

# COVID-19 and Sex Work in Australia



September 2020

# Executive Summary

This report documents the impacts of COVID-19 on sex workers in Australia and the extensive mobilisation of sex workers and sex worker peer organisations to provide support to a community in crisis. It details the shortfalls of state, territory and federal responses to the pandemic and identifies how sex work criminalisation, stigma and discrimination have both informed and been intensified in those processes. These shortfalls conclude the need for a drastic change of approach to the treatment of sex work and sex workers in the context of COVID-19.

An understanding of the lives and experiences of sex workers during COVID-19 must be undertaken in the context of criminalisation, stigma and discrimination, reduced access to healthcare, housing and welfare supports, over-policing, under resourcing and lack of access to appropriate services and support, and the precarious employment of many workers in the sex industry. Even outside the context of a global health crisis, concerns for privacy and the ability to self-determine disclosure of sex work status, fear of being shamed or stigmatised, or fear of legal consequences have always prevented sex workers from seeking support.

The impacts of COVID-19 on individual sex workers are as diverse as our community and fall disproportionately on more marginalised sex workers. This is particularly true when we look at policing of the pandemic. The impact of policing on criminalised, stigmatised and marginalised people is a significant barrier to health, and has been strongly advised against as a COVID-19 prevention strategy by international bodies including the [United Nations Joint Programme on HIV/AIDS](#) and [Amnesty International](#).

From the start of the pandemic, it was clear that the approach taken by federal, state and territory governments would negatively impact

marginalised communities. For many sex workers, this has been the case at every step.

Sex workers and sex worker peer organisations have taken a proactive approach to the rise of COVID-19 cases in Australia. [Scarlet Alliance](#), [Australian Sex Workers Association](#), is the peak body of sex workers and sex worker organisations, and our membership is comprised of sex worker peer organisations and individual sex workers throughout Australia. We rely on the connections created by our national network to enable a coordinated, targeted and collaborative response that works on a national level and can be adapted to the unique experiences of local organisations and workers, who are each affected differently by the specific sex work legislation and context in each state and territory.

In mid-March, we established a National Committee to respond to COVID-19, made up of leadership representation from each of our eight state and territory member organisations, who represent sex workers in their respective jurisdictions. The group began meeting once a week at that time and will continue to do so as long as required. We also conduct work via sub-committees formed to carry out the tasks identified. A full list of our member organisations and their details can be found at the end of this document.

Through the peer education and outreach programs, community engagement and advocacy work of our member organisations, we have been able to cultivate a high level of engagement from individual sex workers. Sex workers were already adapting services and actively seeking workplace health and safety information and advice on harm reduction strategies for work practices during the pandemic, as well as information on amendments to Public and

Environmental Health Acts, emergency powers in each jurisdiction, and Chief Health Officer and Government COVID-19 Directives. Sex workers have always been as aware of and concerned about stopping the spread of COVID-19 as other members of the community.

Exploring the pandemic experiences of our community and our peer organisations shines an even brighter light on the ways that criminalisation, licensing, over-policing, over-regulation, experience of stigma and discrimination and lack of access to industrial rights create susceptibility to extreme marginalisation in times of crisis. It is also an opportunity to revisit the strengths of our responses to other public health emergencies, and for us to reflect on the successes of sex worker engagement in the HIV and AIDS epidemic and the necessity of peer education and outreach organisations in delivering a diverse set of positive health outcomes.

For a community that has long campaigned for the decriminalisation of our work and equitable access to industrial and civil rights, there is no better illustration than the COVID-19 pandemic that sex work law reform is urgent, and that further criminalisation of sex workers in the context of public health order enforcement has done little to promote the health and wellbeing of sex workers and our clients, families and communities. It has, in fact, achieved the opposite.

We make recommendations for the strengthening of communication between governments and sex worker organisations and communities, resourcing increased capacity for community education and responses, increasing the scope of financial support to include the most marginalised in our community, and the full decriminalisation of sex work in every jurisdiction as the only legislative option for enabling partnerships between government and community, removing barriers to accessing basic needs and better health outcomes, and avoiding unnecessary waste of policing and regulatory resources at a time when they must be directed towards the public health crisis presented by COVID-19.

We call for the recognition of the failures of the approach of governments' responses to COVID-19 and their disproportionate impacts on the sex worker community. We demand a change of course. Our priorities for change are:

- **Decriminalise all aspects of sex work in all jurisdictions in Australia**
- **Recognise sex workers and sex worker organisations as leaders, partners and experts.**
- **Provide adequate financial support to sex workers and sex worker peer organisations**
- **Take a pragmatic, evidence- and human rights-based approach to COVID-19 and other public health crisis responses impacting sex workers.**

The experiences, actions and outcomes reported on here were compiled through the collaborative work of representatives of the Member Organisations within Scarlet Alliance, Australian Sex Workers Association, from March to August, 2020. This group coordinated the national sex worker response to date, and its members also led state and territory community responses.

Scarlet Alliance, Australian Sex Workers Association is the national peak body representing our membership of individual sex workers, and sex worker networks, groups, projects, collectives and organisations from around Australia since 1989. Through our objectives, policies and programs, Scarlet Alliance aims 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.

Scarlet Alliance is a leader when it comes to advocating for the health, safety and welfare of sex workers in Australia. Through our work and that of our membership we have the highest level of contact with sex workers in Australia of any agency, government or non-government. This ensures we are able to represent the issues affecting our members and sex workers Australia wide. Scarlet Alliance represents sex workers on a number of government and non-government committees and advisory mechanisms.

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Full decriminalisation of sex work  
Recognition of sex workers as collaborators  
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# Impacts of COVID-19 on Sex Workers in Australia

*While the impacts of COVID-19 on individual sex workers are as diverse as our community and fall disproportionately on more marginalised sex workers, we have highlighted the following areas as common sites of struggle for much of the sex worker community.*

## FINANCIAL IMPACT

### WORKFORCE

The sex industry workforce is a mixture of precarious workers, subcontractors and sole traders. We are only paid when we are able to work and do not have access to sick leave, annual leave or employer contributions to superannuation. Many do not have a safety net or savings to fall back on in a crisis. While some have been able to adapt to online or non-contact work, the saturation of workers in these spaces makes it difficult for many to earn enough income to cover our expenses and support ourselves and our dependents. Many sex workers do not have the tech skills and financial capital necessary to manage online security and privacy, or are unwilling to work in a way that discloses images of full face and body.

### ACCESS TO FEDERAL INCOME SUPPORT

While sex workers welcomed the introduction of the COVID-19 supplement, expansion of JobSeeker eligibility criteria and introduction of the JobKeeper scheme, serious gaps were left in these measures that were deeply felt in the community. As JobKeeper was not extended to most visa holders, migrant sex workers have been largely excluded from accessing these funds. Others had difficulty providing proof of employment and income documentation to the ATO or Centrelink, or feared legal repercussions and discrimination for disclosing their sex work to a government body.

Delays to the JobKeeper payment also left many sole traders in a precarious financial position for up to 6 weeks while awaiting receipt of their first payment. For many sex workers, the uncertainty as to whether they would be eligible

for the payment was a major source of stress. For those without savings or other safety nets, the delay meant having to choose between trying to earn income despite the public health restrictions or going without basic needs like food, rent, or medicine.

