

Submission from Scarlet Alliance

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1 May 2008

Rigmor Berg and Julie Bates
B & B Professional Services
PO Box 141
Brooklyn NSW 2083

To Rigmor and Julie,

RE: Sex Worker Services in Queensland, SWAN Review

Scarlet Alliance, the Australian Sex Workers Association, formed in 1989 as the peak body representing sex worker organisations and sex workers in Australia. Through our objectives, policies and programs, we aim to achieve equality and social, legal, political, cultural and economic justice for past and present workers in the sex industry.

As outlined in the 5th National Strategy on HIV/AIDS¹, the National STI Strategy and identified within the Queensland HIV, Hepatitis C and Sexually Transmissible Infection Strategy², the involvement of affected communities in health responses to HIV and STIs is vital to the effectiveness of health and support services. The overwhelming success of Australian sex worker organisations to date can be directly attributed to sex worker participation at all levels of their organisational structure, including staffing, policy development, management and evaluation.

¹ Commonwealth Government Department of Health and Aged Care, National HIV/AIDS Strategy 2005–2008, Commonwealth of Australia 2005

² Queensland Health, Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011, Queensland Government, 2005,

Scarlet Alliance acknowledges and supports Queensland Health's ongoing commitment to peer education and the facilitation of sex worker input into the review of sex worker services in Queensland.

Please find attached the Scarlet Alliance submission to the review of Queensland sex worker services, providing an evaluation of current and past services and our recommendations for future directions. Also included is an analysis of data acquired from our survey of individual Queensland sex workers, who identified their key needs in relation to service delivery, a number of gaps in previous service delivery and welcomed the opportunity to provide input into the development of a new and improved Queensland sex worker organisation.

Scarlet Alliance would like to request that, as per PONGHO recommendations (see Appendix 5), the report and recommendations of this consultancy be made available to all stakeholders. Scarlet Alliance will release our shadow report publicly. Scarlet Alliance would like to be able to assure Queensland sex workers that the review is progressing and that their issues have been put forward. We look forward to hearing from Queensland Health about future timelines.

Sincerely,



Elena Jeffreys
President

Scarlet Alliance, Australian Sex Workers Association

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(Formerly known as SSPAN - Sexual Service Providers' Advocacy Network, QLD)

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20th April 2008

Rigmor Berg and Julie Bates
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PO Box 141
Brooklyn NSW 2083

Re Queensland Health sex work services review

Crimson Coalition is an unfunded network of Queensland sex workers from all sectors of the sex industry. Since forming as SSPAN (Sexual Service Providers' Advocacy Network) in June 2004 we have consulted with a range of government and non-government organisations including the CMC, PLA, Police Minister's office, SQWISI, Queensland Health and the LHMU (Liquor Hospitality and Miscellaneous workers' Union) on issues relevant to sex workers.

Crimson Coalition is a member of the Scarlet Alliance and we have worked with Scarlet Alliance in the design and analysis of their online survey for Queensland sex workers. We fully support the recommendations which have been drawn from that study and are contained in this submission.

These recommendations are also informed by our members' experiences with SQWISI (Self Health for Queensland Workers in the Sex Industry), pre and post dissolution. A brief account of these experiences is contained the [attached submission](#).

We appreciate the opportunity to take part in the review process and look forward to your report.

Yours faithfully,

Candi Forrest
Crimson Coalition

United Sex Workers, North Queensland, (US, NQ)

PO Box 2410
4724 4853
Townsville Qld 4810

Phone:

20th April 2008

Queensland Health
Via Scarlet Alliance

Reference: Review of Sex Worker services in Queensland

To Whom It May Concern:

We are a new group which has formed slowly over the last twelve months, since the closure of SQWISI in Townsville in March 2007. Since this time, we have established a committee which meets once a month with executives which meet more regularly to follow through with delegated duties which are given to the most relevant members of our group. Membership numbers are increasing each week as more Sex Workers identify themselves as wanting to be involved in this growing organization.

We are an affirmative action group and our members are all identifying organised Sex Workers from a wide variety of business frameworks, skills and knowledge base. We all share the belief that to provide an appropriate and professional support service to our peers, we need to be open, honest and proud of our work experience as Sex Workers.

We are endeavoring to promote and encourage membership from Sex Workers within the following regions so as to then provide peer education and support services in the geographical locations including Rockhampton, Mackay, Townsville, Cairns and Mt Isa. We are aware that many workers are transient and some do travel to and work within smaller communities within north Queensland, such as mining communities, although we have found that many of these workers do travel through and/or reside in the larger communities due to discrimination, family needs, etc.

To date, we have submitted two applications for funding and are planning on continuing to apply for funding which will enable us to provide a holistic service encompassing Workplace Health and Safety, Emotional Health, Legal rights and responsibilities, Taxation rights and responsibilities and Responding to violence and discrimination, etc.

The submissions that were lodged on the 28th March 2008 were;

Department of Justice and Attorney-General

We propose to produce resources to facilitate access to relevant legislation to socially isolated Sex Workers in North Queensland. It will include information about how to design and operate their sex work business within a legal framework and information to facilitate access to the legal system and services. This project will also collect data which can be used to advocate for the advancement of law reform for the benefits of the workplace health and safety rights of sex workers. This will then be distributed through out North Queensland (Rockhampton, north)

Townsville City Council

We are endeavoring to provide a safe and secure office which Sex Workers can access at least in Townsville. This funding will be the rent used to provide this aspect of the project. This office will also create an opportunity for US, NQ to coordinate our education and support services to the Sex Workers in the larger North Queensland area and to provide an area that our members who volunteer their time to assist in resource development, peer support and peer education.

Below is our Mission Statement and Objectives. These were first used in the credentialing process to become members of Scarlet Alliance but are a living document that will be reviewed as more members become involved.

Mission Statement

To provide a variety of services to Sex Workers in North Queensland within a peer based approach relevant to their workplaces.

Aims and Objectives

1. We aim to provide peer based support and education within an affirmative action group.
2. To provide resources which will support Sex Workers in their workplaces in regards to their health, safety, emotional wellbeing, legal and taxation rights and responsibilities.
3. To provide a legitimate voice for North Queensland Sex Workers to advocate for legal and other social policies to be designed to support Sex Workers rights and remedies.
4. To advocate for Sex Workers human and civil rights.
5. To advocate against discrimination against Sex Workers, past and present.
6. To lobby government to provide Sex Workers the legal avenues to work within any area of the Queensland sex work trade industry (escort, in-house, agency, sole trading, co-operatives and/or street) as they choose.
7. To lobby government to provide legal rights and remedies to enhance workplace health and safety initiatives.

On the Office of Economic and Statistical Research website, they outline the population in each region of Queensland. This shows us that the population south of Rockhampton is 3 202 711 and the population of Rockhampton, north is 850 863 which is over 26%. As our distances between major communities is greater, we are requesting the additional 4% to assist with travel expenses such as airfares, travel time, etc.

We would like to be given the opportunity to apply for approximately 30% of the monies allocated by Qld Health as a North Qld service with the geographical area including Rockhampton, Mackay, Mt Isa, Townsville and Cairns.

This would provide us with the opportunity to have two Peer Health Educators, one based in the office to provide phone, email and drop in education amongst other roles include resource development and play a key role in systematic advocacy. Then a second Peer Health Educator who can travel to the other four major communities to provide on the ground education to Sex Workers and other health and welfare organizations. The remaining monies would be used for organizational costs and project work such as a newsletter.

We appreciate this opportunity to present ourselves by Scarlet Alliance and would also appreciate an opportunity to apply for a portion of the funding from Queensland Health that will be allocated to the new Sex Work service/s. We can be contacted direct through the old SQWISI number which is being maintained by Jackie Kneipp, 4724 4853, alternatively Jenny King, 0439 684 411.

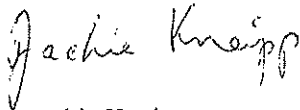
Yours truly,



Elly Mende
Chairperson



Jenny King
Treasurer



Jackie Kneipp
Secretary

Scarlet Alliance, Australian Sex Workers Association
Crimson Coalition
& United Sex Workers North Queensland

Present

Submission to SWAN Review of Sex Workers Services in
Queensland

May 2008

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Executive Summary

A range of principles underpin this submission, all of which have been well described in the literature relating to the Australian HIV/AIDS response and the Ottawa Charter for Health Promotion. These include:

- the involvement of sex workers, an affected community, as vital to a sustainable, effective response to HIV/AIDS;
- the strategies of peer education and community development, *by sex workers, for sex workers*, that flow from this involvement; and
- sex worker participation in all levels of policy and service development and management.

The best practice model for service delivery to sex workers places sex workers at the centre of the response, with sex workers engaged as service users, staff, volunteers, management, governance and advocates.

The process used to prepare this submission was highly consultative, and followed the best practice models of sex worker engagement in policy and advocacy that Scarlet Alliance believes delivers highly effective outcomes. Sex workers in Queensland were invited to contribute their experiences of the previous sex worker service, and requirements for a new service through a transparent process, including an anonymous survey, and through participation in the submission writing process.

The process undertaken for developing this submission involved sex workers in Queensland. The two community based sex worker organisations in Queensland have indicated their support for the recommendations contained within this submission.

Peer education is highly valued by sex workers in Queensland. This submission advises on the essential requirements to operationalise this within a new service and provides a checklist for successful service delivery for sex workers.

Essential to this response is the development of appropriate sex worker organisation/s. Splitting funding for sex worker services among existing non-peer based organisations would work directly against the long term aim of establishing a sustainable response to sex worker HIV and STI prevention in Queensland.

What is Peer Education?

Peer education in health is a proven, evaluated approach to HIV prevention. (Feachem report *Partnerships in Practice: National HIV/AIDS Strategy 1996–97 to 1998–99*).

The Australian approach to HIV prevention, specifically the inclusion of affected communities in the development, implementation and evaluation of services, has been acknowledged and emulated around the world. The driving force behind this success is peer education.

Sex workers across Australia have benefited from targeted and autonomous sex worker organisations since the early 1980s, providing peer education, support, referral, information and community development. This internationally recognised approach has led to: low rates of HIV and STIs among Australian sex workers; no recorded case of transmission of HIV in the Australian sex industry; representation of sex workers at the centre of policy and legislative responses; strong networks within the sex worker community and organised approaches to sex worker issues, including addressing violence and access to justice.

The effectiveness of service provision to marginalised communities, particularly one as stigmatised and misunderstood as sex workers, relies heavily on the perceived credibility of the service within the target community. Services employing welfare or health workers, rather than peers, are routinely denied entrance to sex industry premises and are often viewed with suspicion by individual sex workers. In particular, sex workers working outside the legal framework are reluctant to utilise services which present a risk (real or perceived) of disclosure to outside authorities, which could result in their harassment or prosecution.

Sex worker peer educators are instantly recognised within their community as being non-judgemental, supportive and having a real understanding of the issues faced by sex workers. With their working knowledge of sex industry practices and culture, peer educators are uniquely qualified to assist and advise sex workers on all aspects of their work, from sexual health education, to legal and industrial information, to emotional support and counselling. Perhaps most importantly, peer educators are able to garner something from the sex industry that non-peers are rarely able to achieve - mutual respect and trust.

A peer based sex worker project in Queensland can also be expected to result in an increased level of participation by sex workers; decreased social isolation for marginalised individuals; enhanced public health outcomes for Queensland; improved health and welfare for sex workers; personal and professional development within the Queensland sex industry, and a real sense of ownership of the sex worker service by local sex workers.

Survey Results

The following sets out and provides analysis on findings from the Scarlet Alliance online survey: Sex Worker Services in Queensland (2007-2008). The survey gathered both quantitative and qualitative information from 43 participants.

The data is analysed in relation to implications and recommendations in relation to developing a new sex worker service.

Q1. If you can imagine a completely new sex worker service in Queensland, please describe it.

The overwhelmingly strongest theme to emerge from this question was one of peer involvement, with the top three concepts relating to a new sex worker service being Peer Based, with Peer Staff and Peer Managed.

Key quotes:

- *It would be for the worker, by the worker and with the worker*
- *Peer based, unashamed, forward thinking, supportive of all facets of the industry including brothel owners, workers, receptionists, clients, etc*

The respondents describe an organisation which involves sex workers:

- in all levels of employment and management
- in all processes and activities
- as decision makers, advocates and a source of meaningful input to the work of the organisation
- as non-judgmental service providers to their peers

In addition, this ideal organisation would provide:

- access to peer networking and events
- sex work positive space
- sex worker only spaces
- safe spaces

Services that were described as preferred and ideal were as follows:

- Comprehensive, not just health services
- Supportive
- Sector diverse (for all types of sex industry workplaces)
- Catered to the needs of sex workers from various sectors (opening hours, specific issue based services)

Implications for the new service:

Sex workers see an ideal organisation for service provision to be peer based at every level.

