



**Australian
Sex Workers
Association**

**The National
Needs Assessment of
sex workers
who live with HIV
2008**

Part One

The Needs & Issues

Part Two

Agency Review

Kane Matthews, Scarlet Alliance

Title: The National Needs Assessment of sex workers who live with HIV

**Author: Kane Matthews
Scarlet Alliance**

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**Scarlet Alliance
Australian Sex Workers Association
PO Box 261
Darlinghurst NSW 1300 Australia
info@scarletalliance.org.au
www.scarletalliance.org.au
(02) 9326 9455**

Dedication

This report is dedicated to all sex workers, sister-girls, escorts, rent-boys, call girls, street-based sex workers, trans workers and erotic masseurs/masseuses who silently exist among the wider community, and who live with HIV.





Forward

This report reflects our needs and issues. The development of this project occurred under the supervision and direction of Scarlet Alliance with the assistance of social researcher Eva Cox, and the NAPWA advisory position. It was developed and executed by and on behalf of the sex workers who live with HIV.

We understand our own lives best and how the world sees us. The needs and issues reflected here all come from the people who courageously came forward, identified themselves as HIV positive sex workers, told their stories and shared their views. While views, needs and issues varied between people, there are commonalities between us all.

We hope that the stakeholders and policy makers to whom this report is targeted listen to us and take appropriate action to make change, especially where we cannot.

A key issue for all HIV positive sex workers is self protection. Protecting ourselves from the hysteria and over-reaction of people who do not know our lives, who do not understand what the situation is like and who only see the disease and the sex work and not the human being.

In order for this protection to be maintained, we ask that others advocate for us, and this report is what we are presenting in order for you all to advocate effectively.

Executive Summary

The results of our 12 month consultation with HIV positive sex workers and relevant agencies shows that sex workers with HIV need...

Legal information, health information and peer support

Sex workers with HIV need accurate, current and consistent information. This includes reliable advice on what the law says and how the law is being implemented. They also need reliable information in relation to health, work practices and peer support.

Existing support services for sex workers and for people with HIV do not cater for sex workers with HIV and are not providing information adequately or supportively. Health services often provide incorrect information and are also unreliable.

Recommendation: Health departments, HIV and sex worker organisations need to:

- provide accurate and easy to understand legal and health information for sex workers with HIV.
- provide updates on legal and social environments affecting sex workers with HIV.
- provide regular news on health and peer support issues.
- develop information in consultation with Scarlet Alliance and HIV positive sex workers.

Accessible, and risk free, information

All information specifically for sex workers with HIV should be packaged within a broader publication such as a general HIV publication or a general sex worker publication. This allows each person to decide for themselves the avenue through which they collect information.

Information produced solely for sex workers with HIV is not useful because it would not be collected or kept. Collection of such material would unnecessarily require disclosure of both HIV status and sex work experience. Keeping hold of such information would also increase the risk of exposure to others who may find it, including the police in areas where sex work for people with HIV is criminalised.

It is also important to ensure that consistent and current information is being provided through both avenues.

Recommendation: Health departments, HIV and sex worker organisations need to:

- provide targeted information for sex workers with HIV concurrently through existing sexual health, sex worker and HIV publications in consultation with Scarlet Alliance and HIV positive sex workers.
- explore alternative ways of allowing HIV positive sex workers to access information while maintaining their privacy.

An inclusive environment from peer organisations (HIV and sex worker)

HIV positive sex workers remain hidden but they still need the same support and inclusion as all marginalised groups. ‘Coming out’ to any person or organisation is considered to be threatening and very few sex workers with HIV are comfortable with disclosing their HIV status or sex work involvement to peer organisations.

The challenge for developing a supportive and inclusive environment for this group is to provide a supportive environment while allowing each person to decide when, if ever, they disclose their dual status.

Recommendation: HIV and sex worker organisations need to:

- review internal organisation and staff attitudes towards sex workers with HIV to address stigma.
- develop strategies which promote inclusiveness and support while not requiring HIV positive sex workers to disclose.
- Scarlet Alliance needs to explore the possibility of developing a training/evaluation package.

Trustworthy and confidential health services

Access to health services is important to all Australians and trustworthy, confidential services are essential in ensuring good health, both individually and in population health. Maintaining privacy and confidentiality for sex workers with HIV is of paramount importance with disclosure through a person’s medical records problematic.

A large number of participants reported instances of discrimination or inappropriate reactions by health professionals, either experienced directly or by others they knew. This was due to HIV status, sex work involvement or the combination of both. The agency review also reported instances of over-reaction by health care workers to the existence of HIV positive sex workers. This compromises the health and wellbeing of HIV positive sex workers, including a person’s mental state, and impacts on accessing services in the future while further marginalising people within this group.

Recommendation:

- **Training and education for health professionals who interact with people with HIV and/or sex workers to reduce stigma and be more supportive of behaviour and choices. All people who review case files should also be included.**
- **Improved public health policies to reduce stigma, including measures to encourage compliance by health professionals.**

Decriminalised sex industry laws

The effect of criminalisation of commercial sex in some jurisdictions for people with HIV is being felt throughout Australia among sex workers with HIV. This has led to an increased fear of exposure, difficulty in accessing supportive health services and a sense of further marginalisation.

This legal marginalisation is cementing the existing social marginalisation. HIV positive sex workers understand the hysteria others see when faced with sex workers with HIV, however they know full well that this hysteria is unfounded and look to governments to act responsibly. In spite of this hysteria, the fact remains that the involvement of money in casual sex does not increase the risk of HIV transmission.

There is a need to explore the potential for broader ramifications in HIV prevention among sex workers with the legal marginalisation of sex workers with HIV. For sex workers who have HIV, the criminalisation of commercial sex only adds legitimacy to the existing social stigmas.

Recommendation: State and Territory Governments need to:

- **decriminalise commercial sex for people with HIV in ACT, VIC, WA, QLD.**
- **develop nationally consistent state-based legislation for HIV positive sex workers.**
- **ensure legislation around sex work for people with HIV reflects those relating to private sex.**

Protection from adverse reactions based on stigma

Most Australian states and territories do not require people with HIV to disclose their status to casual sexual partners. The requirement to disclose is putting people's lives at risk, with reports of harassment and threats of physical violence towards people with HIV.

Protection for all people with HIV is urgently needed. Sex workers with HIV facing additional stigma experience this more than most, particularly in rural areas.

Recommendation: State and Territory Governments need to:

- **remove disclosure requirements from state laws in NSW and TAS.**
- **introduce Anti-Discrimination laws for sex workers in all jurisdictions.**

Reliable and accessible free condoms and lubricant

Free and accessible safe sex equipment (condoms, lube, dams etc) is important to maintain and some participants reported that local supplies often ran out. Others reported difficulty in accessing supplies through sex worker organisations due to fear of exposure and looked for alternative sources.

Protecting their clients' health was important for all participants, but access to safe sex equipment is needed to do this.

Recommendation: Health departments need to:

- ensure an adequate supply of free condoms and lube is provided.
- resource organisations for adequate provision of safe sex equipment.
- allow anonymous collection of safe sex equipment through sex worker projects, sexual health clinics and mail order.

Support when dealing with Government agencies

The dual stigma of sex work and HIV is prevalent in all areas with either or both stigma causing problems for sex workers with HIV when dealing with government departments such as the Australian Tax Office, Centrelink, Health Departments, Local Councils, Sexual Health Clinics and the Police.

A similar scheme to that which existed in the Australian Tax Office was suggested for implementation throughout government agencies. It would provide for an identified individual who is open-minded to act as a liaison officer in departments to help facilitate people's involvement when dealing with government departments. Liaison officers need to be able to provide assistance with strategies to negotiate with agencies and departments while protecting themselves from unnecessary disclosure and assist with liaison if problems arise. They could also provide advice on dealing with government agencies without the need for disclosure.

