APPENDIX 2
LITERATURE REVIEW

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Section 16 of 17 (pp174-178)

from the joint submission responding to the QLRC
'A framework for a decriminalised sex work industry
in Queensland' Consultation Paper WP 80'

Appendix 2 Peer Education Literature Review

Findings:
Peer education within a community development model is an evidence-based approach creating reliable sexual health outcomes for sex workers, clients and the wider community in Australia and other countries. The implementation of sex worker peer education programs within a community development model has a causal relationship to the maintenance of low rates of STIs and BBVs amongst sex workers in Australia and other countries. The decriminalisation of sex work in NSW increased the reach of health promotion messages.

Harcourt and Donovan
The earliest body of research relevant to above findings is that of Christine Harcourt, Basil Donovan and their colleagues in New South Wales who studied sex worker HIV and STI prevention behaviour and corresponding epidemiology, and the relationship to peer education programs and decriminalisation.

The initial focus was on community development approaches of sex worker organisations and subsequent impact on law reform and public health.[175] Among other factors, they studied the relationship between the 'formation and funding of community organisations, peer education and support' and the 'remarkable improvements in the urban female sex industry' between 1979 and 1995. They drew this conclusion by examining data on condom use and sexually transmissible infection (STI) rates alongside a timeline of peer education activity by sex worker organisations.

In 1999, Harcourt described the community development approach as a 'mature and effective response of sex worker organisations… to the threat of HIV/AIDS'[176] (p. 36). In 2000 Harcourt published an international survey of the services available to sex workers in sexual health clinics around the world and epidemiology data analysis from the sex worker clinic at Kings Cross' Kirketon Road Centre.[177] The success and extremely low rates of HIV among sex workers in New South Wales was explained in relationship to the sophisticated community development health promotion peer education work of SWOPNSW (funded by NSW Health).

The following year a major study in Sydney asked about the impact of decriminalisation on the health of Asian-language background migrant women sex workers. The research team had access to Sydney Sexual Health Centre migrant sex worker data from 1993 and 2003, looking at pre and post-decrim work conditions, demographics and sexual health epidemiology. Their conclusions were:

[175] Donovan, B. & Harcourt, C. (1996). 'The female sex industry in Australia: A health promotion model', *Venereology*; 9 (1): 63-67.
[176] Harcourt, C. (1999). 'Whose morality? Brothel planning policy in South Sydney', *Social Alternatives,* vol. 18, no. 3, pp. 32–36.
[177] Harcourt, C. (2000). 'The sex industry and public health policy in New South Wales, 1979 to 1996: A case study in health promotion', PhD thesis, University of New South Wales, Sydney.

> Positive changes have occurred in the conditions of Asian female sex workers surveyed over 10 years in Sydney. Maintaining current levels of health service delivery will ensure continued improvements in health and workplace conditions and address inequalities between language groups.[178]

This was followed by a 2010 research project by a group of credible and respected public health academics (including Christine Harcourt), which concluded that 'decriminalisation of prostitution is associated with better coverage of health promotion programs for sex workers'[179] The work found strong relationships between low HIV and STI rates among sex workers and sex worker peer education health promotion work within the context of decriminalisation. When funded sex worker organisations in this literature prioritised sex worker specific needs, Donovan and Harcourt describe the implementation of this approach as 'peer education in a work-site and culture-specific way.' Concurrent examination of public health policy demonstrated that public servants in NSW still faced challenges when trying to understand the value sex worker organisations placed upon this community development approach. It remained difficult for bureaucrats to argue for sex worker organisation funding through government channels, even armed with dozens of peer-reviewed articles of local evidence.

Donovan and Harcourt note that:

> Community organisations should and do set their own agendas: it sometimes takes vision on the part of health authorities to see the value of this process, and talent to sell it to their political supervisors.

Cornish and Campbell

A 15-year examination of community development health promotion work by sex worker organisations in India and South Africa found that sex worker leadership and peer education to be the main factors in the production of strong, measurable health outcomes for sex workers. A community-controlled peer education progam (Sonagachi, run by sex worker organisation Durbar in Kolkata, India), produced 'sustainable' results for sex worker health compared to a project not run by sex workers and without a community development approach (Summertown, South Africa), which had been 'disappointing'.[180] To benchmark these conclusions the same research team utilised the Sonagachi data as a comparison to a second South African project, this time for volunteer HIV carers in Entabeni. Once again they found the Entabeni project work (not controlled by the community and without a community development approach) was unsuccessful in their efforts to create improved health outcomes compared with Sonagachi. The 'enabling environments for transformative communication' by Sonagachi were a key factor in the viability of health outcomes, and sex worker leadership

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[178] Pell, C., Dabbhadatta, J., Harcourt, C., Tribe, K. & O'Connor, C. (2006). 'Demographic, migration status, and work-related changes in Asian female sex workers surveyed in Sydney, 1993 and 2003', *Australian and New Zealand Journal of Public Health*, 30: 157-162. https://doi.org/10.1111/j.1467-842X.2006.tb00110.x

[179] Harcourt, C., O'Connor, J., Egger, S., Fairley, C. K., Wand, H., Chen, Marcus, Y., Marshall, Lewis, Kaldor, John, M. & Donovan, B. 2010. "The decriminalisation of prostitution is associated with better coverage of health promotion programs for sex workers", *Australian and New Zealand Journal of Public Health,* vol. 34, no. 5, pp. 482–486. doi:10.1111/j.1753-6405.2010.00594.x.