Sex workers (current and former) are preferred to hold positions within the organisation as:

- Staff
- Management
- Board of governance
- Advocates on behalf of sex workers

In addition, the organisation must support access to sex worker peer networks, in safe spaces that are sex worker positive, and should provide comprehensive services across the various sectors of the sex industry

Q 2. What kind of services would this new service provide and what would make you want to go there?

Two themes dominated the responses to this question: (1) Peer Networks and (2) Sexual Health Services. Many of the responses reflected a desire to use the service to access peer networks and social events.

Key quotes

- *There will be lessons and counselling meetings for sex workers. Learn theory, learn from colleagues, build communities, transgress isolation, be empowered.*
- *It is so important for me, at least, to have someone to talk to about this stuff, especially in the early days. As a private worker I am totally isolated*

Peer Networks:

Access to peer networks was seen as both a service and an attractive component of a service.

Sex workers hope to engage with their peers for a wide range of activities and outcomes, which include both personal and collective endeavours.

Community development is valued as a learning exchange and also as a means to empower oneself and build social and intellectual capital.

Sexual Health Services:

Prominent elements of the sexual health services theme were PPE supplies (free or cheap, and bulk safe sex supplies) Clinic Services and Sexual Health Information, respectively. Services that were preferred included:

- Sexual health checks (preferred non-hospital and non-GP based)
- Peer education to implement safe sex practices
- Use of safe sex and prophylactics in different circumstances/settings
- STI information

Other prominent desired services:

- Legal Information
- Ugly Mug (bad clients) & Safety Information
- Tax & Finance Information
- Advocacy Services
- Counselling & Support Services.

Legal Information:

- Information pertaining to current and new regulations and laws
- Relevant information as it applies to sex workers in a real context
- Up-to-date information regarding the laws both Government and PLA changes

Ugly Mug & Safety Information:

- Ugly mugs list, information on working safely, security info
- A website where we can check up on clients or make reviews regarding clients we have trouble with

Tax & Finance Information:

- Financial aspects of sex work eg: budgeting, tax, loans, debts, expenses

Advocacy Services:

- General advocacy and mediation on behalf of sex workers
- Provide input into responses for sex workers

Counselling & Support Services:

- Short term service delivery and also 'case management'
- Support to follow up on issues
- Ongoing support to workers - especially new workers who may want to see staff more than once and for longer periods of time

Implications for the new service:

Sex worker access to peer networks is valued as a way of learning and as a way of building community and individual resilience and empowerment.

Sex workers see the new service as having two key elements, being:

- Access to peer networks
- Access to sexual health services.

These are described as core components of both the activities and the services.

Sex workers see themselves as an integral part of the way the new service would function, as they are both consumers and participants in developing the services and providing responses to issues. The sexual health services most valued by sex workers clearly place peer health education and information services at the centre, where peer education is valued as a means to increase skills and knowledge for sex workers.

Clinical services and PPE provision are also key components of the new service.

Other services that need to be provided relate to the specific priority needs of sex workers and the unique industry in which they work, and include advocacy.

Community development activities are also central to the service provision, as a space in which peer networks are built and developed and also as a forum for the exchange of relevant information and input to the service development.

Sex workers require the new service to have a working partnership with sexual health services, such that on-site clinical services are made available.

In addition, specific education, information and support needs may require specialist staff, or strong partnerships with other services or professional organization that can work in partnership with the new service.

Q3. Are there extra/different services a sex worker new to the sex industry would need from this sex worker service?

The primary concept to emerge in question 3 was that workers new to the industry require access to information from peers, for peer education and to access tricks of the trade, information that can only be passed on by other or former sex workers.

Key quotes

- *all the stuff you would be an expert in only if you have actually worked*
- *Have ex workers that have a lot of experience passing on all the tricks of the trade*
- *How to have safe sex, extra measures to make sure no breakages*
- *Advice about the industry, advice about working conditions in each area of work*

This theme also included references to peer mentorship for new workers.

New Worker Induction was needed and the need for other sex workers to conduct these inductions.

The need for Current Industry Information was prominent
Training in Client Negotiation Skills was thought necessary for new sex workers.

Implications for the new service:

Peer education is the best-practice standard for providing new sex workers with appropriate services. New worker induction and training, provided by sex workers, to enable work and client negotiation skills to be passed on is very important.

Sex workers are deemed most appropriate for providing expert and practical advice to new workers. Current or former sex workers are considered to be experts in this area, and essential to the effectiveness of this component of service delivery.

Q4. Is getting current information about sex work an important aspect of going to a sex worker service? (Eg. standard prices for particular services, working conditions in other sex industry workplaces)

86% said "yes", current information about sex work is an important aspect of going to a sex worker service.

Key quotes

- *This builds information sharing networks amongst us but also assists us to improve strategies for condom and safer sex and safer services negotiation*
- *Absolutely important! Where else do workers go to get this information?*
- *knowing the realms and scope of the industry and that you control where you are at*

The most prominent concept to emerge referred to empowerment; that current knowledge about prices and extras standards and condom-use standards, allowed a sex worker to set boundaries and stay in control.

A frequent concept was that the sex industry was 'not like any industry' so that this sort of information was difficult to obtain. However, while current sex industry information was deemed obscure, the desire to obtain information about ones work standards, 'just like any industry', was also strong.

Implications for the new service:

Current information about the Queensland sex industry is an important aspect of the services that are required and acts as a foundation for empowerment.

The provision of current, accurate, realistic information is seen as one of the building blocks of empowerment for sex workers, as the sex worker service may be the only reliable, accessible and trusted source of such information.

The sex industry has specific information components that may not be generally available, whilst the information is essential to these workers.

Q5. List the most important skills or knowledge that a person would need in order to provide effective services to sex workers at this new service?

The staff skills thought most important, listed in order of prominence, were:

- Ability to provide non-judgmental services
- An understanding of sex work culture and practices
- Knowledge of sex work laws in Queensland
- Communication skills
- Sex work experience and knowledge

- Ability to share safe sex work strategies
- Condom use negotiation skills
- Knowledge of sexually transmissible infections and blood borne viruses including HIV
- Understanding of the different sex industry work options
- Information on how to exit the industry

Other skills that were important were possession of and ability to use anecdotal knowledge, for example:

Being able to answer every question with examples, telling interesting stories that put[s] information into a context.

In addition, considerable emphasis was laid on personality traits or values and attitudes including:

- Positive and fearless
- Sense of humour
- Caring and nurturing

Implications for the new service:

Staff recruitment processes need to reflect the skills and knowledge, personality traits and values and attitudes required by Queensland sex workers in order to provide effective services.

Position descriptions, criteria, advertising and circulation of vacancies, and selection panels and processes need to be orientated toward employing staff at the service with these skill and knowledge sets, combined with the personality traits, values and attitudes preferred by sex workers attending the service.

Mechanisms for ensuring staff have knowledge and skills across these essential skills and knowledge criteria (listed above) should be implemented through staff development and professional recognition processes.

Q7. If the new sex worker service provided referrals, what kind of services/issues/support would you be happy to be referred to another service for?

Sex workers would be happy to be referred to health services including medical and STI clinic referrals and other professional services relating to sex work issues.

This includes referrals for:

- Medical clinics including sexual health checkups
- Doctors
- Late-night pharmacies
- Taxation, accountants and financial services
- Health insurance providers
- Counselling, support and mental health services
- Drug and alcohol services
- Crisis assistance

Key quotes

- *Psychological services, again difficult to explain to a GP who hasn't the understanding of sex work*
- *non-judgemental counsellors*

Implications for the new service:

Sex workers want to be referred to appropriate professionals in other fields of expertise.

The services or issues for which referrals were acceptable were accompanied by the notion that the service provider be qualified and non-judgmental.
The new service will need to develop appropriate referral mechanisms to ensure that sex workers' needs are met within this expectation.

Q8. If you have accessed a sex worker organisation in Queensland previously, what did you like about the service and what didn't you like.

Some respondents answered this question by referring directly SQWISI. Of these, negative versus positive comments were balanced, however one interesting aspect to emerge from this question was the assertion by sex workers that those things that were liked about SQWISI in the early days later became those things that were disliked, as the peer-emphasis changed.

Key quotes

- *SQWISI used to be a pro-sex work, worker-run space that positively contributed to the lives of sex workers in Queensland. That stopped quite a few years back. We need something like the old SQWISI back*
- *I didn't like not being able to talk to someone with sex work experience - i had to call another office to speak to someone*
- *Later I didn't like going because I felt the person I was talking to had either not worked, or not for 30 years*
- *I have been to SQWISI many times. They were always so friendly and didn't make you feel ashamed to admit what you did for a crust and pay taxes for! They had all the supplies there to buy, ugly mugs and warnings about anybody dangerous, however they weren't open very often*

Aspects which were considered positive were the Staff Attitudes, PPE Supplies and Ugly Mugs Information.

The most prominent factors that respondents disliked was that encapsulated in the concept Staff Not Peers and Staff Attitudes.

Given the relative prominence of Clinic Services in response to Question 2, it is interesting that one point of dislike surrounded the Clinic Service at SQWISI. This was related to issues of Confidentiality and may reveal what seems like a good idea to many (that is, having an STI clinic on the same site as other sex work services) has unforeseen problems.

Implications for the new service

A pro-sex work, sex worker run space is preferred as a service model for a range of reasons that impact on the desirability of the service.

Sex workers like receiving services from others who have knowledge and experience in sex work, and value recent or current sex work experience.

Peers are seen as preferred service providers in order to overcome values and attitudes which otherwise act as a barrier to service access.

Sex worker staff are seen as knowledgeable and capable of offering appropriate support to current sex workers.

Clinical services that are offered on site in the new service must explicitly and implicitly protect the confidentiality of sex worker service users, including in relation to the sex worker organisation's staff and other service users.

Q 9. Do you think a new sex worker service has a role in advocating on behalf of sex workers - attempting to improve the general community and Government understanding of sex work and sex

workers? If so, how important is this and what are the key issues that the services would advocate on behalf of sex workers about?

The majority of respondent rated advocacy on behalf of sex workers as highly important. Comments about advocacy could be grouped into 5 conceptual areas (listed in order of prominence):

- (1) Law Reform
- (2) Wide Mediation
- (3) Stigma and Discrimination
- (4) Peer Advocacy
- (5) Safety

Within this group three general areas requiring active lobbying were identified (again, in order of prominence):

- (1) Law Reform
- (2) Stigma and Discrimination
- (3) Safety

Key quotes

- *We as a community need to have our rights represented within an official capacity, otherwise - having no collective voice leaves us silenced thereby leaving no protection from unfair law and discriminatory handling from government bodies - such as police, DSS, tax dept. It is absolutely imperative that someone stands up and represent us, we seemed to be one of the most misrepresented demographics*
- *If something happened to me at work I would find it very difficult to go to the police. I don't think they would respect me or take me seriously, sometimes I worry about what I would do*
- *only a sex worker can represent the needs of sex workers*

Mediation and representation was required because of widespread and ingrained Stigma and Discrimination toward sex workers.

19% of respondents expressed the view that real advocacy was Peer Advocacy

Implications for the new service:

Queensland sex workers expect the service to provide a range of activities, services and outcomes for themselves as individuals, as a community and in terms of representation and advocacy. This in turn requires the staff to demonstrate high level commitment to sex workers needs and the ability to effectively represent sex workers.

The service MUST facilitate sex workers involvement to achieve this high level of effective representation.

Q 10. Complete this sentence: From a sex worker service I expect

Expectations were high, in terms of scope and quality.

The two most prominent concepts to emerge were (1) Peer Networks and (2) Support and Counselling

Key quotes

- *I expect complete confidentiality, peer support, respect, up to date information, vibrancy, diversity, encouragement, visibility in both the community and the media, leadership*
- *to find other workers, friendly, non-judgemental support and a safe, friendly place to drop into*

Respondents expected, in order of prominence:

- Peer networks
- Support and counselling
- Quality Information
- Respect
- Friendly Understanding Staff
- Pro-sex work Attitudes
- Professionalism
- Confidentiality
- Non-judgemental Attitudes
- Advocacy and Leadership

Implications for the new service:

Both the scope and quality of the new service is dependent upon the knowledge, skills, values, attitudes and attributes of the staff.

This set of staffing requirements is directly related to these staff being from and within the sex worker community themselves.

The services policies and procedures and its mechanisms of consultation and community development are integral to meeting the expectations sex workers have of a new service.

Checklist for Successful Service Delivery for Sex Workers in Queensland

The following list outlines a set of components that when compiled into one make up the necessary parts of a successful sex worker organisation in Australia. These parts (principles, practices, and advocacy) can not stand alone: they are to be understood as many parts of one.