Recommendation: Various Government departments need to:

- provide a trained liaison officer to provide advice and support for sex workers with HIV.
- ensure that disclosure of both HIV and sex work is not a requirement, but is promoted as acceptable, when accessing a liaison officer.
- ensure there is an adequate education program within government agencies to address stigma and discrimination, including privacy issues.

Campaigns for shared responsibility and to reduce stigma

As always, more work needs to be done to help address stigma relating to HIV and relating to sex work. More importantly, more needs to be done to address the dual stigma of sex workers with HIV with most participants feeling like little or nothing is happening.

The rise in criminal prosecutions for the transmission of HIV and the increased discourse around criminal transmission has led to an overall sense of being burdened with responsibility. For sex workers with HIV, this is felt in addition to the dual stigma already faced.

Participants reported resentment and fear around this issue. They all expressed the need for others to share more of the responsibility for preventing the transmission of HIV rather than always having to rely on the person with HIV to initiate responses.

Recommendation: HIV and sex worker organisations need to:

- increase education campaigns to promote self care in casual and commercial sex.
- ensure strategies to reduce the stigma of HIV are continued and inclusive of sex workers with HIV

Recognition of the value of sex work

The need for recognition and acknowledgement of the value of the work done by HIV positive sex workers is one of the most consistent views coming out of this project, and probably the most difficult to achieve. Each participant expressed strong views that they believed the work they did had value, was valuable. It was important to participants that this was expressed and made known.

This acknowledgement of the value of the work would go a long way in addressing many of the needs and issues contained in this report. It is an essential factor for anyone's chosen work and forms the basis for overcoming the stigma associated with HIV and sex work.

Recommendation: The general community and all sectors need to:

- recognise that sex work is work
- recognise that sex workers with HIV are doing work that has value

Part Two: Agency Review

Recommendations:

- A more comprehensive review of relevant agencies is needed to assess the full extent of issues relating to agency's services to people with HIV who engage in sex work
- A review of public health policy and its implementation should be conducted with a view to improving both
- Education should be provided for agencies about HIV positive sex workers and relevant legislation and policy relating to their interactions
- Appropriate programs and strategies for support for HIV positive sex workers should be investigated further



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Part One: Needs & Issues

**Consultations with
sex workers with HIV**

Introduction

Scarlet Alliance conducted a thorough, two year national needs assessment of HIV positive sex workers in 1992. Since then, there has been little research or consultation with this population and Scarlet Alliance decided to update this body of knowledge.

With funding from the Elton John AIDS Foundation, administered by the AIDS Trust of Australia, Scarlet Alliance undertook a 12 month national needs assessment to identify and better understand the needs and issues of sex workers with HIV. This was to be a smaller project than the last with only one project officer working one day a week for 12 months.

Following Scarlet Alliance principles, the project was established as a peer-based project, designed to empower the project's participants, members of the HIV positive sex worker community, to run the project. This also involved capacity development for community members in training and skills development and community building activities including encouraging HIV positive sex workers to share their stories in "proVision" the Scarlet Alliance magazine.

In the process of conducting this community based needs assessment, strong ethical processes have been implemented and productive ways of working with participants individual privacy needs have been developed. As the project has been located within Scarlet Alliance (which has the clearest vision of ethical practices in work with sex workers) and because the project had external reference points such as researcher Eva Cox and an advisor from the National Association of People With HIV/AIDS all approaches were underpinned by a strong sense of a need to protect participants rights and ensure the project, even though it was a community based needs assessment process, followed recognised ethical approaches.

Additionally, the project, as it developed, had continual reference back to the participants and engaged with them about the nature of their contributions and their "comfort" with the way in which the needs assessment was carried out and reported. The project ensured that the written report reflects what the contributors offered. This was done in a way which valued and provided evidence that peer-based networks can be productive and generate sound knowledge about what the issues and needs are for those within the networks.

Terminology

AIDS: Acquired Immune Deficiency Syndrome

Dual Stigma: The added stigma of being both HIV positive and doing sex work

Dual Status: The dual status of being both HIV positive and doing sex work

HIV: Human Immunodeficiency Virus

Sector Organisations: Refers to HIV services and peer based HIV positive groups *as well as* sex worker services and peer based sex worker groups

Project Development

The project was established as a peer based empowerment project, to enable members of the HIV positive sex worker community to take ownership of the needs assessment, self identify the issues important to them, build capacity in developing an assessment of their own needs and issues, and present those to the sector and the broader community.

Project parameters

The project was established with the following parameters.

Scarlet Alliance Executive

The Executive oversees all aspects of the organisation's activities and projects and consists of current and former sex workers. The Executive established the project, had the final sign off and endorsement on all aspects of the project.

CEO

The Chief Executive Officer is the manager of all paid staff, volunteers and staff projects and liaises between projects and the Executive. All staff at Scarlet Alliance, including the CEO, are current or former sex workers.

Academic Advisor

Eva Cox, feminist social researcher, recently retired from the University of Technology, Sydney, volunteered to advise the project.

Steering Committee

A group of HIV positive sex workers were recruited to oversee all aspects of the project. Committee members were interviewed prior to their involvement in the project to ensure the interviews were not unduly influenced.

Project Officer

An HIV positive sex worker was recruited to work on the project and work with the Steering Committee.

National Association of People Living with HIV/AIDS (NAPWA) Advisor

An advisor from NAPWA was consulted throughout the project.

Consultation with above groups and individuals occurred throughout the project in relation to process and content. The final report was developed and stakeholders were consulted with their input and feedback included.

Conducting the needs assessment and consultation

Recruitment

Participants were recruited through a variety of means. A leaflet was produced and circulated throughout email networks, sex worker projects and peer organisations, AIDS Councils, HIV peer organisations, HIV sector agencies and sexual health clinics. Advertising also occurred on internet dating sites accessed by sex workers.

Interviewing

Sensitivity issues

Due to the highly stigmatised and sometimes illegal nature of the activities of HIV positive sex workers in many areas of Australia it was important to ensure a very high standard of privacy and confidentiality. This is a small population whose needs are yet to be identified or known so a level of flexibility was needed to ensure levels of privacy and confidentiality were enough for participants and would not be a barrier to participation. A base standard was agreed to by stakeholders and consideration was given to any requests for extra requirements that met the individuals particular needs in relation to privacy and confidentiality.

Each participant was told that at all stages of the process, contact details would be stored separately and coded, with pseudonyms used. With recorded interviews, the recordings would be destroyed and transcripts destroyed upon completion of the project. Any references to people, organisations or places in the transcripts would also be removed. All documentation associated with the project that wasn't necessary would also be destroyed to ensure that no information could be used in any fashion by anybody now, or in the future, which could identify anybody.

The option of submitting an anonymous written submission was also provided. Additional measures would also be considered on a case by case basis, again to ensure participants felt comfortable and able to contribute.

Participants were not given any documentation which could connect them to Scarlet Alliance or to HIV. Payment was sent anonymously through a voucher website.

Some of the additional measures that were requested included restricting access to the transcript to the interviewer only and not identifying the areas participants lived in.

Interviews were conducted in person and by phone. Focus group activities were conducted on a one-on-one basis or via e-list.

These strategies were developed in consultation with the steering committee and we felt that while they may seem excessive, it was important to make this effort to enable people's involvement and to provide the sense of security and comfort that this level of effort created.

Privacy & legal issues - Preamble (see attachment 1)

The preamble was used as a guide only; with the interviewer ensuring participants understood the situation, their rights and expectations.