JobSeeker applicants expressed concern that requirements to provide the income documentation that usually accompanies a JobSeeker application could come into effect retroactively, forcing us to expose our sex work to Centrelink and permanently connect our legal name to our sex work. Eligibility is also a concern, as JobSeeker excludes most visa holders and those without a fixed address. Previous experiences of stigma and discrimination with Centrelink results in fear that detection by authorities could result in increased surveillance of our workplaces, fines, charges and deportation, and these concerns have always been barriers to accessing needed government support. The COVID-19 pandemic has been no exception.

### DELAYS IN RETURN TO WORK PLANS

The significant delays in sex workers being able to return to work due to the initial restrictions in the national roadmap and their influence on jurisdictional return to work plans have created a great deal of financial stress, and the subsequent health and social impacts of that stress are of great concern. A lack of government commitment to sex work industry return to work dates in several jurisdictions meant that many sex workers had or continue to have no indication as to when this strain will ease. The demand on peer support services during this time has been unprecedented, and our fundraising efforts have met only a small portion of the need for financial support for sex workers in Australia.

# IMPACT OF POLICING

*The impact of policing on criminalised, stigmatised and marginalised people is a significant barrier to health, and has been strongly advised against as a COVID-19 prevention strategy by international human rights bodies including the Joint United Nations Programme on HIV/AIDS and Amnesty International.*

*Policing has been one of the most significant threats to sex workers in Australia, particularly those who work in criminalised or licensed legal frameworks, who already face a high level of surveillance and mistrust of police. The specific impacts of each of these models will be explored further in subsequent sections of this report.*

A successful rights-based public health response requires clear, consistent and targeted education and support. The Australian response has been widely critiqued as relying heavily on policing and punitive responses and failing to deliver adequate clear messaging to communities. This approach de-centralises community members and disengages them from taking collective responsibility for stopping the spread of COVID-19, shifting their focus to the avoidance of law enforcement. People on the margins are the obvious losers in such a public health response, as evidenced by the failures of policing in previous public health crises. Lack of a rights-based, community-engaged response reduces compliance and trust in government policies.

As workers who are criminalised in different ways in most jurisdictions of Australia, sex workers already disproportionately experience the harms caused by problematic and discriminatory policing. The COVID-19 police response was yet another opportunity for police to target those sex workers working outside of the legal framework in their state or territory and the parameters of the COVID-19 directions, and an opportunity to use increased powers to carry out policing work that had previously been outside of their scope.

In New South Wales, where sex work is decriminalised, police used increased powers granted by the Public Health Act to target massage parlours in the Sydney CBD on the morning these powers came into effect. This resulted in a manager and several sex workers from migrant backgrounds being the first people in New South Wales to receive COVID-19 related fines, followed by stigmatising media coverage that included the state's Police Commissioner singling out these workers and characterising this targeted enforcement as a common sense approach. Despite being protected by decriminalisation, some sex industry businesses remain subject to moralistic and racist targeting by police. It is unsurprising that these were the first sites of enforcement when sweeping police powers were granted overnight.

Upon the introduction of lockdown restrictions in Victoria, fines were handed out to sex industry businesses and their workers shortly after the direction to close non-essential businesses was introduced.

In the ACT, dedicated policing resources were primarily focused on surveillance of closed sex industry businesses and harassment of independent migrant sex workers, including a report of police seizure of their personal belongings with no search warrant.

In Queensland, the Criminal Code (1899) was used by police in the early weeks of the pandemic to bring charges against sex workers who were self-isolating in rural and regional hotels during a period when non-essential travel was discouraged. This is an example of police taking advantage of a lack of oversight to exploit other outdated legislation unrelated to COVID-19.

## TARGETED AND OPPORTUNISTIC USE OF SWEEPING POWERS

State and territory police were swiftly granted increased powers with minimal oversight, and in New South Wales, Queensland and Victoria, sex workers were the first targets for enforcement.

# POLICE AS PUBLIC HEALTH AGENTS

## INADEQUATE AND STIGMATISING MESSAGING

The over-reliance on policing installed police as both the messengers and the enforcers of the public health orders in many circumstances. New penalties coming into force prior to public announcement meant that sex workers were often unaware that they were violating these orders. The Prostitution Licensing Authority (PLA) in Queensland placed additional Advertising Restrictions onto sex workers, put into force 'immediately' on 17 April at 2:30 pm. This empowered police to fine workers for advertising that suggested they were doing in-person sex work. The Restrictions were not released on the PLA website until Monday 20 April, and sex worker peer organisation Respect Inc was not given notice of the change nor the opportunity to communicate it to Queensland sex workers before it took effect.

In Victoria, media statements concerning sex work from Victoria Police directly contradicted COVID-19 directions issued in the second wave of restrictions by the Department of Health and Human Services (DHHS), and advice issued to sex worker peer organisation Vixen Collective. The confusion this caused was the continuation of a pattern of inconsistent communication from various departments of Government that began during the first period of restrictions, including an initial lack of communication with Vixen Collective. In particular, comments from the Assistant Police Commissioner regarding non-valid reasons to leave home singled out 'undertaking sex work' as an example. This not only contradicted public health directions, but also misrepresented sex work and sex workers as a threat to wider public health.

## CONSEQUENCES OF INADEQUATE TRANSLATION

Translation of Public Health Orders into the languages spoken in the Australian community has also been in short supply and often of poor quality, which has resulted in disproportionate targeting and fining of sex workers for whom

English is not their first language, often with no knowledge of the directions of which they were in breach.

A South Australia massage parlour was targeted by police, with four individuals of migrant background arrested and fined after officers attended their premises. The women, all of whom spoke English as a second language, were mandated to appear in court after their charges were laid in May. During the court appearance the magistrate admitted that COVID directives and rules had been lost in translation and no conviction was recorded. The negative consequences of 'soft target' policing and the effects of discrimination resulting from widespread reporting about the arrests in print and television media, were experienced by all four workers. They reported high levels of stress, confusion, and fear to local peer sex worker organisation, Sex Industry Network (SIN), which could have been prevented by clear messaging provided in language.

## PROBLEMATIC ENFORCEMENT TACTICS

Police targeting and surveillance took a number of forms throughout Australia, with particularly problematic tactics in Queensland and Victoria where arcane licensing laws already give police a great deal of power over sex workers. In Queensland, police provided incorrect information to sex workers, advising that they were unable to work or advertise. This occurred prior to sex work being restricted by the Chief Health Officer's directive. Individual sex workers also reported police turning up at their private residences and demanding proof that they were not providing in-person services. Some of these workers were not advertising at the time, so it is likely that their addresses were obtained from records of sex workers reporting crime against them - a gross misuse of the personal data of victims of crime.

Police in Queensland also used entrapment tactics, posing as clients requesting illegal activities. They also attempted to force a national advertising platform to close down, again taking actions before Public Health Orders were issued about them. Respect Inc was a contact point for many sex workers who were unfairly targeted.



More than 20 human rights violations were reported to Respect Inc from the beginning of the pandemic until 3 July when restrictions were lifted.

In Victoria, the Sex Industry Coordination Unit (SICU) of Victoria Police contacted individual workers instructing them not to work and issued fines to individual sex workers. This required intervention and advocacy from Vixen Collective, conducted to some degree of success.

