drop-in centre reserved exclusively for sex workers*
- *visiting service to sex workers including in bars, massage parlours and hotels*
- *art workshops*
- *community meals*
- *resource production including "Bad Tricks and Assaulters Lists" (similar to the Ugly Mug Lists provided by Australian sex worker organisations)*
- *a monthly Bulletin and a bi-yearly magazine called ConStellation, together with other educational tools*
- *accepting calls from women in prison.*

About twelve women work full-time for Stella and a Stella representative is always available to meet one on one with sex workers, with or without an appointment. Stella's workers also go out to meet sex workers in their work environments to offer support and information. They respond to sex workers' needs by providing references to existing services and assistance when sex workers have legal, health or housing problems.

Stella also oversees a medical clinic two evenings per month with a female doctor and female nurse from *Medicins du Monde Canada* and describes this service as: *"judgement free, confidential and ... not requir(ing) sex workers to show ID or Medicare cards ... an exclusive service for women working in the sex industry."* (Stella website 2008)

Most of the organisation's employees, members of the Board, volunteers and members are people with personal experience of sex work and they say it is vital that sex workers play a major part in the organisation's decisions and actions. According to their website, their employees, advocates and participating members reflect the great diversity of the sex industry: *"women, transvestites and transsexuals, tall and short, young and old, straight and gay, white, black, yellow and red, poor and rich, graduates and self-taught, francophone, anglophone and allophone ... live in solidarity with all sex workers."*

The New Zealand Prostitutes Collective (NZPC)

The NZPC, probably the longest serving continually funded sex worker organisation in the world, was formed in 1987 by a group of women who worked as 'masseuses'. They were

joined by women and transgender street-based workers and determined to seek equal rights for sex workers, guided by the principles of the Ottawa Charter.

Comprised of past and present sex workers and their allies, the NZPC advocates for the human rights, health and wellbeing of all sex workers. With 8 regional offices and drop-in centres across New Zealand, their primary funding is derived from the Ministry of Health and is in the vicinity of NZ\$1,000,000.00. However, some additional income is derived from sales of merchandise (sex toys and safe sex products), which funds the employment of two full time staff members in their regional offices.

The NZPC supports female, male and transgender sex workers and has a policy of employing current and former sex workers and the same policy applies to the Board. They provide specific programs for male and transgender sex workers, including PUMP (Pride & Unity among Male Prostitutes) and ON-TOP (a project run for and by transgender sex workers). PUMP provides advice and support to men working or thinking of working in the sex industry including men working with male clients, men working with female clients and couples, regardless of their sexual orientation. ON-TOP provides a similar service for transgender sex workers and those contemplating working in the sex industry.

Mission:

“The NZPC advocates for the human rights, health and well-being of all sex workers. The NZPC is committed to working for the empowerment of sex workers, so that sex workers may have control over all aspects of their work and lives.”

Values:

- *NZPC recognises that sex work is work*
- *NZPC recognises that sex workers should not experience discrimination and stigma due to their work*
- *NZPC recognises the centrality of the principles of the Treaty of Witangi*
- *NZPC recognises that sex workers are experts in their own lives*
- *NZPC creates an environment that enables sex workers to remain anonymous when they access services provided by the NZPC*
- *NZPC is committed to working for the empowerment of all sex workers, and must involve sex workers in all parts of the organisation*

In promoting these values, NZPC aims to achieve the following objectives:

- *To involve sex workers in all functions of the NZPC*
- *To access sex workers to ensure they have appropriate information to help them make informed decisions that will enhance their occupational safety and health*
- *To support sex workers to access services of relevance to their occupational safety and health*
- *To provide advice, information, and support to sex workers that enables them to work safely and in supportive, safe environments*
- *To overcome barriers that impact negatively on the rights, health and well being of sex workers*
- *To assist sex workers to find strategies to overcome situations that are detrimental to their occupational safety and health*
- *To provide balanced advice to people considering sex work, and to people who have recently entered sex work*
- *To liaise with government and non-government agencies that engage with sex workers, and to assist these agencies to do so in an effective, culturally appropriate way*
- *To liaise with government and non-government agencies on issues related to sex work that will result in better conditions for sex workers*

- *Top provide support to people under the age of 18 who are involved in sex work to ensure that they have a variety of options, are able to make informed decisions about these options, and that these options include the ability to leave sex work*
- *To provide operators of brothels with advice that explains their obligations to those sex workers who are working from their venues.*

Other services and projects include:

- *Information and support in respect to the rights of sex workers*
- *Community/drop-in centres*
Free information for people who are working or thinking about working, in any part of the industry
- *Condoms and water based lubricants*
- *Magazines for all workers in the industry*
- *Information on HIV/AIDS and other STIs*
- *Information on the law and sex work*
- *Information on tax*
- *Free and anonymous sexual health clinics (Auckland, Wellington and Christchurch – no real names required)*
- *Needle exchange services*
- *Referral services to other helpful agencies*
- *Support for people who want to change direction, either inside or outside the sex industry*
- *Information for people starting a brothel*
- *Information on occupational health and safety guidelines*
- *Information about contracts, etc.*

(Communications with the National Co-ordinator of NZPC and NZPC website, 2008)

X:talk (United Kingdom)

In the UK, migrant sex workers are believed to make up the majority of sex workers.

In response to evident need, the X:talk project was launched in May 2007 to provide free English classes for workers in the sex industry. The project specifically provides language skills for sex workers, focusing on safe sex, negotiation skills and increasing safety.

The project was developed by sex workers and is taught by qualified English teachers with sex industry experience. X:talk is organised by a network of sex workers and activists concerned with sex workers' rights, migrants' rights and feminist principles and is supported by the International Union of Sex Workers, GMB Branch and several NHS health projects.

The project has attracted widespread support and praise throughout the sex industry and beyond. Following a positive evaluation, the X:talk project was expanded to include language classes for both men and transgender people as well as women who sell sex in London.

“In the current climate of debates about trafficking and prostitution, the x:talk project is one of the few services available that provides skills and support for migrant workers in the sex industry. Instead of treating people as victims, we hope to share information and skills so that people are empowered to make their own decisions.”

(X:talk Co-ordinator)

EMPOWER (Thailand)

Founded in 1985, EMPOWER (Education Means Protection of Women Engaged in Recreation) or Moolniti Songserm Okard Pooying is an award-winning human rights organisation that promotes equal opportunities for women in the entertainment industry, regardless of their country of origin. As the name suggests, it seeks to empower women to make their own decisions about their lives and takes no stand on the morality of sex work.

EMPOWER is a non-government organisation that receives some government funding and donations from other sources. It supports sex workers who work in bars, brothels, massage parlours, karaoke restaurants and other entertainment venues and has offices in Patpong (Bangkok), Chiang Mai, Mae Sai and established an office and drop-in centre at Patong Beach Phuket following the tsunami of December 2004 in which many sex workers lost their lives or their workplaces.

The EMPOWER Centres provide the following:

- *publication of a Thai language newsletter called "Bad Girls" which allows sex workers to express themselves*
- *computer training*
- *Thai and English literacy, non-formal education and qualifications*
- *counselling*
- *community outreach programs*
- *drop-in centres*
- *health information*
- *translation and other support for sex workers*
- *education and training for visitors and interns from UN bodies, universities, research institutes, government departments, NGOs and journalists.*

The EMPOWER website describes their centres as sanctuaries, "*where women can come together and unwind in a relaxed and safe environment. It creates a kinship for women, who are otherwise ousted by society, and many feel that EMPOWER is their family.*"

In keeping with their philosophy, "Learning by Doing", they began a radio program for sex workers in 2005 and in 2006 they opened a sex worker owned and managed bar in Chiang Mai called 'Can Do', to provide training opportunities and a model of a well-run entertainment business with fair conditions for bar staff and sex workers. A community fund was established and any sex worker who contributes to the fund becomes part of the collective ownership. Staff training includes bar tending, sound system, first aid, safer sex, safe lifting, emergency procedures, managing difficult or violent situations, Thai labour law, Thai social security scheme and access to ongoing English language training.

EMPOWER also provides an accredited community school where sex workers can study at primary and high school levels. Over the past two decades, more than 30,000 sex workers have studied with EMPOWER.

2 HAHCSH AND SEX INDUSTRY MAP OF QUEENSLAND

Health Service Zones of Queensland

There are three Area Health Service zones in Queensland:

- Northern Area Health Service, including:
 - Cairns and Hinterland, Cape York, Torres Strait
 - Townsville, Mackay, Mt Isa
- Central Area Health Service, including:
 - Northside, Royal Brisbane and Women's Hospital, Royal Children's Hospital, Sunshine Coast, Cooloola
 - Central Queensland, Central West, Fraser Coast, Wide Bay
- Southern Area Health Service, including:
 - Toowoomba and Darling Downs, South West, West Moreton, South Burnett
 - Gold Coast, PA Hospital, Southside.

HIV/AIDS, Hepatitis C and STIs distribution

Chlamydia is by a wide margin the most commonly notified STI in Queensland and Queensland rates of infection are significantly higher than the national average. Notifications have steadily increased since 2000, reaching almost 9,000 in 2004 (80% higher than 2000 figure). Increases may reflect increased awareness and testing, but the number of cases detected is believed to underestimate the real number of infections. The age range most affected is 15-34 years, but particularly 15-24 year old women.

Hepatitis C is the next most common of HAHCSH infections in Queensland after Chlamydia, though rates are lower than the national average. Notification trends are difficult to interpret, due to changes in testing. The age range most affected is 25-39 years, with men substantially outnumbering women.

Gonorrhoea notifications have also increased since 2000, but remain lower than national rates. Gonorrhoea is most common in the 15-39 years age range. While under 15 years, gonorrhoea is more common in girls, from 20 years onward, the male rate is more than twice the female rate. Most gonorrhoea is found in the lower genitourinary tract, but throat and anal infections are increasing.

Syphilis is less common and Queensland rates are similar to national rates. The age range most affected is 15-44 years and male rates are more than 2.5 times female rates. HIV notifications have increased since 2000, both recent infections and late presenters. Most cases are men who have sex with men aged 15-59 years. The main risk factor for female sero-converters is heterosexual sex.

The Northern zone has the greatest morbidity for Chlamydia (70% higher than Queensland average), gonorrhoea (more than 2.5 times the state average), syphilis of less than 2 years duration (twice the state average) and hepatitis C in older age groups; all greatly above rates for Central and Southern zones. In contrast, Northern zone HIV notification rates have been lower than average. Indigenous status has usually not been recorded when STIs and hepatitis C infections were notified, but anecdotal evidence suggests higher rates of STIs in Indigenous communities.

Sex workers in Queensland

The precise number of sex workers in Queensland is not known.

The number of sex workers in Australia is thought to be around 20,000 and about 25 per cent of these are believed to work in Queensland, though the number varies with the seasons and a large proportion are transient, particularly those who work in North Queensland.

There is a high turnover of participants, the average time spent in the industry being about two to three years, though some people do sex work for decades. Queensland also has a large number of overseas sex workers who stay in Australia for about three months at a time, usually travelling to a number of locations before returning home.

While licensed brothels are the preferred model from a government perspective, there were only 24 licensed brothels in Queensland at the time of writing (compared with 90 legal brothels and 36 regulated escort agencies in Victoria and hundreds in NSW). It is estimated that only 10-20 percent of Queensland sex workers work in licensed brothels and many of these are also sole operators. Licensed brothels are permitted a maximum of 6 rooms and 8 workers on duty at any time, but some are struggling to find more than a few workers. The most successful brothels in the busiest locations would probably have up to 30 workers on their books at any time, but the less successful or those in quieter locations would only have 10-20 or less. This suggests that there are only 500-650 brothel workers in Queensland. An active sex worker organisation could arrive at a more accurate estimate.

Newspaper advertising provides an indication of the demographics of people working as sole operators across Queensland (though some may really be working for illegal brothels or escort agencies), but the figures are not straightforward. Some sole operators advertise under various names and may place two or three advertisements in the one newspaper. Some have enough regular clients to not advertise very often. Web-based advertising appears to be overtaking newspaper advertising and many sole operators no longer advertise in newspapers at all. Further, some sex workers now advertise in subtle, ambiguous ways, hoping to avoid the attention of authorities and CALD workers do not necessarily advertise their true ethnic background. While unreliable as a count, newspaper advertisements do provide a reasonable basis for comparing the special needs makeup of the industry in different parts of Queensland.

Newspaper advertisements from the main daily newspaper in each of nine major centres (Brisbane, Gold Coast, Sunshine Coast, Townsville, Cairns, Mackay, Mt. Isa, Rockhampton and Gladstone) were analysed, to provide an overview of the special needs groups within these local sex worker populations. Other local newspapers and free press publications throughout Queensland also carry some sex industry advertising. All advertisements in the 'adult services' columns were included, though some are worded to suggest they might only provide non-penetrative services ('exotic/personal relaxation', 'body rub'), on the basis that probably sex services are provided at least to some clients by negotiation.

Websites were not analysed, because this would be a research project in itself. There are very many sex service websites. Some are individual, some advertise a number of local workers, but also others based in NSW or New Zealand who may or may not work in Queensland. Some Queensland sex workers advertise on interstate or off-shore websites and some workers who live and advertise in NSW, actually work in Queensland.

Northern Area Health Service

Cairns and Hinterland, Cape York, Torres Strait

This district stretches from Tully in the south to Torres Strait in the north and to Croydon in the west.

The main sexual health service in the district is the Cairns Sexual Health Service, known as The Dolls House, which serves a catchment area including Cairns, Atherton Tablelands, Innisfail, Cape York and Torres Strait, including roughly 200 sex workers each year. Most of these are female sole operators. They also see some licensed brothel workers, some CALD workers and some opportunistic sex workers and a few male, transgender, Indigenous and street-based workers. Sex workers also access the 24 hour Medical Service in Cairns for certificates, due to the long opening hours and bulk billing.

Other relevant services in the HSD include:

- Men and Women’s Health Bamaga Hospital
- Men and Women’s Health Thursday Island
- Weipa Sexual Health Program, Cape York Health Service
- QulHN, ATODS and FPQ
- Southern Edge Training in Cairns.

There are two licensed brothels in Cairns: *Northern Belle* and *Forbidden Apple*. Cairns also has sole operators including gay men, escort services and a sex on premises venue for men who have sex with men (*Head Office*) now also hosting swingers parties and several sex shops.

There was a brothel operating at Weipa Mine, but that has been closed. There are unconfirmed reports that young Asian women are using hotels in the Weipa – Cape York area as bases for sex work.

Cairns newspaper, *The Weekend Post*, carried advertisements for the two local licensed brothels (Northern Belle and Forbidden Apple) and 96 advertisements for sole operators, 85 of them female, 6 male and 5 transgender.

Only 22 advertisements for female workers indicated ethnic background. Of these:

- 6 said Asian or Eurasian
- 7 said Japanese
- 6 said Korean
- 1 said Singaporean
- 1 said Cambodian
- 1 said Jamaican

Others suggested CALD origins with terms like “exotic treat” and “black barbie doll.”

Cairns (The Weekend Post)

Female	Male	Transgender	Ethnic Background	Total
85	6	5	Asian/Eurasian, Japanese, Korean, Singaporean, Cambodian, Jamaican,	96

The Far North Queensland HSD has higher rates of bacterial STIs than the state average (more than double for gonorrhoea and Chlamydia), particularly in the Indigenous communities of remote areas such as Cape York. The district also has the highest rate of HIV outside of SE Qld, with occasional peaks of new infection (around 20 new cases in 2007). Rates of hepatitis C are average for the state. Sex workers who present at the Doll's House have rates of STIs similar to the general population.

The main HAHCSH issues for sex workers identified in the area are:

- need for certificates
- poor access to cheap or free condoms
- lack of local support for sex workers, particularly those who work alone.

"Face to face peer support services. Workers do not like using 1800 number."

Existing HAHCSH information resources are seen to meet local needs quite well, except that there is need for more resources for workers from CALD backgrounds, particularly Asian workers. The Doll's House could use HIV/STIs/HepC information print and audio resources for sex workers in Thai, Chinese (Mandarin for audio) and Japanese. They further believe a peer-based newsletter or magazine along the lines of *Tracks* or *The Professional* (NSW SWOP) would be helpful to sex workers and resources for men who are or may become clients of sex workers would also be useful.

Needs that are currently not well met include:

- peer support and counselling
- workplace orientation and information for new sex workers
- information about rights, legal support, police liaison
- financial advice, superannuation information.

These services (social and emotional support, legal and financial advice) were provided by SQWISI in the past, directly or by referral, though there is doubt that many male sex workers were reached in the past. Their particular information needs include HIV information, including PEP as well as specific information about other STIs.

"The main issues have been related to legal, financial, social and emotional support – less so in regard to HAHCSH issues... In the past SQWISI had provided a lot of personal support to workers in the areas of... social and emotional support (dealing with rough/bad clients), financial issues (tax accountants to go to), support with court appearances etc."

The Doll's House previously worked well with SQWISI and staff see great scope for active collaboration with a new sex worker specific HAHCSH education and prevention service, but only if it is based in Cairns. The Dolls House provided an outreach service through the SQWISI office and a sex on premises venue in the past. If the new service were to be Brisbane-based, regional visits would have to be prioritised and/or a train the trainer model introduced for local agencies to be able to deliver sex worker HAHCSH training in both Cairns and remote Cape locations.

"Wonderful collaboration with (name) from SQWISI. Relationship benefited sex workers and all feedback was positive. No negative comments and no weaknesses identified. Problems of lack of service identified when the local SQWISI office closed... Lots (of scope for collaboration) if based locally here in Cairns... A Brisbane based service is just not servicing the needs of the clients... Needs to be Cairns based. Referral if service Cairns-based."

Townsville, Mackay, Mt Isa

This district extends from Ingham to Mackay, from Palm Island to Mornington Island and west to Mt Isa. Sexual health services within the district are in Townsville, Palm Island, Mackay and Mount Isa. Other services that see sex workers include Southern edge Training, pharmacies and FPQ. While the Mackay sex industry is smaller than that of Townsville, Mackay Sexual Health and Sexual Assault Service sees approximately 18 sex workers each year, all of them female and most working in the local licensed brothel, apart from a few sole operators and opportunistic sex workers. A few are CALD but none are Indigenous.

There are two licensed brothels in Townsville (Australian Maid, Bluebirds on Carmel), one in Mount Isa (My Room) and one in Mackay (Club 7 on Enterprise). There are also sole operators in all areas. There are approximately 50 personal advertisements in the Townsville local paper (*Bulletin*) and there is anecdotal evidence that sex workers fly into Mount Isa from Brisbane.

Local sex worker group, United Sex Workers Northern Queensland (USNQ), say it is difficult to know how many sex workers there are altogether in North Queensland, because they move around a great deal and some workers advertise under more than one name. USNQ estimate that over a 12 months period up to 600 workers would provide sexual services in the Townsville area, 300 in Mt Isa, 400 in Cairns, 400 in Mackay and possibly 200 in Rockhampton, but the total population at any time would be much smaller than the sum of these figures because people move in and out of the industry and many work a circuit or up and down the coast, staying only a week or two in each town. Numbers appear to increase before Christmas and decrease after. While most sex workers appear to be sole operators, there are allegedly men who have clearance to get onto the docks with their “girls” when a cruise ship or Navy boat is in Port and men supplying “Philippine ladies” to crews at the Townsville Fisherman’s Wharf for a fee. Anecdotal evidence suggests a higher than usual number of male workers providing services to women in Rockhampton.

Opportunistic prostitution varies with the seasons. While numbers are hard to estimate, they increase in winter/dry season (May-October), when homeless young people migrate from the south seeking a warm, dry climate for sleeping rough, while local homeless feel the cold and look for free accommodation or a hot meal. USNQ note that these young people are unlikely to identify this “trade” as sex work or prostitution. When American sailors are in town, opportunistic sex work can include exchange of sex for gifts, food, accommodation, bill payments and similar favours.

The *Townsville Bulletin* carried 2 advertisements for licensed brothels: *Bluebirds on Carmel* and *Australian Maid*. There were 41 advertisements for sole operators: 39 female and 2 male. Only 13 of the female sole operators mentioned ethnic background:

- 5 Asian
- 4 Japanese
- 2 Korean
- 1 Singaporean
- 1 Greek.

Townsville (Townsville Bulletin)

Female	Male	Transgender	Ethnic Background	Total
39	2	-	Asian, Japanese, Korean, Singaporean, Greek	41

The Mackay *Daily Mercury* carried an advertisement for the licensed brothel *Club 7* and 20 advertisements for sole operators, 19 of them female and one male. Nine of these advertisements mentioned ethnic background:

- 4 Asian
- 2 Japanese
- 1 Chinese
- 1 Spanish.

There were also 14 advertisements by women looking for a male companion with an SMS code for response, which may include sexual services.

Mackay (Daily Mercury)

Female	Male	Transgender	Ethnic Background	Total
19	1	-	Asian, Japanese, Chinese, Spanish	20

Southern Edge Training also had an advertisement in the adult services column of the Mackay Daily Mercury directing all sex industry service providers to a 1300 number for a career transition program to help sex industry service providers find education and training options or alternative employment.

There is one licensed brothel known as *My Room* in Mt. Isa, but *The North West Star* only carried 9 advertisements for female sole operators. Five of these mentioned ethnic background:

- 3 said Asian
- 2 said Japanese.

Mt. Isa (The North West Star)

Female	Male	Transgender	Ethnic Background	Total
9	-	-	Asian, Japanese	9

Ongoing rates of Chlamydia and gonorrhoea in this HSD are in line with state and national averages, but there is higher than state average incidence and prevalence of hepatitis C in most of the district. Identified sex workers (those requiring a certificate) are on par with all the above except they have lower levels of Chlamydia and higher levels of hepatitis C.

The main HAHCSH concerns in this district are:

- Chlamydia, gonorrhoea, syphilis and chronic hepatitis B and related issues in Indigenous populations
- the lack of clinical services between Mount Isa, Cairns, Mackay and Townsville.

While sexual health and particularly STIs prevention are issues for sex workers, the prevalence of HIV/AIDS, HCV and STIs in the sex worker population presenting for testing in sexual health services of this area is described as “negligible”. However, some workers have difficulty being released from work to attend appointments at the clinic and independents have trouble accessing safe sex resources because of costs.

The main concerns for sex workers are:

- limited professional/peer support for workers

- lack of sex worker friendly local GPs - a particular concern in areas without a government sexual health service
- lack of after-hours health services
- physical abuse and inherent risks to personal safety for those working in isolation.

It is not known how easily or whether sole operators are accessing condoms, lubricant and sexual health screening and treatment services. Many sole workers are from non-English speaking backgrounds and there is concern that they may not be conversant with the laws governing sex work and may not know where to go for help and advice.

Existing HAHCSH information resources are not perceived to meet the current needs of sex workers in the district very well. While resources are available in areas with a sexual health service, it is unclear what proportion of workers who are not associated with a licensed brothel access these services. Availability of resources to maintain sexual health is limited and there is no peer support or recognised network for workers to access.

The top priority information needs identified for sex workers were:

- peer education on topics including emotional health strategies, legislation and how to work within a legal framework, working within a business structure
- confidentiality and what Sexual Health Services can offer
- knowing signs and symptoms of STIs for both themselves and their clients and where to go or refer others for testing and treatment
- resources for GPs to meet the needs of sex workers
- Hep A and B vaccination, Hep C and safe injecting advice
- personal safety messages and information about any supportive police initiatives.

The top priority target groups identified within the sex worker population were:

- sole workers
- young/new to industry sex workers
- male sex workers
- transgender sex workers
- isolated sex workers
- transient sex workers
- specific sex workers such as university students, lone parents.

Their particular needs were identified to be:

- support network/peer support for 'local knowledge'
- how to keep yourself safe - workplace health and safety strategies and effective response to incidents
- taxation rights and responsibilities
- legal issues, including need for sexual health check certificates and sex worker rights
- accessibility of sexual health services.

The current Co-ordinators were appointed after the demise of SQWISI, but the previous Co-ordinator and the Nursing Unit Manager at Townsville had a very positive collaborative relationship with SQWISI. Future collaboration with a new sex worker service is expected to include support and advocacy for any training and health promotion initiatives and keeping issues on the agenda. Mackay Sexual Health and Sexual Assault Service also worked collaboratively with SQWISI in relation to support and resources and could offer the new service access to resources and knowledge of the local community.

The Sex Worker Filofax, which contains detailed information about safer sex, STIs, emergency and safety as well as sexual health service locations is a useful local initiative, which could be reproduced as a state-wide resource.

There was strong feeling amongst service providers that there should be a sex worker service in North Queensland and that a Brisbane-based service would not have sufficient local knowledge to be helpful to sex workers in North Queensland.

“It is important for sex workers working locally to know the local scene. I am unsure how a service in Brisbane is going to be able to do this and would therefore strongly advocate for regional services with worker/s who can travel around regional towns and provide face to face support/information/health education. Brisbane could possibly facilitate liaison between services re working in collaboration and input/advocate at GP Division state-wide. Please consider services based regionally as I believe these will be more effective.”

Central Area Health Service

Central Queensland, Central West, Fraser Coast, Wide Bay

Sexual health services in this district include Q Clinic in Bundaberg and Sandrock House in Rockhampton. Other agencies with sex workers include ATODS, Departments of Emergency Medicine, Phoenix House (sexual assault support services), women's refuges, Juve-e Aid Bureau (young people involved with opportunistic sex work), Drug Arm and similar street vans accessing young people and community-based organisations for young Indigenous people.

Currently there is only one licensed brothel within this HSD, located at Gladstone (Whispers in Paradise). On the Fraser Coast and Bundaberg, the mining towns west of Rockhampton and to a lesser extent Longreach and environs, sex workers are mainly a transient population operating from motels. Opportunistic sex work also occurs in these districts.

In Rockhampton, *The Bulletin* carried 17 advertisements for sole operators, 16 of them female and one male. Ten mentioned ethnic background:

- 7 Asian
- 1 Japanese
- 1 Thai
- 1 Chinese.

Rockhampton (The Morning Bulletin, The Weekend Bulletin)

Female	Male	Transgender	Ethnic Background	Total
16	1	-	Asian, Chinese, Thai, Japanese	17

Gladstone newspaper, *The Observer*, carried an advertisement for the local licensed brothel, Whispers in Paradise and 5 sole operators, all female. Only two mentioned ethnic background: 1 Asian and 1 Japanese.

There were also 14 advertisements by women looking for a male companion with an SMS code for readers to respond to, which may also be for sexual services.

Gladstone (The Observer)

Female	Male	Transgender	Ethnic Background	Total
5	-	-	Asian, Japanese,	5

This district is on a par with Queensland overall for most STIs. There is lower than state average prevalence of HIV, but higher than average prevalence of hepatitis C, particularly on the Fraser Coast and to a lesser extent Wide Bay. Chlamydia and gonorrhoea rates overall are in line with state and national averages, but Chlamydia, gonorrhoea and syphilis in Indigenous populations within this area are issues of concern. The Rockhampton service has seen an increase in chlamydial infections, an increase in syphilis in the under 25 years heterosexual group and cluster increase in syphilis in the MSM group.

Lack of clinical services for the Fraser Coast and Gladstone, particularly for HCV and HIV treatment and health promotion, are also issues for the district.

Apart from the licensed brothel in Gladstone, there is a lack of professional or peer support for workers. There is a paucity of local GPs who are willing to undertake mandatory screening for sex workers, particularly in towns without a designated sexual health service.

Very few sex workers attend the Bundaberg sexual health service for mandatory sexual health screening. While more use the Rockhampton service, the number of sex workers they see since SQWISI packs ended is so small, they can make no comment about STI/BBV infection rates in this population. When they were seeing more sex workers, the main concerns were clients not wanting to use condoms and violence.

"We are now seeing very few sex workers since SQWISI supplies are not available: no more than one a month... If the workers had a reason to come to the service, that is to buy supplies, they would talk about information resources and services with our staff... When the workers were having screenings the one on one information sharing was beneficial... The workers are not accessing screenings since SQWISI supplies have not been available... Coming to the clinic to buy their SQWISI supplies had a twofold effect - a reminder for their own SH screening and a means of keeping the clinic informed about what was happening in the community."

Working in isolation, there are inherent risks to personal safety. As most workers are transient, travel safety may be a work related issue as distances are so vast between the coastal centres and the mining communities.

Current resources are not perceived to meet sex workers' needs very well. Clinical services at both Bundaberg and Rockhampton include associated health education and there is some peer/professional support and safety at Gladstone. However, health promotion work is lacking, as well as resources to maintain sexual health and there is no recognised network for workers who need peer support.

Sandrock House would like to have information resources available in English, Vietnamese, Thai and Tagalog and they do have facilities for playing audio-visual resources.

Top priority topics identified for information resources or campaigns are:

- HCV prevention messages, including most importantly safe injecting.
- need for Hep A and B vaccination.
- personal safety messages.
- knowing signs and symptoms of STIs for both themselves and their clients and where to refer self or others for follow up in a 'safe place', ie Sexual Health Service.

Top priority target groups identified are:

- transgender sex workers and male sex workers, because both groups have the potential to be even more isolated than female workers
- opportunistic or informal sex workers.

Particular information needs include:

- where to seek support if needed - social, peer, and clinical.
- signs and symptoms of various STIs, particularly the most common, ie Chlamydia, gonorrhoea, Syphilis.
- some level of understanding of rights and legal issues.

The overseas and mine workers population which passes through Rockhampton also presents HAHCSH concerns for this area. Sandrock House would like to have an information resource for clients of sex workers in languages including Vietnamese, Thai and Tagalog.

Past collaboration with SQWISI involved supporting sex workers in districtal Queensland with information dissemination, access to clinical screening, working with the staff of the newly established Gladstone service and liaising with QH staff to support where appropriate. It was successful insofar as the mix of personalities worked well. The support worker with SQWISI, the Nurse Unit Manager from Rockhampton sexual health services, and the owner of the Gladstone business worked well with the HAHCSH Co-ordinator. Funding issues made it difficult to sustain the informal 'network', and there was a degree of difficulty in identifying appropriate GPs in communities with no sexual health service.

To maintain relevance in districtal areas there needs to be a collaborative, genuine and sustained commitment from all involved. The government and NGO service providers need to feel supported by the expertise from Brisbane, otherwise ongoing enthusiasm wanes in the presence of competing demands.

"A sex worker HAHCSH service could help service agencies in the HSD through regular districtal visits by a designated districtal employee who could develop a rapport with local workers and relevant service providers in order to identify strengths and weaknesses in local infrastructure and so work collaboratively to bring about improvements. They could provide education for both staff and sex workers and act as a liaison between sex workers and relevant local staff."

Relevant agencies could act as 'point of contact' venues for resources and, where possible, clinical support.

"Enhancing the relationship between sex workers and the Queensland Police Service with regard to safety issues for workers. I realise that this may be a double edged sword and understand the reticence of workers to engage with the QPS. However, the police now operate a Gay and Lesbian Liaison service, which has been a positive step."

"Providing SQWISI supplies and information again for this service to sell. SQWISI supplies and resources were popular. Sandrock House could provide a venue and to distribute resources/information to the workers. The sex workers will have another reason to come to the service. The dialogue which occurs at this time assists us in knowing what practices/behaviours are occurring in our community... From the perception of this service we had a good model which was obliterated when the SQWISI supplies ceased... Resurrect the SQWISI supplies so that we will see sex workers again and then we will know what their current needs are and therefore provide better services for the workers."

Northside, Royal Brisbane and Women's Hospital, Royal Children's Hospital, Sunshine Coast, Cooloola

Public Sexual Health Clinics within this HSD include Brisbane City, Pine Rivers (outreach 1 day per week), Redcliffe and Nambour (with outreach clinics in Caloundra, Maroochydore and Noosa). Other agencies that provide services to sex workers include:

- Family Planning Clinic in Fortitude Valley
- Gympie Women's Health Centre (with limited sexual health services)
- North Coast Women's Health Centre - Maroochydore
- East Coast Women's Health Centre - Nambour
- Spiritus and DrugARM street outreach in Fortitude Valley
- Southern Edge Training
- general practitioners (GPs).

There are ten licensed brothels within the HSD, including seven in Brisbane (88 on Logan and Cleo's on Nile at Woolloongabba, AABS180 and Purely Blue in Bowen Hills, Yimi 476 at Archerfield, Resort Two Six in Logan and Sleepless Knights in Geebung, as well as Intimate Encounters in Clontarf (Redcliffe-Caboolture area) and Intrigue @ Maroola and Scarlet Harem in Maroochydore on the Sunshine Coast. There are also sole operators, escort agencies, illegal brothels and street-based workers, all more difficult to access and illegal overseas workers and swingers clubs, both very difficult to access.

Access of services, particularly clinical services, to illegal street workers is an HAHCSH issues of particular concern in this HSD. A mobile outreach clinic serviced sex workers in the Fortitude Valley area as a collaborative venture between DrugARM, SQWISI and Sexual Health & HIV Service (Northside HSD), but the availability of the sexual health nurse became problematic due to staffing constraints within the main sexual health clinic. This outreach still continues, but the Homelessness Program nurse from Spiritus (formerly St Lukes Nursing Service) now provides basic primary health care and referral from the mobile clinic operated by DrugARM. Unfortunately, few of the sex workers referred from the mobile clinic reach the Sexual Health Clinic at Biala. The service is primarily used by homeless people, but a few sex workers are seen by the bus.

Non-English speaking workers are another particular concern, particularly illegal workers from SE Asia. A number of illegal brothels are believed to be using Chinese and Thai workers but very little contact has occurred. For a 12 month period, an Asian sex worker clinic was piloted with SQWISI, using Chinese and Thai speaking workers. It had begun to achieve some incremental successes, but was terminated due to lack of funding.