All participants were made aware of the nature and purpose of the project and it was important to the staff and steering committee that the information was clear to ensure there were no false expectations relating to outcomes or promised changes as a result of this project. Participants were also made aware of possible consequences of discussions around illegal activities as well as the strategies we were using to protect them through their involvement.

Interview questions (see attachment 2)

Interviews occurred through a relaxed, conversation style which explored firstly any issues or topics raised. Participants were not responding to a "question and answer" style survey but were encouraged to talk about the things that mattered the most to them, in their own voices.

Throughout the rest of the conversation, the topics below were covered. The interviews sought to explore the extent of awareness of topics and any impact or issues. The topics explored were decided by the project officer, steering committee, NAPWA advisor and Scarlet Alliance Executive.

Some of the topics that were covered were;

- Self identified needs and issues *Then, if not covered,*
- Enabling or empowering issues
- Positive aspects of doing sex work while having HIV
- Openness with a range of people including peers and HIV, sex worker and health services.
- Experiences of disclosure and reasons disclosure does not occur
- Awareness of and impact of the media and of the law
- Self-identified improvements and future changes
- What they would like to say to Governments and Government departments
- What they would like from Scarlet Alliance

Demographics

Final demographics for participants are:

Male.....N=12

Female.....N=01

Capital Cities.....N=09

Outside Capital Cities.....N=04

Expressions of interest in participation initially were dominated by women, however very few followed through. It is not definitively known why the drop out rate was so high for women rather than men, however we can assume that the marginalisation that HIV positive women feel compared to HIV positive gay men may have played a part in this. Another reason for this drop out rate could be due to the gender of the project officer.

Additional demographics including in which state or territory people live has not been shown as this could potentially identify some people in certain areas, however most states and territories are represented.

While participants were predominately men, the experiences, needs and issues are all gender neutral. For women some of these issues would be more pronounced due to a greater sense of stigma associated with women having HIV than with gay men who have HIV.

Community development

Throughout the project, HIV positive sex workers were encouraged to contribute to the 2008 edition of proVision, the Scarlet Alliance publication, as a community development component of the project. The Project Officer also provided peer support to a number of HIV positive sex workers who were not interviewed for the project for a range of reasons. The transcriber who volunteered was also an HIV positive sex worker.

The project itself had the additional benefit of acting as a community development tool in engaging directly with participants about the nature of the project and involving participants in documenting the needs in a way that engaged those who contributed in the process.

The Needs & Issues

Legal information, health information and peer support

The laws affecting sex work are different in each state and territory throughout Australia and each jurisdiction changes periodically. Laws around HIV and sex are also state based and change periodically. Sex workers with HIV find it difficult to know the current situation, particularly when a person is travelling to an area they are not familiar with, due to the range of state based laws.

The interpretation and application of the law is also relevant with different jurisdictions at times working in different ways and policing approaches varying. Public Health law and policy also interact with criminal law, making the situation even more complex.

Participants reported that sources of information were difficult to find and unreliable. The Agency Review¹, conducted by Scarlet Alliance as part of this project, also indicated that incorrect and misleading information was being provided.

Trust is difficult for HIV positive sex workers and they are intensely aware of the added stigma of sex work and HIV even from within the traditionally supportive communities, the HIV positive community and sex worker community.

This situation forces HIV positive sex workers to rely on close friends and peers rather than professional organisations, even those organisations who claim to be supportive. Establishing credibility with this group is important to ensure that information given is taken seriously. For this to happen, this group needs to know that the people or organisation(s) providing the information is non-judgemental, is respectful and supportive of their rights and privacy and not about to subject them to the same prejudice they experience from the rest of society.

Peer support plays an important role in HIV positive sex workers lives with sharing of skills and knowledge and debriefing common. If other HIV positive sex workers aren't available then other HIV positive people or other sex workers take this peer support role, however not as effectively as other HIV positive sex workers. Formalising or opening up these networks would be difficult as that would require disclosure of dual status. Peer support and the sharing of information is an essential element that needs to be taken into consideration. Development on how to implement such a scheme needs further research.

¹ See Part Two, Agency Review, Scarlet Alliance, 2008

HIV positive sex workers are aware of how stigmatised they are and of the anti sex work attitudes of other people and organisations they come into contact with, even when such attitudes are not obvious. Many of these organisations and people are judgemental and critical of the involvement of HIV positive people in sex work and often attempt to dissuade them from continuing. Information provided through these sources may not be taken seriously. Information should ideally be provided from supportive people and organisations, in consultation with HIV positive sex workers as peers.

Recommendation: Health departments, HIV and sex worker organisations need to:

- provide accurate and easy to understand legal and health information for sex workers with HIV.
- provide updates on legal and social environments affecting sex workers with HIV.
- provide regular news on health and peer support issues.
- develop information in consultation with Scarlet Alliance and HIV positive sex workers.

“I would like to see information ... updates on what is happening with current [legal] cases or whenever a case comes up just as reassurance or information on what is happening as opposed to what you’re just reading in the paper”

“I don’t understand why it hasn’t been done, for such an important piece of legislation” [in relation to no requirement to disclose HIV status, but protect other people’s health]

“I just read up under the normal laws for sex. I don’t know about the other laws..”

“There should be more awareness of what the laws are or more access to the information”

“Is there something illegal in the ACT?”

“Where do people find that out? That’s what I would say to that. How would people know that? They should at least advertise that...”

“It should be a national campaign, cause if I’m travelling to ACT from Sydney for the weekend, and I want to hire a sex worker, and then I’m prosecuted, how the fuck was I supposed to know?!”

“I want to be able to have a group that do the things that will keep me alive till my 90’s”

“We need to start putting the money and funds into getting the people before so they stay healthy and don’t get that sick, we want to keep people around. That’s my idea!”

“If I go to Melbourne for a dance party and I want to do some work while I’m there to pay for my holiday, how am I supposed to know? These sorts of things should be advertised and easily accessible for everyone to know.”

Accessible and risk free information

HIV positive sex workers are a highly stigmatised group in Australian society with over half of the Australian states and territories criminalising their activities. This group is highly aware of how conservative groups see them and will take great care in protecting themselves and staying “in the closet”. Even in relation to traditionally accepting environments such as HIV organisations and services and sex worker organisations and services there is still fear of stigma.

This means any information, booklets or pamphlets targeted solely at HIV positive sex workers are likely not to be accessed as this would mean “coming out of the closet” and being identified. Most are happy to access general sex worker programs and information or happy to access HIV positive programs and information but never to mix the two.

Retaining information, leaflets or booklets, could also place them at risk as other people who they may not be open with may find this information. In areas where their activities are criminalised, this could lead to police investigation or criminal charges.

Information targeting this group needs to be provided in an accessible way so that access does not necessitate being identified. Publishing information within existing HIV publications, sex worker publications and general sexual health publications would provide this information without identifying the person who collects or retains it. This would also help enable each person to retain the choice of how and when they disclose their HIV status and/or sex work involvement.

As an example, current legal information, both laws and application, is clearly lacking in Australia for sex workers living with HIV and is one need that should be met. As sex worker populations travel, it’s important to produce information about each of the state and territory laws so that HIV positive sex workers are fully informed. However, producing a booklet specifically for HIV positive sex workers would identify them if they were to collect and retain the booklet. It would also place them at risk if people or police found it in their possession.

An alternative would be to include a section on commercial sex in an existing “HIV and the Law” type publication and duplicate that information with a section on HIV & sex work in a “sex work and the law” type publication. This would provide for the widest audience possible without the need for individuals to be identified and reach audiences that don’t identify as sex workers or access sex worker projects. Information needs to be produced with sensitivity to HIV positive sex workers needs as outlined above.