COVID-19 orders also produced an escalation in the level and style of sex work policing in Victoria, particularly for those operating outside of the licensing system. Police statements in media reflect a disproportionately higher number of infringement notices issued to sex workers, sex work businesses and clients than were issued to the general population or workers in other industries. Lack of clarity around permitted forms of in-person sex work saw some private sex workers contacted by the police and warned to stop working during the first period of restrictions, despite out-call based sex work being permitted under the public health directions at the time. As in Queensland, police used sex workers' advertising, including social media, as evidence they were or might be carrying out in-person sex work. Other restricted industries were able to continue to maintain a public profile through advertising without experiencing such harassment or surveillance.

In South Australia, where sex work is completely criminalised, the police visited sex industry premises and issued written directives to 'cease work', despite sex work not being recognised by South Australian legislation as work.

## **A POLICING SOLUTION NOT FIT FOR PURPOSE**

The fining of individual sex workers does nothing to decrease the financial need that sent them to work in the first place; instead, it creates a greater need to earn income to pay off their

fines. For those who have no access to income support, including many migrant and low-income sex workers and those without a fixed address, this adds to the stress of being unable to financially support oneself and one's dependents, which will do nothing to afford those sex workers targeted the ability to stay at home. The impact of this style of policing works against efforts to contain the virus - not for them.

Sex workers are forced to adapt to police targeting in ways that compromise their safety, and have long been faced with the choice between working safely and avoiding law enforcement. Sex workers who fear police enforcement must shift their focus away from working safely and employing harm reduction measures and toward avoiding police. The enforcement strategies employed by police in many states and territories are counterproductive to the aim of preventing the spread of COVID-19.

Failures of policing other marginalised communities are consistent with the experiences of sex workers, and call for the removal of policing of public health responses in Australia.

**POLICE ARE  
NOT  
HEALTHCARE  
PROFESSIONALS**

**FINES ARE  
NOT  
HEALTHCARE  
SOLUTIONS**



## IMPACT OF STIGMA AND DISCRIMINATION

The impacts of stigma and discrimination on the daily lives of sex workers has been magnified during the COVID-19 crisis. Negative stereotypes that position sex workers as vectors of disease or careless about health issues create barriers to engaged collaborations between health and government agencies and sex worker communities. They also serve to 'other' sex workers, who are treated with the presumption that we are a liability to preventing transmissions, rather than an asset actively working to prevent them. The blatant disregard for the coordinated response of sex workers and sex worker organisations, even when made plainly visible to health officials, media, and government, is evidence of the strength of sex work stigma.

The failure to see sex work as work often results in decision-making about the lives of sex workers being made on the basis of stigma. Health departments and health sector organisations are generally uninformed of the realities of sex work, thereby making decisions and recommendations based on misconceptions of what sex work is, who sex workers are, and real compared to perceived risk. Many health officials also delayed or refused to engage in discussions with sex worker organisations or remained silent on sex worker and sex work issues due to the stigma associated with our industry. The breakdown in trust in government caused by silence and neglect creates an environment of alienation, isolation, and disconnect for sex workers.

Throughout the pandemic, sex workers have reported concern about disclosing the financial need to work to health professionals for fear of being shamed, highlighting the need for sex worker sensitivity training. Sex workers have also experienced fear of dob-ins if they have had to continue working, which can lead to them working in secret and therefore with fewer safety mechanisms in place. This is exacerbated by the acceptability and proliferation of over-policing of sex workers, both before and during the pandemic.

## IMPACT OF HOUSING INSTABILITY

For sex workers, experiences with inequitable access to housing and the inability to live and work in the place of our choosing is a constant strain on our wellbeing and a direct result of sex work stigma. We face difficulty being able to produce the required documentation for rental applications due to the nature of our employment, fear discovery of our sex work status by neighbours, landlords and agents, and are concerned about being added to rental blacklists or evicted if this occurs. In most jurisdictions, discrimination against sex workers in the housing sector is either explicitly lawful or enabled by lack of access to anti-discrimination protections. Even at the best of times, sex worker access to housing can be precarious.

While some state and federal legislation prohibiting evictions has been put into play, the policy managing negotiations between tenants and landlords is weak at best. Few landlords were willing to consider rent freezes or reductions, and the documentation required by many landlords to prove loss of income is impossible to provide for many sex workers. Asking for this assistance may draw unwanted attention and scrutiny to their source of income or raise suspicion about the use of the rented premises to conduct sex work sessions. Many sex workers were thus unable to begin or succeed in negotiations for rent relief, and some were forced to terminate leases early at their own cost.

Sex workers who work from home, whether within or outside of local laws and planning guidelines, also lose their workplaces when they are forced out of accommodation. This has a number of economic and workplace health and safety implications and strips sex workers of choice and control over their working environment, which is a key determinant of their sense of safety at work.

The demand for crisis housing during the pandemic has been complicated by the need for social distancing and stricter infection control protocol in temporary accommodation. Those sex workers who were already houseless or at risk of

losing housing face decreased supply of those services, and the potential to experience stigma and discrimination when attempting to seek crisis accommodation. Crisis housing provided by welfare agencies in response to COVID-19 was at best unfriendly and at worst exclusionary towards sex workers. At a time when Australians have been asked to stay home, self-isolate, and exercise greater control over living environments, housing instability is a devastating thing to suffer and must be actively addressed by any public health strategy that requires people to 'stay home'.

## IMPACT ON MENTAL HEALTH

The compounding tensions of lack of income, exclusion from return to work plans, increased surveillance and policing, isolation from friends, family and peers and the potential for stigma at every point of contact with support services and schemes are causing alarming negative mental health impacts that have increased demand for sex-work friendly mental health services, connections to peer networks, and crisis support. The supports available to workers in other industries, including sick and mental health leave, domestic violence leave and workplace counsellors are not available to the sex industry workforce. Sex workers who don't have Medicare access are often priced out of accessing mental healthcare services.

The heightened vulnerability to gender-based and family and domestic violence experienced as a result of quarantine requirements and stay-at-home orders, financial instability, and sex work stigma has also been felt by the sex worker community. This is accompanied by increased barriers to seeking help for people experiencing family violence due to COVID-19 restrictions.

The existing lack of access to mental health support for sex workers has been well-documented, and is a result of poor training for mental health practitioners and poor or non-existent pathways to reporting mechanisms for sex workers who experience compromised service delivery or shaming from healthcare

workers. At a time when sex workers need supportive, non-judgemental mental health services and have less financial access to quality care, the dearth of appropriate services and the strain on those services who do provide non-stigmatising care is glaringly obvious, and sex workers are forced to rely on peer support for complex mental health needs.

## ACKNOWLEDGING THE LABOUR OF SEX WORKER PEERS IN TIMES OF CRISIS

Individual sex workers and their formal and informal networks have made essential contributions to the achievements of the sex worker response to COVID-19. We are grateful to the sex worker community and the staff and volunteers of our peer organisations for their generous participation in our consultations, resource development and education sessions. Without their expertise and wide range of experiences and ideas, sex worker peer organisations would not be able to continue to produce such a thorough set of resources, activities and support.

Sex workers take a high level of responsibility for ensuring one another's survival in times of crisis. We applaud those sex workers who take it upon themselves to organise fundraisers, lead workshops, gather resources and coordinate local mutual aid networks. As a marginalised community, the ethic of mutual care and resource-sharing in sex worker networks is a strength that supports us where other structures do not.