Other HAHCSH issues in this HSD include:

- drug use
- adolescent sex workers and opportunistic sex workers exchanging drugs, shelter and other kind for sex
- sexual assault and personal safety for sex workers
- ensuring consistent access to condoms for illegal street workers
- needs of transgender sex workers
- an unknown number of Indigenous, mainly opportunistic sex workers.

An edition of *The Courier Mail* contained seven advertisements for licensed brothels: ABBS 180, Cleo's on Nile, 88, The Oasis, Purely Blue, The Viper Room and Yimi 476.

There were 216 advertisements for sex services, 190 of them female, 16 transgender and 11 male. In addition 25 advertisements under health/beauty services, offering massage and full body relaxation, may also include some sexual services.

Of 118 that mentioned ethnic background,

- 6 transgender and 3 male sex workers described themselves as Asian
- 53 female described themselves as Asian
- 23 specified Japanese
 - 11 said Brazilian
 - 8 said Thai
 - 7 said Chinese/ Singaporean/ Hong Kong
 - 5 said Korean
 - 1 said Balinese
 - 1 said Vietnamese
 - 1 said Malaysian
 - 1 said Polynesian
 - 1 said Jamaican
 - 1 said African
 - 5 said European/French/Swedish/Italian/ Irish.

Others implied Asian origins with the use of words like “exotic”.

Brisbane sole operator advertisements in *The Courier Mail*

Female	Male	Transgender	Ethnic Background	Total
190	11	16	Asian, Japanese, Thai, Korean, Chinese, Balinese, Brazilian, Malaysian, African, Jamaican, Polynesian, Singaporean, Vietnamese, Irish, French, Swedish, European, French, Italian	216

The *Sunshine Coast Daily* had 29 advertisements for sole operators, 26 of them female, one male and two transgender.

Of the two transgender advertisements indicated Asian ethnic background and of the female:

- 2 said Asian
- 4 said Japanese:
- 1 said Singaporean:
- 1 said South American.

Sunshine Coast (Sunshine Coast Daily)

Female	Male	Transgender	Cultural Background	Total
26	1	2	Australian, Japanese, Singaporean, South American	29

There were 5 additional advertisements promoting a fee based text messaging booking system and two licensed brothel advertisements for *Scarlet Harem* and *Intrigue @ Marcoola*.

Brisbane Sexual Health Clinic

Brisbane Sexual Health Clinic (including Redcliffe Sexual Health Clinic) has a catchment area including Brisbane, Redcliffe and Caboolture.

Other agencies in the area that provide services to sex workers include: Drug and Alcohol Services Biala, Princess Alexandra Sexual Health Clinic, General Practitioners, QulHN, Family Planning Queensland and Brisbane Youth Service may provide limited clinical services. The Ethnic Communities Council of Queensland provides support for CALD workers and the Prostitution Licensing Authority of Queensland (PLA) has extensive knowledge of both the legal and the illegal industry.

Sex industry sectors in this catchment include licensed brothels, sole operators, escort agencies, illegal brothels, street-based workers, sponsored overseas workers (ostensibly working as “sole operators”), international students working in legal and illegal sectors, swingers clubs, sex on premises venues (male to male sex) both licensed and unlicensed, peep shows (opportunistic male to male sex).

Licensed brothels include Purely Blue, AABS180, 88 on Logan, Cleo's on Nile, Resort Two Six, Sleepless Knights, Intimate Encounters, The Oasis, Yimi (Asian brothel) and The Viper Room. Club Tigerlily has closed.

While sex workers may attend on any day, the Brisbane Sexual Health Clinic provides a dedicated sex worker clinic on Monday, Thursday and Friday, which were identified as peak demand time for sex workers.

The Brisbane Sexual Health Clinic sees many sex workers. Most of these are female workers in licensed brothels, but some are sole operators, street-based or opportunistic and some are male, CALD or Indigenous. Only a few are transgender.

There are service issues for street workers and illegal CALD background workers because very few of these workers access fixed location clinical services and the sexual health knowledge base of CALD workers is unknown.

Access to condoms and lack of condom use by street-based workers and other opportunistic workers is a significant concern.

“This clinic provided an outreach evening service (one evening a week) for street workers in the past. Ceased due to lack of staff resources. Clinical follow-up for clients reached by this service was problematic.”

The main HAHCSH issues for sex workers in this area are perceived to be:

- access to cheap/free condoms
- legal issues, arrest, moving on orders
- risk of violence and coercion
- drug and detox issues.

The main occupational health and safety issues for sex workers are violence And access to condoms and injecting equipment. Other work-related issues include poor access to dedicated support services for sexual health and drug and alcohol issues, the former particularly for CALD background workers.

Incidence of STIs in legal sex workers appears to be low, HCV prevalence in legal workers probably comparable with general population, HCV prevalence in illegal workers probably higher, STI prevalence/incidence in illegal workers unknown - small numbers and unknown numerator, denominator etc.

Sex workers access services available to the general population. There are no dedicated resources other than the information line since the abrupt demise of SQWISI. Legal brothel workers appear more likely to access clinical and support services. There is a lack of resources for CALD and low literacy workers.

Our mainstream sexual health clinic provides access to walk-in clinical services. Dedicated clinic times and appointments are also available for sex workers. Clinical needs of street workers are not well met other than for those who access this system.

Clinical and education needs of street workers, CALD workers and those workers new to the industry are not well met.

Sexual health and health checks were identified as the top priority topics for information resources or campaign materials addressing sex workers. The top priority target groups identified within the sex worker population were street-based workers and CALD workers, but sole workers are largely an unknown entity. Health checks for sole operators are not mandated, so the service has little clinical contact with this group.

Many street-based workers and some CALD workers have low literacy. CALD resources are needed on sexual health and BBV topics including safe injecting, availability of existing services and how to access them. Information about drug and alcohol issues and available social and welfare services are needed.

Approved HIV/STIs/HepC information resources for sex workers, downloadable from a website in English, Thai, Mandarin, Korean, Japanese, Arabic and Tagalog would be used. Audio resources in all of these languages, including English and particularly Arabic would be used with sex workers with poor literacy skills in their first language. However, there are no facilities for playing audio-visual resources.

A basic information print resource for clients of sex workers probably would be useful, though few identify themselves as such.

“Probably yes (although) we see few clients who identify as regular clients of sex workers.”

This clinical service previously had a dedicated clinic on the SQWISI premises, which operated for 15 years, staffed by two nurses with a visiting doctor and psychologist. This provided a one stop shop for information support and clinical services, so it was more likely to provide opportunistic sexual health screening and other clinical services. Clinicians on site were able to keep up to date with sex worker issues and needs. They also provided an outreach clinic to street workers.

However, they question the cost-effectiveness of this resource allocation including the evening outreach clinic.

“This clinic would welcome the opportunity to work collaboratively with a new sex worker specific HAHCSH education and prevention service, particularly in establishing clinical services for street workers and CALD workers based on ‘best evidence’ of needs. Potential for collaboration and establishment of new services would depend on level of dedicated funding to provide these services.”

“The new service could be most helpful by providing sexual health education for all categories of workers, supporting sex workers in accessing clinical services and co-ordinating outreach programs.”

The Brisbane Sexual Health Clinic could provide collaboration in providing clinical and education services, but has limited ability to provide psychological services with their current level of funding.

Community based sexual health services co-located with drug and alcohol services are a local initiative that might provide a helpful model to be used elsewhere.

Southern Area Health Service

Gold Coast, Princess Alexandra Hospital, Southside

There are a number of licensed brothels within this HSD, including *Black Orchid*, *Silks on Upton*, *Utopia in Paradise*, *Pentagon Grand* and *Paradise Penthouse*, but sole operators are believed to make up the majority of sex workers in this HSD. There are also illegal brothels, escort agencies and street-based workers, though these are largely invisible.

The Gold Coast newspaper, *Weekend Bulletin*, carried advertisements for 5 licensed brothels: *Black Orchid*, *Le Penthouse Suite*, *Silks on Upton*, *Paradise Penthouse* and *Utopia in Paradise*.

There were also advertisements for 171 sole operators, 146 of them female, 15 male and 10 transgender.

Only 42 indicated ethnic background:

- 12 said Asian
- 11 said Japanese
- 3 said Thai
- 2 said Taiwanese/Macau
- 2 said Brazil/ South American
- 1 said Indian
- 1 said Italian
- 1 said US.

Other advertisements implied Asian or African origins with terms like “exotic”, “spicy”, “dark skinned chocolate” and “smooth chocolate.”

Gold Coast (Weekend Bulletin)

Female	Male	Transgender	Ethnic Background	Total
146	15	10	Asian, Thai, Japanese, Macau, New Zealand, Indian, Taiwan, Brazilian, South American, US, Italian	171

The Gold Coast Sexual Health Service has a catchment area that stretches South to Tweed Heads, North to Logan and West to Beaudesert and provides 350 occasions of service to sex workers each year, offering a specific sex worker clinic by appointment on any day Monday to Friday, in order to provide a flexible service to cater for all sex workers. Some sexual health education is provided on every occasion of service and audio-visual equipment is available for education/training purposes.

Most of the sex workers they see are working in licensed brothels, but they also see a few sole operators, street-based workers and opportunistic workers. They see many female and male sex workers, but only a few transgender, CALD and Indigenous workers. A significant trend has been increasing numbers of overseas students doing sex work, particularly Maori and Pacific Islander students.

Other agencies in the catchment that see sex workers include QIHN, who currently sell condoms at cost, Southern Edge Training and private GPs.

This HSD has the second highest rates of HIV/AIDS, HCV and STIs in the general population for Queensland. In comparison with the general population they see, there is a lower prevalence of HIV/AIDS, HCV and STIs in the sex worker population they see.

The Gold Coast Sexual Health Service sees need for education, advocacy and support for sex workers, particularly in relation to all aspects of safety and violence.

The main occupational health and safety issues for sex workers in this catchment are legal issues that affect personal safety, general health and AOD use by clients. Violence and bullying are identified as the main non-HAHCSH issues for sex workers.

“Legislation would be the main issue as it impacts on a workers’ personal safety for both legal workers and others who chose to work outside the legal framework. (Otherwise) general health issues, alcohol and drug use by clients.... Violence. Access to non judgemental services for education, advice and support (disclosure). Actual and potential bullying behaviour in workplaces (legal/illegal). (There is no service with an) advocacy role for sex workers.”

Existing HAHCSH information resources are not perceived to meet the current needs of sex workers in this catchment very well. While sexual health clinical services and education are provided by the Gold Coast Sexual Health Service and some GPs, education needs are only partially met and needs for information on the law, advocacy and support needs are currently not well met.

Need is perceived for a general Health and Safety campaign, which may include:

- tips on working safely
- overview of the legislation
- checking clients for STIs
- taking control of the service
- availability of resources Korean/ Japanese/ Chinese
- health, with emphasis on vaginal health for female sex workers and anal health for male sex workers
- using condoms out of work to prevent STI’s in private life.

While most sex workers they see are English speaking, they could use information resources in Japanese, Korean and Chinese script. A basic information print resource they could give to clients of sex workers would also be useful.

The Gold Coast Sexual Health Service previously worked collaboratively with SQWISI on:

- needs assessments of different workers including private and escort
- development of clinical outreach services
- development of educational resources.
- collaborative surveys/questionnaires for research
- joint conference papers/presentations.

The strengths of this working relationship outweighed the weaknesses. Scope for similarly broad collaboration is envisaged with a new sex worker organisation.

They believe that a sex worker service based in Brisbane would not be very effective due to the culture of sex workers. However there is no way of knowing if a full time service works either as the SQWISI office in Brisbane saw far less workers than the regional offices. The reasons for this need further exploration.

Assistance the Gold Coast Sexual Health Service could provide to a sex worker specific HAHCSH service includes:

- educate service providers
- refer workers to the service
- conduct clinical research / needs assessment of sex worker community to better inform the sex worker specific service of the needs.

The Gold Coast Sexual Health Service would like to see a one stop shop for all sectors of the industry, including a clinical service, health and legal information, advocacy and support as well as access to cheap safer sex supplies. There was strong feeling that sex worker service should be decentralised and that peer educators should be located in sexual health services that see many sex workers.

“If the majority of sex workers live in SE Qld, would it not be more logical to locate peer educators in the sexual health clinics who see large numbers of sex workers in these areas? Also consider northern centres such as Townsville and Cairns, ie take the service to the workers ≡ Decentralisation.”

Toowoomba and Darling Downs, South West, West Moreton, South Burnett

There is a Sexual Health Service in Toowoomba (Kobi House). Sexual health services are also provided by GPs, though increasingly smaller communities do not have a GP, but have visiting doctors rostered by Qld Health. The lack of an Alcohol, Tobacco and Other Drug Service agency in the HSD is considered a significant gap.

There are currently no licensed brothels in this area. Traditionally sex workers from Brisbane or the Gold Coast do a tour in which they visit a number of towns. They will pre-book regulars and pick up casuals through local newspaper advertising. They may also make contacts through internet chat rooms, but the extent of this is unknown. There have been sex shops in most provincial towns for some years.

The main HAHCSH issues of particular concern in this HSD are:

- largely unscreened injecting population, so there may be a pool of undiagnosed HIV infection
- lower levels of screening of MSM population in non metropolitan areas.
- high levels of Chlamydia, herpes and warts in general population.

The main HAHCSH issues for sex workers in this HSD are:

- some drug use – these women tend to be unsophisticated high risk takers anyway and regular exposure to health information produces little health behaviour change.
- violence – not a lot reported, but it is believed that a lot of minor violence goes unreported - some of this violence is domestic.
- poor mental health, poor social networks for emotional resilience, frequent crises: financial, living environment, security, relationships.

The prevalence of HIV/AIDS, HCV and STIs in the general population is generally lower than the state average. There is no evidence to suggest that sex workers are different from this general population.

The main occupational health and safety issues for sex workers are:

- drug use
- violence
- blackmail
- poor mental health
- emotional and physical insecurity.

Top priority target groups identified are:

- single mothers
- CALD Women.

There is some anecdotal evidence of exchange of sex for favours within a recent immigrant CALD community that would probably not be perceived as sex work by those involved.

Particular needs include:

- living skills
- self esteem
- planning skills.

Existing HAHCSH information resources do not meet the current needs of sex workers in the HSD very well, though information about STIs is considered ample.

“There is little information or discussion about making better choices and forward planning for life’s travails and even anticipated pitfalls which would lead to better overall health, particularly mental health... We need better processes for listening to sex workers and responding to their current and long term primary, chronic and acute health needs.”

There is strong belief that the new sex worker service should not be Brisbane-based and that the community-based organisation model should not be repeated.

West Moreton and Ipswich SHS

The West Moreton/Ipswich Sexual Health Service, which is also an NSP primary site, serves an area including Boonah, Cherbourg, Esk, Ipswich, Kingaroy, Laidley, Murgon, Nanango and Wondai.

Other services in the area that serve sex workers include FPQ and the ATODS.

There are no licensed brothels in this area. There are discreet, unlicensed, solo workers and young people working in unsafe circumstances.

The West Moreton/Ipswich Sexual Health Service sees about 50 sex workers each year. Most are female and working in licensed brothels (presumably outside the area). Minorities are sole operators, street-based, opportunistic or CALD. They see a few Indigenous and a few male, but no transgender sex workers.

The main HAHCSH concerns in the catchment area are Chlamydia, herpes, hepatitis C and genital warts.

For sex workers, the main HAHCSH issues are access to services and supplies. The main occupational health and safety issues for sex workers are that there are no licensed premises in this area and lack of access to resources such as bulk condoms, lubricant and

dams. While “organised” sex workers tend not to have any STIs, some of the presenting sex workers have alcohol and drug issues.

“Most of the organised workers do not present with infections or have positive pathology on testing. The organised sex workers do not have infections.”

Providing services to CALD sex workers with poor English language skills presents a challenge. They present without notice, accompanied by a ‘manager’, so there is no independent interpreter and the service has doubts about the preparedness of a mainstream interpreter service to translate material of this nature.

“Workers who have English as a second language are often brought to our service by ‘the manager’. There is not enough time to organise an interpreter service and even if we could I doubt that the service could cope with the content of a sex worker assessment.”

Existing information resources are not considered adequate to meet needs. While there is information available in non-English languages, there is no information suitable for opportunistic sex workers and very little for male workers.

“There are scant resources for our client group who are doing opportunistic sex work and very little that I know of for male workers.”

Top priority information topics identified are:

- how to take care of vulval health for female workers
- how to perform a competent physical check of clients
- how to negotiate condom use
- legal and financial rights/responsibilities.

Top priority target groups identified within the sex worker population are:

- CALD workers
- young people entering the industry
- older workers wanting to move out of the industry

Particular information needs include:

- appropriate languages with specific content
- a “box of tricks” on how to be a safe, confident sex worker
- how to exit the industry – life after working.

Approved HIV/STIs/HepC information resources for sex workers downloadable from a website in English and South East Asian languages would be used as would an English language basic information print resource for clients of sex workers. There are facilities for playing audio-visual resources.

The West Moreton/Ipswich Sexual Health Service had a constructive working relationship with SQWISI, providing an outreach space for SQWISI and providing access to SQWISI supplies, which helped to promote good communication with local sex workers. They would welcome a constructive collaboration with a new service.

“This service supported a SQWISI worker to situate her self at our premises on a regular basis in order to give local workers access to that service. We acted as a local site for purchase of SQWISI products. These collaborations worked particularly well in strengthening the communication between this service, SQWISI and local workers. The only weakness was that workers did not always show up

for their appointments and that was a time problem for the SQWISI rep.... We would offer any support possible, particularly in promoting a new service to our clients. I would appreciate an opportunity to participate in some joint education/health promotion activities with a new service... (We are) looking forward to a service which will support our clients."

A Brisbane-based service could provide

- access to specific advice
- the ability to put a worker on the phone to talk directly to such a service
- updates on resources and health promotion opportunities.

The West Moreton/Ipswich Sexual Health Service could:

- promote the service
- offer a meeting space locally
- be a sell-on point for products eg bulk condoms.

3 SECTORS OF THE SEX INDUSTRY

Licensed brothels

Sex workers who work in licensed brothels remain a minority of the industry, though many sole operators have worked in brothels at some time and some return to brothel work from time to time. The Prostitution Licensing Authority (PLA) said that in their experience most brothel workers are also sole operators. Certainly many of the sole operators consulted for this needs assessment had also done brothel work and some of the brothel workers consulted also had private clients.

"I have one client in a private arrangement. From Cairns to Innisfail, Tully and the Tablelands, there are a lot of men living on farms by themselves, who are coming to Cairns for machinery parts and business, who might see a worker while they're here."
(female brothel worker, Cairns)

The main reason some sex workers prefer to work in brothels is because they feel safer. Clients are seen on camera before they are admitted to the premises, they are turned away at reception if they are noticeably drunk and banned from the premises if they behave badly.

"I chose brothel work because it's safer. I wouldn't do it by myself. There's too much risk. Reception doesn't allow them in here drunk and the owners treat me really nicely and keep the place clean and look after their staff. The owner was a worker, so she understands. They haven't got duress buttons in every room, but they're talking about getting wrist buttons."
(female brothel worker, Cairns)

"We have no security hassles. (That's the) reason I work in a brothel. I suffer from anxiety at times, so I don't put myself through that."
(female brothel worker, Townsville)

"There's no security guard here, but they're not allowed to take bags in and there's a buzzer."
(female brothel worker, Cairns)

"There are cameras monitoring the perimeter of the premises. The government should pay for a security guard to guard workers in licensed brothels."
(female brothel worker, Brisbane)

"We have our in-house Ugly Mug List here and there are men who are on the banned list."
(female brothel worker, Brisbane)

In general brothel work probably is safer, but occasionally intoxicated clients do get past the barriers and there were also reports of stalking by clients after hours.

"There have been occasions when drunk clients should have been sent away. We have cameras at the front but no on-site security."
(male brothel worker, Brisbane)

"Drunks get aggressive if they can't climax. If they are observed at the outset on camera at the front door as being intoxicated they will not be allowed entry."
(female brothel worker, Brisbane)

"At one other brothel I worked, I had bad clients who were violent. I told the manager, who did nothing, but the clients were stalking me. The manager was truly blasé about ugly mugs. They need to understand that it's important. I left after a few months for my own safety. SQWISI was closed, so there was nowhere to go to talk about it or get counselling. I needed a referral to emergency accommodation, because they knew where I lived. There are a lot of girls with violent boyfriends."
(female brothel worker, Brisbane)

Another reason for choosing to work in a licensed brothel is that working there is clearly legal, while many workers are confused about the boundaries of the law outside licensed brothel premises.

“Laws around soliciting and so-called procuring: If I’m working at a brothel, I understand the law, but outside brothels, the law is unclear. Like what happens if someone approaches me for a service outside of the brothel environment? Police entrapment is big. I want a sex worker service that can properly interpret the laws.”

(male brothel worker, Brisbane)

“In Adelaide it’s illegal and seedy. Here it’s different. They don’t make you feel dirty here. It’s nicer. Sometimes they give you a kiss on the cheek when they leave.”

(female brothel worker, Cairns)

Nevertheless, brothel workers said they would not feel comfortable reporting workplace breaches of security or violent incidents to police, partly because they don’t want people to know what they do for a living, but also because they do not expect these incidents to be addressed in the same way they would be for people in other occupations.

Sex workers in brothels are generally well-informed and able to be firm about condom use with clients, in most cases because they have done a SQWISI training course, either face to face or via the internet, and because they get good support from management. The licensed brothels visited all had safe sex policies and signage to that effect. Most provide some induction training for new workers that included safe sex practices and all provide safe sex supplies and some sexual health information resources for workers and in some cases for clients. If a worker thinks a client may have an STI, they generally call for a second opinion from another worker and if they believe the client has an STI, he is asked to come back another time after he has been to a sexual health clinic for testing and treatment. Some said they had often discussed the pictures on a STIs identification wall poster or an STIs booklet with fellow workers.

“We are all phobic and would wear a full body condom suit if we could.”

(female brothel worker, Brisbane)

“Before I started at Northern Belle, I had to read SQWISI online. It was useful. Some of those pictures of diseases stands out. It was a general oversight: how to put a condom on, using gels, what to do if a condom breaks. That was enough to get me going. They had a copy of a SQWISI book on the coffee table in the workers’ area and the girls often did take a look at it and have a chat.”

(female brothel worker, Cairns)

“Yeah, we get pretty good backup (from management). She tells you about safe sex when you start working and there are little STIs cards that clients can take away if they want. They don’t show they came from a brothel. There’s signs in the rooms: ‘No Condom, No Sex’.”

(female brothel worker, Brisbane)

“It should be an offence to pay for sex without a condom. At our brothel we say ‘You have to have safe sex.’ We tell them the consequences of refusing. We tell them what it will cost, what they will get and that anything else will cost extra. They know what to expect. If they want anything unusual, we find out who does that. If they are obnoxious, rude, disrespectful, we get rid of them.”

(brothel owner, Cairns)

“I recently did a few shifts in a brothel and they provided booklets and signage on safe sex for workers and clients. A client was heard saying something like ‘there’s too much safe sex going on around here. It’s bloody boring’ and the manager said ‘If you don’t like it, you can fuck off’ and then showed him to the door – end of story. That’s the kind of safe sex policy I like: tell it like it is... The manager had been formerly involved with SQWISI. Thankfully she had some understanding of the supports workers need in getting clients to accept condom use.”

(female sole operator, Brisbane)

“SQWISI was great! They provided all of the information and support we needed.”
(female brothel worker, Brisbane)

Workers who had not been trained by SQWISI said they had learned how to insist on condoms from talking to other workers, an owner/manager, a sexual health nurse or even clients. However, SQWISI training was considered preferable to the other options by both workers and management.

“In this place we can talk to each other and help new workers understand about condoms and safe sex and how to talk clients into complying.”
(female brothel worker, Brisbane)

“Support and information needs are greater for newcomers to the industry and there is a need for them to have a place to go to get information beyond that which they can get from the brothel... They could talk to the other girls, but sometimes you get jealousy if they’re younger and prettier.”
(brothel owner, Cairns)

There is clearly variation in how well licensed brothels are managed and also in the worker to client ratio, both of which affect the workplace milieu. Sex workers frequently contrasted brothels owned/managed by former sex workers with those run by investors with little understanding of sex work from a worker’s perspective.

“The owner showed me through everything. She was a worker herself, so she had heaps of hints. She’s a pleasant lady and easy to talk to.”
(female brothel worker, Cairns)

“Brothel owners are such dodgy shits. They’re all looking to make big bickies and pay low wages, so I went private.”
(former brothel worker, Townsville)

“Some places I’ve worked didn’t have proper lights to check clients”
(female brothel worker, Brisbane)

Some brothels have a relaxed and friendly atmosphere amongst the workers, who give each other emotional support and practical advice. In some brothels, the atmosphere is more competitive, which can put more pressure on workers to agree to services not provided by the others.

“Discussion groups and forums would be good, but because I work in a brothel, we get to rebound of each other, we sit and talk. If I was working by myself, I’d like to chat to other women who do that work. Let it out and then feel better.”
(female brothel worker, Cairns)

“I would say a bit of counselling would be good, because it can get to you. I wouldn’t do the social stuff, because when there are lots of girls here, we can discuss it. Like, ‘I just had this idiot’ and we can talk about it.”
(female brothel worker, Gold Coast)

“I’m not scared of clients, I’m scared of other girls in the brothel, because you’re competing with them.”
(female brothel worker, Townsville)

Generally there is a standard price paid to the brothel for a timed service, but clients can then negotiate extras privately with the sex worker. One brothel owner described an incident where the “extra” negotiated was unprotected vaginal sex.

“We sacked one girl after an incident... We found she’d had sex without a condom... We knew because her client paid her \$1000 for an extra and we knew that because he didn’t have the cash on him and had to put it through our system on his card, which created a tax problem for us. We were pretty curious to know what sort of extra was worth \$1000.”
(brothel owner, Cairns)

While brothel workers are less isolated than sole operators and many do discuss issues related to their work with colleagues, many at least occasionally need to speak confidentially with someone whom they can trust who is outside their workplace.

“To know there is somewhere that is for sex workers where you can go to get confidential help or information is important.”
(female brothel worker, Brisbane)

“The laws might have changed but there is still huge stigma attached to what we do.”
(female brothel worker, Brisbane)

While recognising that it will be up to the new service to decide how they will manage relationships with brothel owners, the Prostitution Licensing Authority (PLA) is hopeful that there will be a spirit of cooperation between licensed brothels and the new service, so that the sex worker service will be a source of sexual health information to licensed brothels, but will also be able to represent the interests of sex workers in brothels, by mediating between sex workers and brothel licensees or making reports to the PLA, as appropriate. In relation to reporting irregularities to PLA, sex worker services cautioned that, to retain the trust of sex industry operators and hence access to workers, it is important to not be seen as a branch of government regulators.

“While recognising that it will be a matter for the new service to decide how to manage its relationship with brothel owners, the PLA would prefer that there was a spirit of cooperation between licensed brothels and the new service, so that it will be a source of information to licensed brothels, such as in relation to STI’s, and so that it will be capable of representing the interests of sex workers in brothels, including by way of mediating between sex workers and brothel licensees where appropriate... The PLA could provide the new service with advice and information on licensed brothels and the Prostitution Act 1999, as well as collaborate in the production of material (eg the PLA and SQWISI jointly produced a workshop for approved managers of licensed brothels)....

Past experience with SQWISI demonstrated that sex workers at licensed brothels were more comfortable making complaints to that organisation, rather than the PLA. They felt confident divulging their name and contact details to SQWISI, in the knowledge that their anonymity would be respected. SQWISI was able to pass this information on to the PLA, and we were then able to make appropriate investigations. This was very valuable and the PLA hopes that the new service would be able to take on this role.”
(Prostitution Licensing Authority)

Most brothel owners consulted would be pleased to have STIs and sexual health information print resources for sex workers and a broad training service for sex workers available again. In the past, provision of low cost condoms and other safe sex supplies also helped to maintain good relationships with brothel owners.

“There needs to be training for girls wanting to get into the industry to give them some sort of guidance to control the situation. So we can say ‘Go and talk to this person’ and they won’t think it’s just going in and having sex with nerds and hairy slob... They’ve got to look at every guy out there like they’re a million dollars. That’s what’s required of them. That and how to keep control. Sole operators need it more than the brothel workers... They need help with financial planning. They need that. They spend it like water. They won’t be young forever. Guys only want women under 30.”
(brothel owner, Cairns)

“Contact (with SQWISI) was initiated from our end. It would have been better if we had been approached when our licence application was lodged and training, advice could have been provided face to face. Training on site in the brothel could be advantageous... (The new service could help by providing) counselling for workers who are not coping – psychology. Staying safe in the room – personal security training and equipment advice. Maintaining physical and mental health advice... Yes, we’d like pamphlets or DVD and a magazine would be good.”
(brothel owner/manager and former sex worker, Brisbane)

They would also like to have some small print resources for sex work clients who show signs of STIs and suggested that some general community education would also be appropriate.

“They need education for the general public to say ‘Use a brothel. It’s safer’. We can use little cards on STIs. It would be good to have those when they come in with things on their dodahs. Just a bit of information and the contact where they can go and have it treated.”
(brothel owner, Cairns)

Some of the brothel owners we spoke with appeared to be struggling financially and they were resentful about the constraints and financial imposts on their businesses compared with the apparent freedom of sole operators and agencies that pretend to be sole operators to do as they please. Their workers must have regular sexual health screening and have a certificate to prove this. They must provide an address to place advertisements. In addition to the substantial costs involved in getting planning approval and the costs of setting up to meet regulated amenities standards and providing an attractive décor, the annual licensing fee adds \$20,000 per shareholder per annum. Unlike strip clubs and sole operators, they are obliged to set up their businesses in industrial areas, away from restaurants and entertainment venues. There is no passing traffic in these locations at night and can be difficult for tourists to find or they must add the cost of cab fares to the price of the service. They are not allowed alcohol on the premises.

“The rules should be the same for the whole industry. Our guidelines say what is acceptable, including having a sexual health certificate. Many girls fly in and want to work with no sexual health certificate, so there’s a lot of sole. It should be the same for sole operators. They fly in from overseas put an ad in the paper and stay for a week then fly off again. A lot of men ask for no condom. If the girls have come from Thailand, they should have to be registered with the PLA to put an ad in the paper. They could make the sole operators register with the PLA. They don’t publish our ads until they see PLA approval. They should put a stop to the Asian syndicates and all that with more regulation.

If you legalise it, they should make them work at a legal brothel. Most work out of small motels, so they have clients coming in at all hours, upsetting the guests. At least they should be required to have a fixed address, so they can help keep track of these ladies. We can’t put an ad in without an address and a landline phone. We’ve heard there’s an Asian syndicate. If they’re serious about sexual health, it should be regulated properly. There’s one sole operator who got roughed up who has said she’s coming here to work. A lot of Asian girls are being run by someone else. They do outcalls and the clients offer them a drink, but we’re not allowed to do escort or have alcohol on the premises. It would be good to have a bar, but we’re not allowed. There’s a couple of motels who let girls work the bar. Once there is a legal brothel in town, there should be only fixed address and no out calls. It’s too hard for us to compete with the illegals, especially way out here (in the industrial estate) so they have to add cab fares.”
(brothel owner, Cairns)

Sole operators

There are many more sole operators than licensed brothel workers in Queensland, though as noted above some workers do both. The main reason given for preferring to work as sole

operators is that they can keep the fees paid by clients, rather than half going to the brothel. Many also said that on slow nights in brothels a lot of time can be wasted waiting for clients and then they have to compete with other workers for each client through the “introduction” system, whereby the workers present in turn to the prospective client, who can then choose their preferred worker. While tastes do vary, older and less attractive women can find this demoralising as well as uneconomic and some brothel simply will not take older workers. If they spend all night in the brothel, but provide no sexual services, they receive no payment for that time. As a sole operator, when business is slow, they can at least be doing other things.

“The thing is, you can sit in a brothel and not get a job and if you do you give them 50%. I'd love not to have to answer the phone again, but it's rare someone gets to the door I don't like.”
(female sole operator, Cairns)

“As a sole operator I work my own hours. I don't have to answer to anyone”
(gay male sole operator, Townsville)

“Brothels take a 50%. I do the work and I want the money.”
(female sole operator, Townsville)

“We're not even allowed to have a friend, only a crowd control person with a licence is allowed and then you have to pay them. This is supposed to force us to go into the brothel system, but many of us either don't want to do this or can't. Then you have to give them (brothel owner) half your money, wear what they say you must and then when you're over a certain age like me, they tell you you're too old”.
(female sole operator, Sunshine Coast)

“They do need retraining, because the guys really only want to see girls under 30.”
(brothel owner, Cairns)

Some had become sole operators after particularly unpleasant experiences in badly run brothels. Others prefer the dignity of providing a service on their own terms to feeling like a commodity in the brothel scene, as described by a current brothel worker below.

