



BB PROFESSIONAL SERVICES

**QUEENSLAND SEX WORKERS:
ASSESSMENT OF NEEDS
EXECUTIVE SUMMARY
FROM FINAL REPORT**

prepared by

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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
- cheap bulk sex work supplies, including condoms, lubricant, gloves, dams, sponges, vibrators, costumes and other equipment on sale 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 and occasional group education/training, regular outreach to brothels, to sexual health services, to sole operators and where relevant, the street, needle exchange and sale/distribution of safe sex supplies
- 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.