[180] Cornish, F. & Campbell, C. (2009). 'The social conditions for successful peer education: A comparison of two HIV prevention programs run by sex workers in India and South Africa', *American Journal of Community Psychology,* no. 44, pp. 123–135. doi:10.1007/s10464-009-9254-8.

within the Sonagachi project deployed sex worker knowledge in ways that other projects, without proper consultation or leadership from the community, were unable to achieve.[181] Fearing that there may be cultural differences between Indian and South African HIV and STI health promotion campaigns that they could not account for, the research team then gathered data during six months of fieldwork on outreach with two sex worker health projects in India, one in west India, the other in east India, concluding once again that sex worker organisations run 'intelligent responses' that' resonated with participants' identities and goals'."[182]

The Lancet

The most rigorous academic work significant to this discourse is the widely accepted findings from a systemic review of research on sex worker health organising and HIV rates, published by *The Lancet* in 2015.[183] The paper compares HIV and STI-related statistics emerging from projects that had implemented a community-led approach with those that had not, analysing data from 22 published articles on eight research projects conducted in India, Brazil and the Dominican Republic between 2003 and 2013, using indicators formed by case studies of sex worker organisations in Kenya, Burma, India and Brazil. Further detail was provided by examining over 80 practice-based documents, seeking to answer the question 'Is community empowerment effective?'.

The authors found:

> A community empowerment-based response to HIV is a process by which sex workers take collective ownership of programmes to achieve the most effective HIV outcomes and address social and structural barriers to their overall health and human rights.

and:

> Community empowerment approaches in sex workers have had important successes tackling social and structural constraints to protective sexual behaviours and, as a result, reducing behavioural susceptibility to HIV in the context of sex work.

From *The Lancet* paper:

> Despite the promise of community empowerment approaches to address HIV in sex workers, formidable structural barriers to implementation and scale-up exist at various levels. These barriers include regressive international discourses and funding constraints; national laws criminalising sex work; intersecting stigmas; and

[181] Campbell, C. & Cornish, F. (2011). 'How can community health programmes build enabling environments for transformative communication? Experiences from India and South Africa', *AIDS and Behavior,* vol. 16, no. 4, pp. 847–857. doi:10.1007/s10461-011-9966-2.

[182] Cornish F., Campbell C, Shukla, A. & Banerji, R. (2012). 'From brothel to boardroom: Prospects for community leadership of HIV interventions in the context of global funding practices', *Health Place.* May;18(3):468-74. Doi: 10.1016/j.healthplace.2011.08.018. PMID: 22469531.

[183] Kerrigan, D., Kennedy, C. E., Morgan-Thomas, .R., Reza-Paul, S., Mwangi, P. , Win, Kay Thi, McFall, Allison, Fonner, Virginia, A. & Butler, J. (2015). 'A community empowerment approach to the HIV response among sex workers: Effectiveness, challenges, and considerations for implementation and scale-up', *Lancet,* vol. 385, no. 9963, pp. 172–85. doi:10.1016/S0140-6736(14)60973-9.

> discrimination and violence such as that linked to occupation, gender, socioeconomic status, and HIV.
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> Together, this literature suggests community empowerment process should be envisioned, shaped, and led by sex workers themselves if it is to be effective and sustainable in reducing sex workers' risk for HIV and promoting and protecting their health and human rights.
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> Despite these barriers, sex-worker organisations have developed innovative and effective strategies to address the multi-level challenges they face in the implementation of community empowerment initiatives to promote their health and human rights. These efforts need increased financial and political support if they are to advance... Our findings emphasise the deep-rooted paradigmatic challenges associated with expansion of community empowerment-based responses to HIV in sex workers. Increased support is needed from donors, governments, partner organisations, and other allies to enable sex-worker groups to effectively and sustainably overcome barriers to implementation and scale-up of a community empowerment approach.

The Lancet *HIV and Sex Workers* series of July 2014, which was published to co-incide with the 20th International AIDS Conference (AIDS 2014) in Melbourne, was a call to action acknowledging:

> …legal environments, policies, police practices, absence of funding for research and HIV programmes, human rights violations, and stigma and discrimination continue to challenge sex workers' abilities to protect themselves, their families, and their sexual partners from HIV.[184]

This call to action has been heard in Victoria with the repeal of all criminal laws covering the sexual health of sex workers and the historic funding of a sex worker community-based peer education program in that state for the first time in two decades.

[184] Beyrer, C., Crago, A-L., Bekker, L-G., Butler, J., Shannon, K., Kerrigan, D., Decker, M.R., Baral, S.D., Poteat, T., Wirtz, A.L., Weir, B.W., Barre-Sinoussi, F., Kazatchkine, M., Sidibe, M., Dehne, K-L., Boily, M-C., Strathdee, S.A. 2014 An action agenda for HIV and sex workers pp. 101-114.