It is the belief of Scarlet Alliance that these factors are essential to a successful HIV and STI prevention organisation in Queensland. It should be noted that this list represents the learning and knowledge of our executive committee, membership and staff's two decades of experience managing, developing, implementing and evaluating sex worker projects, organisations and networks in Australia as well as the self identified needs of Queensland sex workers captured in the survey (see Appendix 7)

1. A community based organisation/s¹ of (past or present) sex workers resourced to develop, implement and evaluate health promotion to the sex worker communities of Queensland.

The organisation will be well placed to effectively tailor services to the needs of its diverse communities, deliver those services via peer education supported by community development frameworks and be supported to effectively represent and advocate on behalf of its communities. This approach will provide a prolonged engagement by sex workers with the organisation and its health promotion objectives (including HIV and STI prevention messages, improved OH&S practices and the maintenance of a strong culture of condom use). The secondary but very important outcome of this approach is that sex workers engaged² in the response over a prolonged period effectively educate their clients (often heterosexual men or men who have sex with men that are not reached by other targeted prevention activities) on safer sex practices, as well as contributing to a sustained organisation (through employment as peer educators, volunteer executive committee members, providing training to new staff, and exchange of the skills and knowledge with newer sex workers).

Scarlet Alliance opposes the splitting of funding among existing non-peer services. This would undermine the establishment of an effective community based response.

2. Governance and Membership

The community based organisation/s will be accountable to the sex worker communities of Queensland by:

- Membership, available to Queensland sex workers (including an AGM where the membership has access to financial and other reports and where it can be assured the organisation meets the requirements of the State regulations).
- Ability to fill positions on the executive committee providing governance to the organisation
- Transparency including access to information (strategic plans, annual report, newsletter or magazine etc)
- Providing opportunities for input (consultation, evaluation of services and service delivery.

¹ In line with the Australian and Queensland HIV/AIDS and STI Strategies sex workers as the affected community should be central to the Queensland response. A community based organisation places sex workers as directly involved in the development, implementation and evaluation of the response and service delivery. Australia's history of community based organisations funded to deliver health promotion services is well documented as successful.

² Engagement of sex workers requires a holistic approach to prevention education in line with health promotion approaches along with a range of opportunities for sex workers to be involved and have input through community building activities that could be seen to be not directly targeting HIV or prevention messages but which involve sex workers through issues important to their working lives.

3. Peer based

In an effective sex worker community based organisation sex workers will be involved at all levels of the service. The board, management, administration, funding negotiation, project management, resource development, peer education, monitoring and evaluation will all be conducted by sex workers.

4. Recruitment policy

Where sex worker organisations have developed and built effective networks with the sex worker communities employment of sex workers who currently hold the skills (or require refresher or short course training) to undertake positions within the organisation is not difficult. Requiring a person applying for a position to the organisation to hold a specific work experience does not discriminate under equal opportunity legislation. Sex work experience is required by the staff of the organisation as this set of skills and experiences are necessary in order to be able to correctly tailor education messages to the specific target group and to effectively be able to tailor services to meet the needs of sex workers. An affirmative action employment policy is attached (see appendix 8).

5. Locally driven at all opportunities

This organisation/s will have the capacity to allow for locally appropriate programming. Best practice service delivery will include and prioritise local sex worker groups and networks to run service delivery at a local level. In particular, there will be a fair distribution of funds to ensure regional services in North Queensland have adequate resources and funding to provide comprehensive service delivery.

6. Service is developed for long term sustainability

Queensland Health funding should be made available to develop a long term support structure for state-wide HIV and STI prevention services for Queensland sex workers. This is not possible as an add-on to an existing service.

7. Considerations of auspicing be both short term and appropriate

Any auspicing arrangement will be an interim arrangement for a clearly identified short term period. The purpose of the interim auspicing arrangement would be to assist the capacity development of the auspiced group/s to become a autonomous long term sustainable project. Thus an auspicing body will be experienced in sex worker community development and long term sex worker programming. It would be appropriate for the service to be auspiced in the short term by another sex worker organisation. A timeline towards independence would be built into the funding contract.

8. The service will need a 12 month development phase

Scarlet Alliance suggests that the service will need to be auspiced for the first 12 months of the development phase. In the first 12 months of the service it will need intensive support to develop a structure, constitution, workplace policies and procedures. The first year of funding of this service will recognise that the gap since the closure of SQWISI will take time to overcome. This gap has resulted in disengagement of sex workers from service delivery in Queensland. It will take expertise, support and time to develop state-wide sex worker services that overcome the barriers that the gap in services has created. This is not a transition. It is a totally new beginning for the service.

9. Outputs of a 12 month development phase

The first 12 months auspiced phase of the service will deliver a sustainable, democratic, transparent, incorporated and legally compliant state-wide sex worker service structure, with employment policies, confidentiality procedures, outreach guidelines, consultation processes

and local, state, national and international networks of support. Job descriptions, recruitment and training will have occurred. Locations will be established. MOUs with partner organisations will be agreed. Reporting agreements with Queensland Health will be established.

10. Target Demographic

The long term funding contract for sex worker services will include service delivery to all sex workers in Queensland; male, female and transgender, brothel, private, escort and street-based; English speaking and non-English speaking background, Indigenous and non-Indigenous, people working within and outside the legal framework. Other sections of the sex industry (managers, receptionists, licensees) are not a direct target of the long term funding. However no person will be excluded services by the new program – opportunistic and sex for favours individuals will be included by having a policy of no refusals. A person will not need to positively identify as a sex worker in order to access the services. However, individuals who are not sex workers will be excluded from membership, volunteering, staffing and roles on the board.

11. Health promotion – including STI and HIV Prevention Activities

Peer education, outreach, onsite visits to brothels, onsite visits to private sex workers, drop in spaces where viable, regional programs, resource development, peer developed health promotion campaigns and project evaluation, policy evaluation and advocacy representation into Queensland Health long term planning for STI and HIV prevention will be included in the contract for the new service. These services must be provided without judgement and regardless of what sector the sex worker works in. Service delivery, restricted by outcome of the current sex industry regulatory model which means a percentage of the industry is operating legally and other sectors are illegal, must not affect service availability. Services are to be available to ALL sex workers.

12. Advocacy

Advocacy in relation to sex worker occupational health and safety, HIV and STI prevention, laws and regulations, and related policy will be included in the long term funding contract. Regular and structured advocacy to Queensland Health, the Prostitution Licensing Authority, the Crime and Misconduct Commission and to Scarlet Alliance, the Australian Sex Workers Association, will be indicators of advocacy work.

13. Community Development

Empowerment emerged as a prominent theme of the sex worker survey and will be a vital service of the new sex worker organisation. Funded sex worker community development activities include: receiving contributions for a sex worker magazine, participating on project steering committees, running health promotion workshops and events, having regular open days and providing access to resources for sex workers to participate in creative self-driven activities.

14. New Worker Training

Sex workers value direct peer based services for new worker training. Scarlet Alliance recommends that the current practice of a peer education certificate being needed prior to beginning work at a licensed brothel be made non-mandatory and the online version of obtaining the certificate be removed. The long term funding contract should include a component for voluntary New Worker Training for workers who are new or re-entering the sex industry, offering face to face support including outreach and conducting workshops on premises at sex industry venues and in private workplaces.

15. Professionalisation of Peer Educators in Queensland

The long term funding contract will include a component for professional development for peer educators in Queensland. Access to the Scarlet Alliance National Training Project, training opportunities within the Queensland HIV and STI prevention organisations and attendance at national and international HIV and STI prevention conferences (ASHM, IAS, IHRA, Scarlet Alliance National Forum and others) will be included as a budget line-item for the long term funding contract.

16. Partnership Projects with appropriate Queensland Services

Partnership projects with services that also provide support to sex workers – housing support services, sexual health services, womens' services and drug user services.

17. Networks for the New Sex Worker Organisation

Strong and formal networks with key stakeholders will ensure effective partnerships and good will from the wider health sector, contributing to the sustainability and longevity of the sex worker organisation.

17a. Networks with PONGHO

The new sex worker organisation will participate fully in the regular PONGHO meetings and foster collegial relationships and partnership programs with PONGHO members.

17b. Networks with Queensland Health

The new sex worker organisation will have strong and direct contact with policy and contract staff at Queensland Health. Outreach data, statistic collection, developing an evidence base for sex worker policy in Queensland, structured advocacy and regular evaluation will be key components of the reporting to Queensland Health.

17c. Networks with Other Funding Bodies in Queensland

The new sex worker organisation will develop relationships with other Government and Non-Government funding bodies within Queensland, for the purpose of developing a diverse funding and project base for the organisation.

17d. Networks with Queensland Ministers and Parliament

The new sex worker organisation will develop advocacy and policy advice relationships with relevant Queensland Ministers and Members of Parliament, supported by Queensland Health, for the purpose of ensuring that appropriate and contemporary knowledge of sex work is shared with law and policy makers.

17e. Networks with Scarlet Alliance

The new sex worker organisation will be eligible for membership of Scarlet Alliance, the Australian Sex Workers Association. The long term funding contract shall include 0.5% of the total contract fee as a membership fee to Scarlet Alliance, the Australian Sex Workers Association. As per all Scarlet Alliance members, the new sex worker organisation will report annually in writing to Scarlet Alliance and give a presentation at the annual Scarlet Alliance National Forum to all the sex worker groups of Australia.

17f. Networks with the Media

The new sex worker organisation will build an evidence base of policy and advocacy relating to sex worker issues in Queensland, and periodically hold events and awareness raising workshops in conjunction with media outlets for the purpose of advancing public health campaigns relating to HIV and STI prevention for sex workers.

The Demise of Townsville SQWISI

Statement from Jackie Kneipp - Submitted by United Sex Workers N.Q.

I had been involved with SQWISI since its conception after the 'Fitzgerald Enquiry', when it was born basically out of necessity to have a voice. It was staffed by volunteers. I was the volunteer for Townsville and when the office opened in 1991 I assisted the paid Health Educator in a voluntary capacity until I went on staff as a part-time casual. The day that I closed the door of the office for the last time was like a death in the family and the target group were devastated!

We didn't get a great deal of notice that the offices [Cairns and Townsville] were closing and therefore our target group didn't have much notice either. This was very stressful since we felt that we [Nikki from the Cairns SQWISI office and I] were 'running out' on our target group who had trusted us, confided in and supported us for such a long time.

I began to lobby in Townsville for support to keep the service open and approached local Members of Parliament, Community Based Organisations for support and/or funding or even a room within another CBO [rent free] to work out of as a volunteer – as long as there was some sort of service available to sex workers.

Nikki [Cairns office] and I sent a submission to Queensland Health asking them to continue to keep our offices open until such time as they had the new funding program organised. Since we had the premises, resources and office equipment in place and the new phone book had just been delivered we considered this a good option. We asked the Management Committee to present our submission to Queensland Health but we did not receive any feedback, forepart from them advising us that we needed to apologise for the '100 odd' phone calls that Queensland Health had apparently received from Cairns and Townsville. This however was not seen as a protest from the community. Further, it was also suggested to 'set everyone straight that the funding had not been cut but was being handed back'.

When the office closed we had the SQWISI phone number diverted to our homes – I still have - and put a couple of advertisements in the personal column of the 'T'Ville Bulletin and Cairns Post' stating that we had the phones, some supplies (bought jointly with Nikki/Cairns from our own money) and were still available to do workshops and answer enquiries. We also advised some of the community based organisations of what we were doing. Unfortunately due to unforeseen circumstances, Nikki has had to stop.

I have continued to do this since the office closed and have also managed to spark some support, with the assistance of Jenny & Ellie, and from the sex workers themselves to form a replacement organisation – 'United Sex-workers N.Q.'- and have had our first meeting. We have liaised with B&B Professional Services and organised interviews with various workers from a variety of sectors of the sex industry in Townsville but unfortunately I was not able to help in securing any workers in Cairns.

To date we have made submissions for two lots of funding and investigating various sites as suitable prospective premises when money allows.

Too many people have worked too hard to get the industry to where it WAS, to allow us to walk away without a fight!

The response of Crimson Coalition to the closure of SQWISI

Submitted by Crimson Coalition (formerly SSPAN)

For years prior to the closure of SQWISI members of Crimson Coalition had been concerned about the policy direction that SQWISI was taking, and on 9th February 2006 we met with Mark Counter at Queensland Health to pass on our concerns about the organisation's move away from peer education. We informed Mark that SQWISI were not taking on peer staff (or volunteers) and were the object of much negative comment from sex workers. SQWISI generally seemed disconnected from the sex worker community, particularly those working in the illegal sectors. We also thought that SQWISI were not fulfilling their contract:

It has come to our attention that under their contract with Queensland Health, SQWISI is supposed to be 'encouraging participation by members of its target group' [objective 2.5]. They are absolutely NOT doing this. No attempts have been made by SQWISI staff to liaise with SSPAN at any time. We are concerned that sex workers with high skill levels and a passion to do outreach work in the industry are being turned away by SQWISI on a regular basis. We know of four sex workers with tertiary-level education within SSPAN alone who have attempted to work with SQWISI and have been turned away or made to work under circumstances where their sex work experience has been seen as a liability and not an asset (extract from letter to Mark Counter, Queensland Health dated 9/2/06)

Following the sacking of the staff by ACSEA we wrote to David Strain and Christopher McCauly (1st December 2006) to reiterate our earlier observations about SQWISI.