“I was working in a Mackay brothel and was not impressed. I was nervous. Everyone was on dope of some description and we were not allowed to go upstairs. I don't know what went on up there, but I didn't feel safe, so I decided to go private. Also they looked down their noses at older ladies, but we can still do lucrative business.”
(female sole operator, Townsville)

“When I started, I had to fuck the owner for an hour before I could start. Later I worked for a woman and she told me I shouldn't have to do that. You need to feel you're not alone. It's very isolating, especially sole trading or working illegally, but I hate brothels - sitting around waiting. I hate the phone work too, but if someone is taking your bookings, it's illegal.”
(female sole operator, Brisbane)

“There's a lot in the industry who can't cope: young ones and older ones with not much experience of life... A lot it affects really bad and counselling might help them. Like, take a break, clear your head. It gets to a stage where you can't do it anymore. They can be pigs, really arrogant. They sit in the lounge room when we come in for introductions and they're on the phone and tell you to 'shoosh' and they flick you like this, like 'we want a virgin'. It cuts you a lot. It's very offensive. I might just get to say my name and they say 'Any other girls?' It makes you a bit sick sometimes. It is a learning experience. It teaches you a lot about males. Although I've had bad luck with men in my life, it's only now I understand how men really are. I've heard women say they hate men after working here. They come in here and flick you around like you're a piece of meat.”
(female brothel worker, Gold Coast)

As noted above, the main advantage of brothel work is safety and conversely sole operators are more often exposed to violent and abusive clients, though all develop strategies for identifying problem clients. Because the law prohibits sole operators from sharing premises and prohibits profiting from another's sex work, except in licensed brothels, most sole operators are obliged to work without the protective presence of others. While the law does now allow them to employ a licensed security guard, in reality very few sole operators would earn enough to pay for this and they are not permitted to have a more affordable "sitter", nor to share premises with another sole operator. Even two sole operators working independently from rooms in the same hotel/motel apparently breaks the law. Many therefore had stories of stalking, violence and/or robbery to tell. Some had sought and received assistance from SQWISI in such circumstances. Some had switched to brothel work after bad experiences as sole operators.

"Since law reform in 1992 there has been at least one murder a year. Police do not respond. People know crimes against sex workers are not taken seriously. It's us and them."
(female sole operator, Townsville)

"It's almost impossible (to be safe), but I have a dog and I do 90% of my work at my place. There's no point in paying a security guard, but it is an issue. I've had friends who were severely bashed. It feels like a time game, but in my industry, if you have a house full of weapons, they can be turned against you. I make them go through an e-mail process before I see them. I talk to them by phone for 15 minutes to feel them out, judge their personality. I've got a camera that takes a shot of everyone who comes in... Sure, I'd get the Ugly Mugs list by e-mail."
(female B&D sole operator, Gold Coast)

"Having to work on your own due to the law is dangerous – you could find yourself in a locked room with Jack the Ripper. I believe brothel owners are pushing to criminalise other aspects of solo operations and not being able to work with a peer is just one area that impedes sex worker safety. The law needs to be changed to allow two people to work together to provide peer support and safety for each other. This is not a threat to the million dollar establishments."
(male sole operator, Brisbane)

"I was a private worker a while ago, another worker and myself, but there's a bit more added danger. We teamed up with other girls and had rooms next to each other in a building that was opposite SQWISI. We had permanent rooms next to each other so that we could hear if someone screamed and have a cup of tea together if we weren't working. It would be great to be in one unit with two people, but that it is not allowed."
(female brothel worker, Gold Coast)

"I'd like somewhere safe to sleep. I'm in and out of motel rooms and always work alone. I'd like accommodation, like a women's shelter, so no-one knows where you are when you sleep. You become vulnerable if there's nowhere to go without fucking someone. Just a single bed in a cubicle is all I need."
(female sole operator, North Queensland)

"We need a flexible, client centred, reactive service that is willing to respond. As a private worker, I had an incident where I called SQWISI and the worker dropped everything and drove straight over and talked to me... this guy had tied me up and raped me. I was still tied up and half naked, so I didn't want to ask the neighbours to help. SQWISI convinced me to go to the police and the guy did get convicted. He was in the ugly mugs book. He'd done it to two other workers. He's now in gaol. The SQWISI worker rang me every week and invited me for coffee. There was lots of follow-up support."
(female brothel worker, Brisbane)

"If you are an outcall girl, you need to suss it out and have rules about what you do and what you don't do. You can arrive early and see if anything is going on. If you don't like what you see, you say 'M' can't make it. I have another booking round the corner, so she asked me to just let you know.' In a brothel, you need an alarm and shut down doors, because you're in there all by yourself. It's important that you don't upset them. They are paying for a service."
(female sole operator and escort, Townsville)

“Personal safety issues... I learnt from SQWISI how to go early to a job, to kind of case the place before I went in... 99% of clients are great but you have to be a psychologist from the word go (to avoid the dangerous clients).”
(female sole operator, Townsville)

“I’ve had one bad client in 10 years. I was held hostage for four hours.”
(female sole operator, Townsville)

“I work from a motel now, but my Mum was my bodyguard when I did it from home.”
(gay male sole operator, Townsville)

“Safety and security is important. SQWISI sold alarm things and they had descriptions of guys who’d come in and assaulted girls. I’d want it by e-mail if I was working privately again. Maybe there are different ways of handling people, ways of talking them down, like an older lady said ‘Leave the money sitting there, so they can take it. If they want to get their money back, then let them. It’s better to lose \$100 than have much worse happen.”
(female brothel worker, Gold Coast)

While sole operator sex work is not illegal, sole workers generally do not expect to receive any protection from police, nor appropriate responses to calls for help or reports of violence. They develop strategies for reducing their risks, but few provide good security.

“We need sensitivity training for police. They aren’t pro-active in policing crimes against workers. The old SQWISI used to do this training and it made a difference.”
(female sole operator, Townsville)

“I have a spy hole in my door and a cricket bat next to the door, but luckily I’ve never had to use it. I have items around the place, normal household things that could double as a weapon if need be.”
(female sole operator, Brisbane)

In fact the main work-related concern for sole operators was entrapment by police seeking to establish that they are not really sole operators. While a few frankly acknowledged that they are not really sole operators, but were working illegally through agencies, many genuine sole operators find the boundaries of the law regarding sole operation to be vague and hard to comply with. Those consulted felt that there should be clearer guidelines and active liaison with the police.

“Entrapment from police, when they try to catch you out working together with another sex worker.”
(female sole operator, Townsville)

“We need support from a sex worker service as legislation allows for entrapment. They ring you up, pose as a client and ask if you have a friend and if you say yes, then you’re gone.”
(female sole operator, Townsville)

“Police entrapment is legal. If I’d visit another sex worker and my phone is on, that is illegal. Police will ring up and pose as clients. If a motel owner knows two workers are on the premises, they can do you, yet we are their bread and butter in the off-season. Police ring up and say ‘Have you got a friend who can come?’ They ask if you can give them a massage. If you say you do that as well, you’re in trouble. You have to say ‘I only do full service’, but of course we do give massages and they’ll say again ‘but do you massage?’. I can always tell when it’s a copper. Police never say ‘Hello’. They just say ‘What do you charge? What you look like?’ and ‘Do you do massage?’ The ones who say ‘Hello’ and are nice and have a laugh with you are okay. Police will never have a laugh with you.”
(female sole operator, Townsville)

“If you say how much while the client is outside the door, you’re soliciting in a public place.”
(female sole operator, Townsville)

"If you hire an apartment and there is another woman up the other end of the building and you didn't know, it is still a brothel. If you're renting they could still be owned by the same landlord. Same for motels. It's their interpretation of the law. It can be manipulated for entrapment, which is legal in Queensland. They ring you up on the phone and ask 'Have you got a mate?' "
(female sole operator, Townsville)

"They (the police) just don't let up. Go catch a murderer for Christ's sake!"
(female sole operator, Townsville)

One of the most difficult aspects of being a sole operator is working alone. Fear of police entrapment exacerbates their isolation and lack of access to emotional and other support. For this reason sole operators are particularly in need of peer support from other sex workers, more so than those who have the company of other workers in licensed brothels.

"It's all encompassing. If we get together with another worker and both have the phone on, police can do us, so there's no social interaction and workers become very isolated and eventually go la la. Lots don't tell their family."
(female sole operator, Townsville)

"You need someone you can go to and say 'this happened today' and get it out of your system."
(female sole operator, Brisbane)

"I used to go to SQWISI for condoms, a chat and a coffee. It was like a second home. You'd get a big smile when you came in and have a good old laugh with her."
(male sole operator, Townsville)

"After working for hours by yourself, it was nice to go to (name) at SQWISI. She was always there for a chat and the police can't harass you there."
(female sole operator, Townsville)

"There is no-one in town who can do workshops. We can't debrief without peers and colleagues, not without repercussions. You need someone who will tell you the truth and not gossip about you."
(female sole operator, Cairns)

"Isolation. We need for a new group for sex workers in Townsville to provide support and information to make sure we are safe."
(sole operator, Townsville)

"I work privately. It can be a very isolating job so we need support."
(sole operator, Sunshine Coast)

Though non-judgemental sexual health services are available, many sole operators feel unsupported without access to a peer-based service.

"(Asked where sex workers can go for help or support) Nowhere. I just feel unsafe and unsupported now."
(sole operator, Townsville)

"The only place now is the sexual health service, but they are nurses."
(gay male sole operator, Townsville)

"There is nowhere now. The sexual health clinic is a non-judgemental health service, but it stops there."
(sole operator, Townsville)

While sole operators earn their income legally and in most cases pay taxes, they can have great difficulty getting credit and other facilities that are available to other occupations.

"I had a big issue when I applied for a modem and eftpos and I needed a cheque account. I gave full disclosure and was refused. SQWISI helped me with that. SQWISI helped me to find an accountant that accepts you too."

(female sole operator, Townsville)

"I got refused a loan."

(male sole operator, Townsville)

"The bank wouldn't give me a loan, SQWISI helped me to find a sympathetic accountant."

(sole operator, Brisbane)

"I have a pimp and his name is John Howard. He was happy to take my money in taxes. Clients are surprised that I pay tax, but you must keep books, like everyone else."

(female sole operator, Townsville)

Services that sole operators would like to have available from a sex worker service include:

- drop in and one to one counselling
- sale of cheap supplies, including condoms, lubricant, dams, sponges, but also security devices, vibrators and other sex equipment, lingerie and fantasy outfits
- ugly mugs updates
- orientation training for newcomers to the field
- liaison with and training for other service agencies and police to make them more sex worker friendly.

"For debriefing, ugly mugs, how to deal with difficult clients and cheaper products."

(sole operator, Townsville)

"What I want is health education and the tools of my trade (condoms and lube)."

(sole operator, Townsville)

"Have a drop in centre. It makes a big difference being in the same room."

(sole operator, Townsville)

"I'd want phone contact, not internet. Being able to drop in and see someone face to face is really important."

(sole operator, Townsville)

"Working to help make other services worker friendly."

(sole operator, Townsville)

"They can provide all manner of guidance. You stumble into it (sex work), and without a sex worker service there is no guidance or support, you can be left feeling violated and harmed."

(sole operator, Townsville)

"Provide support for emotional health, info on the law and the reality of what it's like in the rooms."

(brothel worker, Townsville)

"Providing condoms. Not only talk about safe sex, but show by example."

(sole operator, Townsville)

"We need a holistic service to cater to all of our needs."

(brothel workers, Townsville)

"Safe sex products. You can always be sure products from a sex worker service will be stored properly."

(sole operator, Townsville)

"With SQWISI there was always somebody who understood not just the laws but how police manipulate it. I prefer face to face contact"

(sole operator, Townsville)

Street-based sex workers

Street-based work is illegal in Queensland, so street-based workers are less visible and more difficult to access than sole operators and brothel workers and from time to time they are forced to relocate due to police activity. Street-based workers were mainly reported on the Gold Coast and in Brisbane, but may be found in other locations at times.

Street-based sex workers are diverse in many respects, but the majority appear to have complex issues and related service needs that make them high priority for HAHCSH preventive health care, but also many other services. They are much more likely than other sex workers to be dependent and injecting drug users, to have a mental illness, to be homeless and/or to have poor literacy skills. While some may prefer street-based work, employment in a licensed brothel would not be an option for most. They are likely to have greater difficulty maintaining consistent condom use and are the most vulnerable to violence from clients and abuse from passers-by, which takes a psychological toll.

“Street-based sex workers are more likely to report injecting drug use and also to report greater difficulty in accessing services for preventive health care. This population often experiences greater difficulty in consistently maintaining safe sex practices, owing to greater pressures, and inconsistent access to condoms and lubricant (particularly for those who are homeless or itinerant). This group is a high priority for clinical services and health promotion in NSW.”
(NSW STI Strategy)

“There’s a big gap for (street-based) sex workers now and it’s difficult because the police are always moving them on and they have such complex issues and it takes so long to build a rapport. They’re always hiding from someone or they have to dash out for a job, but you do meet up with them. Workers who came out from SQWISI were terrific. They worked with the women and weren’t intrusive. They gained their trust and then suddenly that support wasn’t there. Links that were built up so carefully over time were broken and the workers felt abandoned. We don’t see those women any more. They’re less willing to divulge anything and you can send them to services, but often they don’t have much of an understanding of their issues. There are so many stories. They get pressured by men who expect them to get money, not only for themselves, but also for their so-called boyfriends, who are often years older and very unattractive men who stand over them. And they’re addicted to things and they have to work to support their habit... One woman came to me very concerned. She didn’t want to go out of the van. The situation was there was a group of men she was supposed to meet to do some terrible things and there were medical problems in that area. I had a dilemma about what to do. It would be nice if the police moved those men on. A lot of the time I dread going to Kent St, because I have these dilemmas. There needs to be a service that offers protection and a lot of support. Attempts had been made to support her through services, but some of them feel that she is a sham, playing games, but my feeling is that she is in such a terrible situation that she doesn’t know how to get out and she is scared stiff. It takes guts to wander the streets without the protection of the DrugArm van. Her situation has to be taken seriously. She needs to be taken away. She needs support to get to that decision. I have not met one street-based worker without some additional problems: mental health problems, drug problems whether illicit or prescription and most have been sexually abused when younger. It seems to set them up for this sort of thing. The saddest cases are young women being abused by their fathers and not believed by their mothers and they can’t get past that hurdle. It takes years of counselling and support to deal with that emotional pain. To deal with the emotional pain, they take drugs and that leads to prostitution to pay for the drugs. They need somebody with experience in that area, people who have been abused as a child to talk about their concerns and put them on the road to recovery. Peer support is an excellent model - that combined with professional help. Something structured like that... Sometimes they have mental health problems. Bipolar people can be so sexually active and so indiscriminate and also people with intellectual disabilities. Disabilities services are not much in touch with these issues. There’s a woman with intellectual disabilities who had been abused and took large amounts of alcohol and she fell pregnant. With a lot of support, she is now dealing well with the baby and the children’s services and is contacting her other children. If support can be given, you can get good outcomes, but if they’re left to their own devices, things can go very badly.”
(Spiritus outreach nurse)

“A lot of our clients are cross-over (IDU and sex workers). We do outreach to the street. They need to have someone who has done the work, who knows where they’re coming from. Safety is a big issue, that and the police. They need access to places they can take clients to that’re safe and secure. They should be able to get emergency supplies of a few condoms, a limited amount so it’s not abused. We give out three condoms free and have more for sale with receipts. It’s \$25 for a gross box. \$5 buys a pack of lube... Not all workers are making big bucks. Some are supporting a drug habit and some supply other people or are the income earners for their family.”
(QuIHN)

“We need to know about the law and our rights. That was my biggest problem at the start, not knowing my rights. We need to know where to go to get advice and how to lobby and join groups for support, but we need to learn to care about ourselves first, not to be scared to come to an organisation that is meant to be there to help us. That’s why we need people that we can relate to, to go get support and sexual health information and supplies from. Not to be scared to be tested. I was pregnant and didn’t have any money. I didn’t know who to trust or where to go. I spun out and finally at 16 weeks and a reduced fee I had an abortion.”
(female street-based sex worker, Brisbane)

One mid 50s woman interviewed on the Gold Coast said she had returned to street-based sex work two years ago, when taken off methadone after 15 years. She said that being on methadone had given her back her life, but now she needs to work every night from sunset to support her drug habit and that of her partner. She said she is one of five women who regularly work that stretch of the Gold Coast Highway.

Another woman interviewed had worked the streets around Fortitude Valley in Brisbane for some years and had recently been released from a second stint in gaol. At the time of interview, she was staying with a relative to avoid her heroin dealer boyfriend, hoping to get past her addiction. She was concerned that the need to pay for drugs would send her back to the streets, where she would very likely be arrested and imprisoned again.

Many street-based sex workers would use a non-judgemental drop in centre, but only if located nearby and if sex worker peer counsellors were available. Most would be unable to travel far to reach a sex worker service.

“During the day, we need somewhere to drop in to. Somewhere we can go and sit with a bunch of other workers and those who know what it’s like, to debrief and to talk to other women to teach them or each other how to avoid trouble. If there was a meeting place, I know other girls would come.”
(street-based sex worker, Gold Coast)

“The (SQWISI) office could have been closer. I’m up one end of the Gold Coast and they were up the other end.”
(street-based sex worker, Gold Coast)

Some need facilities to meet basic needs such as showering and washing their clothes, food and shelter as well as needle exchange or methadone, mental health services, sexual health and primary health care. Some would need support to access and stay engaged with mainstream health and welfare services, including methadone programs and accommodation services.

“Providing a drop in centre where a daily meal was prepared and provided, coffee and tea and somewhere to wash your clothes and have a shower. There are workers living in toilets on the Coast and nowhere for them to shower, so most of them try to shower at the client’s house or hotel, but really you just want to leave as soon as the job is over. They need referral information and actual support for accessing accommodation and health care.”
(street-based sex worker, Gold Coast)

“(We need) referrals to drug and alcohol services that are sensitive to our needs. We are all addicts (on the highway). Some, myself included, were previously on methadone. These days it’s almost like three dirties (other substances detected in urine) and you’re out, off the program or they try to put you on another program that is simply a narcotic blocker like narcan, but it doesn’t have the same effect as methadone and most people return to using heroin or other drugs.”

(street-based sex worker, Gold Coast)

Street-based sex work is very dangerous and street-based sex workers need strategies to reduce the risks. Because street-based sex work is illegal, they do not expect protection from the police, nor the police responses that would normally follow a report of assault or theft. In fact in most interactions with the police, the police are looking to arrest them.

“I take a big risk doing my type of work. Central locking devices in cars these days can cause problems that you can’t get out of the car if the client turns... We need a 24 hour telephone emergency help line – someone to talk to, to get help from. We can’t ring the police for help; they just won’t come. I rang the police once to report an attack, I had the licence number and make of car and the police told me to ‘just get to your destination, get over it’. I said I was at a bus stop known for where sex workers stand, so they must have figured I was a worker.”

(street-based sex worker, Gold Coast)

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(female street-based sex worker, Gold Coast)

“There are many safety issues (she had been assaulted by a client). The fact that you are not allowed to work on the street creates dangerous situations where you have to be on the move, not a lot of time for supporting each other. I tried phone/private work but found that to be potentially more dangerous because you don’t know who you are inviting into your house. With car jobs you can see the client and talk to them first.”

(street-based sex worker, Brisbane)

“It should be like NSW (decriminalised). I did prison for solicitation, loitering for the purpose of solicitation. I got 6 weeks last time. I think they do that to dry people out – kind of enforced detoxification.”

(street-based sex worker, Brisbane)

Street workers have developed strategies which, while limited, do reduce their risk.

“I only have 5 spots to take my clients to. My partner always knows I’m out there. I make out that I have to phone someone after half an hour and I maintain that if I don’t get the call in, my friend will come and they know my spot. I always carry a knife but I haven’t had to use it yet, touch wood. I share and encourage other workers to share information with each other such as ‘a bunch of whackos just drove past heading your way’ - a kind of verbal ugly mug report.”

(street-based sex worker, Gold Coast)

“Before I get into a car or start negotiating the service, I ask if they have anything to do with Queensland Police. If they are police they are on tape from the moment I open the door and less likely to entrap me... Harassment from the police (is a workplace issue) and that they don’t take you seriously when you need help. I get pulled over by the police every night. They take my name down and try to put words into my mouth – kind of try to entrap me.”

(street-based sex worker, Gold Coast)

“There are none really save for our own good sense and when you can encourage other women to look after each other and take rego numbers of client’s cars (that other workers have gotten into). I try to get other women to talk and be honest and share issues and concerns such as to keep our prices the same, where we all charge the same, no undercutting. I have seen this work where they all start to talk and start looking out for each other rather than just for themselves.”

(street-based sex worker, Brisbane)

Street-based work can present other health and safety risks, depending on where the sex services are provided.

“Perhaps not an obvious safety issues but I was bitten on the back by a white tail spider while doing a job in the open on the grass. I almost died and didn’t seek the help I needed in the beginning because of the powerlessness of my situation and my drug use. My mother finally came to my rescue and got me to stay in hospital and with continuous treatment for the bite and the very serious complications that followed I survived but with a huge scar on my back. These are other kinds of safety tips that workers need advice on – don’t lie on the grass put down a coat first that sort of thing.”
(street-based sex worker, Brisbane)

Like other sex workers, street-based workers generally prefer to use condoms, but enforcing the condom policy can sometimes be more difficult in this context.

“Condom use I guess but my clients are pretty good. If you appear to know what you are doing, they seem to listen to you.. I have my own policy and I do take clients home where I have a big basket of condoms and lube on display on the kitchen table. I am assertive about this and what I say goes, that’s the bottom line.”
(street-based sex worker, Gold Coast)

“I try to always use condoms. I speak to my clients before getting in the car and try to negotiate for condom use before offering and agreeing on a service. I spend a lot of time talking to them before agreeing to a service to get a sense of what sort of person they are, but there is room for mistakes. One time I went to my spot where I take clients, he said he didn’t want to use a condom. I said I’d do half-half, oral without and as soon as I tried to put a condom on him for the sex, which we had agreed to, he king hit me hard in the head.”
(street-based sex worker, Brisbane)

“Clients not wanting to use a condom, but if a worker is desperate enough she will do it without... They (street based workers) will do anything when they need the money and it’s sad. And then you have the clients who pull off the condom and go ‘Whoops, sorry. It broke!’ You have to be on your guard.”
(street-based sex worker, Brisbane)

Street-based workers are particularly likely to feel harshly judged by mainstream service providers and feel most comfortable speaking with people who have also done sex work. Those who remember SQWISI valued this aspect of the organisation.

“It’s pretty important to me that they have been out there, they know what I’m going through. I don’t think I can talk to someone who wasn’t a sex worker or still part time working. I couldn’t talk to a non-worker about personal stuff like I think I might have caught something... To get information, condoms, general conversation it is okay for a non worker, but anything personal I prefer someone that has been there, done that. They would need to have done some courses on STIs, but their working knowledge on using condoms and lube, finding comfortable positions, difficult situations, getting clients to accept condoms use etc is why I prefer to interact with a worker or former worker. Like QuHIN run workshops and one on one sessions on vein care, safe injecting etc, but they’re not very good on safe sex or condom use. They hand them out to us workers, which is excellent and we are grateful, since we have no sex worker service.”
(street-based sex worker, Gold Coast)

“Extremely. Most important because nobody wants to speak to someone who has not been involved, who really doesn’t know the issues... Depends what their job is. If it is simply getting stuff off the net maybe that is okay but the manager and other workers should have had (sex work) experience. Even with a counsellor, they should work together in twos with a sex worker employee.”
(street-based sex worker, Brisbane)

Most street-based sex workers would be willing to visit a sex worker identified service if it was close to their home or workplace, gave them free supplies and did not require them to wait for attention. However, most would have to be accessed in the street initially. While street-based workers did show interest in attending group education/peer support, it may be helpful to occasionally hold sessions exclusively for street-based sex workers because some feel harshly judged by other sex workers as well as the general public.

“Yes (I might attend a forum or education session), but it depends on what it’s about. It would be good if sessions would cover street work, police and clients and things you can do (to avoid problems), but a lot of street workers would be too scared to come because they’d think you will be treated like shit because you’re a user.”
(street-based sex worker, Brisbane)

“Perhaps use QulHN office to run workshops and one on one consultations, coffee afternoons. This needs to be regular and promoted in advance via newsletters or flyers. Promoted also in Tracks Newsletter... No time wasting, for instance not turning up or running late.... We’re working to strict timelines ourselves and can’t wait or be mucked around with... but (of equal importance is that there is) an outreach service to the streets.”
(street-based sex worker, Gold Coast)

“Having functions and free info sessions and pamphlets (would bring us to the service). Inviting input from street-based sex workers, making them feel they are a part of the organisation or service, not just a one way street. They should come to the street and talk.”
(street-based sex worker, Brisbane)

Street-based sex workers are less likely than other sex workers to access the internet, but many street-based sex workers would read a brief, well illustrated pamphlet providing practical tips highly relevant to their specific work circumstances. However, some clearly have very poor reading skills and/or attention difficulties, so face to face contact with appropriate visual aids would be a more effective way to provide information to them. A well made DVD could be viewed in sex worker drop in centres, sexual health services with viewing facilities or other spaces on a lap top computer, but would be most effective as a component of genuinely interactive face to face education or peer discussion.

The “ugly mugs” (men who are violent or abusive towards sex workers) issue is extremely important to street-based sex workers and an “ugly mugs” information service would provide a very strong reason for street-based sex workers to keep in touch with a sex worker service, consistent with but possibly outweighing the financial motivation of cheap supplies and the emotional comfort of peer support. An ugly mugs alert delivered by telephone text message would be welcomed by many street-based workers, who usually have mobile phones as a safety precaution and would create regular contact. Street-based workers would themselves quickly become the main source of up to the minute information about “ugly mugs”. While time consuming, it would be appropriate to deliver ugly mugs information by telephone call/voice message to any street workers identified as having poor literacy or mental health issues or drug use patterns affecting capacity or motivation to read.

“Pamphlets and DVD yes, but no email, no websites. No-one on the highway would use these. Telephone text messaging maybe and for the Ugly Mugs List. A 24 hour service using volunteer workers to cover the time. I would volunteer once a fortnight.”
(street-based sex worker, Gold Coast)

“Short pamphlets would be best. Some people don’t read so well. Internet would be fine for some, but you would have to know of the existence of the service first. Text messaging is a good way to contact street workers, particularly for messages about ugly mugs.”
(street-based sex worker, Brisbane)

“(Street-based workers) need something small that you can put in the packet with syringes and condoms. Not too wordy. It needs to be simple basic language, easy to understand, covering basic issues of safe sex, other tips on safety and where to go to get support... Yes, now I know how to access the internet, but it’s not for everyone. There’s no substitute for face to face contact.”
(street-based sex worker, Brisbane)

Street based workers’ information needs include:

- the law in relation to street-based sex work
- safe sex and other STIs prevention information
- safe injecting and other HIV and Hep C prevention information
- personal safety protection strategies
- referral to a range of basic needs, mental health and AOD services.

“More about the law and our rights. That was my biggest problem at the start not knowing my rights. We need to know where to go to get advice and how to lobby and join groups for support but we need to learn to care about ourselves first, not to be scared to come to an organisation that is meant to be there to help us. That’s why we need people that we can relate to go get support and sexual health information and supplies from. Not to be scared to be tested. I was pregnant and didn’t have any money. Didn’t know who to trust and where to go, I spun out and finally at 16 weeks and a reduced fee (half price) I had an abortion.”
(street-based sex worker, Brisbane)

While primarily concerned with licensed brothels, the PLA also recognises that street-based workers are particularly vulnerable and have more complex needs than most other sex workers and so have greater service needs, including free safe sex supplies and upskilling/retraining opportunities.

“Street-based sex workers should be provided the full gamut of services. Their needs are somewhat different from other sex workers, as they commonly experience drug and alcohol dependency, and are more prone to violence and coercion. To facilitate safe sex practices, they could also be provided with free prophylactics and lubricant. Street-based workers could also be provided with assistance to get them off the streets, either by encouraging them into the legal industry, or by directing them into an exit and retraining program. They could be targeted by way of outreach services.”
(Prostitution Licensing Authority)

Because many street-based sex workers have complex needs that limit the ways they can participate in the sex industry, they may be financially stressed and in need of support from a range of health and welfare services, they are the sex workers most likely to need intensive case management and so to benefit from the services provided by Southern Edge Training.

SET receive government funding for intensive case management for disadvantaged people with high levels of need. Their role is similar to that of Jobs Network agencies in that they help people to prepare for work and provide referrals to a range of support services such as drug and alcohol treatment programs and other training facilities. Their program for sex workers is funded by Queensland Health to provide case management and training for sex workers to give them opportunities to leave the sex industry if they desire. Services include access to personal development training including self esteem and motivation, skills identification and self-marketing, budgeting, career skills development, finding and preparing for work and/or study options, resumé writing, job applications and interview skills and training for computer skills, customer service, business skills and senior first aid. They provide occasional group training in house, enrol individuals in TAFE courses and provide case management to support them through their training.

SET report that many of their sex worker clients have serious financial problems. Some have no family and are not receiving Centrelink payments or other income support. Emergency financial assistance is often needed, along with a range of supported and independent low income housing options. They believe there is a need for a free safe haven for women who are in transition. They work closely with church-based organisations such as the Hope Foundation, who provide dinners for sex workers and the Wesley Mission, who provide food vouchers and counselling.

While SET programs for sex workers in Queensland are currently promoted through contact with legal brothels, as well as newspaper advertising and brochure distribution through a range of other health, welfare and legal services, their perception is that those who need their services are mainly working outside the licensed brothels sector. Their emphasis is on targeting sole operators and “chaotic” women with drug and alcohol and mental health issues, who may not be aware they have a health problem.

Illegal brothels and escort agencies

According to the Crime and Misconduct Commission, *Regulating Prostitution: an Evaluation of the Prostitution Act 1999*, December 2004 (p xiii):

“Anecdotal evidence suggests that, despite significant police activity since the inception of the Act, illegal brothels and escort agencies continue unabated in Queensland, some fraudulently advertising as sole operators to avoid detection. It is estimated, for example, that outcall or escort services constitute some 75 per cent of all prostitution in Queensland. A proportion of outcalls are provided by legal sole operators but many escort services are operating illegally.”

The PLA believes that nothing has happened to change this situation since this report was completed. While mainly concerned with licensed brothels, the PLA identified illegal sex workers as having special needs, noting that they may be more vulnerable to violence and coercion, even servitude.

“Illegal workers should be provided the full gamut of services. In particular, they may require legal advice, and given the furtive and underground nature of the illegal industry are more prone to sexual servitude, violence and coercion, including in respect of unsafe sexual practices. They could also be encouraged to shift to the legal sex industry.”
(Prostitution Licensing Authority)

One escort worker interviewed in Brisbane said she chose to do escort work through an agency rather than as a sole operator for two main reasons:

- this allowed her to earn a much higher hourly rate
- she did not have to take her own calls.

She had recently been arrested and so was working as a sole operator while waiting for the court case, which she found very demoralising. Her story shows why many women may choose to work this way, despite its illegality. The agency she worked for has a strong reputation for attractive escorts and can charge clients \$1,300 per hour, of which she received 50% or \$650 per hour. Without the benefit of the agency name, she can only charge \$400 per hour and has to deal with an incessantly ringing phone and many unpleasant conversations. As a sole operator, she cannot legally employ a receptionist to screen her calls. She is unlikely to continue working legally in Queensland after the trial.

“I was working as a receptionist in a brothel in Sydney and I needed a bit of cash in hand. On weekends I would go clubbing and was popular with guys. At first I expected to date them but later learnt this was not so. One night stands became all too common. I thought to ‘I could make money out of this’, so I decided I would work. I asked a few girls and researched the industry until I found out the

best place to start work at... I spent 6 months in training and underwent surgery... all to become a high class courtesan. For the next two and a half years I worked and travelled with clients. I was shown how to run a business with an ABN and invoices and kept receipts. I became a mentor to others. In my time as an elite courtesan, I had taken about 6 girls under my wing and was seen as a role model. In 2005 I changed agencies. I began to work for another agency with a bozo of a boss who ripped me off and when I asserted my right, he threatened my life and safety. I had to change my name and move. Everyone thought I was crazy. There were people following me, threatening phone calls. I lost my hair and became anorexic. My time as an elite courtesan was over. I looked for alternatives and sampled the industry, including brothels, which to a high end courtesan, was a big "no-no." I had made arrangements to work at a brothel and travelled to Queensland for Indy. I fell into escort work in Qld by mistake. The brothel I was to work at was in Up to then, I had been at the high end of the market, and this was the opposite to that. I was scared to leave my room! I went on two outcalls. The fee was \$200 per hour, which meant only \$100 per hour in my pocket. On both outcalls I tried to negotiate package deals for more money. The clients complained to management who in turn asked me to leave. I did not return to Sydney. Instead I met with friends on the Gold Coast and stayed with them. A girl I met on the plane who had confessed she was a worker new to the industry called me to chat. She referred me to the people she worked for. I made contact and almost immediately started working for them as an escort during the Indy long weekend. I made \$6,000 in a few days and returned to Sydney. I started flying to Queensland to work. For a while I was 2 weeks in Queensland and 2 weeks in NSW, but eventually I decided I had nothing to go back to in Sydney. Regarding the law in Qld, I'd always done things above board and decided that would remain. I put in my BAS, which required records to be kept. (She tried to find a legal way to work). The law left a lot of questions open due to its wide scope. I often wondered 'What if the booking is made in NSW and I travel to Queensland?', and 'What if I don't get paid in Queensland?'. Nine months later, I got arrested in an undercover sting via entrapment by the Qld Prostitution Taskforce. At the time, I was getting \$1300 an hour. A booking came in for \$1,000 an hour cash. I reluctantly accepted the booking as there was already another girl from the agency there. I assumed she'd already had sex and therefore this was not a cop. The booking was in a low rate served apartment complex. Generally, anyone who can afford me does not stay in such accommodation. That was the first warning bell. I entered the room and was asked by the "client" 'How much do you charge again?' That was another alarm. I replied 'You booked me, so you should now.' He didn't want a shower, my third and final sign to leave and so I said 'I'm going to leave' but he followed me and pulled out his badge. The other officers appeared at the bottom of the stairwell. They searched me and found 17 condoms and sponges in my bag, 2 Viagra, Valtrex tablets and oils – all 'incriminating.' They wanted me to co-operate and make a statement against my employer. I said no so I was charged under section 229H of the Criminal Code (knowingly participating in the provision of prostitution by another). They took me to the station, shredded me of dignity and took my things. They came back three times to my home and harassed me without a warrant. When they obtained a search warrant they raided my home looking for evidence of prostitution! I got another 104 charges because of my phone records! Since then, I've gradually lost all of my clients because they've been approached by the cops. I no longer work for the agency. It has changed hands. Right now, I'm trying to get by as a sole operator. As a sole operator, I have found that it's impossible to charge what I was able to charge with an agency. What's worse is that in addition to the lower rate, I'm opening my home to strangers and answering my own calls. It's driving me insane. I get e-mail and phone calls galore, but 9 out of 10 are a waste of time. I'm charging \$400 an hour, which is less than half of what I used to demand, yet more than what the majority of sole operators charge. Some clients are willing to pay but then they're wanting credit card facilities, which I don't have. Furthermore, the questions I'm receiving from the guys calling me! I end up hating clients before I have seen them. That's the reason you pay a receptionist, to screen the calls, so I don't have to justify why I won't do natural anal."