Table 1 How to distribute information

HIV & the Law Across Australia	Include Sex Work
Sex Work and the Law Across Australia	Include Working with HIV
Sexual Health – Legal Rights and Obligations Across Australia	Include sex work, and living with HIV and working as a sex worker with HIV

Recommendation: Health departments, HIV and sex worker organisations need to:

- provide targeted information for sex workers with HIV concurrently through existing sexual health, sex worker and HIV publications in consultation with Scarlet Alliance and HIV positive sex workers.
- explore alternative ways of allowing HIV positive sex workers to access information while maintaining their privacy.



An inclusive environment from peer organisations, such as HIV and sex worker organisations

The invisibility of HIV positive sex workers is problematic, with little or no programs or policies in place to support them.²

All participants felt apprehensive in disclosing their dual status to peer organisations, either HIV sector organisations or sex worker organisations. Most felt that the broader community's stigma around HIV positive sex workers also existed in peer organisations or prevented organisations from wanting to openly support HIV positive sex workers.

The criminalised status of HIV positive sex workers in a number of different jurisdictions may also contribute to this, as organisations may not wish to be seen supporting criminal activity. However, this means support from traditional organisations is then unavailable for sex workers with HIV.

Protecting an individual's right to disclose and their right not to disclose, their HIV status and/or sex work status while still providing a supportive environment is a challenge and the current lack of open support is clearly felt.

Participants reported that they were suspicious of some peer organisations, particularly those who rely on funding for health promotion. It was felt that HIV positive sex workers, particularly those who provide sexual services to other HIV positive people with similar attitudes towards condom use as other HIV positive seroconcordant sexual relationships, would not be supported by organisations whose primary role is to promote better health. They felt they would be seen as contradicting this aim of health promotion and they would not be accepted, welcomed or supported.

The dual status of being HIV positive and a sex worker can mean that individuals experience being treated as an "outsider". Their HIV status removes them from traditional sex worker groups whose HIV prevention strategies have been largely successful, and their involvement in sex work is another "secret" they keep when involved in HIV organisations. Support for these people can be shuffled between the two, with sex worker organisations referring them to HIV related organisations, and vice versa.

The dual stigma also prevents programs specifically targeting HIV positive sex workers as this would force disclosure of their dual status to access them. This would not be appropriate for most areas of Australia, HIV positive sex workers need to be accommodated and supported through existing, and more general,

² Part 2, Agency Review, Scarlet Alliance 2008

services where they can remain anonymous and disclose their status on their own terms, if they choose.

This necessitates that existing organisations need to develop strategies to engender a sense of inclusiveness and support for a hidden group of people to ensure an adequate level of support is provided and HIV positive sex workers are no longer “left out”.

“You tell them you’re positive, you live with your partner, you have been positive for so many years... but sex work is a dark side and you don’t tell many people that because you get judged pretty quickly.”

“I just got an earful, I went home feeling like a piece of shit. I was made to feel like the dirtiest sleaziest piece of shit, like I was the most evil person on the earth, that I could be in a lot of trouble or some sort”

“I don’t know that it would be an issue but I don’t really want to have to face it”

“I would like to see the profile of HIV positive sex workers raised. It is something that is not discussed very much at all and I think if there was a bit more open dialogue about it and people did realize there were more people with HIV doing sex work it probably would become a lot more acceptable. The fact that it is not talked about people they instantly think because your poz and doing sex work that you are a breeding ground and you will be infecting people. The more it’s talked about, the more acceptable it is.”

“There is still stigma of people against HIV and then they think that if you’re doing sex work as well you are actually promoting HIV in that sense and promoting unsafe sex practices and things like that so people tend to look down on it.”

“I think people look at the fact that you are promoting it, they don’t see that there is a need out there and you’re actually fulfilling a need. They’re more looking at the fact that you are promoting it. I don’t see that myself because there is a need from other positive people as well who want to see a positive sex worker.”

“They’d go into a bit of a spin of shock because they still get very scared. So they’re sort of thinking hang on, we are trying to promote safe sex practices and such like and then we have somebody who is HIV positive and they’re going out selling it. It’s a bit of a conflict of interest. So I do think they would have a bit of difficulty supporting positive sex workers. I mean they would support it, but I still think they would probably, from their point of view, even their funding point of view, that it would look like they are actually promoting unsafe sex.”

Recommendation: HIV and sex worker organisations need to:

- review internal organisation and staff attitudes towards sex workers with HIV to address stigma.
- develop strategies which promote inclusiveness and support while not requiring HIV positive sex workers to disclose.
- Scarlet Alliance needs to explore the possibility of developing a training/evaluation package.

Decriminalised sex industry laws

Misinformation and the wide variation among state laws has meant that many sex workers with HIV assume laws relevant to commercial sex and HIV are the same for non-commercial sex and HIV.

Participants were aware of the social stigma they face, and the assumed criminality of their activities, even in jurisdictions where sex work for people with HIV is not criminalised.

All participants believed there to be no good reason for criminalising commercial sex for people with HIV. Money does not contribute to increasing the risk of transmission. Safe sex and effective condom use can occur in both private and commercial sex settings. There is an awareness of criminal prosecutions of intentional transmission of HIV and all participants expected that if they were accused of this, the stigma associated with sex work and being HIV positive would result in assumed guilt and that they would not be afforded due justice.

“Usually people with HIV are advised that they can be sexually active without infecting others if they have safe sex. Yet often medical practitioners and counsellors are not comfortable giving this advice when the sex is being paid for.

In many countries laws have been passed which are intended to prevent people with HIV from selling sex and these laws are frequently used against sex workers. However, such laws almost always drive HIV-positive sex workers away from the support systems and services which could help them to live well and safely. Where this is the case, such laws and policies are clearly counterproductive.”³

The focus on criminal transmission has also led to frustration amongst HIV positive sex workers in that they feel they are the ones that are expected to always take responsibility and be at fault if anything goes wrong. The social weight of responsibility, with the dual stigma of being HIV positive and doing sex work, is

³ Making Sex Work Safe, Cheryl Overs and Paulo Longo, Network of Sex Work Projects, 1997

strongly felt with some requesting more work be done by HIV advocates to encourage shared/equalised responsibility.

Generally participants felt that the legal requirements for people with HIV in relation to non-commercial sexual practices should be applied for commercial sexual practices for people with HIV and in the absence of reliable information, there was the assumption that this was the case.

Australian sex workers who live with HIV are very much aware of the double stigma they face and are wary of who they can trust. Even in jurisdictions where sex work is not criminalised for people with HIV, the fear of exposure remains with an expectation that “authorities” would assume criminal status and confirm the details later.

Recommendation: State and Territory Governments need to:

- decriminalise commercial sex for people with HIV in ACT, VIC, WA, QLD.
- develop nationally consistent state-based legislation for HIV positive sex workers.
- ensure legislation around sex work for people with HIV reflects those relating to private sex.

“Just because you’re a positive sex worker doesn’t mean that you are deliberately spreading HIV”

“Since that case in Canberra clearly the fear of exposure is very real”

“It fuckin sucks. I mean, hookers are not all bad, they’re not. Hookers are not the people that break into people’s houses. Hookers are not the people that bash. They don’t, they don’t do this shit.”

“I got a feeling that if you went to court and they knew you were a [sex] worker and had HIV, I don’t think, I don’t know if they can prosecute you, I really don’t know. I don’t know, fuck, I can imagine it could get pretty ugly.”

“If you go around deliberately giving people HIV it is a criminal offence and you do go to jail for it. Which I think is fair enough.”