We put together a flyer to inform sex workers about what was going on with SQWISI, where to go for sexual health checks and where they could purchase PPEs (particularly dams and sponges). In the Christmas/New Year period of 2006-2007 SSPAN conducted a street outreach condom-drop in the New Farm area using PPEs obtained from the Biala Clinic and NT SWOP.

Following the advice that SQWISI would not be reopening and that Queensland Health were to engage a consultant to review the situation we wrote to Alison Mackle requesting clarification on a number of matters.

One of these concerned the SQWISI archives. We had been told by Rod James, the former SQWISI president that the offices would be cleared out and that any archival material considered "of value" would go to Queensland Health:

If Queensland Health does receive non-sensitive archival material from SQWISI which you cannot store we would implore you to pass on these materials on to us. SSPAN is an unfunded, grassroots entity, and we would find any resource and educational materials, copies of theses and books, SQWISI magazines, posters etc. enormously helpful to the work that we are doing (extract from letter to Alison Mackle, Queensland Health dated 01/06/07)

Subsequently we were contacted by Rod James, the former SQWISI president, who gave us one days notice to travel to the Gold Coast to pick up the materials they had set aside for us. We picked up one medium sized box of books which appeared to be the contents of the public bookshelf from the Brisbane office.

During our conversation with Rod James on that day he expressed that, in hindsight, if he were to undertake a position like the SQWISI presidency ever again he would

endeavour to make contact with the target community. He admitted that he had only ever met two sex workers, Elena Jeffreys and Janelle Fawkes from Scarlet Alliance, who as new members had attended a SQWISI AGM the previous year. He also admitted that at the time of the final meeting there were only two current members of SQWISI – Cheryl Matthews (the state manager) and Jed (the administration officer) – both sacked staff members.

In our June 2007 letter to Alison Mackie we also suggested that it might be appropriate to fund an interim service:

... would like to broach the possibility of an interim outreach project for at-risk sex worker groups. Male, street and private sex workers are the most vulnerable to higher risk activities and the least readily accessed. An outreach project to these target groups would fill the immediate gap left by the closure of SQWISI and provide a means by which this population could be consulted and inform a needs assessment (extract from letter to Alison Mackie, Queensland Health dated 01/06/07)

We did not receive any formal response to this letter and soon after were advised through Scarlet Alliance that Family Planning Queensland had undertaken an interim project 'Wisi Info' with Queensland Health.

It has been very disappointing to us that while we struggled, without funds or recognition, to provide information and support to sex worker peers, an NGO with no sex industry expertise were handed a contract to provide a telephone information service that we could have easily provided. We have since discovered that the North Queensland SQWISI health educators (now involved in United Sex Workers NQ) had also requested financial assistance from Queensland Health to maintain services. They too received no support from Queensland Health. We have been concerned throughout that Queensland Health, and other Queensland NGOs, may have believed that the downfall of SQWISI was due to it being a peer-based organisation. We believe that the opposite was true, that SQWISI failed because it had moved away from a peer focus. Many newer sex workers thought of SQWISI as a branch of Queensland Health.

During July 2007, in conjunction with Scarlet Alliance, we took part in a range of meetings and a forum in Brisbane to discuss the upcoming review. We have felt that we have had to fight to be heard or consulted by Queensland Health throughout this process. At the outset Christopher McCauly maintained (telephone conference June 2006) that 'the consultant' would not need to speak directly to sex workers and because of this Scarlet Alliance determined to commence their own research (in conjunction with Crimson Coalition) so that some sex worker input could be included. Queensland Health promised a sum of \$3500 would be included in the consultancy tender for this purpose (pers. communication with Karen Struthers, Parliamentary Secretary to the Minister for Health). We have worked with Scarlet Alliance on the analysis of this research and it is submitted herein.

Background - The SQWISI Closure

The Australian Community Employers Association, Queensland Union of Employers, (ACSEA) is an organisation that supports employers with Industrial Related issues, Human resources and OH & S issues and is the Peak IR body for profit and non profit organisations across Australia, and is listed on the IR organisations of employers, ER237. They are an employer's union that provides a variety of services and products to members while actively liaising with government on all levels regarding service matters.

In early 2007 ACSEA advised the SQWISI Board to cease operations to avoid unfair dismissal claims from staff the Board had previously dismissed. ACSEA was also involved in sourcing the consultancy which conducted the initial workplace review, recommended and facilitated the dismissing of staff by the Board and advised in relation to packing up the office. During the process ACSEA showed interest in gaining the funding, and started lobbying key stakeholders. These ethical and conflict of interest issues are serious and should be addressed officially. Records or documentation which show the advice given to the SQWISI Board by ACSEA must be made available and should be available through SQWISI record keeping. If these records are not available, ACSEA should be held accountable. The sex workers of Queensland deserve more information in relation to the advice that led the Board to fold the organisation. The decision making process and actions of the Board need to be addressed and evidence that supports the Board's actions need to be scrutinised and made more broadly available.

Scarlet Alliance is still concerned about the following points:

- The availability of requested documentation in regards to the closure of SQWISI, including the two reports that led to the sacking of the staff and the legal advice that led to the closure of the organisation.
- The need for this documentation in order to 'fill in the blanks' about the SQWISI closure and lay to rest 'defunding' rumours that have persisted.
- Lack of information about the closure means that Scarlet Alliance cannot respond to requests from other organisations, local and international, for information on the history and closure of SQWISI. This is particularly relevant to the future planning of other organisations. We also receive requests from academics for information about past Scarlet Alliance members. Scarlet Alliance has archive material from previous funded members (PCV, Phoenix and WISE) for the purpose of maintaining a comprehensive and accurate history of sex worker service delivery in Australia. In particular, we have maintained an archive of documents relating to the closure of these services. This information is a vital for the future longevity of our sector, and is now part of the cultural history of the sex worker movement in Australia.
- If possible, finding appropriate and accessible housing for the bromide collection of 'RESPECT' magazines. This history will be vitally important to the ongoing work of the new Queensland sex worker service.

Advocacy by Scarlet Alliance After SQWISI Closed and Prior to the Review

Within a week of the closure, Scarlet Alliance disseminated the information about the SQWISI dissolution among sex workers on email, through the Scarlet E-list, websites (including Australian Babe website) and personal networks (see Appendix 2). Many sex workers were concerned about what was going to happen next for sex workers in Queensland. In June 2007 the Scarlet Alliance Executive, in partnership with Crimson Coalition (formerly SSPAN), began to plan a visit to Queensland to discuss these issues in greater detail, consult with sex workers and lobby relevant services and Government Ministers. Scarlet Alliance had already been informed by Queensland Health on the 16th of May that we would be involved in any future decisions and review of services in relation to Queensland sex workers and we were considered a key stakeholder. Prior to visiting Queensland, Queensland Health held a teleconference with Scarlet Alliance in early July, for the purpose of clarifying the Queensland Health plans for funding a new sex worker service.

Scarlet Alliance sent a briefing paper to Queensland Members of Parliament including Janice Jarrat, Parliamentary Secretary for the Minister for Women, Karen Struthers, Parliamentary Secretary to the Health Minister, Mike Reynolds MP, Stephen Robertson, Minister for Health, Margaret Keech, Minister for Women, and Queensland Health staff including Linda Selvey, Christine Selvey, Alison Mackey, Christopher Macaulay and others. (See appendix 4 for a copy of the briefing paper.) The briefing paper made the following key points:

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

- contribute to improved service delivery in the future;
- ensure that future service delivery can better accurately reflect of the needs of sex workers in Queensland, & more effectively meet those needs;
- identify why sex worker participation in SQWISI was at a historic low;
- increase knowledge of gaps in delivery of previous services.” (See Appendix 4)

Scarlet Alliance visited Queensland in July and met with dozens of stakeholders and sex workers, for the purpose of discussing the pending review. Elena Jeffreys (Scarlet Alliance) and Candi Forrest (SSPAN, Crimson Coalition) met with sex workers. They met with founding members of SSPAN, former SQWISI board members and the webmistress of Australian Babe, as well as many other sex worker stakeholders, to discuss the service gaps that had been experienced since SQWISI closed its doors in late 2006. Key issues raised were the lack of cohesive networking among sex workers, lack of co-ordinated and accurate information about contemporary issues and a level of confusion about laws, in particular relating to the new condom use laws. There was also a great deal of misunderstanding about what had caused the SQWISI closure. The overwhelming belief among the sex industry was that Queensland Health had withdrawn the funding.

Elena Jeffreys and Candi Forrest met with Margaret Issacs, Registrar and Manus Boyce QC, Chair of the Prostitution Licensing Authority (PLA). Margaret informed Scarlet Alliance that their relationship with SQWISI had included monthly meetings about particular issues relating to brothel conditions, breaches of PLA regulation, new laws, police activity and referrals. Scarlet Alliance asked the PLA how they planned to fill this gap now that SQWISI had been closed. At that time the PLA did not have a new approach in mind, but were happy for the contact with Scarlet Alliance and SSPAN. The contact details for SSPAN were placed onto the PLA website.

Elena Jeffreys and Candi Forrest met with Nick and Yvette Inskip of Queensland Adult Business Association. QABA informed Scarlet Alliance at this meeting that the biggest gap they had experienced since the SQWISI closure was the peer education on offer to new workers. Yvette and Nick recognised that SQWISI peer educator staff offered specific life experiences and wisdom to younger workers, a service that could not be replicated by brothel owners in the workplace.

Elena Jeffreys and Candi Forrest met with ACSEA Executive Charles Hardy. Charles had been involved in closing the SQWISI offices down and had been in detailed communication with the Department of Health to lobby for an opportunity to tender for the new service. ACSEA is not a community or peer-based sex worker organisation.

Elena Jeffreys and Candi Forrest met with Family Planning Queensland, board member Charlotte Seib and CEO Kelsey Powell. At that time Family Planning Queensland had begun to receive funding for a non-peer based referral service for sex workers. Unfortunately the new staff member running the non-peer based referral service was in training that week and unable to meet with Scarlet Alliance or SSPAN, did not attend the PONGHO meeting to discuss the matter, or public forum on the topic. Family Planning Queensland agreed at the meeting with Scarlet Alliance and SSPAN that peer education would be an essential component of the new service and that this must be communicated to Queensland Health and the consultants during the review process.

Elena Jeffreys and Candi Forrest met with Dee at Princess Alexandra Sexual Health Clinic (PASH) in Woolloongabba. This clinic had run a sex worker outreach clinic at the SQWISI offices up until 2006, but had withdrawn the clinic prior to the SQWISI closure. Dee expressed that it may be inappropriate for sexual health clinics to operate from Queensland sex worker service organisations in the future.

Other meetings during this trip included Queensland Positive People, a SSPAN meeting and opportunistic catch ups with sex industry stakeholders.

Elena Jeffreys briefed the PONGHO meeting in July 2007 and was consulted on the PONGHO recommendations in regards to the review. These recommendations were communicated to Queensland Health in late July 07. (See Appendix 5)

On Friday the 20th of July Scarlet Alliance and SSPAN presented a public meeting on the future of sex workers services in Queensland at the QAHF offices in Newstead. Twenty people, including sex workers, policy staff from Government, former SQWISI board members and staff, businesses associated with the sex industry, students and supporters attended. One of the themes of this forum was concern about the strength SQWISI had once had as an organisation in the early years and frustration that this should have been so depleted that the membership voted for a voluntary dissolution rather than ask the board to resign and hold a new election. No one present had been privy to the discussions preceding the dissolution. Of great disappointment was the lack of knowledge about the physical location of the SQWISI archive, or if it still exists at all. A contact list of supporters was collected by SSPAN at the conclusion of the meeting and new members signed up to SSPAN and Scarlet Alliance. Scarlet Alliance launched the online survey for sex workers and urged sex workers to communicate with Queensland Health, SSPAN and Scarlet Alliance and to keep in touch to participate in the pending review.

The Scarlet Alliance online survey for Queensland sex workers was launched during this trip and collected surveys up until January 2008 (6 months) (See Appendix 6 for the survey questions).

During the life of this process, Scarlet Alliance has worked closely with a number of different staff at Queensland Health, including Alison Mackie, Christopher MacCaulay, Pam Linning and Gary Boody. It was communicated in writing to Scarlet Alliance, and then in a face to face meeting with Candi Forrest, that Scarlet Alliance would be resourced \$3,500 to ensure the diverse input of sex workers into the review process.