(escort agency worker/sole operator, Brisbane)

People who do sex work outside the options defined to be legal in Queensland are very nervous about trusting anyone with that information. A peer-based sex worker service and a few private practitioners would be the only people trusted.

"Illegal sex workers need someone they can trust to not get them to more shit than they are in already."

(female escort agency worker, Brisbane)

“There has to be confidence and trust, especially for escorts. It’s best kept between peers, because if you’re asked where you work, you have to admit that you work illegally and you need not to be judged, not to feel bad that you’re doing something wrong. I’ve had some bad experiences, but if I complained to Joe Public, law-abiding citizen, they’d say ‘Well that’s what you get because you’re working illegally. Naughty, naughty.’ But I shouldn’t have to feel bad about it. It’s a human rights issue.”

(female escort agency worker, Gold Coast)

While top of the market escort workers may only need someone who understands to talk to occasionally, escort workers also include some recently arrived Asian women, who are harder to access and whose needs are more complex, as discussed in the following chapter.

Opportunistic sex work and sex for favours

Sex for favours and opportunistic sex for cash may occur in any situation where a person is in financial difficulty or material need and an opportunity to be paid or have material needs met presents. While some occasional sex workers may recognise such exchanges as sex work, others who occasionally provide sex as thanks for food, shelter, drugs or other goods and services would not see this as sex work or themselves as sex workers.

While the sex worker service should never turn away any person who seeks advice, support or supplies, opportunistic sex workers or people who repay favours with sex are not likely to present at sex worker services, because they are unlikely to identify themselves as sex workers. Certainly they may be less well informed and less safe in their practices than identifying sex workers, less able to assess personal risks and insist upon protective measures and also less likely to access sexual health screening services. However, opportunistic sex work is an issue, rather than a population, which requires sensitive projects that address broader community groups where opportunistic sex work is likely to occur.

While in principle opportunistic sex work could occur anywhere need and opportunity coincide, several small populations were identified by informants to this needs assessment as likely to include opportunistic sex workers. These were:

- homeless, unemployed young people, particularly in winter
- young gay men who frequent gay pickup scenes
- vulnerable women in remote Indigenous communities
- vulnerable women in recent migrant communities.

While they may have some form of opportunistic sex work in common, these are diverse and separate special needs groups, each requiring a specifically targeted project capable of reaching current and potential opportunistic sex workers to address their information and support needs in a way that does not have unintended negative impacts due to identifying them as sex workers to their communities.

Probably opportunistic sex work and sex for favours are best addressed as a pressure that may arise for anyone when they feel indebted to the person with whom they are having sex. A sense of obligation may reduce capacity to insist on safer sex practices. Although this issue is important, it is not appropriate to address a broad community issue with limited sex worker specific funding.

4 SPECIAL NEEDS GROUPS

Asian sex workers

Culturally and linguistically diverse (CALD) sex workers, mainly from Asian countries, are clearly a large and high priority special needs group. There are no precise figures to define the size of the sex industry in Queensland, nor the proportion made up by CALD/Asian workers and probably the population changes over time, as people move in and out of the industry in response to economic and legislative pressures, both here and overseas. However, various indicators, each limited in themselves, together suggest that a substantial proportion of sex workers in Queensland are CALD, predominantly from China, Thailand and Korea, but also from other Asian countries including Vietnam, Indonesia, Malaysia, Japan and the Philippines.

Only one of 24 licensed brothels in Queensland is exclusively CALD (specifically Asian), but a few Asian workers were found in other licensed brothels during this needs assessment. The Ethnic Communities Council of Queensland (ECCQ) found that half of advertisements for adult services and exotic relaxation in the *Courier Mail* identified sex workers as being from Asian countries. NSW Sex Workers Outreach Project (NSW SWOP), which serves a larger sex worker population than that found in Queensland to some extent notes cultural background in service records. An analysis of 18,639 occasions of service in the 2005-2006 period found that 3,467 (18.6%) were provided to CALD sex workers. These include occasions of service through all programs of SWOP, not just CALD peer education outreach.

ECCQ concluded that the main ethnic groups amongst CALD sex workers were Chinese, Thai and Korean, but this conclusion was drawn partly on the basis of information provided by interstate sex worker services. ECCQ noted that although most of the *Courier Mail* Asian sex worker advertisements indicated a specific ethnic group, consultations with CALD sex workers contacted through these advertisements revealed that they had not necessarily advertised their true ethnic background.

Queensland sexual health services and brothels consulted for this needs assessment reported mainly Chinese, Thai and Korean sex workers, together with Vietnamese, Japanese, Indonesian, Filipina, Pacific Islander and some other ethnic groups.

"We have Thai, Vietnamese, Czech and Chinese workers."
(brothel owner/manager)

In the NSW SWOP analysis, specific ethnic group had been recorded for 2,436 (70%) of the 3,467 occasions of service to CALD sex workers. Of these:

- 1,121 (46%) were Chinese
- 778 (32%) were Thai
- 346 (14%) were Korean
- 76 (3%) were Indonesian
- 68 (3%) were Vietnamese
- 47 (2%) were Filipina.

This breakdown does not match the ethnic backgrounds indicated in advertisements in Queensland newspapers, but many merely say "Asian". The large proportion purporting to be Japanese and the virtual absence of Chinese and Thai in advertisements may be due to the practice noted by ECCQ of advertising a different Asian background from one's own.

ECCQ noted that CALD sex workers include Australian citizens and residents in the process of attaining citizenship, as well as those visiting on tourist or student visas. Australian born

CALD sex workers may not be very different from the mainstream in their information and support needs. However, recent migrants and visitors are likely to be more vulnerable and to have special needs for one or more of the following reasons:

- poor English language skills (and in some cases limited first language literacy)
- not having permanent residency or citizenship in Australia or a working visa
- poor understanding of HIV and STI transmission and prevention measures
- poor awareness of HIV, hepatitis C and sexual health screening and treatment services and limited capacity to access them
- poor awareness of other welfare and support services
- poor understanding of Queensland law concerning sex work, particularly their own legal rights and obligations.

The sample of CALD sex workers accessed by ECCQ was found to have limited understanding of legislation concerning sex work in Queensland and in some cases poor awareness of available health services or poor ability to access services due to language barriers. Many felt isolated, stigmatised and fearful of the consequences of being identified as a sex worker. ECCQ noted that CALD sex workers vary in whether they need service providers who can speak their first language or prefer the anonymity of mainstream services.

According to the NSW STI Strategy,

“Overseas-born sex workers may be less likely to practise safe sex than other sex workers owing to:

- *greater pressure to practise unprotected sex*
- *isolation from peer support and information services*
- *isolation within working environments which do not routinely insist on protected sex*
- *reduced skills and knowledge in negotiating protected sex*
- *lack of access to condoms and lubricant.*

Overseas-born sex workers may lack adequate access to preventive and health care services and consequently the duration of their infections may be longer than that for resident sex worker populations. It is vital that in outreach to overseas born sex workers consideration is given to cultural issues and the ability of workers to access appropriate services.”

NSW SWOP report that most (85%) CALD sex workers do use condoms for vaginal sex, but reasons given for not using condoms on occasion include trust in a long term client (67%), receiving more money for sex without a condom (21%) and client refusal to use a condom (5%). Most (86%) do inspect clients for STIs and most (70%) would refuse a client suspected of having an STI. Only a few say they have experienced management pressure to not use condoms and/or client refusal to use condoms.

Given the high turnover of overseas sex workers who come to Australia for a short period of time, there is need to constantly access new CALD sex workers to provide them with information and support as required. They are unlikely to be in contact with networks of Australian sex workers, given their short average stay, language barriers and the evident hostility of some Australian sex workers to their presence.

“If there’s Asians in town, you’ll be lucky to get any work... I’ve been working in Cairns, but the triads have been intimidating sole operators. I was taking clients into my own home unit, but now I’m not game to advertise... I advertised and the first caller asked ‘What premises are you working out of now?’ I don’t do anything because I am scared. I had rocks thrown on my roof and intimidating phone calls. I’m never going to work in Cairns again. Lots of Asian women work for other people and I felt threatened.”

(female sole operator, North Queensland)

There is general agreement that migrant CALD sex workers would benefit from:

- HIV, STIs and hepatitis C recognition and prevention training, including how to introduce and use condoms and other safe sex equipment in a sex work context
- specific training to negotiate sex services that are safe and acceptable to the sex worker, for a given time and price in English
- workplace issues including how to maintain control of the transaction, how to deal with intoxicated and/or aggressive clients, occupational health and safety
- an overview of laws regulating the sex industry in Queensland and information about how to get work in different sectors of the industry
- greater awareness of services that are available to them in Australia, including free and confidential sexual health screening and treatment
- better understanding of how to access services, including making an appointment in English and arranging for an interpreter if needed
- English language and living skills for Australia, such as finding accommodation and negotiating the public transport system
- immigration and visa advice.

The large number of Asian sole operator advertisements in the *Courier Mail* noted by ECCQ may suggest that most CALD sex workers in Queensland are sole operators, but brothel owners, sole operators and police informants all believe that many Asian workers who advertise as independent workers are in fact employed by illegal escort agencies or brothels, who move the workers around from town to town, particularly in North Queensland. ECCQ and Southern Edge Training believe that many of these women came to Australia with a misunderstanding of the employment awaiting them and now work in circumstances of duress. However, Scarlet Alliance believes that Asian sex workers in Australia generally do know what they are undertaking and have no wish to be rescued. Donovan and Harcourt (2003) reported that more than half of Asian sex workers seen at Sydney Sexual Health Centre had worked in the sex industry before coming to Australia, most had found work in Australia on their own initiative, all had entered Australia legally and retained their passports and only a minority were on contract (debt-bonded to a workplace).

A comparison of Asian sex workers in Sydney in 1993 and in 2003 conducted by Sydney Sexual Health Centre and Central Sydney Sexual Health Service (Pell, Dabhadatta, Harcourt, Tribe and O'Connor, 2005) found some significant changes had occurred in that time, including:

- the average age had increased from 26 years to 33 years, years of schooling had increased and English language skills were better
- the proportion who were Chinese had increased from a quarter to more than half (25% in 1993 to 58% in 2003), with mainland China becoming the main country of origin for Chinese (rather than Malaysia and other parts of SE Asia)
- the proportion on a contract had decreased (27% in 1993 to 9% in 2003) and most were working legally
- the proportion who had done sex work before coming to Australia had decreased (from 48% in 1993 to 18% in 2003).

Of greatest interest, the proportion using condoms at work had increased for both vaginal sex (from 52% in 1993 to 84% in 2003), oral sex (from 40% in 1993 to 66% in 2003) and for the minority that provided this service anal sex (20% to 88%). Perceived pressure against condom use from management fell (21% to 5%) The increased use of condoms was attributed to the efforts of the NSW SWOP CALD outreach program.

They noted that in general the Chinese sex workers were less well informed about HIV transmission and safer sex practices than Thai workers. Chinese sex workers were less

likely than Thai to use condoms and to inspect clients for STIs. Drug and alcohol use was very low in both Chinese and Thai sex workers.

At a recent Scarlet Alliance seminar on CALD/trafficking issues, presentations by CALD outreach workers from NSW SWOP provided some useful insights into issues affecting Chinese, Korean and Thai sex workers now in Australia. They believe the main reasons these workers come to Australia are lack of opportunities and poor sexual health services in their own countries and that most want to keep working in Australia, in some cases because family members at home depend on their income.

They report that Chinese sex workers enjoy Australian work conditions. Sex work is illegal in China, where police arrest and charge both sex workers and their clients, making Chinese sex workers very reluctant to admit to doing sex work. Chinese sex workers generally travel first to Hong Kong and then on to Australia, the United States or Europe, often working for about three months and then returning to China. There is little HIV/STIs health promotion in China, condoms are poor quality and there are few quality sexual health services, unqualified people often providing inappropriate services. Consequently Chinese people often do not see condom use or STIs testing as high priorities and they may be reluctant to spend money on these. Working for a short period in Australia, Chinese sex workers may also be reluctant to take time away from work to access sexual health services. However condoms and sexual health services that are free and provided confidentially are more attractive.

Korean sex workers also prefer Australian working conditions, including better pay and the option to use condoms. In 2003, sex work was made illegal in some Korean cities and the red light districts were shut down. Consequently Korean sex workers are very concerned with privacy and reluctant to admit to doing sex work. In Korea, sex business owners and clients pressure workers to provide unsafe sex, so if they want to use condoms, they have no clients. While government sexual health clinics are available in Korea, they are expensive to use, so STIs rates amongst Korean sex workers are high. In Australia, Korean sex workers do regularly attend sexual health clinics, but they may also continue to provide unprotected sex services.

Thai and some other CALD women do not enjoy equal rights with men in their country of origin and therefore cannot easily get visas to travel for work themselves. They therefore make alliances with third parties who provide them with visas and other travel documents and arrange employment in their destination country.

Only a few CALD sex workers contributed directly to this needs assessment. All were working in licensed brothels and so did not represent the majority believed to be working as sole operators / illegal escorts. In keeping with past experience, the participating CALD women were reticent in group discussions and reluctant to be interviewed separately. It takes time and tact to establish sufficient trust for these women to expose themselves. However, all were apparently doing sex work of their own volition and were satisfied with their workplace conditions.

One Korean woman said she had been living in Sydney when she began sex work in Australia. She approached an Asian licensed brothel there, looking for work. The owner/manager took her passport and she was only able to retrieve it by seeking intervention by her embassy, which required considerable courage, given official attitudes to sex work in Korea. She then moved to Brisbane and currently works in a licensed brothel where she feels much better supported. It is worth noting that she had not previously felt safe to speak about this traumatic experience to anyone.

Gaining access is a crucial aspect of delivering information and other services to any target population, but CALD sex workers can be a particularly challenging population in this respect, especially in Queensland where most are working outside licensed brothels.

NSW SWOP's strategies for engaging with CALD sex workers (mainly in licensed brothels) include:

- providing information that supports the businesses that employ them as well as the workers themselves
- providing free condoms, lubricant, dams, gloves and other resources
- employing appropriate, skilled staff (3 bilingual peer educators)
- patience to overcome access barriers to workplaces
- peer access, using word of mouth promotion as well as advertising.

Cross-cultural communication skills are needed to access and serve CALD sex workers effectively, including appropriate body language as well as the relevant languages. Effective resources to inform CALD sex workers include portable, accurate, translated print information resources and non-text resources such as videos and body models for demonstrations.

There are some translated information resources in various Asian languages currently on the SQWISI/WISI website, as well as others in use interstate, but as with all information resources for sex workers in Queensland, there is need to review and update these or to make them relevant for the Queensland context. Having non-English language resources downloadable from a sex worker service website is an effective way of making these available via sexual health services that can download the languages they need as they need them, but it cannot be assumed that this will provide adequate access for CALD sex workers directly.

The ECCQ described three possible models of outreach to CALD sex workers in Queensland, all involving employment of bicultural workers, but differing primarily in location of CALD staff within the ECCQ service or with the new sex worker service.

They note that location within ECCQ would have the advantage that CALD sex workers could then access an environment that is sensitive to cultural issues and where bilingual employees are able to bridge language barriers and other services relevant to CALD sex workers' needs, such as English classes, could also be provided during drop in periods. They believe the main disadvantage of this model would be that CALD sex workers would be isolated from mainstream sex workers.

ECCQ believe this would be the preferred setting for sex workers who identify as CALD people, but are not comfortable identifying themselves as sex workers. However, inputs to this needs assessment suggest a different conclusion.

Certainly CALD sex workers may need services provided by ECCQ such as English language classes for shopping, using public transport and accessing health services, but they would probably prefer to access these services as CALD people, rather than as sex workers. As sex workers they are most nervous about speaking openly with people from their own ethnic background. Further, the English phrases they most need as sex workers are those required to negotiate sex work transactions and they are unlikely to learn these in mainstream English classes and would be much more comfortable learning these from other sex workers, even if there are some language difficulties. For example, a Korean sex worker interviewed for this needs assessment had received some translated information about STIs from a brothel owner and she would be glad to receive further Korean language print information, but she was adamant that she would not speak with any Korean service

providers about sex work issues, because she does not want her sex work to be known within her own ethnic community.

“No, it’s too embarrassing. I don’t want to see them here.”
(Korean brothel worker, Brisbane)

These reservations are likely to be overcome if the CALD outreach worker is a peer, that is also a sex worker. Scarlet Alliance also believes that CALD sex worker peer educators would feel more comfortable being the only CALD worker within a sex worker space than being the only sex worker employed in an ethnic communities space. It is also worth noting that some CALD sex workers who may be interested in becoming peer educators speak more than one Asian language.

As ECCQ note, the usual model in Australia has been to locate CALD peer educators within sex worker services. ECCQ say that the effectiveness of this model depends upon the capacity of the sex worker service to understand the unique requirements of the CALD sex worker population, maintain motivation to actively seek out members of this group and to engage in ongoing education regarding the diverse CALD population. These comments are sound and argue strongly for the employment of CALD peer educators, but it is also unlikely that mainstream CALD employees of ECCQ would have a good understanding of the specific cultural experience of being a migrant sex worker. While ECCQ identify consistency of information as the main advantage of locating CALD peer educators within a sex worker service, the Scarlet Alliance concept of a sex worker only space, where sex workers can speak freely without fear of being judged because they are with peers, may be a more important advantage.

The UK project X-talk, which provides practical English for CALD sex workers, including how to communicate the need to use condoms, may serve as a model for the new sex worker service.

Male sex workers

The new sex worker service will need to employ and train male sex worker peer educator/counsellors in both North and South Eastern Queensland to actively access male sex workers who advertise on the internet and in print media in all parts of Queensland, as well as the few who work in licensed brothels.

Male sex workers are far less numerous than female sex workers and vary in whether they provide sexual services to men, women or both. While there is commonality, the information needs of male sex workers and the issues that concern them are different from those for women. Past information resources for sex workers have tended to assume a female audience.

“They may or may not be gay and their clients may be gay, bi, straight or even transgender.”
(male sole operator, Gold Coast)

“The health education information and advice wasn’t that relevant, being a straight male provider. Their programs and health promotion materials were geared to women and gay male workers looking for pimples on dicks, so to speak. The pamphlets weren’t helpful to me as, if you’re servicing female clients, you want something that tells you this is a happy pussie; this isn’t.”
(male brothel worker, Brisbane)

While numbers are relatively small, male sex workers are a high priority special needs group because they appear to be more at risk of STIs including HIV.

Research conducted at Sydney Sexual Health Centre found that almost one third of male sex workers who attended had one or more STIs at presentation. This was double the rate of STIs in female sex workers and significantly greater than the STI rate in gay men not involved in sex work. A contributing factor to these high rates may be desire to distinguish private sexual practices from work. Homosexually active male sex workers were less likely to use condoms consistently with non-clients than other gay men. Male sex workers with exclusively female partners were the most likely to have unprotected sex with their non-client partners. This indicates need for the sex worker service to address with male sex workers STI prevention strategies, including risk assessment and negotiation skills for both professional and personal contexts.

Another factor affecting male sex workers' capacity to negotiate safe practices is the range of opportunities for free or cheap sex provided to gay men by sex on premises venues, beats and other sex scenes.

"Many guys charge very little for sex... It's a very hard industry when you have guys who really are just advertising for sex. Very few treat it professionally. I do and I do try to keep prices up. However, a lot of work is lost to those who undercut the market. Seems most guys that call in want it for free or for very little and want everything for it. They don't realise the expense in advertising and having to make the time to do this. It really sucks. There is a mentality out there that pretty much disrespects male workers. A lot of male workers are also to blame, as many give out the idea that they really are just hornbags looking for an easy, cheap way to be a slut like the clients. I test the market time to time and no matter what stupid price I may test, it's still too expensive! There is an idea out there (mostly true) that male workers are in it for the sex, whereas women are in it for the dollars. It's a tough business, but so far it still beats going to work 40-50 hours a week."
(male brothel worker, Brisbane)

Since male sex workers are small in number, geographically scattered and often on the move, they may feel isolated and unsupported. Most need information, referral and opportunities to "debrief" at least occasionally. As well as providing education, counselling and referral directly, an important role of male sex worker service staff will be to foster development of a male sex worker peer support network across Queensland.

"Male sex workers, for the most part, work as sole operators. There are far fewer male workers in any area, particularly in regional or rural areas and peer support is extremely difficult to access. Most work in isolation and would welcome contact with an understanding service... As sex work is seldom talked about in polite circles, it is difficult to access legal and social information such as Centrelink and taxation issues as well as support during burn out periods."
(male sole operator, Gold Coast)

"I've noticed a lot of women who work or have worked end up really disliking men. Also same for me! Mind you, women who call in aren't any better."
(male brothel worker, Brisbane)

In addition to men who identify as sex workers, there is some anecdotal evidence of opportunistic sex work within various male-to-male sex scenes, including sex on premises and other gay venues, internet contacts and beats.

There is a Scarlet Men website with associated e-list, jointly auspiced by Scarlet Alliance and Australian Federation of AIDS Organisations, which currently provides:

- information on health, services and other issues of importance to male sex workers
- an archive of articles, information, interviews, stories, artwork and research by and for male sex workers in Australia

- a range of information on sex work for men, particularly those new to the industry, including trade tips, phone tips, working on the internet, testicular self examination, genital piercing and other topics.

“Male sex workers have always played an important and high profile role in sex industry advocacy, lobbying and representation in Australia, volunteering to ensure that male sex worker issues are heard by policy makers, politicians, shared with the community and used to inform each other to improve our work skills”
(Scarlet Men website)

The Queensland Association for Healthy Communities, formerly Queensland AIDS Council (QAHC/QuAC) is likely to be an important partner organisation for the new sex worker service in relation to male and transgender sex workers.

QAHC had a co-operative relationship with SQWISI, providing information, referral and support as required. QAHC/QuAC has met with SQWISI through interagency groups at state and local/regional levels and attempts were made to collaborate on a project around Indy time on the Gold Coast, though this did not eventuate.

Some male sex workers contact QAHC via their Men’s Sexual Health Line and Gaydar (internet) outreach. It is also assumed that many male-to-male sex workers are reached through QAHC’s general gay men’s work, though the extent to which men use the information or support they receive in relation to sex work or their private lives is unknown. The QAHC Indigenous Project, Cairns, currently provides an information, referral and support service for a range of predominantly LGBT clients, including some sex workers.

QAHC anticipates that future collaboration with a new sex worker service would be likely to include development and provision of HAHCSH information resources for the sex work industry, particularly for lesbian, gay, bisexual and transgender (LGBT) sex workers and their clients. QAHC has now set up as a resource centre and would be happy to house/stock information pamphlets for both sex workers and their respective clients. Although QAHC targets LGBT communities, the resource centre is open to the general community.

QAHC could incorporate some services for male-to-male and transgender workers into their existing sexual health services, though this may require some additional funding. QAHC has offices in Brisbane, Maroochydore and Cairns that could be used for meetings, workshops and other activities. In addition, QAHC:

- produce local LGBT community newsletters in 6 locations outside Brisbane, which include a range of community information, including sexual health.
- provide a free-call telephone men’s sexual health line, staff normal working hours and with a recorded information service after hours.
- have an on-line presence through our main website, our www.men.org.au site, outreach on gay chat site (Gaydar) and increasingly through web 2.0 applications (My Space, Facebook)
- conduct ‘outreach’ visits to health services and community members in smaller centres, using staff from three offices (Brisbane, Maroochydore and Cairns).

QAHC would like to work with a sex worker organisation to address the following priorities:

- *Trans sex workers* – specific information needs to be made available to trans sex workers, inclusive of those pre- and post-operative.
- *On-line* – QAHC conducts outreach online, Gaydar which has a commercial section to the site, but there is also an amount of opportunistic sex work happening across the site.

QAHC would be interested in working on a strategy that reached male and trans sex workers through various websites, chat rooms.

- *SMS* – QAHC would be interested in exploring how SMS (text messaging) service may be beneficial in providing a service to sex workers (given the high reliance on mobile phones for professional use).
- *Seasonality* – anecdotally the number of male sex workers increases seasonally or at times of large events (eg Indy on the Gold Coast).
- *Personal* – focus on sexual health in personal relationships, which some research shows can be more risky than in professional life.

Transgender and cross-dressing sex workers

Transgender and cross-dressing (who have taken no medical steps towards becoming female and identify as male, but cross-dress) sex workers make up a small minority of sex workers in Queensland, but a minority believed to be at greater risk of HIV, hepatitis C and STIs, who therefore require special attention.

“The CD worker or cross-dresser worker are boys who identify as boys but work as girls, usually to give an active or versatile service for a client that likes the idea of a fully functional transgirl (Some trans workers are purely passive...like myself). Many drag queens moonlight as CD sex workers. They are kind of a sub category within the trans worker status.”
(transgender worker, Brisbane and Gold Coast)

It will be appropriate to train and employ at least one transgender sex worker peer educator/counsellor to actively access transgender sex workers who advertise on the internet and in print media, in Brisbane, on the Gold Coast and other parts of Queensland as well as those who work from the street. One to one peer counselling, as well as transgender only drop in for group peer support and education would be valued. Some information needs are specific; others are shared with other sex workers.

“Maybe even a transgirl trained as a counsellor... Offering specific information or drop-in times aimed directly at trans workers’ needs. There is also a need for an open counselling service to combat the specific issues brought up being a working transgirl. Prostitution entrapment, self worth, emotional or hormonal imbalance.”
(transgender worker, Brisbane and Gold Coast)

“Same type sex workers need time to socialise and debrief. The best way to pass information is word of mouth worker to worker. (I’d prefer to discuss with another sex worker) tips on how to advertise effectively, legal procedures if criminally affected, drug use with clients.”
(transgender worker, Brisbane and Gold Coast)

“I’d want information on local working practices/prices, health, further job access when trying to escape the prostitution trap... (Without SQWISI) there’s no way of reporting ‘ugly mugs’ to the working community or to police safely and with the proper care and concern... There’s no longer any drop-in centres for sexual health checks and advice.”
(transgender worker, Brisbane and Gold Coast)

Transgender people also appear to be more vulnerable to violent attacks and to have more difficulty getting appropriate responses to complaints from police, so they have particular need for “Ugly Mugs” updates and safety precautions as topic for peer education. Advocacy and liaison with police are likely to be important areas of activity for the new sex worker service in relation to transgender and cross dressing sex workers.

Transgender people often face discriminatory attitudes from service providers other than police and need referral to services that will be sensitive and non-judgemental. They may need referral to clinical counselling, AOD treatment, primary health care, housing assistance, legal advice, tax advice or other professional services. They may have complex medical issues related to their physical transition and may need referral to medical services with relevant expertise, especially if they travel for work.

“Each transgirl is different and an individual so each working transgirl needs to be seen as individual. So an understanding of trans issues and how they affect each girl differently (is needed) – emotions, counselling, doctor, treatments, personalities, drug use. Being able to assist them with keeping their personal hormonal intake monitored regularly by a doctor that understands their transitional medical journey, whether local or travelling away from their GP. Offering Legal help and assistance of a trans friendly nature for when sexual attacks occur (for both trans and CD workers) to make sure that they are not treated poorly.”

(transgender worker, Brisbane and Gold Coast)

Because transgender sex workers are a small group, another important task will be to support development of a transgender sex worker peer support network that crosses state boundaries and to help to provide occasional opportunities for transgender sex workers from all over Australia to meet and discuss common issues.

A synergy needs to be made to interlink with pre-existing sex working groups in other states for shared information and resources in this field of personal care and education... Possibly linking with state trans-specific groups (ATSAQ for legal, or the Gender clinic for medical) for shared information that can be used to assist and guide working trans and CD's. Trans representation within the sex working service for a "sisterhood" camaraderie and comfort... An interlinking with out-of-state groups for a communal sharing of information with a strong focus on national issues to combat a 'silo effect' within this specific group.

(transgender worker, Brisbane and Gold Coast)

As noted above, QAHC is not specifically funded to provide services to transgender people, but transgender people are part of the LGBT community that QAHC serves. QAHC's existing premises, transgender staff, resources and outreach programs are likely to make QAHC a helpful partner in providing services to transgender sex workers.

While no specific input to this needs assessment was received, there are several other agencies for transgender people in Queensland, as well as interstate that might contribute in some way to the new service's work with transgender sex workers:

- Australian Transgender Support Association of Queensland, which provides counselling, information and referral for transgender people
- Gender Identity, which provides telephone or face to face counselling, referral and information
- Changeling Aspects, which provides support for transsexed, intersexed and transgendered people
- The Gender Centre in Sydney, which produces a magazine for transgender people, *Polare*.

Aboriginal and Torres Strait Islander (A&TSI) sex workers

Information about Indigenous sex workers is limited, but suggests there may be need for a special projects approach.

Indigenous people are highly diverse. They include both Aboriginal people and Torres Strait Islanders, living in urban, regional and remote locations with more or less traditional lifestyles, varying degrees of English language literacy and access to condoms and other safe sex supplies.

While reporting has often omitted Indigenous status it is known anecdotally that Indigenous STI rates are higher than state averages, particularly in Far North Queensland. It may also be appropriate to locate these Indigenous communities conceptually within the broader context of the region.

Indigenous people exchanging sex for money in cities and towns probably understand this as sex work in the same way that other sex workers do, though issues related to race may add further dimensions to these exchanges. It may be helpful to train and employ both male and female Indigenous sex worker Peer Educator/Counsellors and to foster the formation of Indigenous sex worker peer support groups. NSW SWOP has recently created an ATSI position. Scarlet Alliance has suggested that a NSW Tribes style project, where funding is provided for members of a sub-cultural “tribe” to get together to identify what their tribe needs and then produce something to that end, might be more effective.

While several sources suggested that in remote Indigenous communities exchange of sex for favours may be common, this is less likely to be perceived as sex work, so an approach overtly targeting sex workers is less likely to succeed than a whole of community approach to the general issues, particularly given the limited scope for confidentiality within small closed communities. It would be more appropriate to locate and fund such projects through Indigenous sexual health services and allocations.

HIV positive sex workers

The number of HIV positive sex workers in Queensland is unknown, but likely to be very few. Undoubtedly they would have special needs, but little is known about these and since it is illegal for HIV positive people to do sex work, they may be unlikely to identify themselves as sex workers to a service for HIV positive people or as HIV positive to a sex worker service.

The Scarlet Alliance is currently conducting a needs assessment for HIV positive sex workers, which may provide some guidance in this area.

5 SERVICE NEEDS AND MODELS OF DELIVERY

Sex workers are diverse

In assessing the needs of Queensland sex workers, it is important to recognise that sex workers are a diverse population, varying in several significant respects. While every sex worker is an individual, some needs do vary in predictable ways.

- There are needs that are common to all sex workers, such as access to HIV/AIDS, sexually transmissible infections and hepatitis C information, sex work skills training and support by peers and non-judgemental sexual health services.
- There are needs that vary across or are specific to particular sectors of the industry, such as workplace rights for brothel workers, legal advice to avoid police entrapment for sole operators; crisis intervention services for street-based sex workers.
- There are needs that are specific to or different for particular demographic groups, such as male, transgender and Asian sex workers.

There is also great diversity in personal circumstances, attitudes to doing sex work and the extent to which sex work is an identity, rather than a means to an end. At one extreme there are those who participate in the industry briefly in order to survive a crisis or meet a short-term goal. They tend to think of sex work as something they are doing at the moment, rather than seeing sex work as a career or part of their identity. Their priorities are to get the information, skills and support they need to get through this phase of their lives unscathed. At the other extreme, some have embraced sex work as a positive career choice and identity and they see themselves as part of a community of sex workers. Their priorities go beyond short-term information and support needs to long-term ambitions for improved status within the community, dismantling of discriminatory practices and hostile attitudes and building the capacity of the community of sex workers to support its members and defend its interests.

Some of the issues most hotly contested by sex workers consulted for this needs assessment arise because there is more than one reality. Sex workers are not all the same: their origins, motivations, aspirations and service needs vary. For example, sex workers who have experienced sex work as a positive career choice made by stable, sober, educated people tend to be hostile to the contention that people become sex workers as a consequence of sexual abuse in childhood, to the portrayal of sex workers as helpless victims of traffickers, illiteracy, mental health and drug use problems and to programs designed to rescue sex workers from their occupation. However, there are also sex workers with complex needs arising from traumatic childhood experiences, drug addiction and mental health problems and they do need crisis interventions and clinical interventions and some of them do welcome career change opportunities. Neither perception is wrong; they are just products of different experiences.