“I don’t think you can ban a positive person from doing [commercial sex] because that is just discrimination”

Trustworthy and confidential health services

A fundamental right of all Australians is access to trustworthy and confidential health services. Ensuring this right is fully available to all, is important in improving both individual and population health.

Participants reported that the stigma of HIV already impacts on HIV positive sex workers in their interactions with health care providers. Instances of disclosure of both HIV status and sex work generally led to very poor treatment and harassment, and in one reported case included physical violence by a health care worker.

There were also a number of reports by participants, and by service providers in the agency survey, of misinformation being provided to people with HIV about the legality of participating in commercial sex, and inappropriately discouraging people from continuing.

The trend was generally not to trust health services with a growing fear that health services are taking on more of a law enforcement role and are quick to report behaviour they personally don't like. It was assumed by some participants that being involved in sex work would constitute reportable behaviour and this jeopardises access to appropriate health care.

A number of participants did report being confident with their GP and having an open and honest relationship where full disclosure was possible. This generally occurred when there was a relationship of trust that had been built with confidentiality and open-mindedness that was also obvious. The benefits of such access were clearly evident, but this was not the experience of the majority of participants.

Recommendation:

- **Training and education for health professionals who interact with people with HIV and/or sex workers to reduce stigma and be more supportive of behaviour and choices. All people who review case files should also be included.**
- **Improved public health policies to reduce stigma, including measures to encourage compliance by health professionals.**

Protection from adverse reactions based on stigma

Disclosing a person's HIV status to casual sexual partners can unnecessarily place the HIV positive person at risk, especially in more rural areas where the prevalence of HIV is low and the local community is unfamiliar with HIV positive people.

The number of casual sexual partners for HIV positive sex workers increases the risk of exposure and consequently increases the risks associated with living with a stigmatised disease.

The majority of Australian states and territories have recognised that disclosure for casual sex places people with HIV at risk and this is supported by participants, with some reporting fear of physical violence. Those states and territories that have recognised this, also acknowledge that most HIV positive people take adequate steps to prevent the transmission of HIV. There seems to be no good reason for the current disclosure laws to remain.

Reports from participants, especially in areas outside metropolitan Sydney, indicated high levels of stigma with some participants fearful of physical violence. There were reports of people with HIV being “run out of town” and a lack of support from police.

Disclosure is a significant issue for all HIV positive sex workers. All participants expressed the need for current disclosure laws to be removed and recognised that disclosure does not increase safe sex practices. For casual and commercial sex disclosure is not necessary and is significantly detrimental to the HIV positive person.

It is important to note that in New South Wales and Tasmania the law requires disclosure for all penetrative sexual contact. Other jurisdictions do not require disclosure when participating in safe sex.

Recommendation: State and Territory Governments need to:

- remove disclosure requirements from state laws in NSW and TAS.
- introduce Anti -Discrimination laws for sex workers in all jurisdictions.

“Would like to see the law here more clearly defined and basically liberalised to say that non disclosure and unsafe sex is illegal, non disclosure and safe sex is legal.”

“They believe we bring our disease and infect country blokes and so far two guys I have met have been run out of town and I do fear that if they find out about me I might be next.”

“.. then you occasionally get the people who basically freak”

“Fear of exposure, and that is not only the embarrassment of it but also the fear of retribution from clients which could be quite nasty..”

“I think it is unrealistic to expect a sex worker to tell anyone that they are HIV positive, it is just unrealistic. So you are just setting up a law that is bound to be broken.”

“Disclosure, that would be the number one issue and I keep that on a needs to know basis because of the sort of work that we do doesn’t necessarily entail sex.”

“If you are having safe sex then I don’t see why you should have to disclose. Whether you are a worker or anyone”

Reliable and accessible free condoms and lubricant

There were reports of inadequate supplies of free safe sex equipment from participants, particularly in areas outside metropolitan Sydney, including other states and territories.

Free condoms and lube are generally provided for high risk populations such as gay men and sex workers and need to be made readily available. It was generally felt that the use of safe sex equipment for sex workers with HIV had a greater benefit for others and for the community than for themselves and that it was in the best interest of the government to ensure adequate supplies were available.

Access to condoms and lube can be made difficult for HIV positive sex workers through the need to disclose their HIV status and/or sex work involvement in accessing safe sex equipment. This disclosure is considered to be risky and would be preferable if access could be provided anonymously.

In spite of supplies not always being available, or sometimes difficult to access, using safe sex equipment and practices was a high priority for all participants.

Recommendation: Health departments need to:

- ensure an adequate supply of free condoms and lubricant is provided.
- resource organisations for adequate provision of safe sex equipment.
- allow anonymous collection of safe sex equipment through sex worker projects, sexual health clinics and mail order.

Support when dealing with Government agencies

Stigma and discrimination exists in all areas and there were reports from participants of instances of inappropriate treatment, discrimination and harassment from a range of government agencies. This was due to HIV status, sex work involvement, sexuality or a combination of these. The ability for HIV positive sex workers to seek support to address these issues is limited and most felt powerless to take any action.



“I feel like sometimes that if I’m HIV positive and a sex worker I think that the least they could do for us is provide free condoms and lube. They’re not always there ‘cause there’s not enough for everybody to have and they run out.”

Reports of harassment and inappropriate treatment from government agencies included Centrelink, Health Departments, Sexual Health Clinics, Police, Australian Tax Office and Local Councils.

One example of how a government agency can assist in overcoming existing issues was with the Australian Tax Office (ATO). A number of years ago the ATO provided training on strategies for sex workers to interact with the ATO in ways to avoid harassment. In addition to this, a liaison officer was made available in the event of any issues or problems arising when sex workers had dealings with the ATO.

There are existing Gay and Lesbian Liaison Officers (GLLOs) in NSW Police for members of the GLBTI community to access, however many of the issues faced by HIV positive sex workers arose out of HIV stigma and/or sex work stigma. The majority of issues were encountered when interacting with other government agencies, not just Police.

This strategy is an effective one that could assist HIV positive sex workers and enable them to deal with government agencies effectively and without detection, protecting them from the known stigmas. They could also have access to appropriate support if problems or issues arose.

HIV positive sex workers would not openly disclose their dual status in order to access a liaison officer if problems did arise. Making a liaison officer available for people with HIV and for people who do sex work, who are also trained in sensitivity

issues for HIV positive sex workers would be ideal for providing advice and support when people access government organisations.

“Absolutely the less I have to do with the Government the better, except when I need them of course!”

Recommendation: Various Government departments need to:

- provide a trained liaison officer to provide advice and support for sex workers with HIV.
- ensure that disclosure of both HIV and sex work is not a requirement, but is promoted as acceptable, when accessing a liaison officer.
- ensure there is an adequate education program within government agencies to address stigma and discrimination, including privacy issues.

Campaigns for shared responsibility and reduction of stigma

All participants felt the weight of stigma and knew of or had experienced the negative results of stigma. Much of the stigma reported was related to one issue, HIV, sex work or sexuality and all participants reported the disproportionate increase when being HIV positive and doing sex work. The efforts required to continue to address the stigma of HIV in all areas is still very much needed, with a particular focus on addressing the dual stigma of HIV and sex work as well.

Most participants raised the issue of responsibility in relation to transmission. They had a heightened awareness of the need to prevent transmission but they also expressed frustration that the ongoing responsibility was placed on them, the HIV positive side of the equation. It was the cumulative effect of unequal responsibility in addition to the known stigmas and automatic mistrust of sex workers that is causing frustration and resentment.

It is recommended that more work be done to address the overall stigma of living with HIV but to also develop and implement strategies to help address the dual stigma of HIV and sex work, which is clearly disproportionately increased when combined.

