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## **2022-2023 Federal Pre-Budget Submission**

Scarlet Alliance welcomes this opportunity to submit to the Minister for Housing and Assistant Treasurer our pre-budget submission for the 2022-2023 Federal budget for your consideration.

### ***Contact***

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### ***Introduction***

Scarlet Alliance, Australian Sex Workers Association is the national peak body representing a membership of individual sex workers, and sex worker organisations, networks, groups, projects and collectives 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, build their own alliances and choose where and how they work.

Sex workers face unique challenges, including structural, legal and policy barriers, widespread stigma and discrimination and a lack of consistent anti-discrimination protections. These factors prevent equitable access to services and support and impact on the health and well being of sex workers. Despite this sex workers have continued to maintain virtual elimination of HIV and low rates of BBV and STI that are lower or equal to the the general population and lowest in the world compared to sex workers in other countries. This has been achieved in large part by the continued prevention efforts of sex worker peer organisations and the leadership of sex workers in the response to STI and BBVs. Continued investment is required to ensure that these gains are not lost

The partnership between governments, community based organisations, researchers, health professionals and community have been critical to Australia's response to HIV, Hepatitis and in STIs. Maintaining BBV and STI funding is necessary to utilise the strengths of community-led organisations to remain responsive to trends in BBV and STI transmissions; protect and increase the significant gains made on reducing BBV and STI transmission and improving access to care and quality of life for people living with HIV and/or hepatitis; address stigma and discrimination and the regulatory and legal barriers to evidence based prevention, access to testing, treatment, and care; and ensure that those most impacted by BBV and STI, including Aboriginal and Torres Strait Islander and culturally and

linguistically diverse people, are provided with the relevant care and support to ensure that they are not left behind.

As the peak organisation representing a key population named in the National BBV and STI Strategies, Scarlet Alliance is an integral part of the Australian BBV and STI response. Sex workers are essential community partners in implementing the work of the strategies, and the work of Scarlet Alliance and our member organisations ensures that we are actively engaged in employing sex worker peer education, health promotion and community development work that is vital to meeting the goals and targets of the National BBV and STI Strategies. This work remains challenging in a regulatory environment that continues to criminalise sex worker health and safety in a number of jurisdictions, and due to the ongoing negative impacts of COVID-19 and remains far from complete.

Scarlet Alliance's budget recommendations outline the key issues impacting sex workers as a key population in the National BBV and STI Strategies, and make recommendations for actions and investment necessary to address the health disparities for sex workers and to protect the world leading gains in BBV and STI among sex workers.

## ***Recommendations***

### **1. Investment in peer education and community- led responses, including targeted responses by and for Aboriginal and Torres Strait Islander sex workers and migrant and culturally and linguistically diverse sex workers.**

Sex worker peer education has been central to the successful responses BBV and STI. Yet the national formal peer educator workforce is under-resourced to meet the peer education and outreach needs of the diverse cohort of sex workers in Australia, making evident the need for stronger resourcing and support for the formal peer educator workforce and greater engagement of a volunteer workforce.

Demand for the services of sex worker peer organisations, which is always higher than available resources, spiked during the COVID-19 pandemic when sex workers turned to our organisations for support accessing a wide range of financial, health, housing, social support, information, resources and mental health support services. This places high demand on sex worker peer organisation staff, leading to a high level of burnout. A larger workforce of paid and volunteer peer educators trained to a national standard of peer education is desperately needed.

These issues are exacerbated for sub populations of sex workers who require targeted responses. For Aboriginal and Torres Strait Islander sex workers there is a lack of access to culturally-safe and relevant sexual health services, information and peer support. ATSI people face the disproportionate burden of BBV and STI, with higher rates of HIV, Hepatitis B&C and STI than the non-indigenous population. There are very few paid Aboriginal and Torres Strait Islander peer educators within sex worker organisations throughout Australia to provide vital education, training, advocacy and support . There is an urgent need to resource ATSI sex worker peer education, outreach and a national resource hub, coordination and support mechanism to ensure representation, leadership and support by and for ATSI sex workers.

For migrant and CALD sex workers there are limited resources for culturally appropriate bi-lingual peer education and outreach services within sex worker organisations throughout Australia. A lack of

bi-lingual peer educators and limited hours of operation means services are not able to have the reach and scope required. And despite the large migrant sex worker workforce in Australia, particularly those from Thai, Korean and Chinese language speaking backgrounds, there remains insufficient resourcing for dedicated and translated resources. Consultation with migrant sex workers through the Scarlet Alliance Migrant Sex Worker Advisory Group recommends the need for a funded national program by and for migrant sex workers to develop clear guidelines, policies and training on culturally appropriate bilingual peer education, increase the development and output of translated resources and to deliver awareness training and education to the health sector on migrant sex worker issues.