"I have an Honours degree in Anthropology. I choose to do sex work."
(female sole operator, Brisbane)

"Some of the work I had to do as a lawyer was far more repugnant to me."
(female illegal escort, Brisbane)

"I enjoy my work. I make them feel good for the little time they're here."
(female brothel worker, Townsville)

"I've worked in a strip club, illegal brothels, hotels, for outcall and incall agencies. I've worked for myself from home doing outcalls and had long-term clients... I have seen an awful lot; not all of it is nice. I originally entered because I needed money fast. What it cost in the long run far outweighs the money I made. It's a hard row. It eats your soul."
(female worker in various sectors, Brisbane)

"Because it's not a career choice for me, I never took notice of services that could help me mentally or physically for dealing with the work, but I feel there should be a service for workers, because I find it quite draining, more the emotional side, but I've chosen to do it to make ends meet. I'm a single mother on Parenting Pension and studying. I was in a relationship, so I stopped working, but I'm back for a while, just for financial reasons. I'm not getting any money from my ex-husband so I work when (daughter) is with her father. I'm half an assignment away from finishing my education, so another short stint."

(female sole operator, Cairns)

"I've only been here two weeks. I did it six or seven years ago for six weeks in Adelaide. I'm just here for a few months and that is it. I've had a few financial problems and when that's fixed, that's it."

(female brothel worker, Cairns)

"That psychologist from Perth, wanting to dismantle the sex industry, suggesting sex workers were molested as a child, came from a broken home, have no lives, drug addicts. Well my parents were together 50 years, I had a private school education, I don't use drugs and I've never been molested. I have found my niche in life. Not everyone can be a sex worker, like not everyone can be a lawyer or a brain surgeon."

(female sole operator, B&D specialist, Townsville)

"I was molested as a child, so I know men want that thing between your legs. I've had shocking experiences with men... I don't want to work in Cairns anymore. The psychologists at the Doll's House told me about Southern Edge Training."

(female sole operator, North Queensland)

"There are a lot of girls who are going off the rails. I don't think there's a lot with high self-esteem. Women with high self-esteem can't do this job. They think of themselves too highly."

(female brothel worker, Gold Coast)

SQWISI

Many sex workers consulted for this needs assessment had experienced SQWISI services and most spoke very highly of the information, training, support and cheap, appropriate supplies they received from SQWISI. The service is clearly missed.

"I attended SQWISI workshops. They were very helpful. They taught me how to negotiate safe sex and to know my rights with the law."

(female sole operator, Townsville)

"SQWISI workshops showed me how to take control, how to control my environment for my personal safety."

(female brothel worker, Townsville)

"I never knew nothing about anything before I met SQWISI."

(gay male sole operator, Townsville)

"I went there for cheaper toys and vibrators and condoms in different sizes. I went there (after time spent in) Sydney, working for myself. I was sent there for training in sexual diseases when I started at the Pentagon Grand. It was really good at SQWISI and they were really nice, friendly ladies. It was a bit of a counselling service and we need counselling, someone to talk to you if you have a horrible client or someone is obsessed with you. An older lady who's been working many years might know more about it than a counsellor."

(female brothel worker, Gold Coast)

"I went to SQWISI when I started out. I went there to find out the nitty-gritty. I watched a DVD and got informed about the steps you take for safe sex and that, STDs and STIs. I did a one-to-one consultation in their space on the Gold Coast. That helped a lot of girls."

(female brothel worker, Gold Coast)

“Before I met SQWISI I had a sense of unsafe situations, but I didn’t really know.”
(female sole operator, Townsville)

“I used to travel a lot for work around the countryside. SQWISI was able to help me find safe motels to stay, someone to call if a condom broke and I could call them from the road. I didn’t feel so alone.”
(female sole operator, Townsville)

“How could it have been better? It could still be going! The service could still be available.”
(male brothel worker, Brisbane)

“SQWISI years ago. They came into the parlour I was working at. They brought pamphlets, workers’ packs of condoms and lube, newsletters and ugly mug lists. They mingled with workers, but were not so well received by management, but well received by the receptionist who had organised the visit... (I got) condoms and lube and asked about HIV tests as my girlfriend at the time was HIV positive. They were very helpful.”
(female street-based sex worker, Gold Coast)

“I went to SQWISI for supplies – dams and sponges, vibrators, condoms and lube. We knew they’d be okay, not out of date and kept in a cool place. They can break if they haven’t been stored properly and I’d go to find out what the laws were, for tax purposes and get more educated about things.”
(female sole operator, Townsville)

“I used to visit SQWISI all the time. It was just nice to have someone to talk to. You could ask her things like your rights, if your clients did things you told them they were not allowed to do. How to deal with it. It’s nice to have people who understand what you do for a living without being ridiculed.”
(female brothel worker, Townsville)

“SQWISI came out (to the brothel) and did a workshop at about 6 pm. They brought a big-screen monitor and I learnt a lot from them. I need to do it again. You need someone doing the workshop, so you can ask questions. Showing you how to put on condoms, the safe sex stuff, how to deal with a broken condom or the client who won’t use one. You do need to ask if there’s anything you want to talk about. It’s good to see the same person and you can check them out and if you’ve got personal issues, you can discuss them.”
(brothel worker, Brisbane)

“SQWISI used to ring us up from Townsville when we were working in Mackay.”
(female sole operator, Townsville)

“I did a course with SQWISI. I’d never used a condom in all my years. I’d just picked partners who were clean. I learned to put a condom on with my mouth. You need to know your rights as a worker, like if you tell a client you do not want them to do something in particular and they go ahead and do it. I’ve had a couple and had things done to me and there was no-one to call. I’d go in to SQWISI. They’d tell me ‘don’t be so nice’ and she’d drop in sometimes. Even people who want to start were going in to find out how to do it. First time I pulled up down the road and was really scared. A girl came in here one time and wanted to know what it is like. To go out and do it the first time, an introduction, is scary. The manager took my hand and said ‘this is her first time, so be nice to her’. I was very scared. If the whole room is full and you’ve got to go out and introduce herself to all of them and they don’t pick you... Some guys come in just for a laugh at us hookers.”
(female brothel worker, Townsville)

“SQWISI helped me a hell of a lot in the time I’ve worked privately and in brothels. I was a greenhorn when I started out and SQWISI helped me. I was full of fears. They gave me a one to one workshop, which saves embarrassment. There was confidentiality and I sussed it out before I made a decision. It’s daunting because you don’t know what you’re up for. They taught me their protective ways and the laws as well. They helped me to protect myself and my clients and taught me how to negotiate without offending them. Every guy wants a blow job without a condom. You need a bit of knowledge about how to handle them with safe sex, the laws, your protection if there’s coercion. If they give you a hard time, you could ring SQWISI and they’d send out the alerts. It’s a good support and they did carry supplies. They made me feel not so isolated and there was no judgement.”
(female sole operator, Townsville)

“You always felt they (SQWISI) were up to date on sexual health and other matters”
(female brothel worker, Brisbane)

“I used to buy my condoms and dams from SQWISI at a very competitive price. They gave authoritative information on legal and health matters. Authority you can trust coming from (sex) industry type people providing industry relevant information.”
(male brothel worker, Brisbane)

“You could talk about personal problems, debriefing where you can’t talk to friends or family say for instance, if you’ve had a shit of a shift you really need to talk to someone.”
(female brothel worker, Brisbane)

“To have a place to go to unload with people who understand is really important”
(female brothel worker, Brisbane)

“Reduced price condoms and lube was excellent”
(female brothel worker, Brisbane)

“Yes, I had contact with SQWISI. Being on the edgy side of society, I had known of them for a number of years and I finally looked them up in the phone book when I started working... I went for legal advice mainly, to know where I stood.”
(male brothel worker, Brisbane)

“SQWISI was always helpful and convenient, particularly the clinic. It was non-judgemental and took a holistic approach to health and wellbeing.”
(female brothel worker, Brisbane)

“They were there for us, sex workers.”
(female brothel worker, Brisbane)

There were some criticisms of SQWISI by sex workers. These included:

- hours of operation that did not fit well with some workers’ working hours
- lack of privacy, breaches of confidentiality and workers feeling pressed for information
- inadequate attention to community development and empowerment of sex workers in their workplaces
- orientation and services that did not adequately include all sex workers
- change away from peer support and outreach to all sex workers.

“They could have been open for longer, been more responsive to the hours workers generally keep.”
(female brothel worker, Brisbane)

“Confidentiality issues were at times very slack. Talking about other workers’ issues so that everyone got to know about the problem... Saying things like ‘Did you hear about X’s incident in the room with that client?’... Probing for information on where you work, before you felt comfortable or in fact were prepared to tell them at all.”
(female brothel worker, Brisbane)

“They provided basic services okay but needed to do more around empowerment issues for the individual. If you’re one of 6 on a shift, you have little bargaining power and you’re at the beck and call of owners and some exploitation by clients. This got me wanting to get involved (with SQWISI) and get active, because I saw individuals getting stomped on by owners, being fined for being late or refusing a client. We are sub-contractors, which means we should be able to do what we want, when we want. We need a voice that people will pay attention to. It’s tough now without that.”
(male brothel worker, Brisbane)

“They should have put a big ad in the phone book and newspapers to tell us about who they were.”
(sole operator, Townsville)

"I went to SQWISI once for needles and syringes. No one came to speak to me about anything."

(street-based sex worker, Brisbane)

"There was a strong dyke element running through SQWISI and I think as a straight male I was seen more like a client. Different attitude if you were a gay sex worker."

(male brothel worker, Brisbane)

There was a general feeling amongst sex workers consulted in Brisbane and on the Gold Coast that, after a long history of valued service, SQWISI had deteriorated in various respects in its last few years. Some attributed this to diminished funding, others to a narrowed focus following regulation of brothels. It was also noted by workers closely involved with SQWISI in North Queensland that there was poor definition of policies and procedures, decision-making processes lacked transparency and communications between the executive and board in the south and the regional staff in North Queensland had become extremely poor.

"I used to be a volunteer worker with SQWISI three years ago until I got disillusioned. It was an oasis back when we all were illegal, when I started. SQWISI provided safe sex materials and information and safety as a 24-hour emergency service. Staff there used to be sex workers, they had to have sex work experience, but they had dropped the policy when I went back. There was silence about sex work experience. No-one knew if you'd been one or not. It became a typical health service organisation, with codes of conduct and so on, but not sex worker peers working to help other peers. It did become a professional organisation with social workers and so on and a pro-government, pro-legal thing as well. It was full of Southern Edge training pamphlets. It was a clinic at SQWISI and some sex workers didn't like it. Most did because it meant they could get their sexual health certificate and their induction at the same place. SQWISI did less outreach and only saw brothel workers. They did no phone outreach to advertising sole operators. They were down to one full-time staff member in Brisbane and two part-timers doing street outreach one or two nights a week."

(female sole operator and former SQWISI volunteer, Brisbane)

"I opened the Townsville office and worked there four years, but I will never work for a state-wide organisation again. We'd get three monthly phone calls only from Brisbane. We had no idea what our budget was, no idea who was on the Board, the policies and procedures were not clear and we had no idea who was on the Management Committee so we couldn't approach them to talk about it. The mentality in Brisbane is different. The peer educators were competing with each other. It was a brothel mentality. In the Brisbane phone manner, there was nothing that made you want to go there."

(female sole operator and former SQWISI employee, Townsville)

"Towards the end of SQWISI there was no transparency and poor communication... I'd like to see SQWISI come back as they were, but be more accountable with the head office in Brisbane communicating better with regional branches."

(former worker and SQWISI volunteer, Townsville)

Various former Board members of SQWISI attributed its demise to funding being insufficient to meet a state-wide brief, poorly defined policies, procedures and management structure and inadequate support for staff, particularly regional staff working alone. For the new organisation, they recommended a thorough induction process for staff, better links with mainstream services and more attention to sex workers working outside licensed brothels.

"(There was) lack of clarity around roles and responsibilities of both Management Committee and staff... Sale of supplies and sex toys became the primary focus of the service... (The new service should) build better relationships with other services and networks in the health and welfare area..."

Thorough induction of staff and management committee (is necessary). Establishing a strong network of health and welfare services. (Attention to the) safety of WISIs... Understanding of sexual and domestic violence and links with those services. Better relationships with CALD services. Better interaction with WISIs working outside of licensed brothels."

(former Board members of SQWISI)

"I was a member of the SQWISI Board for 8 years prior to its demise. The fallout from the closing of SQWISI has broken friendships, but it was a situation that was ultimately unavoidable... It was better for SQWISI to close and for a better and more accountable organisation to be able to rise up again. It was the right thing to do in the interests of a new and formally structured organisation and future employees. Cancer had set in and no amount of bandaids could fix it... My first encounter with SQWISI was when I was looking to enter the industry as a worker and I stuck with them all these years through all their pain, their injuries and funding dilemmas. Staff supervision was lacking. There were too many chiefs, there must be an organisational structure where people report to managers, where the buck stops. So many people depended on 'mother' who tried to take on too much with too little help. It also seemed that Queensland Health kept cutting our budget. It needed a solid structure where people are not left to their own devices without proper supervision."
(brothel manager and former SQWISI Board member, Gold Coast)

In contrast with the views of most sex workers consulted, some SQWISI Board members believed there was too much emphasis on sex work experience in the employment of staff at SQWISI. They also opposed employment of current sex workers. At the same time, they identified having staff with a good understanding of the issues as one of the main strengths of the organisation.

"More of a mix of health professionals and ex-WISIs employed rather than the main criteria for employment being an ex-WISI. This created a range of boundary issues... Ex-WISIs not current WISIs... (SQWISI's strengths were) specific focus on the target group as a stand-alone service. Non judgmental, flexible and staff had a good understanding of issues faced by target group. Opportunity for face-to-face interaction with an appropriate support person."
(former Board members of SQWISI)

According to ACSEA, SQWISI was an organisation that could do a lot, but had lost direction, strained relationships with brothel owners, limited involvement with other sectors and lacked "due process". Accountability problems included lack of defined policies and procedures, appropriate staff records and other record-keeping, reporting, stock-taking, cash-handling and accounting practices. ACSEA believes the new service will require a Board with strong legal, commercial and human resources skills; improved communications and supervision of staff, facilitated by better information technology and well-defined policies and procedures.

"Board members of any future service for sex workers should have commercial acumen. There needs to be a duty of care and the Board should have people with some legal background, human resources and commercial/corporate law experience... There needs to be consistent delivery of IT in order that staff can communicate between offices or regional workers and they must have software capable to do this. There needs to be appropriate staff supervision and policies and procedures in place along with a Mission Statement."
(ACSEA)

Scarlet Alliance attributed deterioration in the quality of SQWISI services to two factors:

- substantial reduction in its funding (from \$800,000 to \$400,000 pa)
- estrangement from the peer base of the organisation.

Scarlet Alliance pointed to:

- lack of sex workers on the Board
- staff without experience of doing sex work
- lack of advocacy, policy and community development work
- lack of constituency input to the organisation at every level
- lack of transparency
- lack of professional exchange with other sex worker services
- withdrawal from Scarlet Alliance membership.

“Funding had become insufficient for a state-wide approach and for contribution to national policy development. Support for regional SQWISI staff in NQ was inadequate and there were no opportunities for sex workers to engage with the organisation except as passive recipients of limited services accompanied by pressure to engage with some other services they didn’t want. Outreach had almost stopped.”
(Scarlet Alliance)

As noted in the introductory chapter, the decision of the Board to close SQWISI was based upon concerns about governance issues possibly including inadequate cash-handling procedures, unorthodox administration of staff salaries and leave entitlements and non-expenditure of government funds. This draws attention to the importance of the new sex worker service having sound governance infrastructure, clearly defined policies and procedures, transparent and consultative decision-making processes and appropriate staff training and supervision.

Service needs are clear

The stakeholders consulted for this needs assessment provided diverse perspectives, but there was a high degree of consensus about the core services that are needed for sex workers and the forms they should take. Many people made the following points:

- The new sex worker service should be decentralised, rather than concentrated in Brisbane, with substantial agencies on the Gold Coast and in North Queensland.
- The central element of the service must be peer-based and provide education and counselling by current or former sex workers.
- There should be a regular dual access link between sexual health clinical services and the new sex worker service.
- The central purpose of the service is to provide HAHCSH health promotion education, training, counselling and other support, especially to those new to doing sex work in Queensland.
- To attract and engage with sex workers in an effective and ongoing way, the service must provide what sex workers want, not just what others think they need.
- To meet the needs of sex workers in diverse circumstances, there must be a range of interactive modes available, including face to face in the service premises and in the workplace, telephone, e-mail, interactive website and a regular print vehicle.
- All sectors of the industry must be addressed with pro-active outreach, suitable information resources and convenient modes of contact.
- Special needs groups within the industry must be addressed with appropriate staff, needs specific resources and appropriate modes of contact.
- While delivery of preventive health and safety education/training and peer support are central, there must also be scope for liaison and collaboration with other agencies, advocacy and facilitation of mainstream service development, sex worker community development and policy development including steps towards law reform to promote health and safety, remove discrimination and promote equality and dignity for sex workers in the general community.

A decentralised service

Sex workers and sexual health services alike were adamant that a Brisbane-based service with limited regional outreach would not suffice. The Queensland population is spread along the coastline and the sex industry is spread with it, with clusters in towns dominated by predominantly male occupations (mining and military services). While Brisbane has the largest sex industry, informants from the Gold Coast and North Queensland each made the point that their area also has a large local sex industry with pressing needs. The PLA also recommended a decentralised service, with multiple sites where sex workers can meet directly with staff. Former SQWISI board members also warned against having isolated sole workers in regional locations. The work is stressful and staff who take it on need to be supported by appropriate supervision and contact with others doing the same work.

“It is important for sex workers working locally to know the local scene. I am unsure how a service in Brisbane is going to be able to do this and would therefore strongly advocate for regional services with worker/s who can travel around regional towns and provide face to face support/information/health education. Brisbane could possibly facilitate liaison between services re working in collaboration and input/advocate at GP Division state-wide. Please consider services based regionally as I believe these will be more effective.”
(HAHCSH Co-ordinator)

“If Townsville is big enough to have a couple of brothels, not to mention quite a lot of private workers, then it’s big enough to have a sex worker support service located in the city... This is the busiest place with the most transient workers. All the girls come up from Sydney and Melbourne because there are so many men. There is a great male to female ratio because of the services – the Army boys and the Navy, so many ships, every businessman from Sydney and Cairns. There’s eight to 10 sex shops in town because they’re all sex hungry.”
(female brothel worker, Townsville)

“Take the service to the worker. Decentralisation.”
(Sexual Health Service)

“The service needs to effectively meet the needs of sex workers. This means that it will need to be decentralised, with the ability of sex workers to come into an office and speak face-to-face with someone. The ability to talk to someone in person is important for sex workers. A persistent focus of complaint in relation to WISI is that it is a part-time service, contactable only by telephone or email. Consideration should also be given to outreach services.”
(PLA)

“It can be a very expensive process to have a central base and regional offices, but there has to be face to face contact, not just an 1800 number in locations where there are significant numbers of sex workers or brothels... There are big safety factors for regional sex worker service workers who are dealing with irate, emotionally fucked people having difficulties in the industry. Supervision and support for regional staff is essential, as you get so much thrown at you in a sex worker organisation. It is a unique helping industry, that also works in areas of human rights and legal rights and occupational health and safety.”
(brothel manager and former SQWISI Board member, Gold Coast)

“(SQWISI’s main weaknesses were) insufficient funding to provide an appropriately inclusive state-wide service ... location of head office on the Gold Coast with unsupervised satellite services with sole workers in the North of the state... If there is (supposed to be) state-wide coverage, it needs to have adequate funds. Needs to be some face to face services on the ground in areas such as Brisbane (main city), Gold Coast, Whitsundays, Cairns, (all tourist areas) Mackay & Mt Isa (mining community), Townsville (army base) all identified previously as ‘hot spots’. We do not support single worker services in an unsupervised environment.”
(former members of SQWISI Board)

Sex workers in both Brisbane and the Gold Coast thought a local drop in space was needed. Both have significant numbers of sole operators and escorts including Asian workers, as well as street-based workers who would be unlikely to travel from the Gold Coast to Brisbane or the reverse in order to attend the service.

“The (SQWISI) office could have been closer. I’m up one end of the Gold Coast and they were up the other end... If it was in Brisbane, the (staff) would have to do a circuit including the Gold Coast.”
(street-based sex worker, Gold Coast)

“Stuff that! I’m not driving to Brisbane. It’s a must for people who are totally new, because it was quite scary, but a lot wouldn’t go to Brisbane. There’s a lot of young girls starting out in the business and they need it here.”
(female brothel worker, Gold Coast)

“I can’t see any one part of Queensland covering all of Queensland. In Brisbane and the Gold Coast, street work has to be the priority, because it’s very dangerous out there. It’s not as opportunistic and subtle as it is here. The transients would access a service here in (Townsville), but not necessarily in Brisbane - that’s too far away.”
(female sole operator, Townsville)

Not only is the sex industry in North Queensland substantial, but its components and the way they operate are different from those in the South East corner, including many more mobile workers travelling the Townsville, Cairns, Mt Isa, Mackay circuit and further afield. As well as licensed brothels, there is a substantial population of sole operators in NQ and a substantial population of short stay Asian sex workers who require sensitive and pro-active outreach by CALD/bilingual sex worker peers as well as a safe drop in space. Their needs cannot be addressed effectively from a distance. Further, rates of Chlamydia, gonorrhoea, syphilis and hepatitis C in the Northern zone are much higher than those for the rest of Queensland and this makes North Queensland high priority in any HAHCSH program.

“In Brisbane, there’s a large population, but here in Townsville, Cairns, you’re very isolated. If you have a problem, you don’t want someone in Brisbane. You need somewhere to come in and feel comfortable. Workers go to Rocky and Mount Isa. At Mount Isa, if the coppers bust you, they drop you far out of town.”
(female sole operator, Townsville)

“I feel more comfortable working in Townsville than Cairns... Mt Isa was too hot and there was sulphur in the air that hurt my eyes. Mackay is OK and Gladstone was brilliant. The men were really respectful and you get your money.”
(female sole operator, North Queensland)

“When I worked in Mackay, I was told to duck up to Townsville. It’s only 4½ hours away! Regional workers feel unsafe and unsupported if there is only a Brisbane office. If you are not disclosing to your doctor or family or friends, you’re alone.”
(female sole operator, North Queensland)

“I’d like to talk to a person, go in and talk. That would have to be in Cairns, though. I wouldn’t go to Townsville, but I would phone if it was a free number or the cost of a local call.”
(female brothel worker, Cairns)

“We need a sex worker service north of Rockhampton with its own office and staff... They need to take the workshops on the road to areas like Mt Isa and Cairns – run regular road shows out of Townsville.”
(female sole operator, Townsville)

“It must have the ability to fly to places like Mackay and Rockhampton on a regular basis and run workshops, meetings and provide peer support... For regional areas, you could collaborate and work with existing services such as QulHN or sexual health services.”
(male brothel worker, Brisbane)

*"The regions are a different work environment that wouldn't be understood by a city worker. The clientele are very difficult... There's not the escort work here. It's not about companionship like in Brisbane, where they take you out in a limo."
(female sole operator, Townsville)*

*"It needs to be here. I'd still phone Brisbane, but there is more need for it here."
(female brothel worker, Townsville)*

Outreach to sole operators by cold calling advertised numbers is not practicable from another part of the state. Apart from the logistics of getting regional papers in time to catch those who move on week by week and the cost of long distance phone calls, sole operators will see no point in taking calls from outside the local telephone district.

*"You can't call sole operators from Brisbane. They don't answer if it is not a local number calling."
(female sole operator, Townsville)*

As noted earlier, the SQWISI experience in NQ was that communications between the head office in the South and the NQ satellite offices were very poor and there was no mechanism for input from NQ to policy decisions. Informants made the point that regional representatives on the Board from Gold Coast or Sunshine Coast could not provide input about the very different circumstances in NQ military and mining towns, never mind remote Indigenous communities. Consequently there was very strong feeling amongst sex workers in NQ that, not only should there be sex worker service premises located in Townsville and preferably also Cairns, but a degree of administrative autonomy, if not a separate service, was needed for NQ.

ACSEA recommended that there be offices in Fortitude Valley, Brisbane and in Townsville, each providing travelling services to surrounding centres including the Gold Coast, Cairns and Mt Isa. They recommended

*"The new service should have a head office in Brisbane preferably in Fortitude Valley where it is accessible for majority of sex workers to access. An outreach service should be established to make regular outreach contact with street based sex workers... A regional office should be in Townsville as it is a major regional centre with an Airforce, both US and Australian, and an Army base. From Townsville service providers can visit or access sex workers in Cairns, Mt. Isa and other areas on a rotational basis."
(ACSEA)*

Peer education/counselling

There was general agreement amongst stakeholders consulted that the central element of the service must be peer education/counselling by current or former sex workers. This is essential to the credibility and effectiveness of the service.

"The effectiveness of service provision to marginalised communities, particularly one as stigmatised and misunderstood as sex workers, relies heavily on the perceived credibility of the service within the target community. Services employing welfare or health workers, rather than peers, are routinely denied entrance to sex industry premises and are often viewed with suspicion by individual sex workers. In particular, sex workers working outside the legal framework are reluctant to utilise services which present a risk (real or perceived) of disclosure to outside authorities, which could result in their harassment or prosecution. Sex worker peer educators are instantly recognised within their community as being non-judgemental, supportive and having a real understanding of the issues faced by sex workers. With their working knowledge of sex industry practices and culture, peer educators are uniquely qualified to assist and advise sex workers on all aspects of their work, from sexual health

education, to legal and industrial information, to emotional support and counselling. Perhaps most importantly, peer educators are able to garner something from the sex industry that non-peers are rarely able to achieve - mutual respect and trust.”
(Scarlet Alliance)

The strongest message from direct consultations with sex workers, from the Scarlet Alliance web-based survey, from the comments of interstate sex worker services and Queensland sexual health services was that sex worker peer education and counselling support is the central required service element.

Some sex workers expressed appreciation of the high quality and non-judgemental care they have received from sexual health services, where staff are generally sex worker friendly and able to explain clearly the essentials of STIs prevention, detection and treatment. However, only people with personal experience of doing sex work can understand sufficiently the dynamics of sex work interactions to provide useful advice about implementing this knowledge in real life. There is also need for peer education/counselling to address much wider aspects of sex worker health and welfare than how to get a condom on a client. Those working outside the law may want to avoid government services.

“I go to the Doll’s House. The ladies at that clinic are fabulous. I have all my checkups there. They don’t give out condoms anymore though, since SQWISI folded. The Doll’s House has got psychologists you can talk to and they’re incredible. They’re a wonderful service.”
(female sole operator, Cairns)

“I rang a women’s information service and the girl said that I should come in, but I couldn’t tell anyone. I didn’t want to get recognized. Even going to the Doll’s House I was nervous. I thought they’d be judgemental, but they were good. They said I should check the use by date on condoms and get hep B and C shots.”
(female brothel worker, Cairns)

“When I go to a Queensland sexual health clinic for a check up, they are good clinical services, but it ends there. They wouldn’t know anything about this side.”
(female brothel worker, Brisbane)

“There’s sexual health, but they are nurses. Their job is to look at your vulva. They try to understand where you’re coming from, but they don’t.”
(female sole operator, Townsville)

“Having sex workers there means a lot to me... Former sex workers should be employed to provide one on one debriefing, tips on dealing with clients and the physical and emotional aspects of working.”
(female brothel worker, Brisbane)

“You need an emotional health strategy: how to separate work from home, how to set up a support network, so you can call to get help with the kids if necessary. You don’t get emotional health strategies from people who haven’t worked. You need support in knowing how to control the environment. If you’ve never been there, you don’t know. You can’t ‘ imagine’ what it’s like in the work rooms.”
(female brothel worker, Townsville)

“It’s very important. It comes back to those pontificating social workers. It’s a bit like having a virgin giving sex education... Executive function of a sex worker service should be peer-based, people who have done the job. Non-workers capable of necessary empathy could be involved, but you can watch Pretty Woman 10 times, but it doesn’t teach you anything about what it’s really like.”
(male brothel worker, Brisbane)

“People working illegally are reluctant to approach any services and say that they are sex workers, but they do have mental health issues. If you’re not feeling appreciated and have no-one to hug you, you could go to the SQWISI drop-in, come in and have a chat. SQWISI in the early days had a space with a TV and you could buy your condoms and do needle exchange.”
(female escort agency worker, Gold Coast)

Sex workers often feel defensive when discussing their work with non-sex workers and many said they only felt able to speak freely, without embarrassment or fear of being judged in the company of other sex workers. There is recognition that some sex workers need specialist mental health and AOD clinical services, but first and foremost sex workers want a peer-based service for support in relation to the more difficult aspects of maintaining health and safety in sex work contexts.

“You need someone who’s been there, done that, so you won’t feel like they’re looking down their nose at you.”
(female street-based sex worker, Brisbane)

“When talking to experienced workers one on one like with (SQWISI volunteer), there was never any embarrassment and I could talk about anything.”
(female sole operator, Townsville)

“People can be sympathetic and try to be non-judgemental, but there’s something that happens after you have done sex work for a while, where you just see things differently and you reject the shame and I don’t think anyone who’s never been there can understand that.”
(female sole operator, Brisbane)

“I do have emotional issues, mental health issues. I’m prone to anxiety. I went to see a psychiatrist once a week, but he wanted to treat the prostitution as the illness. I’d rather have a friendly, informal chat at a sex worker service. They can refer people to a psychologist or a psychiatrist, if that’s what they need, but they need to find someone who won’t treat the job as the illness. Some will need referrals to friendly lawyers as well. I have a law degree, but it’s a specialised area.”
(female escort agency worker, Gold Coast)

“It’s a real thing, if you haven’t been in the club. Any service that involves sex workers, you’d have to have some experience yourself. How can you talk about personal problems if you’ve had no experience yourself?”
(female sole operator, Cairns/Townsville)

“Definitely having someone who has experienced the that kind of work even at reception. Some women would feel more at ease.”
(female sole operator/former brothel worker, Cairns)

There was also some acknowledgement that even sex worker peers may have limited understanding of another’s issues, because sex work contexts and experiences do vary.

“Also, it’s not always that a peer knows everything as we can have a single focus on our own issues and can’t see the other person’s side or problem. Some, however, are brilliant. It is a specialized job and one must have the best interests of all the different target groups – the owners or managers, workers – street and sole operators as well as brothel workers.”
(brothel manager and former sex worker, Gold Coast)

There is strong preference that peer education/counselling be available in a private space.

“I went to SQWISI in Brisbane when I was very green and there was no privacy. There were people everywhere on the phone talking about very private things. It was open plan chaos. I hated it.”
(female sole operator, Townsville)

Scarlet Alliance, while supporting the concept of sex worker only space, recognises that other specialist skills will be required to meet the needs of some clients and to carry out some of the functions of the service, though all needs may not be met in-house.

*"In addition, specific education, information and support needs may require specialist staff, or strong partnerships with other services or professional organization that can work in partnership with the new service."
(Scarlet Alliance)*

One former Fortitude Valley street-based sex worker described her experience with SQWISI over some years. Despite SQWISI's employment of sex worker "peers", it illustrates well the chasm of language and experience that can sometimes make effective communication between sex workers and service providers almost impossible. Despite this experience, she argued strongly for a peer-based service, expressing clearly why many sex workers feel more comfortable receiving information and support from other sex workers than from the most well-meaning service providers who lack that common bond.

"I lived around the corner of SQWISI. I went into the building very regularly over many years to access the NSP component. I didn't even know what they did there, but I was going in there nearly every day. No-one in the universe knew that I worked. It was fucking with my head and for a shy chick like myself, it's not easy to reach out. You know? Later I did a TAFE course and I went back there to ask if I could do placement with them. The response was something like 'Yeah, Nah. You're not a peer or anything are you?', to which I, shame at the time did not know what a peer was, but as I didn't know, I figured I wasn't one. They could not have known my situation, but on a few occasions I would get all brave and make a comment about a pro-sex poster or literature and without fail the response would be 'Yeah. So you want a 10 pack?' It's so ironic that all those years I was working and going in there and it took me to move to Tasmania to finally through Scarlet (Alliance) find community back in Brisbane. Hence, I cannot express strongly enough how important it is for the funding to go to a peer-based organisation and I am more than willing to assist in any means possible. (I'll most likely be back soon)... My big thing that I hold onto from that experience is just how debilitating and stealthy a barrier constructed from language and culture can be and I often think that the more subtle the difference the bigger the deterrent it can be, meaning that the more articulate and PC the vocab may very well go over the head of that person whom we want to engage, thereby speaking down to and compounding the 'I'm just a stupid whore' feeling. It's really intimidating to not speak the same language - especially when being addressed as a sex worker.