We also wish to make visible the often-unseen organising and support work done within local and digital sex worker peer networks and the burden of holding any type of community space through periods of crisis. We applaud the sex worker community and the sex worker rights movement for their tireless work to keep one another safe and well.

# Shortfalls of the national and local responses to COVID-19 for sex workers

*From the start of the pandemic, it was clear that the approach taken by governments would have the most negative impact on marginalised communities. For many sex workers, this has been the case at every step.*

## LACK OF COMMUNITY PARTNERSHIP

The lack of willingness of state and federal health departments to engage directly with sex worker peer organisations on COVID-19 created a number of problems from the start and missed an important opportunity to create a collaborative, community-centred approach. As very early adopters of changes to workplace health and safety protocols, sex workers displayed a willingness to adapt their work to the changing public health landscape and inhabited roles as community educators around transmission prevention.

Australia's successful public health response to BBVs and STIs was predicated on the meaningful and full inclusion of sex workers in all parts of the response. Meaningful engagement of sex workers in the development and implementation of public health programs prevents unintended negative consequences to sex workers and the wider community and barriers to ensuring the success of these programs. While the COVID-19 pandemic is in many ways different to the HIV/AIDS epidemic, the strengths of engaging marginalised communities in the public health response are evident, and sorely missing from the current approach in Australia, which has been largely punitive.

## INADEQUATE FINANCIAL SUPPORT

In failing to provide the appropriate financial support to all sex workers, including those on visas, and increasing their financial need through punitive fines, governments put sex workers into positions where we are forced to choose between staying home and being able to afford

rent, food, and medicine. Sex worker peer organisations communicated the need for urgent support for these workers very clearly and repeatedly to state, territory and federal governments, and these calls to action were ignored. This is a failure that must not be repeated in future waves of the pandemic or other national crises.

## SHUT OUT BY STIGMA

In failing to communicate clearly and directly with sex worker peer organisations, state, territory and federal governments displayed blatant stigma and disregard for our communities in ways that have not been replicated with other stakeholders, including sporting and other industry stakeholders, who were treated with urgency and high regard for community rights and wellbeing.

In failing to engage with the concrete reality of the sex industry and relying instead on ill-informed stereotypes, the creation of sweeping restrictions on sex work business, including advertising online services in some jurisdictions, cuts off essential avenues for sex workers attempting to survive lockdown measures. Rather than working with sex worker peer organisations to develop industry-appropriate back-to-work plans, federal guidelines for easing of restrictions from National Cabinet explicitly designated sex industry workplaces as the only businesses to remain closed, even at step 3 of the 3-step plan. This sent a message to state and territory governments that it is acceptable to leave sex workers without income indefinitely.

In response, sex worker peer organisations spent valuable resources on developing model COVID safety plans and checklists created in consultation with sex workers themselves, and many governments still showed a lack of commitment to return to work dates and protocols

for workers who had undertaken some of the first widespread industrial adaptations to early transmissions in the country.

## HEALTH SECTOR MESSAGING

While some state, territory and federal health departments fell into tired stereotypes about sex workers that have been repeatedly evidenced to be false, sex workers also experienced stigma from within the community health and clinical sectors, requiring us to advocate inside a space where we should expect allied and evidence-based recommendations.

Abstinence messaging around casual sex from clinical and community organisations in the BBV and STI sector exclude sex workers from consideration and create an unrealistic expectation that sex workers should simply 'not work', without considering the real implications of that recommendation from the people it most affects. Consultation with sex worker peer organisations before stating these positions may have prevented the negative impacts of this messaging for sex workers, which cost valuable resources to recover from.

As Australia's response to the pandemic progressed, the health sector and some state and territory health departments shifted towards referrals to and recommendations of our harm reduction resources and COVID safety plans, providing necessary legitimacy that should have been present from the start of those sectors' responses.

The closure of a number of health services has also led to decreased access to sexual health testing for sex workers, which in some states and territories is a requirement for legal work. The ability to access sexual health testing when deemed necessary by sex workers is a workplace right.

In future waves of the COVID-19 pandemic, we cannot wait for the rest of the sector to catch up. We must be equitably considered as leaders in the community health space.

## MEDIA MESSAGING

Sex workers and sex worker peer organisations faced a great deal of pressure from media, who overwhelmingly used the pandemic as an opportunity to 'expose' workers working illegally or against public health orders, perpetuate stereotypes of sex workers as 'irresponsible' when it comes to public health, pressure individual sex workers to offer 'pity porn' stories for 'human interest' pieces that cast sex workers as uninformed and / or in need of rescue, and creating those stories where they did not exist. Media is one of the strongest sources and perpetrators of stigma against sex workers, and the volume of work to damage control the impacts of poor practice from journalists on sex workers was difficult to sustain.

## THE FAILURE OF CRIMINALISATION

Sex workers are doubly criminalised during COVID-19 in jurisdictions where our work is licensed, criminalised, or over-policed. Criminalisation produces vulnerability to a number of negative health and justice outcomes that have a direct relationship to one's ability to survive a crisis.

The criminalisation of sex work and sex workers under licensing models, as are currently in place in Queensland and Victoria, creates a second layer of COVID criminalisation. Sex workers in these states face sanctions for violating stay-at-home and workplace closure orders with the addition of a second layer enabled by existing mechanisms of over-regulation, including advertising laws, registration systems for private workers, and the work of sex work-specific policing units. In Queensland, the Prostitution Licensing Authority changed advertising guidelines that took effect overnight, allowing a second level of punitive fines, and in Victoria, sex workers whose legal details must be registered with the Business Licensing Authority were individually contacted by authorities as an intimidation tactic.

# Sex Worker Organisation Response

*Sex workers and sex worker peer organisations have taken a proactive approach to the rise of COVID-19 cases in Australia, starting in mid-March. Scarlet Alliance, Australian Sex Workers Association, is the peak body of sex workers and peer led sex worker organisations, and our membership is comprised of sex worker peer organisations and individual sex workers. We rely on the connections created by our national network to enable a coordinated, targeted and collaborative response that works on a national level and can be adapted to the unique experiences of local sex worker organisations and workers, who are each affected differently by the specific sex work legislation in each state and territory.*

*In mid-March, we established a National Committee to respond to COVID-19, made up of leadership representation from each of our 8 state and territory member organisations, who represent sex workers in their respective jurisdictions. The group began meeting once a week at that time and will continue to do so as long as required. We also conduct work via sub-committees formed to carry out the tasks identified. A full list of our member organisations and their details can be found at the end of this document.*

*Through the peer education and outreach programs, community engagement and advocacy work of our member organisations, we have been able to cultivate a high level of engagement from individual sex workers. Sex workers were already adapting services and actively seeking workplace health and safety information and advice on harm reduction strategies for work practices during the pandemic, as well as information on amendments to Public and Environmental Health Acts, emergency powers in each jurisdiction, and CHO and Government COVID-19 Directives.*

*Sex workers sought clarity from Scarlet Alliance and our member organisations to comply with changes affecting the provision of sex work in Australia, and have always been as aware of and concerned about stopping the spread of COVID-19 as other members of the community.*



## LOCAL AND NATIONAL ADVOCACY

Scarlet Alliance and our member organisations continue to collaborate on local and national advocacy work with the aim to promote equitable, non-discriminatory and rights-based approaches to sex work and sex workers through the pandemic. We have celebrated some successes since March 2020, but must continue the tireless and unfunded work of education and relationship-building with health and other government departments and combatting stigma and discrimination for sex workers attempting to access much-needed support.