#### **Activities to address the issue:**

- Enhance investment in peer education to ensure adequate peer education, information, advocacy and support by and for sex workers to sustain low rates of BBV and STI among sex workers.
- Invest in the expansion of the bi-lingual peer education available for Asian migrant sex workers and the availability of peer checked, translated resources.
- Resource the creation of national program by and for migrant sex workers to develop clear guidelines, policies and training on culturally appropriate bilingual peer education and health services.
- Invest in the creation and maintenance of a national community of peer education practice, meeting monthly to provide ongoing support for peer educators to maintain a national standard of peer education.
- Resource further development of the Scarlet Alliance National Peer Educator Training Program to create tiered streams of the training, and translations of new content improving its access to sex workers conducting peer education outside of formalised roles in peer organisations.
- Restore funding for the Diploma of Community Development program delivered by Scarlet Alliance in partnership with a registered training organisation (RTO) that customised the nationally recognised community and health industry training package to meet the education needs of peer educators. This enables peer educators to receive formal qualifications that recognises their work through a recognition of prior learning (RPL) process and sets a benchmark for nationally consistent, best practice peer education.
- Invest in scale up of ATSI sex worker peer education, outreach and the development of a national resource hub, coordination and support mechanism to ensure representation, leadership and support by and for ATSI sex workers.
- Resource coordination and delivery of sex worker led practitioner training to provide culturally-safe sexual health services for Aboriginal and Torres Strait Islander sex workers.

## **2. Interventions to reduce stigma and discrimination**

In 2020, Scarlet Alliance conducted a research in partnership with [CSRH](#) that surveyed 647 sex workers in relation to stigma and discrimination. In this research it was found that 96% of participants reported experiencing any stigma or discrimination related to their sex work within the last 12 months, including 34% who indicated that this 'often' or 'always' occurred. 91% of participants reported any negative treatment by health workers, including 24% who indicated this 'often' or 'always' happened.

In 2015, research by [CSRH](#) on the expression of stigma found that 31% of health workers self-reported they would behave negatively toward sex workers because of their sex work. Among the general public, 64% self-reported they would behave negatively toward sex workers because of their sex work.

This widespread and common experience and expression of stigma and discrimination, profoundly impacts on sex workers health and wellbeing and ability to access appropriate health services. Sex workers continue to report high prevalence of stigma in health care settings and a reduction in sexual health services in general, further impacted by the repurposing of health resources into the COVID-19 response. There is a shortage of non-stigmatising health care service providers where sex workers are able to access sexual health testing, treatment and care, and these are concentrated in urban areas.

The lack of availability of appropriate health services for sex workers reduces access to all aspects of sexual health and can create avoidance of health services where sex workers have stigmatising, discriminatory or otherwise harmful experiences in healthcare settings. In our 2021 national survey, sex workers reported being unable to get the tests they needed, being tested for things they had no risk for, having to disclose more than the necessary amount of information required to determine eligibility, experiencing significant wait times for testing or being unable to access testing at all, and being unable to get all of the results of their tests.

#### **Activities to address the issues:**

- Resource peer-led actions to address stigma and ongoing peer-led and partnership research to monitor the impacts of stigma and discrimination on sex workers in healthcare settings, and our uptake of BBV and STI treatment, testing and prevention.
- Invest in the development and maintenance of a community-sourced 'service finder' that allows sex workers to submit non-stigmatising service providers for review and inclusion and upvote service providers and that allows search by location, type of service, other factors that are important to sex workers when looking for health services.
- Subsidise delivery of peer sex worker sensitivity training and ongoing education to health care services.
- Invest in peer testing service pilot programs designed in collaboration with sex worker peer organisations.

### **3. Enabling legal and policy frameworks**

Sex work remains fully or partially criminalised in the majority of Australian jurisdictions and there is an absence of accessible anti-discrimination and anti-vilification protections for sex workers throughout Australia. These barriers, addressed in the Eighth National HIV Strategy, Fifth National Hepatitis Strategy and the Fourth National STI Strategy, impedes access to BBV and STI testing, treatment and prevention and negatively impacts sex worker health, safety and livelihoods.

Criminalisation and licensing frameworks for regulating sex work include a number of barriers to health, including mandatory testing, the criminalisation of BBV and STI in sex workers, the use of condoms as evidence of unlawful sex work, the criminalisation of street based sex work, and targeted

enforcement against marginalised sex workers. This reduces sex workers' ability to negotiate safer sex practices, carry PPE, present for testing and / or treatment, or challenge harmful workplace practices around workplace health and safety.

Sex worker led campaigns for addressing punitive, regressive and counter productive laws and policies have resulted in positive law reform or moves toward reform in a number of jurisdictions. Evidence demonstrates that addressing these laws and policies have a positive impact on sex workers health and safety and access to the means of prevention, services and support. However this work remains largely unfunded and must be resourced and expanded.

**Activities to address the issues:**

- Invest in peer-led actions to address reforms to laws, policies, stigma and discrimination which impact on health-seeking behaviour among sex workers and their access to prevention, testing and services.
- Resource peer-led education and awareness raising campaigns and policy capacity within sex worker organisations to work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response to BBV, STI and work health and safety.