Since the appointment of the consultants, B & B Professional Services, Scarlet Alliance has been in regular contact to ensure the accessibility and relevance of the review to our membership and constituents. The Scarlet Alliance Executive provided feedback on the review questions in December

2007. In early January 2008 B & B Professional Services advertised the review, including their tour dates to Queensland, on the Scarlet Alliance website <http://www.scarletalliance.org.au>. United Sex Workers, North Queensland organised an event and meetings between B & B Professional Services and sex workers in Townsville. Crimson Coalition members met with B & B Professional Services in Brisbane and promoted the B & B Professional Services visit to sex workers on the Gold Coast and Sunshine Coast. Our organisations have promoted the review prolifically, through our websites, e-lists, workplaces, networks and personal contacts.

This report is a collaborative contribution of Scarlet Alliance, Crimson Coalition (formerly SSPAN) and United Sex Workers, North Queensland. The internet based survey conducted by Scarlet Alliance, supported by the Queensland PONGHO, Crimson Coalition, United Sex Workers and a number of other services, resulted in dozens of sex workers contributing their own viewpoints about future sex worker services in Queensland. This survey was promoted by sex worker websites including Australian Babes, the Scarlet Alliance e-list and the SSPAN and Crimson Coalition e-lists. Scarlet Alliance staff also cold canvassed private sex workers in Townsville, Cairns and Brisbane, by calling sex workers who were advertising privately over a few different weeks in late 2007.

Appendix

Appendix 1 Scarlet Alliance Objectives

Appendix 2 Jeffreys, Elena "Scarlet Alliance formal public notice email when SQWISI was closed" 3 May 2007

Appendix 3 Scarlet Alliance and SSPAN "Flyer for Scarlet Alliance and SSPAN Forum" July 2007

Appendix 4 Scarlet Alliance and SSPAN "Briefing Paper on Sex Worker Peer Education in Australia" June 2007

Appendix 5 PONGHO "Recommendations to Queensland Sex Worker Services Review" July 2007

Appendix 6 Scarlet Alliance " Questions for Queensland Sex Worker Services Survey" June 2007
- March 2008

Appendix 7 Forrest, Candi "Sex Worker Services in Queensland, Data Analysis" March 2008

Appendix 8 Scarlet Alliance Best Practices Working Party "Scarlet Alliance Template for Member organisations and Projects. Affirmative action in employment – past and current sex workers" October 2006

Objectives

The Scarlet Alliance Objectives are:

- To promote the civil and human rights of past and present sex workers and to work toward ending all forms of discrimination against them;
- To lobby for legal and administrative frameworks which do not discriminate against sex workers;
- To challenge any government at any time when and where it implements legislation, regulations, rules, policies or law enforcement practices which are discriminatory and /or repressive to the rights and autonomy of sex workers;
- To actively promote the right of all sex workers to work in whatever area of their chosen occupation, including street, brothel, escort, private and opportunistic work.
- To actively work towards guaranteeing the right of all sex workers to optimum occupational health and safety provisions. This will promote conditions where safe sex and general health knowledge can be converted to safe work practices. Furthermore, challenge any legislation, policy or process which does not so promote the rights of the worker;
- To strive to eradicate sex worker stereotypes and stigmatisation in the popular consciousness and to communicate the diversity of ideas, opinions and aspirations of past and present sex workers;
- To liaise with international sex worker rights groups in the development of regional and international networks, programs and objectives;
- To support sex workers and sex worker organisations to become more politically active.
- To enhance the capacity of sex workers to participate in advancing their rights and build networks & organisations.
- To gather and disseminate sex industry related information to members.

These objects are undertaken in order to advance sex worker rights.

3 May 2007

To the Scarlet List, NSWP List, IUSW List, Eros Foundation, Dr Paul Wilson, Dr Barbara Sullivan,

This email is intended to inform sex worker communities about services in Queensland. Please feel free to share this email with concerned sex workers.

Self Heath For Queensland Workers In The Sex Industry (SQWISI <http://www.sqwisi.org.au/sqwisi/aims/Aims.htm>) voluntarily wound down the organisation last week. The SQWISI Board has appointed an Administrative Committee to oversee the cleaning out of all 4 offices. The website simply states "All direct services have now ceased. For further assistance please contact your nearest Sexual Health Clinic." <http://www.sqwisi.org.au/>

As many sex workers are already aware, the entire staff of SQWISI was sacked by the SQWISI Board late last year. This followed an 18 month internal industrial dispute that involved both staff-staff conflicts and staff-board conflicts. The details of these conflicts are confidential and not known to Scarlet Alliance. During the 18 month dispute the Board ran an internal investigation, the results of which were never released to the SQWISI staff and also never seen by Scarlet Alliance. The internal investigation allegedly recommended an organisational review, which was commissioned last October and ended with the sacking of all the staff. The results and recommendations of the commissioned review were never released to the SQWISI staff or Scarlet Alliance. 2 regional offices, Townsville and Cairns, were kept open after the review, however they have closed now as well.

The 5th National Strategy on HIV/AIDS (http://www.scarletalliance.org.au/library/5th_nat_stat_hivaids/view), the National STI Strategy (http://www.scarletalliance.org.au/library/natstat_sti05/view), and the correlating Queensland Strategies (<http://www.health.qld.gov.au/sexhealth/documents/28206.pdf>), all refer to the importance of ongoing peer education in Queensland, the involvement of affected communities in leading, running and evaluating services, and the centrality of strong community organisations in the response to HIV and STI's. Queensland Health have confirmed their commitment to these principles in recent correspondence to Scarlet Alliance. A review of services for Queensland sex workers will be conducted in coming months, followed by a tender process for sex worker services later in the year.

SQWISI was one of the first incorporated sex worker organisations in Australia and a founding member of Scarlet Alliance, playing an important role in the establishment of the Australian sex worker rights movement. Unfortunately, recent years saw SQWISI move away from a peer education and participation model, leading to less sex worker input and control over the organisation and eventually resulting in SQWISI withdrawing their membership to Scarlet Alliance. The SQWISI experience serves as a potent reminder to all of us that sex worker leadership and participation is imperative to the success, sustainability and accountability of our sex worker organisations to the sex worker community.

It is in no ones best interest that a sex worker organisation has closed in this way.

Scarlet Alliance is disappointed that SQWISI has been closed and Queensland sex workers are left without representation, services, or any formal avenue to effect policy and legislative change. Sex worker involvement in the future directions of services in Queensland is the only way to ensure that the next funded service doesn't fall into the same situation. If you are a Queensland sex worker and you would like to be involved in formal responses to the SQWISI closure, please let Scarlet Alliance know at info@scarletalliance.org.au.

It is timely to remember in situations such as this that sex worker involvement is central to the success, sustainability and longevity of sex worker services and organisations.

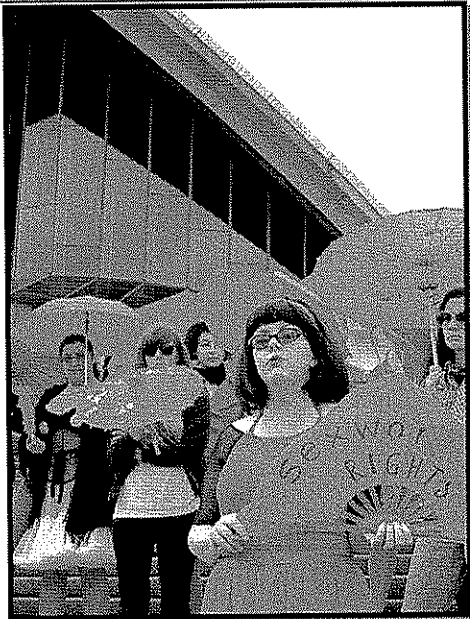
As relevant information comes to light we will let you all know,

Elena Jeffreys
on behalf of the Scarlet Alliance Executive
Scarlet Alliance, the Australian Sex Workers Association
<http://www.scarletalliance.org.au>
info@scarletalliance.org.au

1pm – 3pm, Friday 20th July 2007, 30 Helen Street, Newstead

Scarlet Alliance, The Australian Sex Workers Association
in conjunction SSPAN (Queensland Scarlet Alliance member)
presents,

Sex Worker Peer Education: The Australian Experience Epidemiology, Funding, Community Control, & the Future of Sex Work Services in Queensland



In the wake of the HIV epidemic of the mid-1980s, sex workers in Australia were voluntarily responding on the ground by sharing information about how to protect oneself from HIV; how to use condoms; how to negotiate condom use with clients and ways to share this information with each other - their peers.

Australia's response to HIV/AIDS is based on a bipartisan approach to involving affected communities (msm, sex workers and drug users) and has proven extremely effective. Sex Worker Community based sex worker organisations were funded to develop and implement comprehensive HIV/AIDS prevention activities. The results are unprecedented. Sex workers whilst having sex with multiple partners don't have high rates of HIV. An additional outcome of these services were the effective combining of HIV/AIDS prevention and STI prevention messages resulting in studies demonstrating sex workers have lower rates of STI's than the general community.

The outcome of funded sex worker organisations is that 20 years into the epidemic the sex worker communities are still engaged with safer sex practices and are still implementing condom use in their workplaces. As trends of services provided, regulations and working practices have changed so too have the strategies sex workers use to ensure their own safety and that of their clients.

A strong culture of condom use amongst sex workers, a high level of sharing information on how to work safely between sex workers, and a strong connection with the broader sex work community enables an effective community based sex worker organisation to inform Government policy and ensure the continuation of these extremely strong public health outcomes.

Scarlet Alliance & SSPAN are convening a community forum and consultations with sex workers for the purpose of paving the way for improved sex worker services & representation in Queensland.

With the demise of SQWISI in recent years, Queensland has been without a funded sex worker service and without representatives in community forums. The funding and policy in relation to future sex worker peer education in Queensland will be decided in the months to come. This forum aims to bring together the evidence, epidemiology, policy frameworks and funding issues that will determine whether Queensland will have a funded sex worker voice in the future.

This forum is for sex workers, health and welfare workers who provide services to sex workers, alcohol and drug service workers in Brisbane, community advocates, students, researchers and policy makers.

RSVP: info@scarletalliance.org.au

**Scarlet
Alliance**

**Australian
Sex Workers
Association**

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S.S.P.A.N.

Representative Candi Forrest
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Peer Education among Sex Workers In Australia

Briefing Paper July 2007

"Australia has the lowest rate of HIV/AIDS among sex workers in the world, due to the work of community-based sex worker organisations and projects conducted in partnership with State and Territory and Australian Governments, and with other agencies."¹

"Peer education has been a significant focus of the work of community-based sex worker organisations and has included the provision of information on safe sex practices, up-skilling new workers to implement these practices, and outreach services."²

"Sex workers, for whom STIs are an occupational health and safety issue, are actively engaged in STI prevention."³

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

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

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

The Federal Government⁹ and Queensland Health¹⁰ recognise sex workers as an affected community in regards to HIV, blood borne viruses and sexually transmissible infections.¹¹

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

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

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

² Ibid, pg 4

³ Commonwealth Government Department of Health and Aged Care, *National Sexually Transmissible Infections Strategy 2005-2008*, 2005, pg 6

⁴ Ibid, Pg 28

⁵ Ibid, Pg 28

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

⁷ Ibid, pg 18

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

⁹ Commonwealth Government Department of Health and Aged Care, 2000 and 2005

¹⁰ Queensland Health, *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011*, Queensland Government, 2005, pg 21

¹¹ Commonwealth Government Department of Health and Aged Care, *National Sexually Transmissible Infections Strategy 2005-2008*, 2005

¹² Queensland Health, *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011*, Queensland Government, 2005, Pg 31

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

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

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

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

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

The successful involvement of sex workers in the review will:

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

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

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

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

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

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

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

¹³ Queensland Health, 2005, pg 20

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

¹⁵ Queensland Health, 2005, pg 31

REVIEW OF SEX WORKER SERVICES IN QUEENSLAND:

PONGHO RECOMMENDATIONS

A meeting of PONGHO members has agreed that recommendations regarding the impending Review of sex worker services in Queensland be made to Communicable Diseases Branch of Queensland Health.

The PONGHO recommendations are:

1. A reference group, including sex worker representatives, be established to oversee the process of the Review, eg. to compile Terms of Reference for the Review, and for ongoing oversight of the Review process.
2. The Review be undertaken by consultants who have experience in working with sex workers
3. The Review should include input from a broad diversity of sex workers through a range of mechanisms, including existing sex worker groups.
4. Sex workers and sex worker organisations need to provide input to the Review. With input also sought from NGO's and other stakeholders currently providing services to this target population.
5. The Review process should recognise HIV, hepatitis C and Sexually Transmitted Infections in the broader social determinants of health, and via the creation of an enabling environment.
6. The Review should recognise the whole-of-government approach of the Queensland HIV, hepatitis C and STI strategy. Thus, the Review will identify key areas of future attention by Departments other than Queensland Health, and areas of funding other than CDB allocations.
7. The Review report should include the methodology used, execution and outcomes of the Review, and recommendations made as a result of the Review, and be made available to key stakeholders.