Our advocacy work includes:

- Impact statements outlining the needs of sex workers and calling for immediate financial support for marginalised sex workers, including the expansion of JobKeeper and JobSeeker to migrant workers and those without a fixed address;
- advocating for the treatment of sex work as work in the design of lockdown measures and industry closures and their reversals as community transmission decreased;
- liaising directly with state and local police units, making clear the ways in which sex workers are being unfairly and disproportionately targeted and calling for an end to discriminatory policing and surveillance;
- supporting individual sex workers who have experienced the negative impacts of targeted enforcement or have been wrongfully penalised;
- challenging stigma and raising awareness about sex worker issues related to COVID-19 in media.

### RETURN TO WORK AND COVID SAFETY PLANS

As the federal, state and territory roadmaps to re-opening industries began to be developed in late May, sex workers were largely left out of these plans, requiring strong advocacy from our organisations. The first version of the National Cabinet's 3-step framework for easing restrictions singled out sex industry businesses - namely, brothels and strip clubs - to remain closed at Step 3. The plan allowed other close contact and touch-

based industries like beauty and personal services, tattoo parlours, and massage clinics to return to work. It did not display an awareness of the diversity of types of sex work services, nor the overlapping workplace health and safety issues that sex workers share with workers in these industries.

Sex worker peer organisations responded by drawing attention to this discriminatory exclusion, demanding its retraction and preparing a detailed national COVID Safety Plan for use by sex industry businesses. The Plan was developed to be in line with plans for similar industries, and was intended to serve as a template for state and territory guidelines for sex industry businesses and workers. It also supported our advocacy to reverse the decision to exclude sex workers from Step 3, which was undertaken by Scarlet Alliance with the support of its member organisations and successful in its aim, with a revised framework released in mid-June.

Jurisdictional roadmaps and return-to-work requirements have been varied, and sex worker organisations, supported by Scarlet Alliance, consulted with sex workers and some state and territory health departments and Ministerial offices to develop industry-appropriate COVID safety plans, checklists, and other documentation. The harm reduction strategies listed in the national COVID safety plan template and the [Scarlet Alliance Redbook online harm reduction guide](#) released early in the pandemic were referenced in the official return to work guidelines in the ACT, NT and Tasmania. ACT's return to work guidelines were translated into the 5 main languages of the culturally and linguistically diverse local community and sex workers were able to complete their COVID Safe plans in the language of their choice.

Other jurisdictions neglected to include sex industry workers in their return to work plans, shut out or ignored contact from sex worker organisations for long periods of time, or refused to commit in writing to return to work dates, leaving sex workers with no information about what would be required for them to work again and when they would be able to do so.

In most jurisdictions, previously reliable and valued contact points between sex worker organisations and health departments were lost as the public service re-organised towards COVID-19 prevention. This created significant barriers to swift and dynamic responses to sex workers' needs in the pandemic climate.



## LOCAL AND NATIONAL PEER EDUCATION

Sex worker organisations have kept our community informed about the latest health and prevention information on COVID-19, prevention and harm reduction strategies while working, and public health orders and workplace closures. We also continually gather, summarise and translate general and sex work-specific legal information for dissemination to sex workers. Scarlet Alliance have created a central online COVID-19 Hub of information, including impact and response information and resources for sex workers. Statements and resources were released to the community in rapid succession in the initial weeks of the response, and continue to be regularly updated with new information and amendments as Chief Health Officers' orders change and as our community requests further resources.

### Our resources & translations

- A detailed guide to harm reduction strategies for sex workers seeking to adapt their working modes and practices, combining clinical, workplace health and safety and peer knowledge and adaptation strategies. This included an additional comprehensive resource developed to assist sex workers to choose avenues and develop skills for online and non-contact work. The main harm reduction guide was translated into four languages: Vietnamese, Korean, Thai and Simplified Chinese;
- A guide supporting sex workers to address barriers applying for Jobseeker and Jobkeeper payments;
- Resources on COVID-19 restrictions and directions affecting sex work workplace closures and other public health orders impacting sex workers, broken down by jurisdiction and translated into five languages: Thai, Simplified Chinese, Korean, Vietnamese and Traditional Chinese;
- A guide to available supports for sex workers who are ineligible for JobSeeker or JobKeeper, broken down by jurisdiction;
- COVID Safe return-to-work plans developed in consultation with stakeholders;
- Other peer education resources developed and distributed in peer-only digital spaces and via member organisations.

## 코로나19

### Introduction

### STIs & BBVs

### Safer Sex Tools

### Sex Worker Skill Share

### Testing

### General Sexual Health

### STIs, BBVs & the Law

### Sex Work Services

### Sex Worker Organisations

### Search

코로나19는 감기와 비슷한 방식으로 전염됩니다. 감염경로는 호흡기를 통한 비말감염으로 기침이나 콧물 또는 말하는 동안 전염될 수 있습니다. 또한 문 손잡이나 테이블의 표면, ATM기 화면을 만진 후 코나 코 혹은 입을 만지게 되면 감염될 수 있습니다. 지금까지 알려진바에 의하면, 코로나19는 소변이나 피를 통해서도 전염되지 않습니다. 대변, 정액, 질분비액으로 인한 감염위험도 알려진바가 없습니다.

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이 질병은 어떤 특정한 인종에서 더 나타나거나 덜 나타나거나 하지 않습니다. 유전적 요인이 개입되지 않고 중국인, 이탈리아인 혹은 스페인 사람이라고 해서 당선보다 더 위험하거나 덜 위험하지 않습니다. 바이러스는 무차별적이고 모든 연령층으로부터 전염되고 전파될 수 있습니다. 또한 무증상감염이 가능합니다.

만약에 일을 할 수 있다면, 쉬는 것이 좋습니다. 하지만, 어떤 성노동자들에게는 현실적이 없다는 것을 잘 알고 있습니다. 만약에 성노동을 하려면 예약에 있어 심사와 실행, 어떤 서비스를 제공할 것인지와 코로나19의 감염위험을 줄이기 위한 개인위생과 철저한 청소 및 방역을 고려해야 할 것입니다.

### 예약에서 감염위험을 줄이기 위한 절차

#### 심사하기

- 해외에 다녀오거나 크루즈 여행을 다녀온 적이 있는지 물어볼 것
- 기침이나 감기같은 증상이 있는지 물어볼 것
- 코로나19 확진자 혹은 증상자로 의심되는 사람과 접촉한 적이 있는지 물어볼 것

#### 방문전에 준비하기

- 병원 등급의 소독제를 사용해서 표면 청소
- 샤워
- 여분의 청대시트와 타월이 있는지 확인
- 여분의 안전한 성관계용 위생 제품 (되도록 1회용품 사용) 권장 : 1회분량으로 포장된 러브젤, 1회용 고무글루 등)

## Harm Reduction Guide - Korean Translation

COVID-19 Safe Plans by Jurisdiction	
NSW	<p>Sex services premises were allowed to open on 01 July 2020 provided a Covid-19 Safety Plan to maintain a safe environment for business operators, workers and clients was in place and operating.</p> <p>The COVID-19 Safety Plan can be accessed here: <a href="#">COVID-19 Safety Plan for sex services premises.</a></p> <p>Private sex work and escort agencies can operate subject to COVID restrictions and guidelines but do not need a COVID-19 Safety Plan.</p> <p>Lists of premises requiring a COVID-19 safety plan can be found <a href="#">here</a></p> <p>Generally the number of people allowed on premises will be determined by the 'one person per 4 square metre rule'.</p>