A significant number of participants felt that further strategies to equalise responsibility are urgently needed to help reduce the pressure they felt was on them. In the current climate of increasing prosecutions of people with HIV and the subsequent focus on “criminal transmission”, where the HIV positive partner is held accountable, HIV positive sex workers are feeling the added pressure of this in addition to the dual stigma and mistrust already strongly present.

“I am either a sex worker or I am positive in my life, the two don’t mingle. Hey guys, they don’t mingle! They don’t need to. I mean if all of us [sex] workers don’t think that way then why do you guys do? We are a sex worker, it’s like saying “Hi I am a Positive truck driver” or “Hi I’m a positive doctor”. You’re not! You’re a doctor that does their job. You know, the whole thing, what we should be teaching people is you treat everybody as positive. When a doctor picks up a patient, a nurse, I have studied first aid, when you find a patient you treat them as infectious. Bang that’s it. We don’t think of a difference of being different to negative sex workers so you guys shouldn’t.”

“I would like to see the onus put more back on the people who hire a sex worker and make more people responsible for their own health, instead of all the responsibility being put on a sex worker... Then both parties are equal in the stress.”

“If you see a sex worker, protect yourself. Don’t leave it up to the sex worker to protect you.”

“I would like to see everyone take responsibility for their own sexual health. I don’t think the onus should always be on the positive person, to protect society. Everyone is responsible for their own actions and health.”

“It is two people’s decision and I really think it really stinks they can just put it on us all the time that we are the ones that have to be responsible all the time and take the blame for the whole thing. We are the ones that have to have all the stress. We’re the ones that have to disclose. We’re the ones that have to do this and that, and it’s our fault if anything goes wrong. That’s bullshit!”

Recommendation: HIV and sex worker organisations need to:

- increase education campaigns to promote self care in casual and commercial sex.
- ensure strategies to reduce the stigma of HIV are continued and inclusive of sex workers with HIV

Recognition of the value of sex work

Recognising that sex work is work

Scarlet Alliance holds the view that sex work is work, meaning that sex work is a valid form of work for people to choose. As a result, we did not question the participants as to why they chose sex work, why they entered into the sex industry or why they remain and approached the situation from the point of view that sex work is work.

Each person interviewed felt that it was important enough to raise the value of the work they do. Every person expressed strong views that they believed the work they did had value, was valuable. It was important to each person to make sure this was expressed and made known.

Sex workers with HIV need and want the value of the work they do to be recognised and acknowledged. This acknowledgement would go a long way in addressing many of the needs and issues contained in this report and is an essential factor for anyone's chosen work and forms the basis for overcoming the stigma associated with HIV and sex work.

The need for recognition and acknowledgement of the value of the work done by HIV positive sex workers is one of the most consistent views coming out of this project, and probably the most difficult to achieve.

“I used to be an [openly] HIV escort and I used to help and go see other HIV guys who could not find someone to have sex with due to the fact they were HIV and no other man in the community would touch them and I would be the man who would come over and make them feel special and that life was still worth living.”

“I actually feel it is valuable work, it is providing affection and closeness that a lot of people just don't get in their lives at all, so I actually feel I am doing something worthwhile.”

“I don't feel like being HIV gets in my way at all. Quite honestly I own it, it belongs to me, being poz. I don't see it as a general consensus thing, a broad consciousness way of thinking, it belongs to me and I have managed it and I keep it within the realms of me; it doesn't even effect my partner. Yeah, it does empower me.”

Recommendation: The general community and all sectors need to:

- recognise that sex work is work
- recognise that sex workers with HIV are doing work that has value

HIV positive sex workers' comments

Participants were asked "What do you want to say to the HIV and Sex Worker Sectors, Health Departments and State and Federal Governments?" Here is what some participants said:

"The HIV sector I think should get behind lobbying State and Federal Governments for a lot more rights for positive sex workers because at the moment they don't, they try to put positive sex work... they don't want to recognise it. They don't want to talk about it too much. It is a really sticky thing for them as well. They are really scared they are going to lose their funding and things like that."

"I think the other main thing is the attitude in the health system is shocking at the moment as well. I think it is because a lot of the nurses, all different people, they are not actually trained. Maybe they were trained once with something to do with HIV and that was about it. I think there is ongoing training with these people at least every year or two years just to the changes of HIV and things like that."

I think they actually have to change their attitudes and be less discriminatory especially the public health system. So that is something I would like to see changed a lot "

"Maybe have the rules a little bit more known, that sort of thing. Somehow like in the gay papers or something like that 'cause there are sex workers advertising there and that sort of stuff. Umm ... only to make it legal if you're doing it with someone with HIV I suppose."

"Don't discriminate against us, re-educate yourselves and move past the grim reaper, get that consciousness out of your head now because it does not exist in the western world. Rely on us to be conscious of what we are doing and what we are carrying, and a lot of us do have a sense of duty and especially guys like myself who have grown up and I work in the industry and I am

extremely aware of what I am doing when it comes to participating with a person who is paying me money to do so. They are not paying me money to put their lives at risk. They are there for me to provide a service. I do provide it and provide it in a very safe manner. You know this thing has been around 30 yrs for gods sake. Human beings like sex, they want to have sex and if they can't get it they can pay to have it and stop discriminating against those people who provide that. What would they do without us?"

"Decriminalise sex work for a start. All sex work all around Australia.

The age of consent should be the same as the straight age consent at 16 uniformly around Australia not 18 here and 21 there and 16 here.

I don't think you can ban a positive person from doing it because that is just discrimination."

"Yeah stop being so hypocritical, most of those guys come to sex workers, we all know that."

"Well first thanks for all the services etc that are in place for HIV people generally, second with regard to prostitution I wish they all understood we are ordinary good people and not immoral. In fact, I think most of the workers I know have generally higher moral standard than the community in general.

We also need them to understand how laws etc impact on us as individuals."

Comments in relation to Scarlet Alliance

The final question of the interviews was "What would you like to see from Scarlet Alliance to support HIV positive sex workers?" This is what some participants said:

"I think what you are actually doing with this survey is actually very good it's an excellent idea. Maybe be a bit more visible so people know that you do exist and are out there and the work you do."

“I think a lot of people they do have problems anyway approaching any HIV organisation, lots of people don’t like to be seen walking into [an AIDS Council] because it is plastered all over the door so people don’t even want to walk into that building. I think when you put sex work on top of it as well a lot of people are very scared about anonymity and find it hard to approach you in the first place. I must admit I was slightly nervous too.”

“Yeah probably make a help to push for like national laws rather than being different everywhere, that’s all really”

“Um what you’re doing now [the HIV positive sex workers project]. I think it is very progressive. It’s very positive and I am really quite inspired by it.

I don’t know about the impact and effect it will have but as I say there is not that many sex workers here and I am probably the only one who is poz. But now I imagine Sydney and Melbourne will benefit enormously from having someone out there looking out for them you know a body to speak for them and so things like that guy in Canberra can, you know, not happen again!”

“Basically the advocacy that I just mentioned, just to advocate that the sex workers should be protected in that it is a decriminalised and we can’t go to jail to provide a safe service.

We all know what is best sometimes, to let things out, even if it is an anonymous name someone from somewhere else.”

“I would like to see information I guess. Yeah and I guess updates on what is happening with current [legal] cases or whenever a case comes up. Just some reassurance or information on what is happening as opposed to what you’re just reading in the paper.”

“Think the stuff that is being done [the HIV positive sex worker project]. It’s going in the right direction. Thanks.”