All workers are so highly skilled, but sometimes we have different words surrounding our skills and positive attributes, so instead of 'are you a sex work peer?', another worker would tend to get across that 'I'm a whore, you're a whore; we are two of many who are all different and all the same. That's what makes you my peer, just as I am yours.' In essence that is why I believe peer status is so much more invaluable than any other kind of community worker. I haven't met a non-worker who can comfortably, affectionately and more importantly pull off terms such as whore, cunt, smack et. But those words are what make up our language. It's a part of our universe. It's ingrained in us and those before us, a history, plus culture, plus community that exists and is a source of pride. But how the hell would you get that across if you didn't know from experience? Sympathy and textbook empathy are oceans away from a true real life understanding. There is no substitute, especially when my profession involves providing a fantasy. I'd be damned if some social-worker is going to provide me with a fantasy of giving a shit because they are getting paid their hourly rate and when it comes down to it for me as a worker, I'm naturally anti-establishment. If it's perceived that someone is trying to 'help' me; it's insulting. A comrade, though, I listen to and in turn, I talk too openly and honestly because I have no fear of judgement. Words such as empathy, peer, advocacy, facilitate - they are bantered around a lot, but sex workers know how to put these things into action better than most, we just know them by different names. Only another worker would truly realise and appreciate to what extent there is no level for anyone to come down to. To engage me, it's more of a different platform, yeah? It's the ultimate absurdity to support workers from a non-equal footing. It's too hard to support someone if you don't speak the same language.

However, I must say, a few years ago I would not have thought that sex workers were capable of being in charge of anything, because we are just useless so and sos, after all. I look around and I don't see any whore to look up to and inspire me, therefore my logical conclusion is that there are no whores that are out there making a difference. The only visible references are the unfair stereotypes that everyone cops. A suffocating Hays Code that robs us of role models and force feeds us our own misrepresentations of the dribbling fishnet clad Brunswick St worker whom were the only other sex workers I ever saw, the only exceptions being other guilt riddled broken women in rehab (where

incidentally I used to engrave the word W.H.O.R.E. into my stomach and would literally throw up if there was a chance someone might see and/or find out about what I did and God forbid if they found out that I didn't really mind it!!! I lived in unrelenting fear of it being found out just what a sick fuck I was). Fast forward a few years and I'm marching down a street in daylight in corsetry carrying a placard with the same word on it!! LOL!"

(street-based sex worker, formerly Brisbane, currently in Tasmania)

Interstate sex worker services generally identified sex worker peer staff as a strength of their service that facilitates trust and active engagement with the service by sex workers.

"Sex workers are employed to provide services as peer educators, which increases access through trust, respect and non-judgmental service delivery. Sex workers are seen as safe sex experts and have this reinforced through an holistic approach which values their contribution to maintaining sexual health of themselves and their clients and therefore the wider community. We KNOW it's a successful model, as there has been no reported case of occupational transmission of HIV in the NSW sex industry. The peer-based focus of SWOP's work builds empowerment amongst the sex worker community and builds social capital amongst and between sex workers. Culturally, sex workers are involved in developing resources, such as the Professional magazine and booklets of writing by sex workers."

(NSW SWOP)

"Peer education/support/management/involvement should be the core of any sex worker organisation."

(SIN, SA)

The need for the service to employ current or former sex workers is clear, but opinion was divided over what roles if any non-sex workers might play in the organisation. Views expressed included:

- all staff, executive and board members should be current or former sex workers
- a good knowledge of the industry would suffice for some positions, but not others and for some positions, other professional skills may be more important than sex work experience.

"I want a service run by sex workers, not for it to go to Family Planning or a sexual health centre."

(female brothel worker, Townsville)

"Employing a non-worker in an admin position, for instance, they may not prioritise things like a sex worker might."

(female sole operator, Townsville)

"I wouldn't want another organisation to run a sex worker service without knowledge of sex work. You need to know your territory."

(female sole operator, Townsville)

"Former sex workers should be employed to provide one on one debriefing, tips on dealing with clients and the physical and emotional aspects of working."

(female brothel worker, Brisbane)

"I prefer face to face so they get to know you. You need a compassionate person who can relate. Sometimes you've had a hard day and you've got to be living on your wits all the time. I don't think they have to be ex-hookers. Floor managers who are non-judgemental and compassionate and have a lot of experience with working girls over the years will be able to communicate. Sex workers who have no other skills to go with that wouldn't be any good either."

(female sole operator, Townsville)

"I think you need both: people with counselling skills and some experience. Sometimes counsellors can get a bit sidetracked or tell you that your job is the problem. An ex-worker is the way to go to actually understand. You need to have someone who thinks that it's okay to be a sex worker. The nurses are open-minded, but for counselling you want someone who can be a good friend, who you can go in and say whatever you want to her."

(female brothel worker, Brisbane)

“Maybe it should be a 50/50 arrangement, a combination of different types of people. Whether they have been sex workers or not, it requires a mixture of skills.”
(female brothel worker, Brisbane)

“They should also employ non-sex workers who can bring other professional skills which you would expect to find in any other helping profession or organisation.”
(female brothel worker, Brisbane)

“For counselling you need counselling qualifications. A proper real counsellor. You don’t muck around with someone’s life. It’s not vital to have been a worker for counselling. There will be other stuff that needs to be discussed, not just sex work. You need tertiary qualifications.”
(female street-based sex worker, Brisbane)

All interstate sex worker services employ current/former sex workers, but some also employ non-sex workers in some roles. There is a general view that direct contact positions, particularly outreach, and policy positions should be filled by sex workers, but it is seen as less important for administrative and resource production positions and some services have clinical positions, for which clinical skills are the essential criteria.

“(Sex work experience is) important for all positions... when engaging on outreach or on-site to sex workers. (It is less important for) writing submissions... A mixture of peers and other professionals provide a balanced service to the sex industry, create open debate and mixed opinions in team meetings and reflect a service that is able to draw on the skills of all its team members.”
(RhED, Victoria)

“(Sex work experience is) essential for most positions. All direct service delivery positions, outreach... (It is less important for) resource production and admin/finance.”
(NSW SWOP)

“NT sex workers have made it very clear to NTAHC staff and management and the Health Department that they will not access services of SWOP if there are not peers working within the project. There is no amount of training nor will there ever be under a university system to teach people who have not worked as sex workers about handling sex workers’ issues. They will never know unless they do the job. Sex worker organisations act as advocates for sex workers’ rights. Organisations that advocate for sex workers’ health who do not employ peers do not adequately address the health of sex workers, because they are unable to answer the questions that go with OH&S on the job. They have the inability to provide holistic health services that include attacking counterproductive laws that impose mental and physical health issues on sex workers’ lives.

In our experience these organisations can only offer minimal services that include safe prophylactics use and STI and BBV checks, not understanding issues like ‘what do you do when you’re in this position and a client is trying to pull the condom off?’ They have no idea what to say, nor do they know how it feels to be discriminated against in a clinic.

(Positions for which sex work experience is not essential) NONE. We will not accept a non-peer as part of SWOP or any other service set up for sex workers. This is when sex workers actively and passively reject and organise independent collectives. Must be PEERS.”
(NT SWOP)

Scarlet Alliance and some of its member services argue that all positions from top to bottom should be held by sex workers.

“The best practice model for service delivery to sex workers places sex workers at the centre of the response, with sex workers engaged as service users, staff, volunteers, management, governance and advocates.”
(Scarlet Alliance)

The Scarlet Alliance web-based survey report concluded that an ideal service would be peer based, peer managed and peer staffed, with sex worker positive and sex worker only spaces.

"The respondents describe an organisation which involves sex workers:

- *in all levels of employment and management*
- *in all processes and activities*
- *as decision makers, advocates and a source of meaningful input to the work of the organisation*
- *as non-judgmental service providers to their peers*

In addition, this ideal organisation would provide:

- *access to peer networking and events*
- *sex work positive space*
- *sex worker only spaces*
- *safe spaces....*

Implications for the new service

Sex workers see an ideal organisation for service provision to be peer based at every level.

Sex workers (current and former) are preferred to hold positions within the organisation as:

- *Staff*
- *Management*
- *Board of governance*
- *Advocates on behalf of sex workers."*

(Scarlet Alliance survey report)

More than one model is feasible, but the best approach may be that the service employs sex workers only for direct client contact, policy and management positions, provided that:

- sex workers employed as peer educator/counsellors and outreach workers are given in-service training in basic education and counselling skills and responsibilities (Scarlet Alliance provides peer education training and basic counselling training is available)
- sex workers needing clinical counselling for mental health or AOD problems are referred to suitable services if these specialist skills are not available amongst service staff
- specifies sex work experience as desirable for administrative, information resource production and webmaster positions along with the essential job skills
- restricts the drop in / training space to sex workers only during drop in hours and training sessions, unless participants have been forewarned that non-sex workers may be present (eg occasionally guest speakers might be invited in from QuIHN, QAHC, ECCQ, sexual health services, PLA, ATO, legal aid or other agencies)
- has a sex worker chair and majority membership of any steering or advisory group, though some other specialist skills may also be helpful to the organisation.

Preventive health education and training

There was general agreement amongst all stakeholders consulted that, in keeping with the funding source, the core purpose of the new sex worker service must be to provide preventive HIV, hepatitis C and STIs education and training for sex workers, including:

- skills and resources for detecting and recognising signs of various STIs on both male and female body parts
- skills and language for ensuring use of condoms and other safe sex practices
- awareness of sexual health screening and treatment services and the legal requirements concerning HIV and STIs testing for working in licensed brothels
- other workplace occupational health and safety issues
- understanding of safe injecting and needle exchange where relevant
- strategies for protecting mental health and well-being.

Sexual health services were one of two main themes emerging from the Scarlet Alliance web-based survey in relation to services wanted. These included access to sexual health and STIs information, access to free or cheap safe sex supplies and sexual health clinical services (either on-site or by referral).

“Sexual Health Services

Prominent elements of the sexual health services theme were PPE supplies (free or cheap, and bulk safe sex supplies) Clinic Services and Sexual Health Information, respectively.

Services that were preferred included:

- *Sexual health checks (preferred non-hospital and non-GP based)*
- *Peer education to implement safe sex practices*
- *Use of safe sex and prophylactics in different circumstances/settings*
- *STI information”*

(Scarlet Alliance survey report)

Sex workers consulted directly were particularly concerned that peer training should be available for newcomers to the field, but stressed that newcomers need much more than “always use a condom”.

“There is a need in Townsville. The up-and-coming sex worker, if they get pressured, (need) advice about what they can say to (clients). Make sure people are safe, in a good place to work, not persecuted. Young ones need the support... You need to do a workshop so you don't hurt yourself and know how to use things, like safe sex products and how different positions can hurt you. Someone once suggested a numbing cream to me, which is not a good idea. (SQWISI volunteer) told me all about lube and how to approach clients. People can get hard, but you catch more flies with honey than with vinegar. I found out about the law and what to do about taxation, women's legal... I've been given books about diseases and they opened my eyes. You need to distinguish dermatitis from STIs. You need to be able to say 'I'm sorry, but I think you need to go and see a doctor.' I didn't know you could have Chlamydia and not know it.”
(female sole operator, Townsville)

“I learned first, which was a good thing. If you just went and did it, you could wind up in all sorts of flaming trouble.”
(female sole operator, Cairns)

“All clients want to bareback. They say 'I don't see anyone else' or 'It's my first time.' I still have a lot of calls asking will I do it 'natural'.”
(female sole operator, Townsville)

“I did talk to someone when I was in Adelaide and they told me to be assertive and if they haven't come, ask do they want to extend or have a shower. Tell them straight up what I don't want to do and if it hurts. Clients tell you what they want. Other girls don't say much, just 'Give them a massage.' Clients let you know, give you tips and they tell you not to take any shit. Sometimes there's a client I don't like the look of and I say 'No, I don't want to do him', like last night there was an old really drunk guy. There was a young girl here and she didn't cope with it. We were saying 'You've got to close off parts of your life to do it.' She wasn't coping.”
(female brothel worker, Cairns)

“Starting out you need to know what clothing to wear. Presentation: make up, the way you hold yourself and the way you talk to the client during introductions. Don't start to see yourself as an object. That's where lots fall down, the talking, because it's not just about sex. You need good social skills. The men are often nervous and you need to make them feel at ease, set prices and let them know that you can do extras. You need to be prepared to know your prices and men like to have it without condoms, so you need to be strong and hold your ground about that and what you want to sell and what you don't want to do as a worker. Being yourself will do better than trying to be somebody you're not. Some women don't want to do it and have to force themselves to do introductions and they don't get the work. Having a positive attitude will help. If you haven't got that, then don't bother.”
(female brothel worker, Cairns)

“Some younger girls would have trouble saying “No” to things they wouldn't feel comfortable with. I don't like anal sex, so I say ‘no anal’. Men are silver tongued devils. They will sweet talk you into anything. You need to keep your boundaries intact.”
(female sole operator, North Queensland)

“When I started out I was ignorant... If you've not dealt with bad clients before, the ones who can't get it up and start to threaten you and that, you can get an idea of how to deal with them. New things can come up - new tests, new legislation changes, cops coming to town. You need to know your police rights and responsibilities.”
(female sole operator, Townsville)

There is need for new sexual health and BBV information resources for sex workers to be developed. Some SQWISl resources are still in circulation, but stocks are low, some need updating or reworking to meet special needs and all refer the reader to a service (SQWISl) that no longer exists.

A core need, common to all sex workers is a set of STIs identification and referral resources, which should probably include:

- a wall chart or poster with photographs for easy reference in brothels
- a booklet with information about prevention, treatment and long term consequences if left untreated
- referral cards for clients with contact details for the nearest sexual health clinic.

“Herpes, Chlamydia, warts and gonorrhoea and the heps as well. I don't think HIV is all that common. Men may not know they have them, but they're all a concern for sex workers. To have it all in a manual would be really good.”
(female brothel worker, Cairns)

“They say ‘I've had that since birth’ or ‘I got it caught in my zipper’. You really need to be able to show them the picture to stand your ground.”
(female brothel worker, Gold Coast)

Wall charts, booklets and client referral cards are currently used in some licensed brothels and by some sole operators, but there is room for improvement, specifically:

- the illustrations tend to show advanced cases only, which makes them less helpful than they could be for sex workers hoping to identify early cases and persuade clients that they may have an infection, though visible signs are not as extreme as those shown
- they tend to focus on male genitalia, but workers who provide sex services to female clients need to identify signs of STIs on women as well
- they need some updating, for example to include information about post-exposure prophylaxis (PEP).

All resources should use clear colour photographs showing:

- early signs as well as advanced cases
- both male and female genitalia
- mouth, anus and other body parts that can be affected.

The booklet text should be translated into the most commonly needed non-English languages (Chinese, Korean, Thai, Japanese, Vietnamese and Bahasa Indonesia).

“We need pamphlets in different languages for workers and clients who don't read English.”
(brothel worker, Townsville)

“More information. There are a lot more STDs about now. Men are so illiterate about personal hygiene and sexual health.”
(street-based sex worker, Gold Coast)

Mackay Sexual Health Service drew attention to a locally produced filofax style *Guide to Sex Workers* which provides basic safe sex and STIs information, but also details Queensland sexual health clinic locations. This would be a very helpful reference tool for sex workers who travel throughout the state that would help them to find clinical services. If the new sex worker service were to provide peer educator/counsellor outreach in sexual health services, the relevant days could be promoted in this resource to allow sex workers to find the nearest peer support wherever they travel as well.

What sex workers want

There was agreement amongst stakeholders that, in order to attract sex workers and engage with them effectively, the new sex worker service must provide what sex workers want, not just the core requisites of the funding.

“It is crucial that the needs and expectations of the sex industry are met. Participants in the sex industry are best placed to identify their own priority needs, which will change over time.”
(Prostitution Licensing Authority)

“(It is important to create) an enabling environment. Sex workers want a diverse set of services supported by sex worker friendly referrals. Sex workers want to know all the information is there, (but) facilitating the sharing of information amongst sex workers is the most important part. (For example) holding B&D workshops. This brings new people in. It provides a reason for newcomers to make contact. This is their kind of community development, a reason why they access a service. For instance, why would someone with 10 to 15 years experience in the sex industry need to go to ask questions about safe sex? If it is to engage with other sex workers, this is how a sex worker organisation works effectively. If it is able to employ current and former sex workers, have them take on volunteer roles, attend marches and sex worker celebrations, (this) creates opportunities for the older, more experienced workers to sit down with new sex workers and share knowledge. SQWISI had all of this for so long and that is how it managed to remain an effective organisation for so long.”
(Scarlet Alliance)

The report of the Scarlet Alliance web-based survey identified two main themes concerning what sex workers want from the new service, specifically access to peer networks and sexual health related services including information, peer training, safe sex supplies and access to clinical services. They also identified a range of further requirements, which are listed in excerpts from the report below.

“Peer Networks

Access to peer networks was seen as both a service and an attractive component of a service... Sex workers hope to engage with their peers for a wide range of activities and outcomes, which include both personal and collective endeavours. Community development is valued as a learning exchange and also as a means to empower oneself and build social and intellectual capital...

Other prominent desired services

- *Legal Information*
- *Ugly Mug (bad clients) & Safety Information*
- *Tax & Finance Information*
- *Advocacy Services*
- *Counselling & Support Services.*

Legal Information

- *Information pertaining to current and new regulations and laws*
- *relevant information as it applies to sex workers in a real context*
- *Up-to-date information regarding the laws both Government and PLA changes*

Ugly Mug & Safety Information

- *Ugly mugs list, information on working safely, security info*
- *a website where we can check up on clients or make reviews regarding clients we have trouble with*

Tax & Finance Information

- *financial aspects of sex work eg: budgeting, tax, loans, debts, expenses*
- *Advocacy Services*
- *general advocacy and mediation on behalf of sex workers*
- *provide input into responses for sex workers*

Counselling & Support Services

- *short term service delivery and also 'case management'*
- *support to follow up on issues*
- *ongoing support to workers - especially new workers who may want to see staff more than once and for longer periods of time*

Implications for the new service:

...Other services that need to be provided relate to the specific priority needs of sex workers and the unique industry in which they work, and include advocacy. Community development activities are also central to the service provision, as a space in which peer networks are built and developed and also as a forum for the exchange of relevant information and input to the service development."

(Scarlet Alliance survey report)

Direct consultations with a diverse sample of Queensland sex workers showed that they do vary to some extent in their requirements and priorities, but there was general agreement that the new sex worker service should provide:

- peer counselling and support in a private space when needed
- peer education/training for newcomers to the industry, including safe sex practices, brothel etiquette, ways to deal with difficult clients and how to respond when a condom breaks, strategies for protecting personal safety and emotional welfare
- advanced peer training in sex work skills and specialist areas
- a regular sex worker only drop in space available at a convenient time
- outreach to brothels, sole operators, the street and illegal agencies/workers
- cheap or free safe sex supplies and other sex work equipment
- 'ugly mugs' alerts and local scene information for travellers
- good quality STI information resources, appropriate to sex workers' needs
- a magazine or newsletter to keep workers up to date and provide interesting reading in slow periods in brothels
- basic information on a range of topics and referrals to sex worker friendly services and facilities for further legal advice, tax advice and financial planning, primary health, mental health and AOD treatment services, hotels and motels, emergency accommodation and training opportunities for sex workers wanting to exit the industry
- advocacy.

"I think a lot workers don't pay tax because they don't know how. They should be investing more, as well as financial planning, so they don't squander it all or become drug addicted. A legal service to tell you where you stand, what your rights are. Money - how to save it."
(female brothel worker, Cairns)

"The Dirty Dicks book that looks like an address book, that is very useful. Respect, the magazine. It's a great name. I'd come in to get it. It had funny bits and interesting bits, history. I'd come for the supplies and just to see a friendly face who knows what it's like working, who're not 'Oh my God, you're doing something wrong'. Supplies. Sexual health services get shitty when workers raid the free basket."
(female sole operator, Townsville)

“Ugly Mugs alerts. That’s the most important thing.”
(female street-based worker, Brisbane)

“Referral information to doctors or clinics who don’t judge. SQWISI used to give out a list of doctors to see.”
(female street-based sex worker, Gold Coast)

“Issues around housing and counselling, understandable information on Centrelink, tax and the law. We get a lot of inquiries on prostitution law.”
(Southern Edge Training)

“If I have a bad experience, I can’t go to the cops, but what I want to make sure of is that it doesn’t happen to someone else. The Ugly Mugs list is crucial.”
(female illegal escort, Gold Coast)

“The key issue is supply of condoms and gels and being a good counselling service where people can go. Also something people can look at on diseases, what to do if condom breaks, etc.”
(female sole operator, Cairns)

“Yes, workers need training on local workers’ knowledge, advertising in papers or internet in Queensland, how to deal with nasty clients, legal, care and health for working girls just starting out. How to escape when they no longer want to work in this industry. Light or simple bondage services, if appropriate.”
(transgender sole operator, Brisbane and Gold Coast)

“It’d be good if it was open at least one day a week after office hours – Monday or Tuesday would be best. They are quiet nights so we take them off. Need to have a worker or an ex-worker in there with some training from TAFE to give counselling services. That is essential to understand what we’re dealing with. A book warning about problem clients with mug shots if they can. Legal and tax advice.”
(female brothel worker, Townsville)

“Yes. I’d want to see stuff on the law, tax, STI identification in early stages, BDSM health and safety... Dealing with faeces and blood when you do bondage. How to be aware, how to clean up. Pictures of different diseases was good. SQWISI had the time to sit down and explain it all”
(female BDSM sole operator, Townsville)

“Laws, tax, orientation to starting work.”
(female brothel worker, Townsville)

“Positive affirmation, sex work as an art form and how to go about it, how you can enjoy your work and gain lots of social skills.”
(female sole operator, North Queensland)

“I don’t see young (clients) because they often have drug issues. They want to pay you in drugs and then drug affected clients have problems with erections. SQWISI had good information and advice on how drugs affect clients. If I get one with slurred speech, I say ‘No, I’m busy.’”
(female sole operator, Townsville)

“The sponges we get now are not real good... It’s hard to get sponges here in town. Everyone has tried organic ones, but they don’t absorb well. I’ve had numerous accidents with clients, so I don’t feel very confident. We need a service takes care of us.”
(female brothel worker, Townsville)

“There’s always new things coming up like law changes. We need to have information on this and we need a sex worker service like we used to have to provide this support... Someone to lobby on our behalf for changes to the law, to provide information on tax and health, particularly for new workers.”
(female sole operator, Townsville)

“Equipment at reasonable prices – sponges and condoms and lube cheap vibrators, penis rings.”
(female sole operator, North Queensland)

Opinion was divided about:

- whether needle and syringe exchange should be provided at the sex worker service
- whether exit training should be provided by the service
- whether sexual health clinical services should be provided at the sex worker service.

While some sex workers do not want to be associated with injecting drug use, needle exchange is an essential service for many street-based sex workers and one that would encourage them to attend the sex worker service regularly. Street-based sex workers are a highly vulnerable group, particularly in need of face to face peer support, cheap if not free safe sex supplies, safe sex negotiation and personal safety strategy training as well as referral to a range of external services to meet their complex needs. Needle exchange can be provided in a discreet way that is not offensive to other sex workers attending. Some sex workers who went to SQWISI were unaware that they provided needle exchange.

“I felt confident getting my health checks (at SQWISI). I don’t want to go to Biala Clinic. It is a needle exchange with drug users. It makes me feel uncomfortable.”
(female brothel worker, Brisbane)

“I went to SQWISI once for needles and syringes.”
(street-based sex worker, Brisbane)

“D&A issues. We need appropriate referrals to D&A services that are sensitive to our needs and issues. We are all addicts (on the highway). Some, me included, were previously on methadone. These days it’s almost like 3 dirties (other substances detected in urine) and you’re out, off the program or they try to put you on another program that is simply a narcotic blocker like Narcan but it doesn’t have the same effect as methadone and most people return to using heroin or other drugs.”
(female street based worker, Gold Coast)

Some experienced sex workers would like to develop a wider range of skills with a view to improving their work practice skills, moving into a different area of sex work or taking on a new role within the sex industry as they age and some would like to leave the sex industry and move to another type of work. It is highly appropriate that some types of training should be made available within a sex worker service, specifically training for people just starting out or wanting to move into a different area or role within the sex industry or learn practical skills such as massage or first aid. It is also appropriate that there be promotional materials available and referral elsewhere for other types of training for people who want to exit the sex industry or who want to stay in the industry but have more variety in their work. It is not appropriate that sex workers attending a sex worker service for peer support be pressed to consider exit training if they do not express this wish themselves.

“SQWISI had no privacy at their offices... SQWISI made inappropriate partnerships and the partnerships they had were problems: Southern Edge Training staff, for instance, being able to sit around at the reception area unannounced. We heard about a sex worker sitting in the reception area, who said something about having had a hard night and was overheard by a Southern Edge staff member, who suggested it might be time to ‘exit’ the industry. It’s inappropriate having such service providers in a sex worker service. Referral as an option should be available, but not pushed. A sex worker organisation should provide options for a range of training or up-skilling and support for leaving or staying in the industry, all part of their service delivery and support services.”
(Scarlet Alliance)

“I hope they won’t be funded to do exit training. I went to Southern Edge to get help with a resume once, but I don’t think that should be part of a sex worker service. They should refer people out if that’s what they want.”
(female sole operator, Townsville)

It may be appropriate for the new sex worker service to refer sex workers wanting skills development not available in house to a range of outside providers, as Southern Edge

Training currently do. In most cases training needs are not significantly altered by the fact that they are sex workers. Training is essentially about where the person wants to go rather than where they have been.

While there is evident resentment from some sex workers about any suggestion they might want a change of career, Southern Edge Training appears to be effective in providing support to the most marginalised sex workers: those with complex needs, who are limited in the ways they can participate in the sex industry and need support from a range of health and welfare services, as well as more secure income.

“I am on Disability Pension because I’m unemployable apparently, but I’ve been to that Southern Edge Training and (they have) helped me to identify other working options. They asked me some questions and I said I’d like to do work with animals, maybe be a receptionist at a vet’s surgery or a wildlife fun park.”

(female sole operator, North Queensland)

Many informants assumed that sexual health screening services would be provided in the new sex worker service, because this was available at SQWISI. However, this is not the only way to provide a link between sexual health clinical services and a peer support service. This is discussed further in the next section.

Dual access to clinical and peer services

Most stakeholders consulted believe that a co-location link between sexual health clinical services and a sex worker peer support service is highly desirable because it can increase access and enhance the quality of services provided by both agencies. The SQWISI model was that sexual health services provided an outreach clinical service at the sex worker organisation premises.

Some of the sex workers consulted directly for this needs assessment had found the SQWISI “one stop shop”, where they could get their sexual health attendance certificate, their safe sex supplies and other sex work equipment as well as peer support, very convenient. However this service was effectively confined to those who lived close to SQWISI premises. There were also some complaints about the waiting time when too many sex workers decided to come in for sexual health screening on the same day and some sole operators said they preferred to make private arrangements for sexual health checkups and did not enjoy feeling pressured on the subject when seeking peer support or supplies.

“An on-site clinic: a one stop shop where you could get pap smears along with STI testing, condoms and lube, NSP - a holistic approach to your all over health. It’s hard to go to a doctor and tell him what you do.”

(female street-based sex worker, Gold Coast)

“I’d go to the clinic, but the clinic was only open for workers three days a week and there’s usually a long wait to be seen... When you work long shifts and have strict timelines to work with including all of the other things in your life, support services and clinics need to be more flexible in their opening hours.”

(female brothel worker, Brisbane)

“Clinical services are important, but I haven’t had an STI in many years of working and I think I can decide for myself how often it’s necessary. It’s not what I would go to a sex worker service to discuss.”

(female sole operator, Brisbane)

There was some demand for on-site sexual health screening from respondents to the Scarlet Alliance web-based survey.

“Sex workers require the new service to have a working partnership with sexual health services, such that on-site clinical services are made available.”
(Scarlet Alliance survey report)

However, in their submission Scarlet Alliance recommend that the sex worker service refer sex workers out to sexual health services (or to private GPs), suggesting that having a testing service in the sex worker organisation’s premises introduced an undesirable sense of coercion, whereby the sex worker service became a compliance enforcement agent of the government, rather than an independent service of and for sex workers. It also means having direct contact with non-sex workers in what Scarlet Alliance believe should be a sex worker only space.

“Combination of sex worker service and clinical service is inappropriate. It doesn’t benefit clinic and it doesn’t benefit sex workers or sex worker organisation.”
(Scarlet Alliance)

In contrast, one HAHCSH Co-ordinator suggested that the SQWISI model had been a failure and that, in place of a separate sex worker service, peer education/support services to sex workers could be provided more cost-effectively and in many more locations by employing sex worker peer educators in sexual health services.

Certainly this model might be cheaper, but if it replaced a separate sex worker service, it would be likely to result in a very narrow range of services being delivered, with scant policy development, advocacy, community development or special needs group services. It would also fail to reach sole operators and illegal escorts who prefer the privacy of making their own sexual health check arrangements with private practitioners, which is important given that sole operators make up the majority of the sex worker population. Without outreach to the street, many street-based sex workers would not present for sexual health screening. In addition, sex worker peer educator/counsellors would each be working part-time, constrained in their activities by a clinical environment and in isolation from their peers.

“The other thing is privacy. What information is protected and how do they protect your privacy? What information is available? It affects your future directions. If we write our name down, what goes into the computer? I need a safe place to go. I’d rather have my tests privately with a GP and I can get my Naltrex for cold sores and antibiotics for urinary tract infections and hormones to stop my periods at the same time.”
(female escort/sole operator, Brisbane)

“Simply providing a peer educator with an office in a sexual health service has no real understanding of the community development aspect of sex worker organisation. Mostly these ‘peer educators’ either are unable due to policies and politics to disclose their sex worker status or they feel unsupported and therefore uncomfortable disclosing their sex work status to clients or clinic staff. This situation does little to provide peer education to clinic clients.”
(Scarlet Alliance)

There are strong arguments for a separate sex worker identified service with sex worker only space at least some of the time, where sex workers can speak freely amongst peers without fear of exposing themselves. There are also strong arguments for having access to peer support available where many sex workers present for sexual health services.

The link could be provided in all sexual health services by the new sex worker service providing peer educator/counsellors to do outreach in each sexual health service one

afternoon per week (more or less frequently in locations with few sex workers). The sexual health services should provide a small, private room and cupboard space for this purpose. Access to peer support and cheap supplies would attract sex workers to sexual health services on a particular day of the week (or fortnight or month), which would allow SHSs to streamline their attendance certificate testing and would present opportunities to showcase new sexual health and other information resources. This would also quickly promote awareness of the new sex worker service amongst sex workers. This model would meet the need for peer support access via sexual health services, while retaining sex worker only spaces, peer support for peer educator/counsellors and a broad health promotion approach.

Modes of interaction

To meet the needs of sex workers with diverse skills and circumstances, there needs to be a range of interactive modes available, including face to face, telephone, e-mail, website and a regular print vehicle. Interstate sex worker services reported that each mode attracts a different profile of sex workers and other participants in the sex industry. The PLA also recommended diverse contact options including some accessible outside normal business hours.

“(In addition to face to face contact), the newly funded organisation should also be contactable in standard ways – telephone, email, and facsimile and maintain a website.... The new service should be contactable outside (normal business) hours if it is to effectively service the needs of sex workers.”
(PLA)

Face to face contact is the ideal for most sex workers and the only effective option for some.

“A website would be useful, particularly in regional areas where other services or service providers could tap in to it to get information for their clients, but there is no substitute for two people sitting in a room where you can hear and see the pain on their face, to really know what is going on and you can then make a better judgement as to an appropriate referral.”
(brothel manager and former SQWISI Board member, Gold Coast)

However, there is need for a range of contact modes to meet the needs of:

- sex workers in some regional locations, including those who travel a lot for work
- sex workers with poor English language, poor computer skills or attention deficit
- sex workers and others considering sex work who are afraid to reveal their identity.

Effective peer support can be provided by telephone when face to face contact is not possible. Along with e-mail, it also allows people who are afraid of being identified to ask questions anonymously. A toll free number would be appreciated and there was some demand for a 24 hour helpline from sex workers who had needed crisis intervention at odd hours in the past. It might be possible to provide this from one location.

“(At various times or for various purposes), I’d want to be able to e-mail a question and get an e-mail response, have a number to call to speak with someone and come in to an office to speak with someone face to face.”
(transgender worker, Brisbane and Gold Coast)

“In Cairns, there’s a lot of international travellers, which is OK, but there’s a sleaze element in Cairns too. There are lots of drugs, clients are all speeding off their heads or full of alcohol. It would be good to have someone you could actually ring 24 hours. What do you do in the twilight hours when you’re losing it? You wouldn’t call Lifeline. Because I’m a sex worker, they’d tell me to go to church and I’d feel more of an outcast and pariah.”
(female sole operator, Cairns)

"E-mail would be good just occasionally, but it is not comparable with connecting with another human being. Not mail."

(female sole operator, Townsville)

"I don't read that much. I'd prefer to come in to them. No computer, just talk, not pamphlets, maybe a magazine at work."

(female brothel worker, Townsville)

"When I travelled, I would ring SQWISI and ask which motels were good places to stay and when a condom gets broken, you can call and chat and they know what you need to do."

(female sole operator, Townsville)

"No not e-mail. I don't want anything sent to me that could be opened by other people at home. A pamphlet that I could take away and keep in a private space at home would be OK. Website with question-and-answer or frequently asked questions and where you can e-mail in a question and get a response and send in stuff about things that happened around town, like a guy who's turned up too many times or when the Navy blokes are coming to town."

(female brothel worker, Townsville)

Most sex workers would like to get a magazine or newsletter. Brothel workers would mainly prefer to read a magazine in hard copy in their workplace, rather than have it at home where it might be seen by others who do not know they are sex workers. Street-based workers would like to access a magazine at the sex worker service drop in space or have it delivered to them in the street. Sole operators and some others would be more likely to access a magazine electronically via the service website, especially if a text message was received by e-mail or SMS whenever a new edition was produced.

"Yes, I'd subscribe (to a regular magazine for sex workers)... by post or by e-mail."