## COVID-19 Return to Work Guide

### GETTING STARTED IN ONLINE/NON CONTACT WORK

Working online or by phone can take lots of different forms. Much like in-person sex work, you can either work privately or with a third party (like a commercial webcam platform or phone sex line). The amount of infrastructure and self-promotion you'll need to do depends on how you choose to work. This resource will explore some of the options for non-contact work and give you some things to think about and try out as you diversify into the digital sex work space. You can access this resource at <https://redbook.scarletalliance.org.au/getting-started-in-online-non-contact-work/>

### APPLYING FOR JOBSSEEKER FROM CENTRELINK

This resource provides information for sex workers on eligibility, process and how to apply for the JobSeeker payment through Centrelink. The Government has temporarily opened up the JobSeeker eligibility criteria to allow sole traders and self-employed workers to apply for JobSeeker payments and receive up to \$1,100 a fortnight. Full time, part time, casual or self-employed workers who have lost their jobs, had their hours reduced or do not have sufficient employment or income to meet their financial needs as a result of COVID-19 may be eligible to apply for the JobSeeker allowance and receive the increased payments. If you are sick or injured and are unable to do your usual work or study, including as a result of being in isolation or hospital, and meet Centrelink eligibility requirements, you can apply for the JobSeeker allowance. You can access this resource [HERE](#)

### APPLYING FOR JOBSKEEPER FROM AUSTRALIAN TAX OFFICE

This resource provides information for sex workers on eligibility, process and how to apply for JobKeeper. JobKeeper is a new payment for businesses affected by the coronavirus, including employers, sole traders, contractors, sub-contractors and self-employed workers. It is run by the ATO and different to JobSeeker, which is run by Centrelink. Employers can receive \$1,500 a fortnight per eligible employee from the ATO. The employer is then responsible for paying the full \$1,500 to their employees. Employers may continue to pay normal wages to their employees on top of this payment. Sole traders, contractors, sub-contractors and self-employed workers can receive the payment for themselves directly into their bank accounts from the ATO. The JobKeeper deadline has been extended to 31 May, 2020. If you apply by 31 May, 2020 you will still be able to claim for payments from 30 March, 2020. You can access this resource [HERE](#)

### SUPPORTS AVAILABLE FOR SEX WORKERS INELIGIBLE FOR JOBSSEEKER AND JOBSKEEPER

This resource covers the supports available for sex workers who are ineligible for JobSeeker and JobKeeper. The resource covers a list of supports federally and each state and territory for financial relief, food, accommodation and services. You can access this resource [HERE](#).

## COVID-19 Hub web page

## NATIONAL FUNDRAISER FOR SEX WORKER COMMUNITY IN CRISIS

Sex workers whose workplaces are closed in lockdown measures lose our incomes overnight, and some require immediate financial support. Many sex workers were excluded from the federal and jurisdictional income support schemes introduced over the first few months of the pandemic and had no other avenues for meeting basic financial needs. In addition to our advocacy work urging the government to extend support to these individuals, we coordinated a national community-led fundraiser to support sex workers needing emergency funds, relying solely on donations.

The fundraiser was started in March by an individual sex worker who requested Scarlet Alliance's administrative support, and is still active as of September 2020. Our national committee met to define the priorities and processes for the Scarlet Alliance Emergency Fund and a Fundraiser Subcommittee was formed of representatives from each organisation who assessed applications for weekly payments. The fundraiser was designed to prioritise workers who could not, due to various barriers, access other forms of support. A survey was developed to assess the need of applicants and intentionally considers the intersections of marginalised identities often held by sex workers. This survey was translated into Thai, Vietnamese, Korean, Traditional Chinese and Simplified Chinese, and the responses translated to English each week by a team of culturally and linguistically diverse peer outreach workers. 100% of the donations were administered weekly to sex worker applicants. Facilitating access to the fund was made a priority by sex worker organisations. A national training session for peer educators across the country helped to upskill front-line staff who were dealing with sex workers in situations of crisis and high need.

If sex workers can't work we have no income  
COVID-19 has left many sex workers without shelter, food, medicine or a means of survival for us and our families.

Sex workers don't get sick or holiday pay

**Emergency support fund for sex workers in Australia**

**\$103,395**  
Raised of \$100,000

COVID-19 is having an unprecedented impact on sex workers. Many sex workers have had income stop completely or significantly diminish. Please help us to provide a safety net for our community.

Scarlet Alliance Sydney, New South Wales, Australia

**Donate Now**

This campaign is currently on Infinity Mode.

**Mandarin**

澳大利亚性工作者红色互助组织和各州和领地的成员机构集中力量设立了临时基金，能让您的捐款直接提供给需要获得紧急支援的性工作者，在新冠病毒期间使其能保持个人安全，能有栖身之所，有食物果腹。此基金由性工作者组织监察，由性工作者组织的员工以及澳大利亚的志愿者来运作。

Scarlet Alliance and our state and territory member organisations have joined together to create an ongoing fund to make your donations directly available to sex workers who need emergency financial relief in order to support them to stay safe, housed and fed during the COVID-19 pandemic.

This fund is being overseen by sex worker organisations and run by sex worker organisation staff and volunteers across Australia.

All money donated goes directly to sex workers in need.

COVID-19 has brought about an unprecedented impact on sex workers. Many sex workers have had incomes stop completely or significantly diminish. The impact is happening now and will get worse as COVID-19 increases in Australia.

**Australian Sex Workers COVID-19 Emergency Support Self-Assessment Vietnamese**

**Application Survey**

Cảm ơn bạn đã điền vào bản khảo sát cho quỹ cứu trợ người bán dâm năm 2020. Điều này được Scarlet Alliance một hiệp hội lao động tình dục Úc quản lý, với sự giám sát của các tổ chức mại dâm dựa trên mỗi tiểu bang và lãnh thổ.

Quỹ cứu trợ này đang được điều hành chủ yếu dựa trên thiện chí và từ sự quyên góp, bởi một số nhân viên tổ chức mại dâm và tình nguyện viên trên khắp đất nước.

Khả năng cung cấp tiền hỗ trợ khẩn cấp của chúng tôi bị giới hạn ở số tiền chúng tôi nhận được trong các khoản quyên góp. Có khả năng nhu cầu sẽ vượt quá số tiền chúng tôi nhận được trong quyên góp. Mỗi người một là đơn và có thể là \$100, \$200 hoặc \$300. Chúng tôi biết rằng điều này là không đủ, nó nhằm mục đích cung cấp một số hỗ trợ cho những người trượt hoặc không đủ điều kiện nhận sự trợ giúp từ chính phủ. Chúng tôi đề nghị bạn xem xét tất cả những sự lựa chọn có sẵn khác trước khi bạn nộp đơn cho nguồn tiền hỗ trợ này.

Thật rất tiếc, chúng tôi không thể cung cấp tiền nhanh được. Nếu đơn của bạn thành công, số tiền sẽ được chuyển từ tài khoản Scarlet Alliance sang tài khoản ngân hàng của bạn vào ngày làm việc vào thứ Năm tuần sau. Nếu bạn nộp đơn vào Thứ Tư hoặc Thứ Năm, đơn đăng ký của bạn sẽ không được xét duyệt cho đến tuần sau.

