



**Australian  
Sex Workers  
Association**

P: 02 9326 9455 F: 02 9326 9870  
P.O.Box 261, DARLINGHURST NSW 1300  
[info@scarletalliance.org.au](mailto:info@scarletalliance.org.au)  
[www.scarletalliance.org.au](http://www.scarletalliance.org.au)

**S.S.P.A.N.**

Representative Candi Forrest  
0421 569 232  
[sspanqld@yahoo.com.au](mailto:sspanqld@yahoo.com.au)

# Peer Education among Sex Workers In Australia

**Briefing Paper July 2007**

“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.”<sup>1</sup>

“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.”<sup>2</sup>

“Sex workers, for whom STIs are an occupational health and safety issue, are actively engaged in STI prevention.”<sup>3</sup>

“Despite the occupational risks, the incidence of STIs in sex workers in Australia is among the lowest in the world. This has largely been achieved through the adoption of voluntary health policies implemented by the sex industry.”<sup>4</sup>

“Continued education and enablement of sex workers is fundamental in maintaining a safe sex culture and protecting the health of both sex workers and their clients. Particularly important is the provision of culturally appropriate interventions for overseas-born sex workers and outreach services for street-based sex workers.”<sup>5</sup>

“HIV seroprevalence among female sex workers remains low.”<sup>6</sup> “Similar data in relation to male sex workers is not readily available; however, there is no reason to assume that it would not show similar results.”<sup>7</sup> “This is testament to sex workers’ prompt and effective response to the HIV/AIDS epidemic, and it demonstrates the importance and effectiveness of peer-based initiatives in HIV prevention and health promotion.”<sup>8</sup>

The Federal Government<sup>9</sup> and Queensland Health<sup>10</sup> recognise sex workers as an affected community in regards to HIV, blood borne viruses and sexually transmissible infections.<sup>11</sup>

**“The wider community and members of the affected communities in particular, are fundamental to any strategic response. [Through]:**

- participation in community based organisations that are represented on committees or working groups such as the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee;
- through formal mechanisms for the review, development, delivery and evaluation of community based and government programs and services;
- as individuals or through community advocates in the development and evaluation of policy, programs and services; and through participation in research to inform responses and to identify emerging issues.”<sup>12</sup>

<sup>1</sup> Commonwealth Government Department of Health and Aged Care, *National HIV/AIDS Strategy 2005–2008*, Commonwealth of Australia 2005, Pg 4

<sup>2</sup> Ibid, pg 4

<sup>3</sup> Commonwealth Government Department of Health and Aged Care, *National Sexually Transmissible Infections Strategy 2005–2008*, 2005, pg 6

<sup>4</sup> Ibid, Pg 28

<sup>5</sup> Ibid, Pg 28

<sup>6</sup> National Centre in HIV Epidemiology and Clinical Research 1998, *HIV/AIDS and Related Diseases in Australia: annual surveillance report*, NCHPCR, Sydney

<sup>7</sup> Ibid, pg 18

<sup>8</sup> Commonwealth Government Department of Health and Aged Care, *National HIV/AIDS Strategy 1999–2000 to 2003–2004*, Commonwealth of Australia 2000, pg 20

<sup>9</sup> Commonwealth Government Department of Health and Aged Care, 2000 and 2005

<sup>10</sup> Queensland Health, *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011*, Queensland Government, 2005, pg 21

<sup>11</sup> Commonwealth Government Department of Health and Aged Care, *National Sexually Transmissible Infections Strategy 2005–2008*, 2005

<sup>12</sup> Queensland Health, *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011*, Queensland Government, 2005, Pg 31

Queensland was the first state/territory in Australia to have a funded autonomous sex worker health service. SQWISI paved the way for similar health delivery in other states/territories, and was a founding member of Scarlet Alliance, The Australian Sex Workers Association, in 1989.

SQWISI stood for 'Self-Health for Queensland Workers in the Sex Industry' – self determination for sex workers was the cornerstone of its mission.

SQWISI voluntarily wound up in June 2007. Queensland Health are subsequently conducting a review of sex workers needs in relation to HIV, Hep C and sexually transmitted infection prevention.

A Queensland Health performance indicator in relation to HIV, Hep C and STIs is "Evidence of programs that support target populations to participate in policy and program development that impacts on their own health and wellbeing outcomes."<sup>13</sup>

Sex workers are the priority target population for participation in the pending review of sex worker services in Queensland.

**The successful involvement of sex workers in the review will:**

- contribute to improved service delivery in the future;
- ensure that future service delivery can better accurately reflect of the needs of sex workers in Queensland, & more effectively meet those needs;
- identify why sex worker participation in SQWISI was at a historic low;
- increase knowledge of the gaps in service delivery of previous services.

NGOs and community agencies that provide services in the area of sex worker health can support peer groups like Scarlet Alliance and SSPAN to ensure that sex worker voices are heard in the upcoming review of services.

**Scarlet Alliance is running a survey of sex workers issues in regards to service delivery. SSPAN are collating sex worker input into their own representative processes. You can assist by distributing the promotional material for both of these processes.**

"The continued consultation, development and implementation of prevention and health promotion programs for sex workers, in a variety of changing environments, is an integral part of any STI Strategy. Similarly, continued and frequent access to appropriate, private and non-discriminatory health services is vital."<sup>14</sup>

20 years into an epidemic it is necessary to ensure sex workers continue to be engaged with the promotion of safer sex services. This requires a comprehensive range of HIV, blood borne virus and sexually transmissible infection prevention strategies, and diverse modes of communication to guarantee that services do not become irrelevant to the changing needs of sex workers.

**"Non-government and community based organisations participate in the Queensland response in a number of ways including:**

- as advocates for those most affected in the development and evaluation of policy programs and services;
- as representatives of the affected communities on state based committees such as the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee and working groups;
- through formal mechanisms for the review, development, delivery and evaluation of community based and government programs and services;
- through coordination and collaboration with community sector and government agencies to facilitate and strengthen community based responses; and
- through the delivery, monitoring and evaluation of community based programs and service responses and the identification of emerging issues."<sup>15</sup>

<sup>13</sup> Queensland Health, 2005, pg 20

<sup>14</sup> Commonwealth Department of Health and Aged Care, *National Sexually Transmissible Infections Strategy 2005–2008*, pg 28

<sup>15</sup> Queensland Health, 2005, pg 31