These recommendations were communicated to Queensland Health 26th July 2007.

1. Sex worker services in Queensland - New Service

This is an anonymous survey spread over three pages. There are ten questions in total. By participating in this survey you are helping to identify the services sex workers in Queensland need.

This survey is for past and current sex workers.

A * symbol means the question must be answered before you progress.

***1. If you can imagine a completely new sex worker service in Queensland. Please describe it?**

***2. What kind of services would this new service provide, and what would make you want to go there?**

***3. Are there extra/different services a sex worker new to the sex industry would need from this sex worker service?**

4. Is getting current information about sex work an important aspect of going to a sex worker service? (Eg. standard prices for particular services, working conditions in other sex industry workplaces)

- ☐ Yes
☐ No

2. Sex workers services in Queensland - Skills and knowledge p 2 of 3

This information is anonymous.

By participating in this survey you are helping to identify the services sex workers in Queensland need.

This survey is for past and current sex workers.

A * symbol means the question must be answered before you progress.

***1. List the most important skills or knowledge that a person would need in order to provide effective services to sex workers at this new service?**

	very important	important	slightly important	not important	N/A
Communication skills					
Sex work experience and knowledge					
Knowledge of sex work laws in Queensland					
Ability to share safe sex work strategies					
Condom use negotiation skills					
Knowledge of sexually transmissible infections and blood borne viruses including HIV					
An understanding of sex work culture and practices					
Ability to provide non-judgemental services					
Information on how to exit the industry					
Understanding of the different sex industry work options					
Other (please specify)					

***2. What kind of information would you want a person working at the new service to provide to you?**

3. Sex worker services - what do you look for? Page 3 of 3

This information is anonymous.

By participating in this survey you are helping to identify the services sex workers in Queensland need.

This survey is for current and past sex workers.

A * symbol means the question must be answered before you progress.

***1. If the new sex worker service provided referrals, what kind of services/issues/support would you be happy to be referred to another service for?**

2. If you have accessed a sex worker organisation in Queensland previously, what did you like about the service and what didn't you like.

***3. Do you think a new sex worker service has a role in advocating behalf of sex workers - attempting to improve the general community and Government understanding of sex work and sex workers?**

☐ Yes

☐ No

If so, how important is this (5=high - low=1) and what are the key issues that the services would advocate on behalf of sex workers about?

***4. Complete this sentence:**

From a sex worker service I expect

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Data Analysis

The following sets out comments about the methodology of the Scarlet Alliance online survey: Sex Worker Services in Queensland (2007-2008) and an analysis of the data collected. Tables are set out which represent the frequencies at which concepts arose in the data. Discussion is confined mostly to the description of the conceptual content of the responses to open-ended questions. There is no academic analysis or formal recommendations for policy based on the data.

1. Methodology

1.1 Survey Monkey online survey

A mixed method survey questionnaire was available for respondents to complete on a professional online survey site called Survey Monkey. Potential respondents were directed to the questionnaire at the Survey Monkey site (www.surveymonkey.com). The survey was available from 18th June 2007 until 2nd March 2008.

There are a couple of problems with this style of survey delivery. The first is that only persons who are internet familiar and have access to computer technology will be able to respond. It is uncertain how much this problem may have been mitigated through delivery of the survey address to workers in health service offices (like QUIHN, QAHC) who could provide technological assistance to sex workers to complete the survey while attending the office for services. This may be one solution to this problem in future surveys of this type.

The second problem is that there is no way of knowing (without extensive IP address searches which transgress the anonymity of the survey) whether the respondents are really sex workers or from Queensland. This problem is mitigated by the following factors. The survey is not particularly easy for non-sex industry familiar persons to find. Targeted telemarketing by Scarlet Alliance staff alerted private sex workers to the survey. The respondent needed to navigate through several links from the Scarlet Alliance website home page to find the survey. The direct address was distributed on a closed e-list and via sexual health service providers (like QAHC, QUIHN etc). Furthermore, the Survey Monkey platform only accepts one response from an IP address therefore only one respondent can complete the survey from any given computer.

Lastly the content of the responses themselves indicate that all the respondents were extremely sex industry familiar, most revealed accurate knowledge of the Queensland sex industry and only one or two responses suggested that the respondents were sex industry business operators.

1.2 Survey structure

The survey was mixed-method but predominantly qualitative in design. Respondents were asked to provide answers to a total of 10 questions (Appendix 1). One of these (Q.4) requested YES/NO responses and open-ended comments, and one (Q.5) allowed the

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respondent to rate a range of options from Very Important – Not Important – NA as well as open-ended comments. The remaining questions (Q.1,2,3,6,7,8,9,10) each provided for the entry of an open-ended text response only.

2. Analysis

Both qualitative and quantitative analysis was conducted on the data.

2.1 Response sorting – English survey

A total of 43 response sets were downloaded from the Survey Monkey site on 2nd March 2008. Of these, 8 response sets were eliminated from the analysis at the outset – these were either incomplete (i.e. having 2 or less of the 10 questions completed) or were nonsense (i.e. rows of letters, question marks etc.). Thus, analysis was conducted on 35 response sets.

2.2 Response sorting – Asian language (Chinese, Korean) surveys

No usable data for coding could be obtained from either of the two Asian language surveys, in part because the fonts as downloaded from Survey Monkey could not be read by Excel.

Nearly all of the open-ended questions in both languages were ignored by respondents, perhaps because they could not enter responses in their native language fonts.

The only questions which were answered properly were those which required only yes/no responses (Q.4) or which provided a list of options to rank (Q.5). A quantitative analysis was obtained at download for these questions and they are presented unchanged (see section 3.11)

2.3 Qualitative analysis

Questions 1 through 10 all included text-based content that required qualitative coding. This was conducted using the QSR NVivo (version 2.0.161) program (www.qsrinternational.com). Discussion and examples of the key concepts to emerge for each question are set out below.

2.4 Quantitative analysis

Questions 4 (yes/no option) and 5 (ranked option selection) were structured in a way which allowed the Survey Monkey platform program to provide a quantitative analysis at download. These are presented unchanged as quantitative tables.

As mentioned above, the text-based content from Questions 1 through 10 was coded using the QSR NVivo program, which allows the user to present the results in the form of an assay table which can then be transferred to Excel or SPSS. This quantitative analysis

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of the key concepts is possible because each document in a question batch represents one respondent. In this way the percentage of respondents who mentioned each concept category could be obtained.

2.5 Concept coding

The 35 response sets were converted into Rich Text documents and uploaded into NVIVO for coding. The text of each response to each question was uploaded as a separate document and then coded into concept categories.

A strict literalism was employed during the coding so as to obtain a set of concepts which encapsulated what the respondents were actually saying, not what the analyst thought they might really mean. For example, many respondents used the more general term 'health services' while others used more specific terms like 'sexual health services', 'mental health services', 'STI checkups' etc. Even though it could probably be assumed that 'health services' refers to 'sexual health', only specific references to sexual health were coded in the Sexual Health Information concept node with references to 'health services' coded in the Health Services General concept node (see Figure 1).

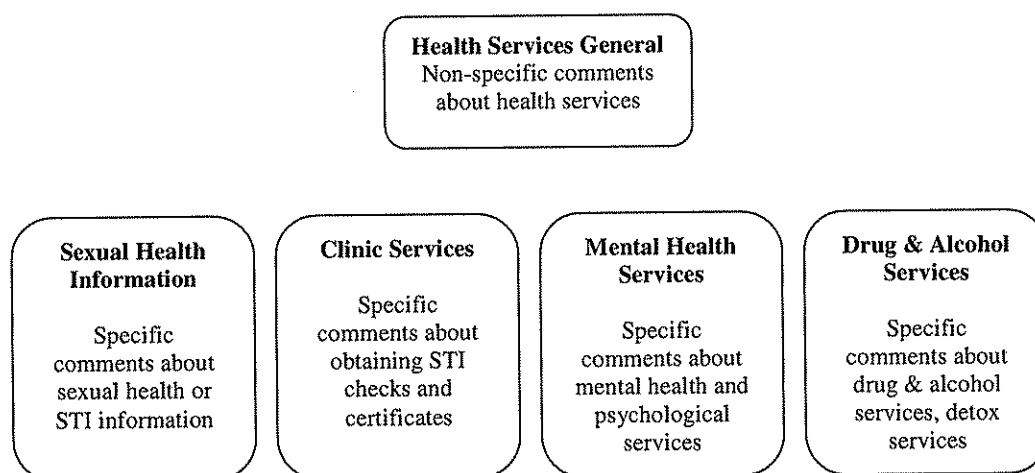


Figure 1 Health Services Concept Tree

The initial aim was to construct one concept tree per question and generally this was achieved. The final range of concept trees into which the data was coded is shown in Appendix 2, along with expanded descriptions of the concepts and the data that is coded into each concept node.

3. Discussion

In the following section is presented the qualitative and quantitative assessment of each question in the survey. Two special sections (3.3.1 and 3.3.2) are included for the quantitative assessment of questions 1, 2 and 6, as detailed below.

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3.1 Question 1. If you can imagine a completely new sex worker service in Queensland. Please describe it? (Respondents=35)

The overwhelmingly strongest theme to emerge from this question was one of **peer involvement** with the top three concepts relating to a new sex worker service being **Peer Based**, with **Peer Staff** and **Peer Managed**.

It would be for the worker, by the worker and with the worker (Q1R31)

It will be a space where sex workers can share information, skills, stories, develop shared responses to issues, address media stereotyping, be involved in decisions, share in the direction of services by having meaningful input. It is very definitely a sex worker only space where other services are not allowed (Q1R43)

Other workers that have worked where we have worked (in Brisbane) that understands the environment and the realities of our work. We are sick of non-sex workers TELLING us what we SHOULD be doing - we need other workers to listen and understand and most importantly - not to judge us for our choices (Q1R19)

from people that have worked in the industry themselves not some text book uni student...(Q1R3)

Related to this and also figuring highly was a desire for the service to provide access to **Peer Networking and Events**

I would like to see a sex industry group that provided social networking for workers (Q1R24)

sex worker only, safe space to talk and meet other sex workers (Q1R26)

Following, and intimately connected, was the concept of the service offering a **Sex work Positive Space**

A group made up of other sex-workers, who do not try and force you to leave sex-work and make you feel stupid for doing it, but who support you in what you want to do.(Q1R34)

A service that encompasses all areas of being a sex worker – the good, the bad, the legal and otherwise, the secrecy, the traps, the realities and the joy.... That looks to the positive side of the work and understands these scenarios (Q1R4)

Of equal importance to this was that the service be **Comprehensive** in the sense that a broad range of services should be offered (that is, not just health services) and that it be **Sector Diverse**, offering services that attended to the needs of sex workers from all sectors of the industry (i.e. street, escort, brothel, private etc).

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Varying opening times available to cater for the diversity of the sex industry and a full range of projects and services that also cater for ALL the different sectors of the industry (Q1R22)

Info on all aspects of life in the industry from Tax, Health, money management, time management e.g. life skills right through to property and super investment (Q1R32)

One quote which encompasses all of the most prominent themes to emerge from this question is:

Peer based, unashamed, forward thinking, supportive of all facets of the industry including brothel owners, workers, receptionists, clients, etc (Q1R25)

3.2 Question 2. What kind of services would this new service provide, and what would make you want to go there? (Respondents=35)

Two themes dominated the responses to this question: (1) **Peer Networks** and (2) **Sexual Health Services**. These were followed up by a range of desired services; listed in order of prominence they included **Legal Information, Ugly Mug & Safety Information, Tax & Finance Information, Advocacy Services** and **Counseling & Support Services**.

Mirroring question 1, many of the responses reflected a desire to use the service to access **peer networks and social events**.

But even more important would be the opportunities to meet other sex workers for friendship and communication. It is so important for me, at least, to have someone to talk to about this stuff, especially in the early days. As a private worker I am totally isolated (Q2R24)

There will be lessons and counseling meetings for sexworkers. Learn theory, learn from colleagues, build communities, transgress isolation, be empowered...(Q2R6)

peer workshops and skill sharing to learn how other workers operate (Q2R5)

Of equal prominence was the Sexual Health Services theme. The most strongly expressed element of this theme was the need for a service which could supply safe sex equipment – **PPE Supplies**. It should be noted that around one third of the respondents who mentioned PPE supplies as a significant reason for going to a sex work service said that PPE should be free. The remainder either didn't mention cost at all or used the expressions 'cheaper' or 'reasonable cost'.