Những thông tin cá nhân này không được lưu giữ hoặc lưu trữ, để bảo đảm sự bảo mật cho các bạn. Các câu hỏi là để giúp xác định đủ điều kiện của bạn cho quỹ tài trợ.

Bạn cung cấp cho chúng tôi càng nhiều thông tin, thì chúng tôi càng hiểu được hoàn cảnh của bạn để có thể đánh giá tờ đơn của bạn tốt hơn.

Nếu bạn cần hỗ trợ khủng hoảng ngay lập tức, vui lòng liên hệ với tổ chức của người bán dâm ở tiểu bang hoặc lãnh thổ của bạn để được hỗ trợ. <https://redbook.scarletalliance.org.au/home/sex-worker-orgs/>

Our chuffed.org campaign donations and sex worker applications

The process requires a dedicated team of peers engaged in a transparent and accountable process to make decisions about how to disperse the funds with equity, and to ensure that as many applicants as possible are able to receive support. Demand for funds exceeded availability, and while contributions and support from sex workers and allies are strong, only about 25% of applicants received funds in the first three months of the project.

To date, the fundraiser has distributed \$160,598 across 639 direct payments to sex workers and has been extended so that we can continue to provide financial support to sex workers unable to work due to COVID restrictions. Sex worker peer organisations have also mobilised to provide food deliveries, care packages, referrals to crisis housing services, and support for those put under greater financial strain by COVID-19-related fines.

The level of administrative and translation work required to maintain the fundraiser further taxes the already-limited resources of national and local sex worker peer organisations, and it should not be an ongoing replacement for meaningful financial support from governments. However, with no targeted government financial support provided by federal or state governments, Scarlet Alliance and our members had to respond to the crisis situation many sex workers found themselves in. Moving forward, government-supported emergency financial relief can be the only option enabling sex workers access to basic needs like food, housing, medication and healthcare.

To make matters worse for sex workers in need, some jurisdictions did not include sex workers in Return to Work roadmaps. This put sex workers into a situation of uncertainty, debt, potential loss of housing, and inability to buy essential medicine and food for ourselves and our dependents. The immediate and long term cost of preventing sex workers going without these necessities is significant, and sex worker peer organisations, many of whom are under- or un-funded, must be sufficiently funded to carry out this essential work throughout any emergency or pandemic.

**EMERGENCY SUPPORT FUND FOR SEX WORKERS IN AUSTRALIA**

**SINCE ITS LAUNCH**

**together we have raised**

**\$48,011**

**533 SEX WORKERS HAVE APPLIED FOR SUPPORT**

**HELPING 30% OF APPLICANTS MAINTAIN HOUSING, BUY FOOD AND BASIC ITEMS, SUPPORT THEIR DEPENDENTS, AND ACCESS HEALTHCARE AND PRESCRIPTIONS.**

**160 PAY OUTS HAVE BEEN MADE TO SEX WORKERS WHO CAN'T ACCESS GOVERNMENT SUPPORT**

**PLEASE HELP US TO CONTINUE TO SUPPORT THOSE MOST IN NEED DURING COVID-19**

**COVID-19 BINGO**

**COVID-19 BINGO**

someone has a funny zoom background	given your pet employee of the month certificate	time loses meaning	made some bread
now loves going for a nice walk	donated to SCARLET ALLIANCE EMERGENCY RELIEF FUND	on a zoom call with no pants on	what day is it?
knowing that Saunas and bath houses are permitted to open in stage 3.	but sex industry premises are not	realising this is NOT about public health	this is outright discrimination
Sex work is an essential service	what month is it?	more bread - even though we were all so anti bread before but oh well	talking to your animals

Promotional content from our campaign

# IMPACT OF COVID-19 ON SEX WORKER PEER ORGANISATIONS

***The unrelenting demand on sex worker peer organisations responding to the impact of COVID-19 and filling the gaps of virtually every shortcoming of government responses warrants swift and comprehensive action. Priority must be given to increasing the capacity of these organisations to perform work that is currently outside of the scope of their funded activities.***

## SEX WORKER PEER ORGANISATIONS HAVE RESPONDED TO...

- Financial strain of sex workers by running a resource-intensive fundraising campaign, supporting sex workers to apply for federal and local income support schemes and / or diversify to online work, and advocating with state, territory and federal governments to expand the provision of meaningful financial support for all sex workers and include us equitably in back to work plans.
- Misinformation and poor messaging from government by pursuing clear information about sex work restrictions from governments, relaying information and updates to peers, translating that information into 4-5 languages, and rapidly releasing harm reduction, workplace health and safety and regulatory resources.
- Overpolicing by providing one-to-one advocacy, resources and peer support events to sex workers experiencing the negative impacts of increased police powers, liaising with police units, and advocating against targeted policing efforts against sex workers.
- Poor mental health and the strain of insecure housing by providing peer support, opportunities for isolated sex workers to connect with sex worker peers, and referrals to other appropriate services.
- The needs of sex workers with culturally and linguistically diverse backgrounds by creating peer translations that ensure that public health orders of both general and sex-work specific natures are accessible.

## THE CHALLENGES WE FACE IN CONTINUING THIS WORK:

- Lack of government initiative in providing crisis funding to organisations whose work has virtually doubled. Many governments simply ignored these requests, indicating how little value they place upon this essential work and its broader benefits for public health.
- Understaffing and / or strain on staff and management of sex worker peer organisations. These organisations operate with small or non-existent funding, but are expected to carry out a diverse set of activities and balance work within the community with their unfunded advocacy work, the lack of which would increase the need for outreach and crisis support even further.
- The strain of having to balance individual advocacy and support for sex workers in crisis situations with policy-based advocacy to slow or stop the worsening of systemic conditions for the sex worker community. Sex worker peer organisations should not be forced to choose between these two essential areas of work. The staff of sex worker peer organisations have interfaced with increased expressions of suicidality and hopelessness from sex workers seeking support, and are doing work that is highly stressful and requires resourced training and debrief space.



- The need to balance avoiding government or public attention to sex worker issues for fear of further criminalisation or stigmatisation with the need to have clear communication from government departments about the implications of COVID-19 control measures for sex workers. This delicate balance is a product of stigma and problematic legislation, and results in sex worker peer organisations appearing to remain silent and / or inactive. This can cultivate mistrust from sex worker communities. Our essential role in holding that trust enables us to deliver programming and advocacy that no other organisations are positioned to do and depends on strong, communicative relationships with both government and community.
- Lack of priority among governments to address the needs of people who do not speak English as a first language.