Attachment 1 - Privacy and Legal Preamble

Introduction to Interviews *Please read out and discuss with the person, and seek consent, before starting the interview*

Preamble

I am working for Scarlet Alliance which is the Australian Sex Workers Association which lobbies and campaigns on behalf of sex workers on a national level. We have a policy of sex worker involvement as workers and members and I'm an example of this. We have been funded to find out the needs of HIV + sex workers, so I'm employed to find out what people want. This is just research at this stage so there is no guarantee we will get better services but it is a starting point for lobbying and informing our activities. So I have some questions I'd like to ask you.

Privacy, Confidentiality and Participant Rights - Verbal Informed Consent

I would like to record this interview because I often can't read my writing or remember everything you say and there might be things I just totally miss! The recordings are only for my use, and once transcribed, they will be destroyed unless you want them kept. I'll assign a code to each person so you remain anonymous to everyone else and there is no identifying records kept attached to the interviews or transcript. All details, transcripts, contact sheets & recordings will be destroyed by the end of the project. We will not retain any information that could possibly identify you.

If we would like to use specific quotes that you have made during the interview, I will contact you to check if that's ok with you to see if you're comfortable with us using your words, and that the phrases we want to use cannot identify you. I keep your contact details separate, with the interview code, and they get destroyed when the project is complete and kept separately throughout the project. Other than this, no individual will be identified or any examples given which could identify individuals. The final report will be based on the group responses and conversations.

So, the only information that will exist in any format will be the final report. All other information about this project and people who participated will be destroyed as we do the project, and at the end of the project.

We also ask that confidentiality is also maintained both ways, as I am also a HIV+ sex worker and things that we discuss needs to be kept confidential as I don't want my life disclosed broadly around either.

You can stop the interview at any time or skip any questions you'd rather not answer. You also have the right to withdraw from the project at any time and ask

that any information you have given us be withdrawn at any time too. Contact details are on the website. The final report will also be available on the website from July this year.

Please be careful about discussing activities that may be illegal. If, for some reason, the police believe that they have a case they can subpoena the researcher to give evidence against someone. If serious criminal activity is discussed, there may be a requirement for the researcher, or Scarlet Alliance, to make a report to the police. As an example, this would include intended crimes or child abuse situations.

If you have any complaints about this project, or how its being conducted, you can contact the CEO or a member of the executive. The details are available on the website.

Have you any further questions?

Is this ok with you?

Are you happy to give us permission for me to do this & record the interview?

That's great! Thank you! Lets start (start tape recorder....)

Attachment 2 - Interview Questions

How long have you known you are positive?

Would you like to start by telling me what you think are the main issues that come from your experiences with HIV & sex work?

What are some of the areas that help enable or empower your life? As a positive sex worker?

(If not raised) What has other people's reaction & attitudes been like when they've found out, or known, about either HIV or sex work, or both?

Use the following as prompts if not raised

Who do you disclose to? (What are their reactions)

Clients

Other sex workers

Private sexual partners

Others with HIV

Primary Health Care

Ordinary health workers

Sexual health workers

Doctors

Others ?

What contact have you had with peer organisations, like PLWH/As, AIDS Councils, Sex Worker Groups etc..? How have you found them?

(If not raised)

Are there some of the good things you can think of about having HIV and doing sex work?

What are some of the negative things you can think of about having HIV and doing sex work?

Discrimination

Is there specific examples of discrimination against anyone who is HIV+ and a sex worker that you are aware of?

If yes, What forms has that taken?

Has this happened to you? Examples?

Impact of the law and HIV, & sex work

What does the law say about doing sex work when you have HIV?

What do you think about that?

Do the laws help or create problems for your sex work practices?

How does this affect the way you work? or where you work?

If you wanted information, where would you go to find that info?

Impact of media, about HIV criminalisation, about sex workers. Any fears, concerns?

How do you feel about media reports over the last few years, about sex workers in general, and about HIV in general??

Have these type of stories affected your views or what you have done?

How about those people who have been charged for passing on HIV?

Does that concern you?

In relation to sex work?

(Note that no sex workers have been charged)

If you wanted information about these cases, where would you go to find that info?

Improvements wanted, and changes wanted?

What would you like to see changed, or improved, that you feel would make life a little easier for you?

Are there any legal changes that would reduce the level of discrimination that HIV+ sex workers experience?

Any other suggestions?

Additional

NSW - Follow up disclosure issues in NSW, what do they think after learning about NSW being the only state that requires disclosure?

This report is being sent to the HIV sector, health Departments, State and Federal Governments etc, with that in mind, what you like to say to them?

What support would you like to see from Scarlet Alliance?

Part Two: Agency Review

Introduction

Scarlet Alliance began the HIV+ Sex Workers Needs Assessment project in July 2007 and wrote to HIV related organisations, sex worker organisations and sexual health clinics Australia wide seeking support for the project in distributing information to potential participants.

Scarlet Alliance also asked each agency to complete a short survey about any services they provide specifically for sex workers who live with HIV or any policies/procedures relating to sex workers living with HIV.

Methodology

The covering letter⁴ and survey⁵ was sent by mail to all agencies, and was followed up by email to members of AFAO and on request.

131 agencies were sent the covering letter and agency survey. All Australian states and territories were included.

The following is the breakdown of agencies who received the letter and agency survey.

- Eighty-Five (85) Public Sexual Health Clinics
- Forty-Six (46) Other HIV related organisations including:
 - Thirteen (13) AIDS Councils, (including branches)
 - Eleven (11) People living with HIV/AIDS (PLWHA) member based organisations, and
 - Nine (9) Sex Worker Projects, organisations, *groups and*
 - Thirteen (13) other HIV sector related organisations, clinics and peak bodies.

All covering letters and surveys were sent in December 2007 and January 2008. Responses were collected until 2nd May 2008.

The survey text is as follows:

1. Does your organisation have any policies relating to HIV positive sex workers? If so, please provide a copy.
2. Has your organisation conducted any training or workshops with, or about, HIV+ sex workers? If so, please provide a copy of the materials or a summary.

⁴ See Attachment A

⁵ See Attachment B

3. Does your organisation have clients who are HIV+? Total Number _____
4. Does your organisation have clients who are both a sex worker and HIV+? Total Number _____
5. Does your organisation informally accommodate and provide a safe space to HIV+ sex workers, and if so, how is this done. *Please Describe*
6. Please provide any other relevant information in relation to people who are HIV+ & sex workers.

Table of responses

Below are the amalgamated responses from twelve sexual health clinics and fourteen other HIV/sex worker related agencies from the 131 letters sent. Comments are included below the table. Only relevant comments were included with other comments/responses coded as “no”.

Survey Questions	Sexual Health Clinics		HIV / Sex Worker Agencies		Total	
	YES	NO	YES	NO	YES	NO
1 – Agencies with policies relating to HIV+ Sex Workers	1	11	0	14	1	25
2 – Agencies with programs for HIV+ Sex Workers	0	12	0	14	0	26
3 – Number of clients/members who are HIV+⁶	8 agencies indicated a large number; 5 agencies indicated a medium number; 8 agencies indicated a small number ; 5 agencies indicated non/unknown number; of clients/members with HIV					

⁶ Large = 200+, Medium = 100-200, Small = <100

4 – Number of clients/members who are known to do sex work and are HIV positive	23 agencies indicated no awareness of sex workers with HIV 3 agencies indicated only a small number Comments recognised the invisibility of sex workers with HIV.					
5 – Informal policies and/or inclusion strategies for HIV positive sex workers	See ⁷	10	See ⁸	14	-	24 ⁹
6 – Other information	See ¹⁰	10	See ¹¹	12	-	22 ¹²

⁷ Public Sexual Health Clinics Comments

1. Is supportive of all PLWHA, however is obliged to advise (*incorrectly for their jurisdiction*) the HIV+ sex worker that it is illegal to practice sex work.
2. Advises (*correctly for their jurisdiction*) that they unable to (*legally*) continue doing sex work

⁸ Other HIV/Sex Worker Agencies Comments

No “Other Agency” comments

⁹ No - Means that information, policies and practices are managed and/or accommodated through current PLWHA polices and/or sex worker policies etc with nothing specific for sex workers with HIV.