The group should provide sales of bulk condoms, lube, and dental dams... and obviously some detailed information re: diseases. The sales of consumables would

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be my first and biggest reason to go to such a group, (it gets a bit embarrassing down at Coles) (Q2R24)

latest tools of trade, new condoms, lubes, research data reflecting best practice prophylactics (Q2R27)

Other prominent elements of the sexual health services theme were **Clinic Services** and **Sexual Health Information**, respectively.

We would be able to go there for sex health checks (Q2R7)

Would love to visit a health clinic that was not at a hospital or through the doctor, there is nothing worse than sitting in a waiting room with sick people waiting for a check-up (Q2R40).

Oh yeah, and the STD/STI crap – but no mandatory testing cos I've seen more dirty dicks than I have muffs...ahem...(Q2R4)

peer education covering strategies to implement safe sex practices, access to prophylactics and discussion on use of prophylaxis in different situations (Q2R43)

A range of requested services vied for prominence throughout this question. They are listed in order of prominence below alongside some relevant quotes.

Legal Information

Being able to get information pertaining to current and new regulations and laws (Q2R14)

I would like to be able to access relevant information as it applies to sex workers in a real context - I don't need or want to know about how the laws are meant to be enforced - I need to know what actually happens or will happen to me when working in my current chosen industry (Q2R19).

Up-to-date information re the laws both Government and PLA changes (Q2R31)

Ugly Mug & Safety Information

oh & s, ugly mugs list, information on working safely (Q2R43)

a website where we can check up on clients or make reviews regarding clients we have trouble with (Q1R18)

I always liked the ugly mugs that sqwisi did so it would include that (Q1R7)

ugly mugs, security info and news of whats going on in the industry (Q2R14)

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Tax & Finance Information

The Tax and Finance Information node coded all comments made by respondents about wanting services which helped them deal with money issues.

Generally expressed simply as either *taxation info* (Q2 R22) or *business advice* (Q2R33), it is most comprehensively expressed in the following quote:

Money/Passion are often the driving forces behind any chosen career path. So the service should address the financial aspects of our work e.g., budgeting, tax, loans, debts, expenses (Q1R4).

Advocacy Services

Advocacy was the subject of a separate question (Q.9 – see section 3.9) but figured highly in the earlier question responses.

As well as general advocacy and mediation on behalf of sex workers

mediation on my behalf with my consultation e.g. with police, land lords, brothel owners, doctors, etc (Q2R40)

respondents also expressed the desire to provide input into responses for themselves

The service will need to provide - - opportunities for sex workers to come together and develop responses, input into policy approaches, provide input into the effectiveness of services; report of barriers to effective service delivery, report on policing approaches and impact on a range of issues (including carrying safe sex supplies) and negotiating with clients over the phone etc. (Q2R43)

Counseling & Support Services.

The two concepts 'support' and 'counseling' were often teamed together without much elaboration but featured strongly in responses to question 2 alongside comments like this:

a place to go so you can have a chat with someone (Q2R10)

This comment, made in response to another question relates the long-term emotional support that sex workers need.

The org should not be just about short term service delivery but also 'case management' and having support to follow up on issues and be able to give on going support to workers - especially new workers who may want to see staff more than once and for longer periods of time. (Q3R22)

3.3 Quantitative assessment of questions 1, 2 and 6

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During coding it became apparent that there was some considerable overlap of concepts between the various question responses. For example, *Question 1: If you can imagine a completely new sex worker service in Queensland. Please describe it?* seemed designed to elicit how respondents imagined a sex worker service might be structured but responses to this question often also included descriptions of the types of services and information that the potential service might provide. Conversely, *Question 2: What kind of services would this new service provide, and what would make you want to go there?* often included descriptions of the structure and style of a new sex worker organisation as well as the types of services that would be provided.

Furthermore, responses to *Question 6: What kind of information would you want a person working at the new service to provide to you?* included many of the same responses to Questions 1 and 2, sometimes even stating “as previously answered”. For this reason the question responses for Questions 1, 2 and 6 were combined (after coding and during the tabulation process) to construct a model which more accurately reflected and gave a more valid quantitative impression of the concepts which were contained in the data.

In the final tabulation of the data responses to questions 1, 2 and 6 were incorporated into 2 model tables: (1) Structure & Style and (2) Services & Information. Any and all comments made in response to Questions 1, 2 and 6 about the structure, organisation and policy style of the potential sex worker service are represented in the Structure & Style table. Similarly comments by respondents about the type of services and information this potential organisation would provide are represented in the Services & Information table.

There is no table representing data from Question 6 *What kind of information would you want a person working at the new service to provide to you?* This data is incorporated into the Structure & Style table and the Services & Information table.

All other tables represent the responses to a single question in the survey.

3.3.1 Structure and Style

The Structure & Style concept tree was constructed during coding of responses to *Question 1: If you can imagine a completely new sex worker service in Queensland. Please describe it?* It was anticipated by the analyst that this question might elicit responses which described how a sex worker service might be structured physically (eg. would it have offices? where would they be? would there be a drop-in space? a website? how it would reach people to provide services? etc.), organisationally (how would it be set up?, who would manage and staff it? how would this be decided? etc.) and philosophically (what sort of policy focus might it have?, would it be peer-based?, would it be government funded? etc.).

Some of the anticipated types of responses were present in Question 1 however many responses that related to structure were also found in Questions 2 and 6 (as discussed above).

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The following table thus incorporates data from all three questions.

Structure & Style of a new Sex Worker Service				Concepts
				Total responses
				Percent n=35
Peer Based	Peer Staff	Comprehensive	Peer Management	Staff Attitudes Positive
17	14	11	11	10
49%	40%	31%	31%	29%
Sex Work Positive Ethos	Confidential	Strong Conviction	Decriminalisation Ethos	Sector Diverse
8	7	6	5	4
23%	20%	17%	14%	11%
Flexible Hours & Access	Professional	Autonomous	Gender Diverse	Industry-familiar Staff
4	4	4	3	3
11%	11%	11%	9%	9%
Other Service Liaison	Regulator of Industry	Office Regions Specified	Symbolic Imagery	Government Funded
3	2	2	2	1
9%	6%	6%	6%	3%
Cultural Diverse	Stakeholder Diverse			
1	1			
3%	3%			

Table 1 Structure & Style, ranked concepts derived from Questions 1, 2 and 6

3.3.2 Services and Information

The Services concept tree was constructed to code responses to Question 2 but as per 3.1 above, the following table incorporates data from Questions 1, 2 and 6.

Services and Information to be provided by a new Sex Worker Service		Concepts
		Total responses
		Percent n=35

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PPE Supplies Service	Peer Network & Events	Legal Info	Ugly Mugs & Safety	Industry Info
15	15	14	13	13
43%	43%	40%	37%	37%
Tax & Financial Info	Advocacy - General & All	Health Services general	Counseling & Support	Clinic Services
12	12	11	11	10
34%	34%	31%	31%	29%
Sexual Health Info	Worker Friendly Referrals	Workskills Info	Drop-In Space	Advocacy - Industrial Rights
10	9	9	7	6
29%	26%	26%	20%	17%
Advertising Info	Advocacy - Stigma & Discrimination	Advocacy - Govt Lobbying, Law Reform	Media - Mag or Newsletter	Policy & Research
5	5	5	4	4
14%	14%	14%	11%	11%
Classes & Workshops	Exit & Retraining Services	Like SQWISI	Outreach	Agency Services
4	4	3	3	2
11%	11%	9%	9%	6%
Drug and Alcohol Info	Underage services	National Info	Mental Health Services	Crisis Assistance
1	1	1	1	1
3%	3%	3%	3%	3%

Table 2 Services & Information, ranked concepts derived from Questions 1, 2 and 6

3.4 Question 3. Are there extra/different services a sex worker new to the sex industry would need from this sex worker service? Respondents=35

The primary concept to emerge in question 3 was that workers new to the industry require access to information from peers, for **peer education** and to access **tricks of the trade**, information that can only be passed on by other or former sex workers.

when i first started working i had to learn a lot the hard way as the older girls don't like to pass on their secrets so i think have ex workers that have a lot of experience passing on all the tricks of the trade also make it less serious this can be a fun career choice (Q3R15)

tricks to make guys come quick, How to have safe sex, extra measures to make sure no breakages etc (Q3R18)

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I guess all the stuff you would be an expert in only if you have actually worked
(Q3R19)

This theme also included references to peer mentorship for new workers:

peer support network, mentorship program could be put in place- government could pay long term sex workers who wish to peer educate to guide workers through first 3 months of industry. Sex worker organisations have at most times had peer educators who have taken on this role, however time constraints of these positions and other factors can get in the way of 1 to 1 support for new workers
(Q3R37)

The notion that a special induction for new workers was needed came through strongly, even though it was often stated as just that - **New Worker Induction** - with little or no elaboration on what that would actually entail. Nonetheless the need for other sex workers to conduct these inductions came through.

It also gets the older workers interacting with the new workers and passing on valuable info that you don't always think of unless you are chatting like this
(Q3R28)

The need for **Current Industry Information** was prominent,

New worker training, getting to know people around the industry, a bit of a 'whose who' - prices so that they don't get ripped off (Q3R12)

lots more info about rates of pay/conditions (Q3R7)

Advice about the industry, advice about working conditions in each area of work
(Q3R34)

All the bullshit one goes through when they are new with clients 'testing' by saying they have an alliance with premises....knowing the industry is wide in scope
(Q3R4)

Current Industry Information came alongside the expected range of services and information that new sex workers need, i.e. **Sexual Health Information** and **Legal Information**.

Following that, training in **Client Negotiation Skills** was thought necessary for new sex workers.

A skill based information session that covers negotiation with clients, setting boundaries (Q3R43)

If a girl came to the service and had only just signed on to a brothel, then yes, the group should teach her how to manage the men, so she isn't at risk. That would

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include things such as making sure the booking stays within time, how to handle it when a client sticks it up their bum, when they haven't paid for that, keeping the client's payment away from him until after the booking... helping them to realise that they, as workers, are in the power position during the clients booking. (Q3R24)

Extra/Different Services for New Workers					Concepts
					Total responses
					Percent n=35
Peer Education & Tricks	New Worker Induction	Industry Info	Sexual Health services	Legal Info	
13	8	7	7	7	
37%	23%	20%	20%	20%	
Client Negotiation Skills	Counseling & Support	Good & Bad Info	Health Services general	Lifeskills & Lifestyle Services	
6	5	4	3	2	
17%	14%	11%	9%	6%	
Ugly Mugs & Safety	Mental Health services	Exit & Retraining Services	Employer Negotiation Skills	PPE Supplies Service	
2	2	2	2	2	
6%	6%	6%	6%	6%	
Peer Networking & Events	Peer Staff	Like SQWISI	Tax & Finance Services	Extra Time Spent	
2	1	1	1	1	
6%	3%	3%	3%	3%	
Symbolic Imagery	Sex Work Positive Ethos	No Different, Different for Everyone	Workskills Info	Childcare Services	
1	1	1	1	1	
3%	3%	3%	3%	3%	
Registration Number	Housing Services				
1	1				
3%	3%				

Table 3 New Workers, ranked concepts derived from Question 3

3.5 Question 4. Is getting current information about sex work an important aspect of going to a sex worker service? (Eg. standard prices for particular services, working conditions in other sex industry workplaces) Yes/No, Comments.

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All 43 respondents answered this question, with 86% answering Yes and 14% responding No.

Q4 Is getting current information about sex work an important aspect of going to a sex worker service? (Eg. standard prices for particular services, working conditions in other sex industry workplaces)

Answer Options	Response Percent n=43	Response Count
Yes	86.0%	37
No	14.0%	6

Table 4 Importance of Current Industry Information: Yes/No

Eighteen respondents gave additional comments which described the types of current industry information that they wish to be able to obtain and why this information is important.

The most prominent concept to emerge referred to **empowerment**; that current knowledge about **prices and extras standards** and **condom-use standards**, allowed a sex worker to set boundaries and stay in control.

Knowing what other workers are charging or offering is a really important part of setting boundaries. you feel more confident in saying "You must use a condom" if you know that all the stories clients tell about other workers doing oral without a condom aren't true (Q4R12)

knowing prices is the essential way to ensure your rights aren't trampled on!! (Q4R26)

knowing the realms and scope of the industry and that you control where you are at (Q4R4)

This builds information sharing networks amongst us but also assists us to improve strategies for condom and safer sex and safer services negotiation (Q4R43)

A similarly frequent concept was that the sex industry was '**not like any industry**' so that this sort of information was difficult to obtain.

Absolutely important! Where else do workers go to get this information? (Q4R27)

However, while current sex industry information was deemed obscure, the desire to obtain information about ones work standards, '**just like any industry**', was expressed.