# Recommendations

*We call for the recognition of the failures of the approach of governments' responses to COVID-19 and their disproportionate impacts on the sex worker community. The sex worker community have direct experience of the failures in government responses. We demand a change of course. Our priorities for change as follows:*



**Fully decriminalise all aspects of sex work in all jurisdictions in Australia**



**Recognise sex workers and sex worker organisations as leaders, partners and experts**



**Provide adequate financial support to sex workers and sex worker peer organisations**



**Take a pragmatic, evidence- and human rights-based approach to COVID-19 and other public health crisis responses impacting sex workers.**

## FULLY DECRIMINALISE ALL ASPECTS OF SEX WORK IN AUSTRALIA

Criminalisation, licensing and registration, counterproductive policing practices, and stigma and discrimination have positioned sex workers as an overpoliced and highly surveilled population. Research shows that overpolicing and criminalisation of sex work pushes sex workers to the margins, creating barriers to accessing essential health, legal, and harm reduction services. Sex workers are being targeted by the police for COVID-19 control measures and fines, creating further barriers for sex workers to utilise COVID-19 prevention measures, conduct voluntary contact tracing, and access essential services. This is particularly true for sex workers who experience the brunt of police enforcement under criminalisation and licensing systems, including street based sex workers and migrant sex workers.

Experience and research from previous epidemics have indicated that criminalisation creates a complex system of impediments to ensuring success of evidence-based prevention measures and is detrimental to sex workers' human rights. The most effective way to prevent this marginalisation and its tangible effects on sex worker health and human rights is to fully decriminalise sex work. Decriminalisation creates the most enabling environment to implement COVID-19 prevention measures into sex work workplaces and increases the uptake and success of these approaches, as it is evidenced to remove barriers to accessing health information and services, social support services, and peer information sharing. It also affords sex workers greater choice and self-determination over their work and lives, improves relationships with authorities, and creates greater access to the 'prerequisites for health' as outlined in the Ottawa Charter for Health Promotion.

In NSW, the sex industry has for the most part been decriminalised since 1995. In 2015, NSW conducted an inquiry into the regulation of brothels. The NSW Government Response to the Legislative Assembly Inquiry into the Regulation of Brothels acknowledged that decriminalisation of the sex industry is 'the best way of protecting sex workers and maintaining a more transparent sex work industry'.

Decriminalisation in NSW has resulted in improved workplace health and safety for sex workers and better access to health promotion. In the NT, the Sex Work Act 2019 was passed by the NT Government, acknowledging that a decriminalised approach to sex industry regulation enhanced sex workers' workplace rights and safety and increased transparency of the sex industry.

Sex workers fearing criminalisation are far less likely to trust those offering support or information and are often unwilling to trade access to that support for the sharing of information that may further criminalise them. Sex workers' exposure to targeting and mistreatment by police in criminalised environments shows how poorly policing resources are being used during the pandemic, and how ineffective this response has been in engaging sex workers as partners in obtaining positive health outcomes in the community.

Decriminalisation is supported by UNAIDS, UNFPA, UNDP, Amnesty International, International Labor Organisation (ILO), World Health Organisation, Lancet Medical Journal, Global Network of Sex Work Projects, Asia Pacific Network of Sex Workers, and within Australia's National BBV and STI Strategies. We call for collaboration between governments and sex worker stakeholders in the repeal of laws that criminalise us, both before and during the pandemic.

## RECOGNISE SEX WORKERS & ORGANISATIONS AS LEADERS, PARTNERS & EXPERTS

Scarlet Alliance and our member state and territory sex worker organisations urge governments to take a proactive and evidence-based approach to sex work whereby sex workers' commitment and successful leadership in responding to the COVID-19 pandemic and previous epidemics are recognised and we are treated as an equal partner in developing and implementing COVID-19 responses impacting us. All measures relating to sex work must be developed in consultation with Scarlet Alliance and our member organisations to ensure they are necessary, proportionate, effective, evidence-based, and do not have negative, unintended consequences to either public health or the health and safety of sex workers in Australia.

Sex worker peer organisations are often directly funded by the very health departments who have shut us out and failed to communicate with us throughout COVID-19, and this is unacceptable. To ensure that COVID-19 measures impacting sex workers are properly communicated to our community members, we demand collaboration with sex worker peer organisations on how best to engage sex workers be the practice moving forward. This can be achieved by:

- engaging and resourcing sex worker peer organisations as community leaders to provide relevant information and support to sex workers;
- providing ample, clear and consistent communication and translation of resources in key community languages;
- providing time for communities to communicate changes in health information and directions, and for their members to adapt to those changes, before they take effect;
- using fines and police enforcement as a last resort, not a primary strategy.

## PROVIDE ADEQUATE FINANCIAL SUPPORT

### FOR SEX WORKERS

Financial support measures implemented by federal and state and territory governments must be accessible to all workers in Australia, including sex workers. This includes all workers on visas, workers without a fixed address, and workers who do not have access to benefits, including sole traders and sub-contractors. Allow sex workers the same entitlements to work as workers in similar industries when lockdown measures are being implemented, and end discriminatory indefinite closures of our workplaces.

### FOR SEX WORKER PEER ORGANISATIONS

Since the COVID-19 pandemic reached Australia, Scarlet Alliance and member organisations have been rapidly mobilising to develop, translate and disseminate COVID-19 information, fill gaps in the response where the state has failed to act, and lobby against counterproductive and discriminatory measures impacting sex workers. Sex worker organisations are conducting a broad range of COVID-19 related activities to support sex workers, in addition to the core funded and un-funded activities of their organisations.

The demand on sex worker organisations has been unprecedented, and our efforts to support sex workers have only met a small portion of sex workers who are in desperate need. Many sex worker organisations are only marginally funded, with only one part-time peer educator employed to provide a range of services for a cross section of sex workers, or completely un-funded. Sex worker organisations are currently operating far beyond our capacity, and without investment in resourcing our work, it will become unsustainable. We urge governments to adequately fund sex worker peer organisations to provide these essential services and programs to sex workers.

## ADOPT AN EVIDENCE- AND RIGHTS-BASED APPROACH

Sex workers need a pragmatic, evidence- and human rights-based approach to COVID-19 responses impacting us. We call for the recognition of the failures of the approach of governments' responses to COVID-19 and their disproportionate impacts on marginalised people, and a commitment to shift focus towards supporting these communities.

A number of international human rights bodies, including the United Nations and Amnesty International have advocated for the use of rights-based measures to control COVID-19, identifying the common neglect of governments across the world to ensure that these measures do not create greater harm than they prevent. The issues with the Australian response have been replicated on an international scale, to the detriment of sex workers working in a variety of legal frameworks.

A rights-based approach designs community COVID-19 control measures to prioritise rights to health, work, migration, and housing. For a community whose human rights are already eroded by stigma, discrimination, and criminalisation, sex workers and other marginalised communities are deserving of additional consideration to ensure that our basic needs are met, enabling us to participate fully in such community responses.

As highlighted by Amnesty International's Public Statement "Include Sex Workers In The COVID-19 Response":

***"Given that sex workers are largely being left out of government emergency support measures, thus making it extremely difficult for them to comply with COVID-19 orders, states should rather ensure sex workers' access to healthcare, information and support, and empower them in a way that allows them to comply with the restrictions as opposed to punitive measures."***



# Australian State and Territory Sex Worker Peer Organisations

## **Northern Territory:**

Sex Worker Outreach Program (SWOP) NT

## **Queensland:**

Respect Inc

## **New South Wales:**

Sex Workers Outreach Project (SWOP) NSW

## **Australian Capital Territory:**

Sex Workers Outreach Project (SWOP) ACT

## **Victoria:**

Vixen Collective

## **Tasmania:**

Scarlet Alliance Tasmanian Sex Worker Project  
outreachtas@scarletalliance.org.au

## **South Australia:**

Sin Industry Network (SIN)

## **Western Australia:**

Magenta  
SWEAR