(transgender worker, Brisbane and Gold Coast)

"A newsletter I could read at work would be great."

(female brothel worker, Townsville)

"Articles and stories to pick up your self-esteem, feeling good about yourself and working..."

Stories on how to do sex work professionally, it should be mandatory"

(female brothel worker, Brisbane)

"All legal matters with a regular update on the laws, financial, tax, peer contact and support and story telling, personal interest stories about great clients and bad clients, working around the world and relevant laws and support services and generally sharing ideas"

(male brothel worker, Brisbane)

"I would want to read stories on survival of other workers, sex worker stories like NUAA News who publish users stories."

(female street-based sex worker, Gold Coast)

"If it was sent by mail the packaging would have to be discreet... I'd want business advice, health updates, info on the law and tax and personal stories."

(female sole operator, Townsville)

"(A magazine} would need to be electronic and in hard copy, giving people options with the electronic version to print sections of relevance or interest. But for ease of access, the electronic version would be preferable for me."

(male sole operator, Brisbane)

"Yes, if I found it interesting but it would be better that mags be delivered on outreach to workers on the street or available at a sex worker drop in centre for reading or taking away. I would want to see sex worker stories, some hardships, some good times, information on how to look after yourself

(holistically), the law and a simple interpretation of the law and tax."

(female street-based sex worker, Brisbane)

The “Ugly Mugs” list is one of the services most valued by sex workers. It can be delivered by e-mail or SMS text message and can be available in a password protected part of the website as well as in hard copy and by word of mouth. It is important to have easy ways for sex workers to contribute updates to this information as well as to receive it. Legal aspects have to be considered, but this is a core communication service of any sex worker agency. NSW SWOP is currently trialling an SMS Ugly Mugs service and the findings of this trial should be noted and acted upon as appropriate.

“Ugly Mug Lists regularly updated”
(female brothel worker, Brisbane)

A well managed website can provide completely private access and anonymous interaction with both the service and other sex workers for people afraid of discovery and extend access to sex workers who live or work far from the sex worker service premises or sexual health services. As well as providing access to information in regional and remote locations, it would be helpful in promoting any regional outreach tours. However, a website can only be helpful if people know that it exists, so active promotion will be needed.

While it does extend access, it cannot be assumed that a website alone would provide sufficient access to information to all regional sex workers. Internet access is poor outside the main cities and towns and not all sex workers have the computer skills to access the internet. It is worth noting that the Scarlet Alliance web-based survey, which was prominent on their website for more than six months, only produced 35 useable responses. Since no demographic, geographic or sectoral data were collected, there is no information about which categories of Queensland sex workers access this website or whether the survey reached beyond those actively involved in the fledgling sex worker groups in Brisbane and Townsville who actively promoted the needs assessment. An invitation to participate in the needs assessment delivered via the Scarlet Alliance e-list and website produced very few responses, none of them from outside major centres.

Information resources on a website can be downloaded and given to sex workers as needed by staff of sexual health services, GPs, needle exchange staff and many other health/welfare service providers who have sex worker clients. This can also be a cost-effective way of providing core information resources in a range of non-English languages via services.

All information provided in print resources, including a regular magazine, should also be accessible via the internet. Many sex workers would visit a website that contained accurate information relevant to their work, including, legal, tax, safety and sexual health information. To attract repeat visits, a website must be dynamic and interactive. Sex workers would visit often if:

- the content were engaging and constantly changing
- they could get answers to their questions
- they could contribute material and see other sex workers’ contributions
- they could find out about new resources or events they may want to attend.

A chat room or notice board section, where sex workers can participate in debates and post their own tips, stories and other creative work, would be very welcome. It may be appropriate to keep these in a password protected area.

“A website should provide information for the whole industry ... issues around law and safety.”
(female brothel worker, Brisbane)

“It would be an option and I would go there if I knew it existed, but it must not be the only available tool for getting information, because not all sex workers have IT literacy.”
(female brothel worker, Brisbane)

"It would be nice to have a sex worker service again to drop in to for the company of other workers and the peer support and affordable safe sex products, but there are obvious limitations for those living and working in regional areas. Web-based services are probably going to be the most cost effective way to service a larger area. Most things you want to know should be able to be downloaded via a sex worker website including health, workers rights, law. Even if you want peer support, chat rooms and email can be used for debriefing after as bad client or bad shift... A web-based centralised service with a small 'travelling circus', but you must create the community, create a sense of belonging and history so the travelling circus is not coming to town with a bunch of strangers to meet a bunch of strangers. You want to feel you will be meeting with people you have a history with."
(male brothel worker, Brisbane)

"(I would go to the website) as often as I needed depending on whether it continued to be interesting and kept up to date with correct information and provided new material. I'd go there more often if it always changed and was updated regularly and it was interesting and intriguing."
(female street-based sex worker, Brisbane)

"Web based services limit overheads and reach people in far away locations, but it would need to be well presented, serviced well and promoted... A chat room would be a good way for workers to maintain contact with others, with peers and remove isolation. It's hard as a worker if you can't talk to other workers as you can't go home and talk to your family or partner ... Yes I'd definitely use it and it should contain all legislation, health, safety, financial, tax and personal interest stories. People are more confident and stronger if they know they are not alone... I'd go there weekly and more often if I had a problem or needed advice on something, but I would expect it would have a webmaster, at least weekly updates and online chat room like the BDSM online community - much education, support and swapping of ideas goes on there... Like the BDSM community, sex workers are mostly secretive and want to maintain their anonymity, but the BDSM community website has allowed people to interact and learn while still maintaining their privacy, particularly for newcomers."
(male brothel / BDSM master, Brisbane)

Outreach to all sectors of the industry

There was general agreement amongst informants that sex workers in all sectors of the industry should be actively sought out and provided with information, services, resources and modes of contact in keeping with their needs.

Licensed brothels provide an easy access point, provided that good relations are maintained with owners/managers. While brothel workers enjoy the convenience of receiving training, information resources and magazines/newsletters in the workplace, where they also get some peer support from other workers, some have appreciated having a support service available in a separate location to discuss difficult workplace issues, because the competitive nature of brothel processes may limit the support they get from other workers in the brothel. Brothel workers are generally less concerned about safety issues and they do not need to pay for safe sex supplies, but providing these cheaply to management can help to maintain a friendly relationship and hence access to the workers in the workplace.

Sole operators apparently make up the majority of Queensland sex workers, but accessing them initially is labour intensive (cold calling advertised numbers or sending SMS text messages) and continues to be so due to the turnover of participants in the industry. As noted in the Sectors chapter, sole operators tend to be isolated and have great need for peer support at least occasionally. They greatly value drop in facilities in a sex worker only space, as well as 1:1 peer counselling when needed. Since they pay for their own supplies and equipment, cheap prices are another strong drawcard for sole workers. The laws concerning sex work mean that they are stressed by being vulnerable to attack if they work alone as the law requires or by police entrapment processes if they seek safety by not

working alone. They need advocacy for legislative change to remove this dilemma and strategies for maximising safety while minimising legal grief.

Street-based sex workers have the most complex needs and most need face to face contact for any effective service delivery. Many are likely to use a sex worker only drop in space, especially if it feels safe, provides some basic needs facilities (shower, washing machine, tea and coffee, food) and is close enough to their worksite, but only after initial contact is made in the street to establish trust or word of mouth brings them in. While street-based sex workers are diverse, they are less likely than those in other sectors to make contact by telephone or e-mail or to access a website and some will not read booklets. Street-based workers are often living in extreme circumstances and need to be given free safe sex supplies in small quantities and injecting equipment, referral to a range of services if they want them (eg accommodation, AOD and mental health services, income support, free/cheap meals) and information in forms that are very easy to access and do not require much reading. Existing street outreach services including DrugArm, QuLHN and Spiritus currently do reach some street-based sex workers, at least in Brisbane and possibly other locations as well. Some street-based sex workers feel comfortable using services for injecting drug users and/or homeless people, but others would much prefer to access a sex worker specific service.

“(SQWISI) could have come to speak to me on the street where I worked. While I was at the service picking up my fits, I was in too much of a hurry to have a shot and didn’t want to speak to them in those circumstances... There is no information available on the streets (for sex workers). For street based workers, it’s word of mouth... The current bus service (Drug Arm) is not inviting for sex workers because they feel uncomfortable with homeless and mentally ill people hanging around. They want to be able to talk one on one with someone who knows their situation, the law, some of the other issues of working and working on the street. It needs to be a specific sex worker service”
(female street-based sex worker, Brisbane)

“An outreach service should be established to make regular contact with street workers.”
(ACSEA)

“I’d want to have a drop in centre and for them to do outreach... Probably I would go to QuLHN now. I know everybody there and they don’t judge. Also Palm Beach Health Clinic for NSP.”
(female street-based sex worker, Gold Coast)

“The set up in the earlier days of SQWISI attracted workers by providing good and accurate and up to date information, a drop in facility, reduced price safe sex products. All workers were welcome, no matter what the issue or problem, background or workplace – problems with clients, with managers, private work, issues around isolation, needing to talk and just being with other workers were some of the services provided... Any new service should cater to the support needs of all adult industry service providers - strip club workers, as well as sex workers - and provide for all the emotional stuff, where you are free to go and talk about workplace problems and issues, because it’s hard to talk to others. Family and friends often don’t know what you do and you can’t talk to them.”
(brothel manager and former SQWISI Board member, Gold Coast)

There is apparently also a sector of illegal brothels and escort agencies of unknown size that should be accessed, which will require sensitive and persistent methods to gain trust and then access. One to one counselling in a private space and a sex worker only space would be valued by some working in illegal sectors. Asian sex workers working for illegal agencies in Australia for a short period and travelling while they are here may be the highest priority group in terms of urgent needs and potential risk to the general community, but they are also the most difficult group to access. Substantial time and resources must be devoted to this group. Their needs are discussed in more detail in the Special Needs chapter and below.

Projects for special needs groups

There was also general agreement that special needs groups, particularly the most vulnerable, must be addressed with appropriate staff, specific resources and strategies.

“The service also needs to be mindful of the diverse nature of the sex industry, and not simply focus on females. It needs to represent the sex industry in general, including males, transsexuals, and people from non-English speaking backgrounds.”
(Prostitution Licensing Authority)

“Non-English speaking workers are another particular concern, particularly illegal workers from SE Asia. A number of illegal brothels are believed to be using Chinese and Thai workers but very little contact has occurred. For a 12 month period, an Asian sex worker clinic was piloted with SQWISI, using Chinese and Thai speaking workers. It had begun to achieve some incremental successes, but was terminated due to lack of funding.”
(HAHCSH Co-ordinator)

“Every sex worker group needs a male sex worker.”
(Scarlet Alliance)

The main special needs group identified in Queensland is CALD (mainly Asian) sex workers who may work in licensed brothels, but are more numerous as sole operators or working for illegal agencies, often travelling around and staying in Australia for only months at a time. As discussed in greater detail in the Special Needs chapter, while there is diversity, CALD workers may arrive in Australia with STIs, may have poor English language skills, may have poor knowledge of STIs prevention measures, poor awareness of sexual health services, lack the confidence to access them and not understand that they are confidential and free. They may have poor knowledge of Queensland laws concerning sex work. Active approaches using peer educator/counsellors with appropriate language skills are needed. These sex workers may be unable to access website or print information in English and very reluctant to meet with anyone who is not a sex worker, particularly from their own ethnic community. At a minimum CALD/bilingual sex worker peer educator/counsellors will be needed for this work in Brisbane, Gold Coast, Townsville and Cairns.

Male and transgender sex workers have different information needs from female sex workers and need support from like peers. Many use the internet to attract clients and are likely to use a website. There is an Australian male sex worker network, known as Scarlet Men and there is a link to their website from the Scarlet Alliance website. While this provides one excellent starting point, it will be necessary to actively contact male sex workers advertising in local newspapers all over Queensland and on many internet sex sites.

Regional workers have been addressed to some extent above with the point that the new service will need premises in North Queensland as well as South and a regular presence in all centres large enough to have a sexual health service. While in theory the internet could provide access to information to sex workers all over Queensland, in practice internet access is poor outside the main centres and not all regional sex workers have the computer skills to use the internet, so other opportunities for peer education/counselling are very important. It is worth noting that an invitation to participate in this needs assessment with a small financial incentive sent out via the Scarlet Alliance e-list produced no regional responses from sex workers outside the main centres. However, discussions with some sex workers who have travelled to mining towns for work suggest that workers in these locations would appreciate having access to peer support via a toll free telephone line and some would like local Ugly Mugs alerts by SMS text message.

Sexual health and other services across Queensland reported small numbers of Aboriginal and Torres Strait Islander sex workers, as well as some Papua New Guineans, Maori and other Pacific Islanders.

“They’ll need culturally appropriate resources in Creole for Indigenous people and need to recognise that Aboriginal is not Torres Strait Islander is not Maori. I’ve worked with a lot of Maori girls.”
(QuIHN)

“The north coast of Queensland is an access point for PNG, Islander and ATSI workers and specific funding is needed together with specific approaches.”
(Scarlet Alliance)

While recognising that these are culturally different groups, it would be appropriate initially to employ project officer/s with sex work experience and a relevant ethnic background to explore the extent of need for ATSI, PNG and Pacific Islander specific information resources and peer support in the major centres.

In NSW, SWOP report that ATSI people make up 12 percent of sex workers in city indoor workplaces and 20 percent of street-based sex workers. They now have a full time Aboriginal outreach staff position to be shared by two people to avoid isolation and believe this will be adequate.

In the NT, ATSI sex workers are addressed in the context of the Federal Government intervention. NT SWOP note that their top priorities for sex workers not yet accessed include sex for trade workers within clubs, highways, truck stops and small towns across the NT, but this requires careful planning and ongoing consultation with communities that have specific cultural practices and expectations that need to be acknowledged and relationships need to be developed before any service can be put in place to access this marginalised group of sex workers. Indigenous sex workers report high levels of abuse and violence. NT SWOP is consulting with Indigenous peer run organisations and elders with a view to establishing separate Indigenous sex worker peer projects in Darwin and Alice Springs.

There was anecdotal evidence suggesting need to address sex for favours exchanges within remote Indigenous communities. The high prevalence of STIs in Cape York makes this area a priority, but it would probably not be appropriate to address this issue as part of a service for sex workers, since participants probably do not perceive this to be sex work. It will probably require a very different approach, involving broad community consultation to develop a culturally appropriate strategy that engages the whole community in a discussion of safe sex issues, rather than addressing individuals as sex workers. There were rumours of similar sex for favours exchanges within a community of recent African migrants and no doubt they occur within many small, disadvantaged communities.

Opportunistic sex work and sex for favours exchanges were reported in many locations amongst young, unemployed and homeless people. While it may be helpful to promote awareness of the new sex worker service through agencies that provide services to homeless people, so those who recognise themselves as sex workers can seek relevant education and support, sex for favours exchanges are probably best addressed as part of broader sexual health promotion strategies targeting these groups, mentioning sex for favours as one type of interaction that may require strong commitment to safe sex practices and good negotiation skills, rather than as a project of a service for sex workers.

“Non-identifying sex workers are beyond the scope of a sex worker organisation... The model however is not to refuse service to anybody.”
(Scarlet Alliance)

Scope for a broad health promotion approach

Delivery of preventive health and safety education/training and peer support are central, but there must also be scope for liaison, advocacy and facilitation of mainstream service development, sex worker community development and steps towards law reform and removal of discriminatory practices in financial institutions and other areas.

The Prostitution Licensing Authority identified advocacy as an important function of the new sex worker service and suggested the functions listed below.

“It is important that the sex industry has a body that can advocate on its behalf to the community and government...”

- *“Provide information, education, support, counselling and referrals to sex workers, brothel licensees, and brothel managers in relation to health matters generally, including sexual health and safe sex practices, pregnancy, drugs and alcohol, and mental health;*
- *Provide information, education, support and referrals to sex workers, brothel licensees, and brothel managers in relation to their legal obligations and responsibilities. For example, safe sex, duress, coercion, sexual assault, minors, taxation, advertising, industrial relations, workplace health and safety;*
- *Free or subsidised safe sex products for sex workers;*
- *Support and counselling for the families of sex workers;*
- *Advocate within the community and with government for the needs and rights of sex workers, including identifying and advocating necessary legislative reforms; and*
- *Assist sex workers from the industry by provision of an exit and retraining program. If possible, the new organisation should assume responsibility for the existing exit and retraining program funded by Queensland Health.”*

(Prostitution Licensing Authority)

Many stakeholders, but particularly interstate sex worker services pointed to the need to address aspects of the services network, community attitudes and media portrayals and legislative context that mitigate against good health outcomes for sex workers.

“The laws might have changed, but there is still huge stigma attached to what we do”.
(female brothel worker, Brisbane)

“QAHC see need for a sex work service that takes an holistic approach to sex work, including supporting people to deal with legal issues, tax, personal safety, exit and retraining as well as sexual health. Such an organisation should also have a strong advocacy role. Having such an organisation in place would help to build a more supportive environment and a centre of expertise around sex work issues in Qld. QAHC could then call on this organisation for information and advice and to undertake joint projects.”

(Queensland Association for Healthy Communities)

It was suggested that an effective sex worker service must go beyond finding sex worker friendly exceptions and actively work to ensure sex workers get equal access and appropriate treatment from all mainstream services, whether government, non-government or commercial. Some services need specific training in sensitivity to sex worker needs in order to provide an adequate service. Sex workers sometimes need support to get access to basic services such as loans from financial institutions.

Queensland Association for Healthy Communities (QAHC) provide a model for this work. They provide accreditation to services that have received their training and a discreet sticker they can display to signal gay-friendliness to clients and they actively solicit feedback from the LGBT community about the quality of service they receive from mainstream services.

Sex worker services are called upon to provide policy advice to Government and to contribute to strategic planning and review. This work requires a dedicated position. Otherwise everyday service delivery demands can prevent this important work from happening. There is also need for staff time to be dedicated to co-ordinating data collection and record keeping to allow self-monitoring and external evaluation, as well as to inform future planning.

Current legislation is a major contributor to incidents of violence and abuse against sex workers. The law allows sex work to be legal, safe and profitable, but rarely all at once. Most sex workers feel they must choose between working safely and legally in licensed brothels, but for an inadequate and unreliable income and working as sole operators, where they must choose between being safe and being legal. There is urgent need to address the limited safety measures permitted to sole operators. This may not be the core sexual health business intended by Queensland Health, but it is important that the organisation providing the sex worker service be allowed sufficient staff time to address these issues, which do have negative health consequences. Media portrayals of sex workers that support hostile and abusive attitudes towards sex workers by clients and other members of the community should also be challenged.

“Law reform is an ongoing area of work that needs attention, yet is not well supported. However, it goes hand in hand with health outcomes (eg through the social determinants of health/social inclusion concepts).”
(NSW SWOP)

Premises location and hours

There was agreement that the specific location of premises should:

- be close to street work locations
- be close to public transport and/or have car parking available nearby
- be far from police stations
- have discreet entrances and be co-located with or adjacent to other services that are compatible and/or would make sex worker identity less obvious to people passing in the street.

“Having a room in the QUAC office would be okay. We have a similar history.”
(female sole operator, Townsville)

“In the regions, a sex worker support person could share an office with another HIV or related service.”
(female street-based sex worker, Brisbane)

“A discreet entrance to a sex worker service, wherever it is, is important... Perhaps use the QuiHN office for workshops and one on one consultations, coffee afternoons.”
(female street-based sex worker, Gold Coast)

“Once a month workers in the service should travel to regional locations to have a physical presence there and where possible a fixed regional worker presence could bunk in with QUAC or QuiHN.”
(male brothel worker, Brisbane)

“It needs to be somewhere where you can find a park.”
(female brothel worker, Brisbane)

“Location wise, it must be easy to access and discreet. Not all workers have cars, it must be on a bus route with easy parking for those with cars – if it’s not easy to get to forget about it, workers won’t make the effort. You have to make it more appealing for them to get there to get information.”
(brothel manager and former sex worker, Gold Coast)

“The SQWISI Brisbane office and clinic in Montague Street was a hard place for workers to get to.”
(ACSEA)

The PLA also noted the need for access hours that fit with sex worker work times. Sex workers suggested that afternoons and early evenings are convenient for workers who work late and sleep through the morning. Brothels usually have a busy period through lunch time, but are then quiet until after 7 pm. Friday and Saturday nights are usually the busiest times, while Monday and Tuesday nights are usually quiet. This makes Monday and Tuesday good days for drop in or group training/forums and Friday and Saturday nights good for brothel outreach and street outreach.

“There should also be a recognition that the working hours of the sex industry are not confined to 9.00-5.00 Monday to Friday and that the new service should be contactable outside those hours if it is to effectively service the needs of sex workers.”
(Prostitution Licensing Authority)

. A Tuesday afternoon walk in and at other times by appointment and then go out to the brothel some days, may be Friday and Saturday night, when most are working. That’s the best time to come out.”
(female brothel worker, Brisbane)

The main premises should provide:

- office space for Co-ordinator, Peer Educator/Counsellor and Outreach positions
- a space for drop in and training functions
- private space for counselling
- kitchen, bathroom, resource storage facilities.

Street-based sex workers are a high priority group that is relatively difficult to access, often living in very difficult circumstances. Providing access to basic bathroom, kitchen and laundry facilities would help to make the sex worker service attractive to them. It would also be helpful to provide a simple, nutritious meal for all who come to the service on drop in day.

“Providing a drop in centre where a daily meal was prepared and provided, coffee and tea and somewhere to wash your clothes and have a shower. There are workers living in toilets on the Coast and nowhere for them to shower, so most of them try to shower at the client’s house or hotel, but really you just want to leave as soon as the job is over. They need referral information and actual support for accessing accommodation and health care.”
(street-based sex worker, Gold Coast)

A safe place for babies and toddlers to be supervised while sole parent sex workers are speaking one to one with a peer educator/counsellor about issues that are traumatic or not for discussion in front of young children would also be helpful.

“I had my son in with me one time and I spent an hour reading stuff. You need a place that can occupy kids and babies. A kids’ room is paramount. A lot of us are single mothers... You need the time to talk.”
(female brothel worker, Brisbane)

“Close to public transport and located near a day care centre or something.”
(female brothel worker, Brisbane)

Budget, staffing and volunteers

According to ACSEA who conducted a review of the organisation, at the time it closed, SQWISI had an overall budget of \$400,000 and seven FTE staff comprised of:

- 1 State Manager on Gold Coast
- 2 staff on Gold Coast
- 2 staff in Brisbane
- 1 staff in Townsville
- 1 staff in Cairns.

Various informants reported that the SQWISI budget had greatly decreased over the years and some speculated that this had led to inordinate focus on ways to make ends meet and reliance on volunteers to assist with their work.

The comments of sex workers consulted in Townsville suggest that at least one SQWISI volunteer provided excellent unpaid services and has continued to do so since SQWISI closed. However, that does not make it desirable for a service organisation to depend on volunteers for delivery of core services.

Most informants in interstate sex worker services and other NGOs felt that there was value in providing opportunities for their constituent community to contribute to the work of the service / organisation in meaningful ways, such as editorial committees and advanced skills training. However, they also argued that effective peer education and counselling work in particular require significant training and support to ensure consistent quality of service and use of volunteers is usually not cost-effective, because unpaid volunteers tend to turnover much faster than paid staff, but require a lot of paid staff time in training, co-ordination and support. Some also argued on principle that sex workers who provide services based upon their expertise should be paid for their time.

Various services pay non-staff sex workers to contribute their expertise to advanced skills workshops or assist with sex worker sensitivity training for mainstream services. NSW SWOP has a voluntary editorial committee for production of their magazine, *The Professional*. Volunteers may also be called upon to contribute to issues discussion to inform policy and strategy development.

“We do use volunteers but only within the office. Volunteers provide a valuable service but the turnover is high and staff have to be engaged in training new volunteers at regular intervals. We believe that the work is important and so should be paid work.”
(Magenta, WA)

“Limitation of SWOP Outreach hours means again that to keep (volunteer) workers active and in touch, then a vast amount of volunteer hours from the SWOP (paid staff) need to take place in order for other peer volunteers to be updated on activities... I think that volunteering is great; however skills of sex workers should be paid for, funding permitting. We have not got that luxury. However, we have got, wherever possible, paid positions within education sessions, where workers are paid \$50 an hour for volunteering their time to educate the non-peer sector... This is a bit catch 22, as sex workers do volunteer and have done for many years within sex worker organisations, gaining skills that enable paid employment to be offered (depending upon) paid position availability. The problem with this is that paid workers within SWOP organisations do so many extra voluntary hours, that (funding will never increase) unless SWOP volunteers stop doing the work. So for skills development and sharing and activism it's great, but too many people get burnt out. SWOP projects need to be funded so that volunteer work is fun and that that time is creative, not around report writing or performance indicators of the project. Adequate funding and paid volunteers is the go.”
(NT SWOP)

“Volunteers should not be used for any job that is essential to the running of the programme. Peer educators should be valued and paid appropriately for their expertise.”
(SIN, SA)

While there may have been problems with cash-handling and record-keeping procedures at SQWISI, sale of sex work supplies with a small profit margin has the potential to pay for one or more staff positions, while providing a service greatly appreciated by both brothel owners and sole operators, that will help to maintain good relationships and regular contact.

The New Zealand Prostitutes Collective (NZPC), which formed in 1987, operates today with eight regional offices and drop-in centres across New Zealand. While their primary funding is provided by the Ministry of Health and is close to NZ\$1,000,000, some additional income is derived from sales of merchandise (sex toys and safe sex products). This additional income enables the employment of two full time workers in their regional branch offices.

NSW is believed to have a substantially larger sex worker population than Queensland, but this population is more geographically concentrated and a much larger proportion is more readily accessible in authorised and unauthorised brothels. There are approximately 700 brothels in NSW, including about 200 brothels that have gained local government development consent. SWOP does not differentiate between authorised and unauthorised brothels in their outreach activities.

Arguably Queensland requires equal or greater funding for a less centralised approach, with active outreach to sex workers and industry operators regardless of their legal status spread over a larger geographical area, with the large majority working in less accessible sectors of the industry as sole operators and escorts.

Like NSW, Queensland has

- a large, high priority Asian sex worker population requiring specific services
- significant numbers of male, transgender and street-based sex workers
- a substantial ATSI population with specific needs.

The overall budget of NSW SWOP is currently about \$800,000, including some funding from outside NSW Health. This budget pays for 14-15 full time equivalent (FTE) positions, comprised of:

- 1 Manager F/T who directly manages:
 - 1 Admin/finance F/T
 - 1 Receptionist F/T
 - 1 Resource production Officer 0.5
- 1 Outreach Coordinator F/T who manages:
 - Aboriginal outreach officer (2 staff) 1 FTE
 - Women’s outreach officers (3-5 staff) 2.3 FTE
 - Great Western Highway outreach 1 FT
 - Canterbury Road outreach (currently vacant) 1FT
 - Male Project 1 FT
 - Transgender project 0.5 FTE
 - CALD project (3 staff) 1 FTE
 - 1 Counsellor 1 FTE
- 2 part time regional SWOP workers in Hunter and Illawarra areas that are funded separately but are supported by SWOP Manager and Outreach Co-ordinator
- 1 FT policy advisor on sex workers located separately at ACON’s head office to provide policy input to the work of SWOP.

This level of staffing is considered to be adequate for some areas, specifically for male, transgender and Aboriginal sex workers, but not adequate to meet the needs of:

- CALD sex workers (18-25% of the industry)
- sex workers in regional areas
- street-based sex workers in other locations
- community development, advocacy and media functions which also impact on sex workers' health and safety outcomes
- resource production.

For a service to meet well the diverse needs of sex workers throughout the state of Queensland would require funding for:

- at least 12 FTE positions
- premises
- vehicles and other travel costs
- information technology and other equipment
- new information resources production
- recruitment and induction training for new staff, then ongoing professional development, HAHCSH updating and clinical supervision.

This level of funding is not currently available from Queensland Health Communicable Diseases Branch. However, when a service has been established, contributions may be forthcoming from other sources to fund particular functions including:

- brothels licensing fees (for training and other support provided to brothels)
- other divisions of Queensland Health (for mental health, AOD)
- other Qld Government departments (housing and other welfare services)
- Australian Government (eg Attorney General's for safety and anti-violence measures; Immigration and Citizenship for services to address Asian sex workers' needs)
- sponsorship from the private sector.

6 RECOMMENDATIONS

It is recommended that sex worker service agencies be set up in two locations:

- a North Queensland agency based in Townsville, preferably with a small satellite office in Cairns perhaps sharing premises with a compatible agency, and providing some outreach to Mt Isa, Mackay, Bundaberg, Gladstone and Rockhampton in keeping with need.
- a South Queensland agency based in Brisbane, preferably with a small satellite office on the Gold Coast perhaps sharing premises with a compatible agency, and providing some outreach to the Sunshine Coast and other southern centres in keeping with need.

While it will not be possible to address all needs well with the current level of funding, these agencies should provide:

- sex worker only drop in at regular, convenient times, with one to one peer education/ counselling in a private space by appointment or in response to acute need
- access to safe sex devices and equipment, including condoms, lubricant, gloves and dams at convenient hours, plus discreet needle exchange
- small safe sex packs free of charge to street-based sex workers on outreach and to others in genuine need or as promotional gifts
- interactive training and discussion workshops conducted on the premises and in brothels as needed
- outreach peer education/counselling through sexual health services, both locally and elsewhere in keeping with need (sexual health services will need to provide a private room for this purpose and actively promote this service)
- outreach to all licensed brothels and also to any illegal brothels
- outreach to sole operators and escort workers advertising in press and internet, accessed by phone, SMS and/or e-mail
- outreach to special needs groups, particularly Asian sex workers, but also male and transgender sex workers, who advertise in press and on the internet, to be accessed by phone, SMS and/or e-mail
- local Ugly Mugs updates for distribution by e-mail or SMS to sole operators and brothels as well as in hard copy on the premises and in the street
- liaison and co-operation with local agencies in the HAHCSH field, police, local government, Centrelink, welfare agencies
- sex worker sensitivity training for mainstream services and financial institutions.

Each agency will need to employ:

- a service Co-ordinator, responsible for staff recruitment, supervision and administration, policy and liaison with local service agencies and police
- female Peer Educator/Counsellors and Outreach Workers to facilitate drop in and provide one-to-one peer education/counselling, access to safe sex supplies and occasional group education/training, regular outreach to brothels, to sexual health services, to sole operators and where relevant, the street, needle exchange
- female CALD Peer Educator/Counsellors and Outreach Workers (preferably with Mandarin and/or Thai language skills) to provide outreach to Asian sex workers.

It is desirable that there be male, transgender and possibly ATSI outreach staff as well, but female and female CALD are the highest initial priorities. Provision of English for sex work classes may provide a useful drawcard to facilitate contact with short stay Asian sex workers.

It is preferable that all staff have some direct sex work experience. They may be current sex workers, but past experience of sex work would suffice. All Peer Educator/Counsellors and Outreach workers should be provided with induction training in cash management, record keeping, HAHCSH education for sex workers skills and counselling skills. CALD Peer Educator/Counsellors should receive training in teaching English as a second language.

All Peer Educator/Counsellors and Outreach workers should receive clinical supervision by a qualified clinician external to the service as well as administrative supervision by the service Co-ordinator.

When sex workers present with need for professional services beyond the skills set available amongst service staff, referral should be provided to sex worker friendly service providers, with access assistance and support if needed. These service needs are likely to include:

- sexual health care and screening for certificates
- primary health care, drug treatment services, mental health services, including government and private practitioners
- emergency and supported accommodation services, food, clothing and other basic needs agencies
- retraining/upskilling options and support not available within the service
- legal advice, town planning advice, taxation advice and accountancy
- immigration and visa advice.

Agencies should also devote some time to:

- policy and strategy development
- advocacy, including development of recommendations for law reform to protect the health and safety of sex workers
- information resources, including website maintenance
- service record keeping and other data collection for self-monitoring, service development and planning purposes, as well as external evaluation.

It is recommended that Queensland Health recognise the importance of funding services for sex workers, not only because they are needed by sex workers, but also because they serve the whole community through the STIs prevention education role that well supported sex workers can play in relation to their clients and the referral service they provide in directing sex work clients with signs of STIs to sexual health services for testing and treatment.

It is recommended that the Queensland Government takes a whole of government approach to addressing the needs of sex workers, because the key issues and service needs extend beyond sexual health.

It is recommended that exchange of sex for favours and other opportunistic sex work by people who do not identify as sex workers be addressed separately from sex worker services, as part of broader campaigns and services that target vulnerable population groups where these issues may arise, such as homeless/unemployed/vulnerable youth, remote Indigenous communities and new migrant communities.

The new agencies will require oversight by a Reference Group or Board with governance responsibility. This body should be chaired by a past/current sex worker and the majority of members should be past/current sex workers, providing appropriate sectoral, geographic and special needs representation. Some positions may be filled by people with areas of expertise other than sex work that would be useful to the service.

The service should be independently reviewed after 18 months, to see how well staffing and services in place match needs in each location. Adjustments should then be made, in keeping with the findings, including restructure and resizing if necessary. After three years establishment time, there should be an independent evaluation against an agreed set of objectives / outcomes to inform strategic planning and funding for the next three year period.

7 METHODS AND SOURCES

Methods used for this needs assessment included:

- direct face to face consultations with a diverse sample of sex workers in Brisbane, Gold Coast, Townsville and Cairns, plus some e-mail contributions from other locations
- analysis of written contributions from HAHCSH Co-ordinators, sexual health services, interstate sex worker services and other organisations provided related services
- review of relevant literature including relevant strategy documents, research reports and epidemiological data
- review of materials taken from relevant websites
- direct consultations face to face or by telephone with selected stakeholder informants...