¹⁰ Public Sexual Health Clinics Comments

Legislation compounds issues relating to sex work and it can lead to sex workers not declaring they work.

1. This of course can make it more difficult to monitor their health
2. Believe that several HIV+ people are doing sex work and not disclosing as per the law (*incorrectly interpreted for their jurisdiction*)

¹¹ Other HIV/Sex Worker Agencies Comments

1. Planning to commence outreach services
2. Public health records are accessed by many different people, who can often have an hysterical reaction to HIV+ sex workers and/or to disclosure issues and threaten to (unnecessarily) report. Consequently, many GPs do not report or record sex work status. Males (HIV+ sex workers) are usually treated differently to females (HIV+ sex workers)

¹² No - means no other relevant information provided

Conclusion

The responses to the agency survey was low (26 returned from 131) however the information provided still provides an insight into organisations' interactions with sex workers who have HIV.

Agencies generally do not provide services or specifically target sex workers with HIV. Sensitivity towards people with HIV, sex workers and sex workers with HIV is generally high, however they are accommodated through existing services for people with HIV or services for sex workers.

A small number of agencies are not correctly aware of the legislation and public health polices and incorrectly advise people with HIV in relation to engaging in sex work in their jurisdiction. This misinformation is concerning and due to the small number of responses it is difficult to determine how widespread this problem is.

There are also some reports of over-reactions to people with HIV who engage in sex work. This was found to be predominately in public sexual health services and it is unclear how widespread this issue is or the areas where it is most problematic.

Education about relevant legislation and public health policy in relation to sex workers with HIV is needed to ensure an accurate reflection of the law and strict adherence to public health policy when advising or engaging with people with HIV who may do sex work. It may also need for policies to be updated and made clearer.

The small number of identified sex workers with HIV is not reflective of the actual number of sex workers with HIV. It can be safely assumed that disclosure to agencies by sex workers with HIV is low and that agency's record keeping does not extend to monitoring the number of known sex workers with HIV. This lack of information may be deliberate on the part of the agency or a result of non-disclosure by their clients/members.

Some of the potential benefits of programs designed to support people with HIV who engage in sex work would be to inoculate service providers against the stigma associated with sex work & HIV. Further information is needed before the development of any programs to ensure delivery is appropriate and meets the needs of HIV positive sex workers and addresses stigma amongst agency staff.

Recommendations

- A more comprehensive review of relevant agencies is needed to assess the full extent of issues relating to agency's services to people with HIV who engage in sex work
- A review of public health policy and its implementation should be conducted with a view to improving both
- Education should be provided for agencies about HIV positive sex workers and relevant legislation and policy relating to their interactions
- Appropriate programs and strategies for support for HIV positive sex workers should be investigated further

Attachment A - Agency Covering Letter



**Australian
Sex Workers
Association**

Phone – 02 9326 9455
Fax – 02 9326 9870
Post – P. O. Box 261,
DARLINGHURST
NSW 1300

Street - Level 3,
154 Albion Street, Surry Hills

Email – info@scarletalliance.org.au
Web – www.scarletalliance.org.au

To whom it may concern,

Scarlet Alliance is the Australian Sex Workers Association, advocating for sex workers. We have identified a lack of accurate knowledge of the experiences and needs of sex workers with HIV and are currently conducting a needs analysis project on HIV Positive Sex Workers.

As this section of the sex worker community often remains hidden, from sex worker projects, PLWHA organizations and health services, we need your support in both promoting the project to potential HIV+ sex workers and assisting us with our project.

We are requesting information from a range of health & advocacy organisations across Australia with the intent to identify accurately current policies and services targeting HIV+ sex workers and the extent of known HIV+ sex workers.

I have included an organization survey for you to complete. The responses will be aggregated with others to give a statistical understanding of policies and services across Australia. It would be of great benefit if you could take the time to complete the survey and return it during the next few weeks.

Also included, is a sample leaflet which we ask that you promote to the networks and clients of your service. We expect that many sex workers with HIV are likely to not identify as such, which is why we are asking for your support to ensure a wide distribution.

The final report is due to be released in July 2008 & we would be happy to provide you with a copy on request. If you have questions about this project or would like more information, please contact Kane on the details below.

Yours Sincerely,

Kane Matthews
Ph: #####
Email: #####

Attachment B - Agency Survey

HIV positive sex workers need analysis

The most recent research conducted about HIV positive sex workers was in 1992 and since then, the majority of research about HIV positive Australians do not identify sex workers, even if they participated in the research.

This small project aims to interview current and recent HIV+ sex workers and identify the issues they face and what needs are a priority. We also hope to include information about any known services &/or policies affecting HIV+ sex workers.

Please return completed surveys to
Scarlet Alliance
Attn: Kane Matthews
PO Box 261
Darlinghurst NSW 1300

Thank you for your valuable contribution.

Please answer the following questions

- *NOTE, please answer the following questions for your own organisation. If your organisation also auspices or houses a Sex Worker project, please forward a copy of this to them and exclude any of their data from your own answers.*
- *Even if your answer for all questions is “nil” or “none”, please indicate as relevant and return the questionnaire.*

Does your organisation have any policies relating to HIV positive sex workers?
If so, please provide a copy.

Has your organisation conducted any training or workshops with, or about, HIV+ sex workers?

If so, please provide a copy of the materials or a summary.

Does your organisation have clients who are HIV+? Total Number _____

Does your organisation have clients who are both a sex worker and HIV+? Total Number _____

Does your organisation informally accommodate and provide a safe space to HIV+ sex workers, and if so, how is this done. *Please Describe*

Please provide any other relevant information in relation to people who are HIV+ & sex workers.

Thank you for your time.
Scarlet Alliance

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The participants who courageously contributed



The National Association of People With AIDS

Eva Cox, researcher/advisor

The HIV+ sex worker steering committee

The HIV/AIDS Legal Centre, Inc. (NSW)

Dav Macqueen

The following organisations also supported this project in a variety of ways:

AIDS Action Council ACT

AIDS Council of South Australia (ACSA)

Albion Street Clinic

Australian Federation of AIDS Organisations (AFAO)

Hepatitis C Council of NSW

Holdsworth House

National Centre for HIV Social Research (NCHSR)

Northern Territory AIDS Council

NSW Users and AIDS Association (NUAA)

Positive Women

PozHet

Sex Industry Network, South Australia (SIN)

Sex Workers Outreach Project, ACT (SWOP ACT)

Sex Workers Outreach Project, NT (SWOP NT)

Tasmanian Council on AIDS, Hepatitis and Related Diseases (TasCAHRD)

Taylor Square Private Clinic

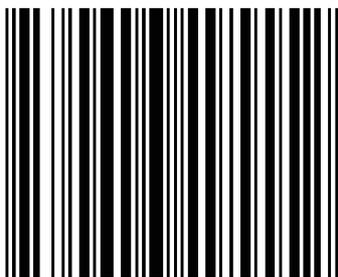
Victorian AIDS Council (VAC)

Victorian Sex Industry Network (Vixen)



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Association**

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Scarlet Alliance
Australian Sex Workers Association
PO Box 261
Darlinghurst NSW 1300 Australia
info@scarletalliance.org.au
www.scarletalliance.org.au
(02) 9326 9455