Individuals Consulted

Contributors to this needs assessment, in writing or by interview, included:

- Approximately 50 current sex workers, working in various sectors of the Queensland sex industry, including in licensed brothels, as sole operators, as escorts, from the street, in hotels, strip clubs and other venues; including women, men and transgender people and workers with various ethnic backgrounds.
- The owners and/or managers of various sex industry businesses, including Cleo's on Nile, Bluebirds, Purely Blue, Forbidden Apple, Utopia in Paradise, On-line Escort Directory, Gold Coast Escorts.
- Scarlet Alliance: Elena Jeffreys, President; Janelle Fawkes, CEO; Alina Thomas, Co-ordinator National Training Project
- United Sex Workers North Queensland (USNQ): Jenny King, Jacqui and Ellie
- Crimson Coalition Brisbane: Candi Forrest and others
- NSW SWOP: Maria McMahon Sex Work Policy Adviser, ACON and Jum Chimkit, Multicultural Project
- NT SWOP: Leanne Melling, Co-ordinator
- ACT SWOP: Lexie Jury, Co-ordinator
- Magenta WA: Stephen Plecus, Manager
- RhED, Victoria: Sharon O'Reilly
- SIN, SA: Ari Reid, Co-ordinator, Program Co-ordinator
- New Zealand Prostitutes Collective: Catherine Healy, National Co-ordinator
- Cambodian Prostitutes Union: Keo Sichan, Program Co-ordinator Women's Health & HIV/AIDS Project
- Meg Marshall, WA sex worker activist and SA member
- HAHCSH Co-ordinators: Susan Murray (South Brisbane, Logan, Gold Coast), Bill Rutkin (Toowoomba), Joe Debattista (Brisbane), Patrick Martin (Sunshine Coast / Wide Bay), Angela Cooper (Townsville, North West), Carla Gorton and Cathy O'Mullan (Far North Queensland), plus almost all sexual health services sent individual contributions
- Queensland Adult Business Association Inc: Yvette Skinner, Co-director
- Family Planning Queensland (FPQ): Annie Park, Co-ordinator, WISI (Workers In the Sex Industry)
- Queensland Association for Healthy Communities (QAHC): Paul Martin, CEO
- QAHC-based Indigenous Project, Cairns
- QuIHN: Geoff Manu, General Manager, Kathy Bingham, Harm Reduction Co-ordinator and Jeff Davey, Senior Program Manager

- Hepatitis Council of Queensland (HCQ): Clint Ferndale, General Manager
- Ethnic Communities Council Queensland (ECCQ), Ms Zhihong Gu, HAHCSH Coordinator
- Spiritus: Julie Boal, Outreach Nurse
- DRUG ARM Australasia: Sally Smith, Brisbane Outreach Co-ordinator
- Southern Edge Training, BSI Learning: Paula Hillia, Regional Team Leader
- Australian Community Services Employers Association (ACSEA): Charles Hardy, Executive Officer
- Prostitution Licensing Authority: Margaret Isaac, Acting CEO, Bob Wallace, Principal Policy Officer
- Prostitution Enforcement Task Force: Detective Senior Sergeant Warwick Michael.
- APHEDA, International Humanitarian and Development Agency of Australian Council of Trade Unions, Sydney: Ken Davis, Di Butler
- UNSW Initiative for Health and Human Rights: Prof Daniel Tarantola,
- National Centre in HIV Epidemiology and Clinical Research: Prof Basil Donovan
- Sydney Sexual Health Clinic, Sydney Hospital: Dr Christine Harcourt.

Australian sex work related Websites:

Australian Sex Worker Organisations and Projects

Scarlet Alliance: www.scarletalliance.org.au

Scarlet Men, site for Australian male sex workers: www.scarletmen.org.au

Debby Doesn't Do It For Free: <http://www.debbydoesntdoitforfree.org>

Queensland

WISI temporary project linked to former SQWISI website www.sqwisi.org.au

Australian Capitol Territory

SWOP ACT: <http://www.aidsaction.org.au/swop/index.php>

New South Wales

SWOP NSW: www.swop.org.au

Victoria

RhED: <http://www.sexworker.org.au>

VIXEN: <http://www.myspace.com/vixencollective>

South Australia

SIN SA: <http://www.sin.org.au>

Western Australia

Magenta and SWOPWA WA: <http://fpwa.org.au/services/magenta/>

Northern Territory

SWOP NT: www.ntahc.org.au/swop.htm

Other Australian Websites

Escort directory website: www.goldcoastescorts.com.au

Gender Centre Inc: www.gendercentre.org.au

International Humanitarian and Development Agency of Australian Council of Trade Unions, www.apheda.org.au

Prostitution Licensing Authority: www.pla.gov.au/

Queensland Adult Business Association Inc: www.qaba.org.au

International Websites:

The Global Alliance Against Traffic in Women (GAATW): <http://www.gaatw.net/>

UNAIDS:

www.unaids.org/en/default.asp;

www.unaids.org/en/knowledgecenter/resources/FeatureStories/arc

<http://data.unaids.org/pub/report/2008/20080326reportcommission>

UNDP: YOUANDAIDS, The HIV/AIDS Portal for Asia Pacific:

<http://www.youandaids.org/Features/Cambodia.asp>

Overseas Sex Worker Organisations and Projects

Durbar Mahila Samanwaya Committee, Kolkata <http://www.durbar.org/index/html>

EMPOWER Thailand <http://empowerfoundation.org/>

Stella, Montreal <http://www.chezstella.org/>

New Zealand Prostitutes Collective: www.nzpc.org.nz

Asia Pacific Network of Sex Workers <http://apnsw.org>

Network of Sex Worker Projects <http://www.nswp.org>

International Union of Sex Workers <http://www.iusw.org>

X:talk www.xtalkproject.net

International Committee for the Rights of Sex Workers in Europe:

<http://www.sexworkeurope.org/>

APPENDICES

Interview plan for sex workers

SEX WORKER DISCUSSION GUIDE

NB This is a topics list only. Discussion followed up the issues raised by sex workers to seek out further detail as appropriate.

- Please tell me a bit about where you work.

- Have you ever had any contact with a sex worker organisation or service?
- If so, what happened?
- How did you find them or how did they find you?
- What did you want from them and what did you get?
- What was best about this contact?
- How could it have been better?

- How could a funded sex worker service be helpful to you?
- What are the main sexual health issues you face in your work?
- What are the main legal issues you face in your work?
- What are the main safety issues you face in your work?
- What other issues do you face in your work?
- Do workers in (this workplace type) have special needs?

- How would you prefer to interact with a sex worker service?
- What forms would be most convenient for receiving information?
- Would you use a manual for sex workers in Queensland?
- If so, what should be in it?
- Would you use a Queensland sex worker website?
- What would you want to find on a Queensland sex worker website?
- Would you subscribe to a Queensland sex worker magazine?
- What would you want to find in a Queensland sex worker magazine?

- How important is it to you whether staff of a service for sex workers have personal experience of doing sex work?
- Is it important for some jobs, but not for others?

- How can sex workers in regional locations be reached and helped? (if relevant)

- Do you have any other comments or suggestions about the type of service you would like the Queensland government to fund for sex workers?

SEX WORKERS - ASSESSMENT OF NEEDS IN QUEENSLAND
Questionnaire for Organisations providing Sexual Health Education and STIs/HIV
Prevention Services to Sex Workers

We appreciate your help with this assessment of the service needs of sex workers. The information you provide will help us to identify and describe models of best practice in this field to assist Queensland Health to define the roles and responsibilities of a service to be funded for sex workers in Queensland.

Please complete the following questionnaire on-screen and e-mail it back to rigmor.berg@optusnet.com.au or print and post it back to Dr Rigmor Berg at PO Box 141 Brooklyn NSW 2083. Call 0403 779 748 for more information if needed.

Please write in the spaces provided or bold/circle the best answers for your agency. Feel free to add explanations if you feel the meaning of your answer is unclear or you would like to comment further. Both long and short answers are welcome.

1	What is the name and geographical location of your service/ organisation?																																																																																				
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4	<p>Roughly what proportion of these sex workers are the following?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>0</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <th></th> <th>none</th> <th>a few</th> <th>minority</th> <th>most</th> <th>almost all</th> </tr> </thead> <tbody> <tr> <td>working in licensed/regulated brothels</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>in <u>un</u>licensed/unregulated brothels</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>working in escort agencies</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>sole operators (private workers)</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>working in the street</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>opportunistic, rather than regular</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>regional</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>female</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>male</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>transgender</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>CALD (culturally and linguistically diverse)</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>ATSI (Aboriginal or Torres Strait Islander)</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		0	1	2	3	4		none	a few	minority	most	almost all	working in licensed/regulated brothels	0	1	2	3	4	in <u>un</u> licensed/unregulated brothels	0	1	2	3	4	working in escort agencies	0	1	2	3	4	sole operators (private workers)	0	1	2	3	4	working in the street	0	1	2	3	4	opportunistic, rather than regular	0	1	2	3	4	regional	0	1	2	3	4	female	0	1	2	3	4	male	0	1	2	3	4	transgender	0	1	2	3	4	CALD (culturally and linguistically diverse)	0	1	2	3	4	ATSI (Aboriginal or Torres Strait Islander)	0	1	2	3	4
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6	<p>How many sex workers do you see face to face at your service premises?</p> <p>What part/s of the industry do they mainly come from?</p> <p>What do they want when they come in?</p>																																																																																				

7	<p>How many sex workers contact your service by phone?</p> <p>What part/s of the industry do they mainly come from?</p> <p>What do they want when they call?</p>
8	<p>How many sex workers contact your service by e-mail?</p> <p>What part/s of the industry do they mainly come from?</p> <p>What do they want when they e-mail?</p>
9	<p>How many sex workers do you see through outreach to brothels?</p> <p>What do you provide to them there?</p>
10	<p>Have you found unlicensed/unregulated brothels more difficult to access with outreach services than licensed brothels?</p> <p>1 No 2 Some of them are more difficult 3 Yes, all are more difficult</p> <p>What strategies have helped you to gain access to unlicensed/unregulated brothels?</p>
11	<p>How many sex workers do you see through outreach to the street?</p> <p>What do you provide to them there?</p>
12	<p>Do you proactively access sole operators (private workers)?</p> <p>1 No 2 Yes</p> <p>What strategies do you use to access them?</p>
13	<p>Do you provide any education, training or support for sex workers in groups? Please describe these groups, if any.</p> <p>What are the objectives?</p> <p>What topics are addressed?</p> <p>What methods and resources are used?</p> <p>Who attends?</p> <p>How much staff time is required?</p>
14	<p>What services would you like to provide if you had more staff and/or resources?</p>
15	<p>Does your organisation <u>employ</u> peer educators?</p> <p>1 No 2 Yes</p>
16	<p>Does your organisation use <u>volunteer</u> peer educators?</p> <p>1 No 2 Yes</p>

17	If volunteers, how much staff time is required to provide training, monitoring and support for volunteer peer educators?
18	How long do volunteers usually continue to actively provide peer education?
19	Do you feel that training and supporting <u>volunteer</u> peer educators is cost-effective in comparison with training and <u>employing</u> peer educators? 1 No 2 Yes Please comment.
20	Does your service have a regional outreach program? 1 No 2 Yes If so, how does it work? Do you have a regional office? How much staff time is required? How effective is this approach in accessing and supporting regional sex workers?
21	How many hits do you get to your website per year? How many downloads of information do you get from your website per year? Which are the most effective components or features of your website? What makes them effective?
22	How do you address Hepatitis C prevention with sex workers?
23	Do you provide needle and syringe exchange? 1 No 2 Yes
24	How much contact does your service have with sex service owners/managers? 1 None 2 Occasional 3 Frequent What is the nature of this contact?
25	How much contact does your service have with <u>clients of</u> sex workers? 1 None 2 Occasional 3 Frequent What is the nature of this contact?
B	PERCEPTIONS OF SEX WORKER NEEDS
26	What are the main health issues for sex workers in your state or territory?
27	What are the main safety issues for sex workers in your state or territory?

40	Please attach an outline of your service or organisation's structure. Please list all staff positions relevant to this consultation with a brief description of their duties, indicating if they are full time, part time or casual and whether they work business hours only or after hours.
41	Please outline the key principles of your service/organisation's model of service provision or service philosophy or attach a copy of a relevant document or send a hotlink to this section of your website.
42	What are your service/organisation's goals and objectives? (Insert or attach)
43	What is your overall annual budget and how is this distributed across project areas or functions? (Attach)
44	Overall, is your current staffing adequate to meet your objectives? In which areas is current staffing inadequate to meet needs? In which areas is current staffing adequate or better?
45	How much importance does your organisation attach to experience of working in the sex industry when selecting staff? 1 not a lot 2 some 3 a lot 4 essential For which positions or functions is this considered important? For which positions or functions is this considered less important?
46	Which other public, private or NGO agencies provide sexual health services to sex workers within your state or territory, if any?
47	Please describe any collaborative activities or other forms of co-operation between your service and state/territory government sexual health services? What scope do you see for collaboration with sexual health services in future?
48	Please describe any collaborative activities or other forms of co-operation between your service and HIV/HepC/STIs funded NGOs in your state/territory. What scope do you see for collaboration with these NGOs in future?
49	What are the main strengths in the service model and staffing of your service?
50	What are the main gaps in your service or areas with scope for improvement?
51	Which sex workers are currently best served by your service?
52	Which sex workers are currently not well accessed or served by your service? What changes in model, staffing, resources or functions would be needed to better serve these groups within the sex industry?
53	Please feel free to add any further comments you would like to make about best practice in HIV/STIs/Hep C education and prevention services for sex workers.

Thank you very much for your help

7	Which HAHCSH issues are of particular concern in your catchment area?
8	What are the main HAHCSH issues for sex workers in your area?
9	How do the prevalence of HIV/AIDS, HCV and STIs in the general population of <u>your catchment area</u> compare with the <u>rest of Queensland</u> ?
10	How do the prevalence of HIV/AIDS, HCV and STIs in the <u>sex worker</u> population of your area compare with the <u>general population</u> of <u>your area</u> ?
11	What are the main occupational health and safety issues for sex workers in your area?
12	What other work-related issues do sex workers in your catchment area face?
13	<p>How well do existing HAHCSH information resources meet the current needs of sex workers in your area?</p> <p>1 not at all 2 not very well 3 quite well 4 very well</p> <p>Which needs are well met?</p> <p>Which needs are not well met?</p>
14	What are the top priority topics for information resources or campaign materials addressing sex workers?
15	<p>Who are the top priority target groups within the sex worker population?</p> <p>What are their particular information needs?</p>

16	If approved HIV/STIs/HepC information resources for sex workers were downloadable from a website in English and non-English languages, would you use this facility to help inform your CALD sex worker clients? 1 No 2 Yes
17	If so, which non-English languages would you require?
18	For which languages would audio resources be necessary (because the sex workers have poor literacy in their first language)?
19	Does your agency provide a specific sex worker clinic on particular days? 1 No 2 Yes If so, on which day/s and why those day/s?
20	Does your agency ever provide group HAHCSH education for sex workers? 1 No 2 Yes If so, on which day/s and why those days?
21	Does your agency have facilities for showing audio-visual information resources to sex worker clients (eg DVD player in training or waiting room)? 1 No 2 Yes
22	Would it be helpful to have a basic information print resource available to give to <u>clients</u> of sex workers?
23	Would it be helpful to have a basic information resource for sex work <u>clients</u> in non-English languages (downloadable from website)? 1 No 2 Yes If yes, which languages would you require?
24	Has your service ever worked collaboratively with SQWISI or another sex worker organisation? 1 No 2 Yes If so, please describe the collaboration, its strengths and its weaknesses.
25	What scope do you see for active collaboration between your service and a new sex worker specific HAHCSH education and prevention service?
26	How could a sex worker specific HAHCSH service based in Brisbane best help your service to work more effectively with your local sex workers?
27	What assistance could your service provide to help a sex worker specific HAHCSH service better access and meet the needs of sex workers?
28	Which other public or private agencies provide sexual health, needle exchange or other related services to sex workers within your region, if any?
29	Please describe any local initiatives concerning sex workers that might provide helpful models to be used elsewhere.
30	Please add any further comments or suggestions you would like to make.

Thank you very much for your help

Sex Workers - Assessment of Needs HAHCSH Co-ordinators Questionnaire

We appreciate your help with this assessment of needs concerning an important target group for HIV/AIDS, hepatitis C and sexual health (HAHCSH) education and prevention services: sex workers.

Please complete the following questionnaire on-screen and e-mail it back to rigmor.berg@optusnet.com.au or print and post it back to Dr Rigmor Berg at PO Box 141 Brooklyn NSW 2083. Call 0403 779 749 for more information.

Please write in the space provided or bold/underscore/circle the best answers for your agency. Feel free to add explanations if you feel the meaning of your answer is unclear or you would like to comment further.

The information you provide will help us to map the sex industry in relation to sexual health and other services, to identify areas of special need, in terms of sectors of the industry as well as geographically and to identify ways a sex worker specific HAHCSH service could work co-operatively and collaboratively with other agencies.

1	Please define the geographical area for which you are HAHCSH Co-ordinator.
2	Please list the sexual health services within your area.
3	Please describe the sex industry sectors operating within your area.
4	Please list the licensed brothels within your area.
5	Which HAHCSH issues are of particular concern in your area?
6	What are the main HAHCSH issues for <u>sex workers</u> in your area?
7	How do the prevalence of HIV/AIDS, HCV and STIs in the general population of <u>your area</u> compare with the <u>rest of Queensland</u> ?
8	How do the prevalence of HIV/AIDS, HCV and STIs in the <u>sex worker</u> population of your area compare with the <u>general population</u> of <u>your area</u> ?
9	What are the main occupational health and safety issues for sex workers in your area?
10	What other work-related issues do sex workers in your catchment area face?

11	<p>How well do existing HAHCSH information resources meet the current needs of sex workers in your area?</p> <p>1 not at all 2 not very well 3 quite well 4 very well</p> <p>Which needs are well met?</p> <p>Which needs are not well met?</p>
12	<p>What do you see as the top priority topics for information resources or campaign materials addressing sex workers?</p>
13	<p>Who are the top priority target groups within the sex worker population?</p> <p>What are their particular information needs?</p>
14	<p>Have you ever worked collaboratively with SQWISI or a similar organisation?</p> <p>1 No 2 Yes</p> <p>If so, please describe the nature of the collaboration, its strengths and its weaknesses.</p>
15	<p>What scope do you see for active collaboration between sexual health, needle exchange and other service agencies in your area and a new sex worker specific HAHCSH education and prevention service based in Brisbane?</p>
16	<p>How could a sex worker specific HAHCSH service based in Brisbane best help service agencies in your area to work more effectively with local sex workers?</p>
17	<p>What assistance could service agencies in your area provide to help a sex worker specific HAHCSH service better access and meet the needs of sex workers?</p>
18	<p>Which public or private agencies other than government sexual health services provide sexual health, needle exchange or other related services to sex workers within your area, if any?</p>
19	<p>Please describe any local initiatives concerning sex workers that might provide helpful models to be used elsewhere.</p>
20	<p>Please add any further comments or suggestions you would like to make.</p>

Thank you very much for your help

Sex Workers - Assessment of Needs

Queensland HIV/AIDS, Hepatitis C and Sexual Health Field Partner Organisations Questionnaire

We appreciate your help with this assessment of needs concerning an important target group for HIV/AIDS, hepatitis C and sexual health (HAHCSH) education and prevention services: sex workers.

Please complete the following questionnaire on-screen and e-mail it back to rigmor.berg@optusnet.com.au. Please ignore questions that are not applicable to your organisation and feel free to raise other issues you consider pertinent that our questions have not addressed. Call 0403 779 748 for more information.

The information you provide will help us to identify ways that an organisation funded to serve sex workers could best work co-operatively with other organisations in the HAHCSH field. Advice about regional outreach would also be appreciated.

1	What is the name of your organisation?
2	To what extent does your organisation (knowingly) work with sex workers or others within the sex work industry?
3	What scope do you see for co-operation and collaboration between your organisation and a sex worker specific HAHCSH education and prevention service?
4	How could a sex worker specific HAHCSH education and prevention service help you to work more effectively with clients who are sex workers / sexwork industry?
5	How could your organisation be helpful to a sex worker specific HAHCSH education and prevention service?
6	Are there any priority issues for sex workers your organisation would like to address together with a sex worker specific HAHCSH education and prevention service?
7	Has your organisation collaborated with SQWISI or another sex worker organisation in the past? If so, what was the nature of that collaboration, the strengths and the weaknesses?
8	How do you reach members of your target population in regional locations? Can you offer a sex worker service any advice about how to do this?

Thank you very much for your help

**QUEENSLAND SEX WORKERS: ASSESSMENT OF NEEDS
QUESTIONS FOR OWNERS OF LICENSED BROTHELS**

	In what part of Queensland is your business located?
	Did you have any contact with the previously funded sex worker service (SQWISI)? 1 No 2 Yes
	If so, what was the nature of this contact? What were the best or most helpful aspects of this contact? How could it have been better?
	Would it be helpful to have sexual health and other information resources specifically written for sex services personnel? 1 No 2 Yes
	Which of the following topics would you like to see addressed? <ul style="list-style-type: none"> ▪ Occupational health and safety at work 1 No 2 Yes ▪ How to prevent HIV transmission 1 No 2 Yes ▪ How to recognise symptoms of STIs 1 No 2 Yes ▪ How to prevent transmission of other STIs 1 No 2 Yes ▪ How to prevent Hepatitis C transmission 1 No 2 Yes ▪ How to negotiate safe sex with a client 1 No 2 Yes ▪ Legal aspects of sex work in Queensland 1 No 2 Yes ▪ Sex work and tax 1 No 2 Yes
	In what forms would the information be most effective for your workers? <ul style="list-style-type: none"> ▪ Pamphlets 1 No 2 Yes ▪ DVD 1 No 2 Yes ▪ CD 1 No 2 Yes ▪ Face to face training 1 No 2 Yes
	Would you like staff of the new sex worker service to regularly visit your business to provide information for your personnel? 1 No 2 Yes
	Do any personnel in your business mainly speak languages other than English 1 No 2 Yes If so, which languages are their first languages? Would you like to have information available in these languages? 1 No 2 Yes
	Would you like to have a pamphlet for clients to explain why safe sex practices are important for their protection as well as for sex workers? 1 No 2 Yes
	Would you subscribe to a magazine for sex workers produced by an HAHCSH service for sex workers, so sex workers in your business could read it? 1 No 2 Yes
	Would you like to buy discounted bulk condoms and lubricant through a funded HAHCSH service for sex workers? 1 No 2 Yes
	Can you suggest any other ways a funded HAHCSH service for sex workers could assist in your workplace?

Thank you very much for your help

SWOP STRATEGIC PLAN 2006 -2009

SWOP's Mission

SWOP promotes the health, safety and wellbeing of sex industry workers in a way which enables and affirms their occupational and human rights and is the leading agency in NSW for HIV prevention amongst sex industry workers.

SWOP's Vision – what we seek

- Elimination of HIV and other sexually transmissible infections in the NSW sex industry.
- A strong, healthy, resilient and empowered sex industry workforce in NSW.
- Elimination of discrimination experienced by those involved in the sex industry.
- A society that respects the link between health and social justice.

What SWOP believes in

- Inclusiveness, respect and self determination
- Peer education and support
- Social justice
- Working in partnership
- The equal right to health and workplace safety
- Leading by example in a caring workplace
- Creativity, innovation and excellence
- Harm minimisation
- Portraying sex in a positive way
- Sex work as a valid occupational choice

SWOP's clients and communities

- NSW sex industry workers , management and their clients.
- We work to make our programs and services appropriate for sex industry workers from a diverse range of backgrounds with particular regard to gender, culture and language, age, and Aboriginal or Torres Strait Islander people.
- We also work with other people who interact with the sex working industry but who don't necessarily identify as part of the sex industry.

Strategic Goals 2006 – 2009

Our 5 strategic goals for the next 3 years will be to:

1. Maintain the low levels of HIV and sexually transmissible infections and reduce rates of Hepatitis C in the sex industry in NSW.
2. Minimise the harms associated with alcohol & other drug use by sex industry workers.
3. Promote the mental health of sex industry workers in NSW.
4. Promote the general health and wellbeing of NSW sex industry workers.
5. Advocate for the health, safety & wellbeing of sex industry workers in NSW.
6. Develop the capacity of SWOP to deliver excellent programs and services.

Key Performance Measures

We will measure how well we are achieving our Mission by:

- Reduction in morbidity amongst NSW sex industry workers – lowering the burden of disease.
- Increases in health literacy – NSW sex industry workers taking greater responsibility for their own health.
- Acceptance and maintenance of optimum health and safety standards by the NSW sex industry.
- Discrimination scorecard – changed public attitudes to the sex industry and relevant legislative reform.

SWOP'S GOALS AND OBJECTIVES 2006-09

Goals	Objectives	Priorities for 2006-09
1. Maintain the low levels of HIV and sexually transmissible infections and reduce rates of Hepatitis C in the sex industry in NSW.	1.1 Maintain high rates of safe sex in the NSW sex industry.	Conduct broad education campaigns reinforcing the safe sex message and targeting those most at risk of transmission with culturally appropriate language and images
		Provide health promotion and education programs targeting clients of sex workers, particularly male clients of male sex workers.
		Ensure our work is evidence based.
		Increase our focus on the role of HIV positive gay male sex industry workers in HIV prevention.
	1.2 Increase knowledge of HIV, STI & HCV prevention & enable sex industry workers to make safer choices.	Provide timely and accurate information by reviewing ,updating and developing SWOP's website and information and education resources
		Conduct targeted outreach based Health promotion programs, including peer based education programs targeting priority populations
		Develop state wide strategies to improve knowledge among sex workers about STI,HIV & HCV identification , testing and treating
		Monitor emerging trends
	1.3 Tackle the physical, social and cultural factors which impact on sexual decision making.	Address the needs of sex workers holistically through peer education and support counselling and referral services
		Develop strategies to reduce risk taking related to drug and alcohol and mental health issues amongst sex industry workers statewide
		Facilitate enabling environments for sex industry workers

<p>1. Maintain the low levels of HIV and sexually transmissible infections and reduce rates of Hepatitis C in the sex industry in NSW. (Cont)</p>	<p>1.4 Maintain rates of HIV & STI testing and treatment and increase rates of HCV testing among sex industry workers.</p>	<p>Build partnerships with sexual health centres and HIV, STI and HCV service providers and specialist agencies to continue to improve access for sex industry workers state wide.</p>
		<p>Education and social marketing campaigns targeting priority populations.</p>
		<p>Participate in relevant interagencies.</p>
<p>2. Minimise the harms associated with alcohol & other drug use by sex industry workers.</p>	<p>2.1 Increase knowledge about licit and illicit drug-related harms, prevention strategies and self management and enable sex industry workers to make healthy life choices.</p>	<p>Continue to conduct our D&A work within a framework of harm minimisation but increase the emphasis on treatment & prevention.</p>
		<p>Develop resources and campaigns to make sex industry workers aware of drug related harms and strategies for dealing with problematic use, whilst not denying the pleasurable aspects.</p>
		<p>Focus on the interrelationship between drug use and sexual risk behaviour.</p>
		<p>Develop general information resources but focus campaigns on those drugs causing the most harm amongst sex industry workers at a given time.</p>
		<p>Continue to develop our NSP outreach as a mechanism for information & intervention.</p>
	<p>2.2 Improve access to mainstream alcohol & other drugs service providers for sex industry workers in NSW.</p>	<p>Build partnerships with drug and alcohol service providers and agencies to develop shared programs and cross education</p>
		<p>Work with peak bodies for drug and alcohol agencies to encourage the development of policies and programs to eliminate discrimination against sex industry workers.</p>
		<p>Participate in relevant interagencies with drug and alcohol services</p>

<p>3. Promote the mental health of sex industry workers in NSW.</p>	<p>3.1 Increase understanding about mental health issues for sex industry workers in NSW.</p>	<p>Build and formalise ethical mental health research partnerships</p>
		<p>Source funding to increase SWOP s capacity to address mental health issues in the sex industry based on current research and respond appropriately</p>
		<p>Increase awareness and provide support and appropriate intervention for sex industry workers with mental health issues</p>
		<p>Develop programs, resources & campaigns to help NSW sex industry workers identify & take appropriate action on emerging mental health issues.</p>
	<p>3.2 Improve access to mainstream mental health service providers for sex industry workers in NSW.</p>	<p>Increase the skills of SWOP staff to respond to mental health issues.</p>
		<p>Develop strong partnerships across the mental health sector, undertake cross training and participate in interagencies to improve access to mainstream services.</p>

<p>4. Promote the general health and wellbeing of NSW sex industry workers.</p>	<p>4.1 Assist mainstream services to better deliver appropriate, effective and accessible services to NSW sex industry workers.</p>	Advocate for sex industry workers in relation to service provision
		Actively participate in all relevant interagencies and forums to raise issues of concern to the sex industry
		Develop programs and services which address gaps in service access and health promotion amongst sex industry workers
		Develop and maintain a partnership approach to service provision
	<p>4.2 Provide culturally appropriate services for sex industry workers in NSW from priority populations.</p>	Maintain a high priority on reaching sex industry workers from CALD , ATSI and street sex working backgrounds
		Ensure outreach is targeted at priority populations and sex industry workers not being well serviced by other organisations
		Ensure education campaigns and resources are culturally appropriate and targeted at priority populations
	<p>4.3 Ensure appropriate standards of OH&S are maintained in the sex industry in NSW.</p>	Creating supportive environments to ensure the practice of safe sex is the basis on which the workplace operates.
		Actively work to increase the communities awareness of violence towards sex industry workers
		Identify strategies to address the ongoing information and education needs of the NSW sex industry in relation to OH&S legislation

5. Advocate for the health, safety & wellbeing of sex industry workers in NSW.	5.1 Advise NSW Health, the NSW Government and other bodies on appropriate HIV/AIDS and other health & planning policy in relation to the sex industry in NSW.	Development of a SWOP policy statement on what we believe is best practice in the sex industry
		Continue to work closely with NSW health on policy and legal issues of importance to the sex industry by participating in working parties and attending forums
		Contribute to national sex industry worker issues through Scarlet Alliance
	5.2 Develop sound policy on NSW sex industry worker health issues, to inform and support approaches to service delivery and advocacy.	Finalise SWOP advisory committee and begin meetings
		Review and update existing policies and develop well – informed, evidence based positions on the sex industry
		Investigate mechanisms for better using information from program and service delivery to inform policy development
	5.3 Expand and strengthen SWOP’s role in research and increase the use of research to inform our practice.	Build effective and ethical service and research partnerships
		Promote evidence based practice
		Establish mechanisms to evaluate SWOP services and outreach
	5.4 Maintain SWOP’s position as a strong and influential advocate on NSW sex industry issues.	Empower sex industry workers to represent their interests and participate fully in economic, social and political life
		Advocate for holistic, effective, accessible and culturally appropriate services, responsive to the general health needs of sex industry workers
		Use the media and other mechanisms to keep the sex industry informed and engaged with advocacy issues
		Advocate for the rights of sex industry workers.

6. Develop the capacity of SWOP to deliver excellent programs and services	6.1 Maximise the effectiveness of SWOP's programs in regional NSW.	Put in place and utilise new and emerging technologies.
		Maximise the effectiveness of SWOPs projects and communication state -wide
		Improve our networking and partnership building with AHS and regional service providers
		Review the existing regional outreach model to increase access to services for rural sex industry workers
	6.2 Diversify and increase SWOP's funding base.	Create a fundraising culture based on ethical standards throughout SWOP and assist the sex industry to understand that we cannot build new programs without increasing fundraising
		Continue to apply for new grants to enhance our current work and build new areas of work
		Investigate ways for SWOP to develop an entrepreneurial approach to some of its service provision and resource development
	6.3 Improve access to organisational information and support required by staff to enable them to do their work.	Implement the recommendations of the resource review.
		Investigate and implement new and emerging technologies to enable us to better communicate with sex industry workers and enable staff to work more efficiently and effectively.
		Continue to improve our recruiting processes to attract high quality staff
		Continue staff supervision and commitment to learning and development for all staff
	6.4 Increase the profile of SWOP and its activities to the NSW sex industry.	Continue the "professionalisation" of SWOP
Undertake a major redevelopment of our website so that it becomes a useful tool for sex industry workers to access the most up to date information		
Continue to showcase the work of SWOP at meetings, forums, workshops and conferences		

6. Develop the capacity of SWOP to deliver excellent programs and services
cont.

6.5 Increase the focus on reporting and evaluation.	Continue the emphasis on accountability for all staff
	Implement anaconda
	Undertake regular evaluations of projects and
	Develop mechanisms for clients feedback

Submission from Scarlet Alliance

- **Covering letters**
 - **Covering letter from Scarlet Alliance**
 - **Covering letter from Crimson Coalition**
 - **Covering letter from United Sex Workers North Queensland**
- **Scarlet Alliance, Australian Sex Workers Association Crimson Coalition & United Sex Workers North Queensland – Submission to SWAN Review of Sex Workers Services in Queensland May 2008**
- **Scarlet Alliance objectives**
- **Correspondence re: SQWISI closure**
- **S.S.P.A.N. forum**
- **Peer Education among Sex Workers In Australia**
- **Review of Sex Workers Services In Queensland: PONGHO recommendations**
- **Sex Workers Services In Queensland – Survey**
- **Scarlet Alliance online survey 2007 – 2008 Report**
- **Affirmative action in employment – past and current issues**