It's always great to keep abreast of current things in the industry, like any other! (Q4R14)

Sex work tends to make me feel extremely isolated - it is a result of this that I often feel bad about myself - NOT the work itself. I just want to chat to other work

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colleges - like everyone else does, I don't think that is a strange thing - to want to relate and belong (Q4R19)

Current Industry Information: Comments				Concepts
				Total responses
				Percent n=18
Empowerment	Not Like Any Industry	Prices & Extras Standards	Like Any Industry	From Peers
6	5	4	2	2
33%	28%	22%	11%	11%
Condom Use Standards	Ugly Mug Info	Media - Mag or Newsletter	Only Objective Info	Legal Info
2	1	1	1	1
11%	6%	6%	6%	6%
Peer Networking & Events	Sexual Services Info			
1	1			
6%	6%			

Table 5 Current Industry Information: Comments, ranked concepts derived from Q.4

3.6 Question 5. List the most important skills or knowledge that a person would need in order to provide effective services to sex workers at this new service?

Thirty-nine respondents answered this part of the question. The following table sets out the responses to question 5, detailing 10 skills sets and respondents perceptions of the level of importance of each.

Q.5 List the most important skills or knowledge that a person would need in order to provide effective services to sex workers at this new service? n=39					
	very important	important	slightly important	not important	N/A
Communication skills	79.5% (31)	12.8% (5)	2.6% (1)	0.0% (0)	5.1% (2)

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Sex work experience and knowledge	76.9% (30)	15.4% (6)	2.6% (1)	0.0% (0)	5.1% (2)
Knowledge of sex work laws in Queensland	82.1% (32)	10.3% (4)	2.6% (1)	0.0% (0)	5.1% (2)
Ability to share safe sex work strategies	74.4% (29)	15.4% (6)	5.1% (2)	0.0% (0)	5.1% (2)
Condom use negotiation skills	69.2% (27)	20.5% (8)	5.1% (2)	0.0% (0)	5.1% (2)
Knowledge of sexually transmissible infections and blood borne viruses including HIV	66.7% (26)	20.5% (8)	5.1% (2)	2.6% (1)	5.1% (2)
An understanding of sex work culture and practices	84.6% (33)	5.1% (2)	2.6% (1)	2.6% (1)	5.1% (2)
Ability to provide non-judgemental services	87.2% (34)	0.0% (0)	5.1% (2)	0.0% (0)	7.7% (3)
Information on how to exit the industry	43.6% (17)	15.4% (6)	12.8% (5)	23.1% (9)	5.1% (2)
Understanding of the different sex industry work options	61.5% (24)	20.5% (8)	12.8% (5)	0.0% (0)	5.1% (2)

Table 6 Staff Skills, importance ranks by number and percentage n=39

Respondents were also able to enter comments about 'other skills' that they deemed important. Thirteen respondents entered comments describing skills and qualities that were considered necessary.

The most prominent of these was the concept of being in possession of and ability to use **anecdotal knowledge**, although it could be argued that this skill is what one would expect from someone who had 'Sex work experience and knowledge' and therefore is not technically an 'other' skill but simply an elaboration of the second skill option on the list.

Being able to answer every question with examples, telling interesting stories that put information into a context (Q5R12)

Considerable emphasis was laid on **personality traits** – coded under a range of concepts including:

Positive and fearless

Positive and fearless attitude and also open to learning (Q5R4)

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Sense of humour

I want to have a laugh while learning about the different services I can offer - lets make it fun to go into the sex worker service! (Q5R12)

Caring and nurturing

optimistic, caring, nurturing personalities (Q5R25)

Question 5: Staff Skills - Other				Concepts
				Total responses
				Percent n=13
Anecdotal Knowledge	Positive & Fearless	Business Skills	Sense of Humour	Crisis & Financial Skills
3	2	2	2	1
23%	15%	15%	15%	8%
Caring Personality	Gender Diversity	BDSM Workshop Skills	Community Development Skills	Psychological Skills
1	1	1	1	1
8%	8%	8%	8%	8%

Table 7 Staff Skills - Other, ranked concepts

3.7 Question 7. If the new sex worker service provided referrals, what kind of services/issues/support would you be happy to be referred to another service for?
Respondents=31

In answering this question respondents revealed that they were very happy to be referred elsewhere for the sorts of health services that could be grouped together under the concept **Medical and STI Clinics**. It includes sexual health checkups, doctors, late-night pharmacies etc.

Second to this came the concept node **Accountants** but which includes a range of taxation and financial services that respondents listed in very businesslike manner.

Property finance Accountant Financial planner (Q7R32)
Accountant. Taxation office details (Q7R41)
health insurance issues, paper work, finance.. (Q7R6)

A lesser but significant theme to come through here was around **Support, Counseling & Mental Health**, with the term 'mental health' mentioned by several respondents (Q7 R19,30,35).

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Psychological services, again difficult to explain to a gp who hasn't the understanding of sex work (Q7R18)

cool, as in, non-judgemental counselors (Q7R24)

Referrals				Concepts
				Total Responses
				Percent n=31
Medical & STI Clinics	Accountants (Financial Services)	Support, Counseling, Mental Health	Legal Services	Don't Want
19	14	7	6	5
61%	45%	22%	19%	16%
Drug & Alcohol Services	Crisis Assistance	Police Liaison	Family & Child Services	WorkCover
4	4	3	2	2
13%	13%	10%	6%	6%
Exit & Retraining	Disabled Client Referrals	Hairdressers	English Classes	Gender Diverse Services
1	1	1	1	1
3%	3%	3%	3%	3%
Worker Friendly Hotels & Motels	Cultural Services	Banks & ATMs	Cabs & Drivers	Life Planning Services
1	1	1	1	1
3%	3%	3%	3%	3%
Clothing Services	Physical Fitness Services			
1	1			
3%	3%			

Table 8 Referrals – services happy to be referred to another organization for, ranked concepts

3.8 Question 8. If you have accessed a sex worker organisation in Queensland previously, what did you like about the service and what didn't you like.
Respondents=25

Twenty-five respondents answered this question with 8 referring directly by name to SQWISI. Of these, negative versus positive comments were balanced however one interesting aspect to emerge from this question was the assertion by sex workers that those things that were liked about SQWISI in the early days later became those things that were disliked, as the peer-emphasis changed.

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SQWISI used to be a pro-sex work, worker-run space that positively contributed to the lives of sex workers in Queensland. That stopped quite a few years back. We need something like the old SQWISI back (Q8R27)

Later I didn't like going because I felt the person I was talking to had either not worked, or not for 30 years (Q8R24)

Thus it not a surprise that one of the most prominent factors that respondents disliked was that encapsulated in the concept '**Staff Not Peers**'

I didn't like not being able to talk to someone with sex work experience - i had to call another office to speak to someone (Q8R43)

you could tell the difference in knowledge from someone who has worked on their back and someone who has not worked in the industry. Miss having a service to talk to when having a low day i.e. slow or bad clients (Q8R40)

my volunteer skills were rejected by that organisation due to quote "your situation would be a conflict of interest for our organisation, if you were not working in the industry and wanted to volunteer then that would not be a problem, I mean you might take calls from clients instead of answering the phone" can't remember much else but this naturally stuck in my head (Q8R37)

This may be related to the most prominent theme of dislike – **Staff Attitudes**

I found them to be closed, completely unhelpful, stuck up and intimidatingly hierarchical (Q8R19)

basically I didn't think they were very friendly or even knew what they were doing (Q8R21)

I felt like I was an inconvenience (Q8R25)

Given the relative prominence of Clinic Services in response to Question 2 it is interesting that one point of dislike surrounded the **Clinic Service** at SQWISI. This was related to issues of **Confidentiality** and may reveal that something that seems like a good idea to many (that is, having an STI clinic on the same site as other sex work services) has unforeseen problems.

the medical service was on site with same entrance and shared space - unsure of confidentiality (Q8R22)

I didn't like the clinic being inside the same building - i felt concerned about privacy of information when I visited the clinic (in the building) and I didn't like the clinicalness (or feeling) when I accessed the building as a sex worker organisation. I had information provided to the clinic staff shared by the admin person (from the

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clinic) with the sex worker organisation staff - this was a breach of privacy
(Q8R43)

What was disliked about previous contact with Queensland Sex Work Service				Disliked
				Total Responses
				Percent n=25
Staff Attitudes	SQWISI	Staff Not Peers	Organisation Structure	Clinic Service
7	6	6	5	4
28%	24%	24%	20%	16%
Accessibility	Information Quality	Confidentiality	PPE Not Free	Not Gender Diverse
4	4	2	1	1
16%	16%	8%	4%	4%

Table 9 Disliked aspects of previous contact with a Queensland sex worker service

Only one respondent mentioned that they liked the **Clinic Service** at SQWISI

I liked the service... squizzi... biala is a different story the place at roma street... you have to wait there as they no longer have appointments so you can sit there for way too long...(Q8R3)

Other aspects which were considered positive were the **Staff Attitudes**, **PPE Supplies** and **Ugly Mugs Information**

I have been to SQWISI many times. They were always so friendly and didn't make you feel ashamed to admit what you did for a crust and pay taxes for! They had all the supplies there to buy, ugly mugs and warnings about anybody dangerous, however they weren't open very often (Q8R14)

What was liked about previous contact with Queensland Sex Work Service				Liked
				Total responses
				Percent n=25
SQWISI	Staff Attitudes	PPE Supplies	Ugly Mugs	Pro-sexwork Ethos
6	2	2	1	1
24%	8%	8%	4%	4%
Clinic Service	Information			
1	1			
4%	4%			

Table 10 Liked aspects of previous contact with a Queensland sex worker service

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3.9 Question 9. Do you think a new sex worker service has a role in advocating behalf of sex workers - attempting to improve the general community and Government understanding of sex work and sex workers? If so, how important is this (5=high - low=1) and what are the key issues that the services would advocate on behalf of sex workers about? Respondents=31

The advocacy role was a concept that emerged un-elicited in earlier question responses. Here respondents were asked to rate the importance of a sex worker service in undertaking this role and provide comments about those issues upon which they thought the service should focus.

Thirty-one respondents answered this question with 24 giving a rating of 5, 2 giving a rating of 4 and the remaining 5 respondents providing comments but no rating.

Comments about advocacy could be grouped into 5 conceptual areas (listed in order of prominence):

- (1) Law Reform
- (2) Wide Mediation
- (3) Stigma and Discrimination
- (4) Peer Advocacy
- (5) Safety

Within this group three general areas requiring active lobbying were identified (again, in order of prominence):

- (1) Law Reform
- (2) Stigma and Discrimination
- (3) Safety

The primary focus for advocacy was **Law Reform**,

The laws are the most important thing to us - lets make sure they are the right ones! (Q9R21)

legal issues - ie. advertising discrimination and unfair enforcement and entrapment the right to be seen equally in the eyes of the law - including family law (our occupation should never be used to label us 'bad parents') (Q9R22)

which for Queensland sex workers is directly connected to **Safety**:

We need safer conditions eg. private WL can work together (Q9R16)

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Second to Law Reform were comments which revealed a desire for mediation with a wide range of government and other organisations including the police, social welfare departments like Centerlink, Prostitution Licensing Authority, Australian Taxation Office, advertising media etc. These were coded under **Wide Mediation**

we as a community need to have our rights represented within an official capacity, otherwise - having no collective voice leaves us silenced thereby leaving no protection from unfair law and discriminatory handling from government bodies - such as police, DSS, tax dept. It is absolutely imperative that someone stands up and represent us, we seemed to be one of the most misrepresented demographics (Q9R19)

we are still discriminated in advertising (look at the cost of an add). We are still treated badly by the police (it took me two months for them to take a stalker problem I had seriously). I went to QML for a blood test and the nurse treated me like a leper and told me that I was wasting her time and to get a real job (Q9R40)

If something happened to me at work I would find it very difficult to go to the police. I don't think they would respect me or take me seriously, sometimes I worry about what I would do (Q9R5)

and were strongly connected, often intertwined, with comments that related the feeling that mediation was required because of widespread and ingrained **Stigma and Discrimination** toward sex workers.

I work professionally and safely and pay my taxes, raise my children in an excellent manner and yet am still perceived to be a trashy piece of scum. No-one in my up-market community would ever guess what I did for work, but there's still that stereo-typical portrayal of sex-workers! (Q9R14)

A lot of the problems sex workers face is due to a prejudice because people think we're evil, because they are not educated about our industry!! A face, or information to demystify the industry is what we need in this state! (Q9R25)

Finally, some respondents expressed the attitude that real advocacy was **Peer Advocacy**

only a sex worker can represent the needs of sex workers (Q9R19)

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Advocacy		Advocacy Concepts
		Total responses
		Percent n=31
Law Reform	Wide Mediation (police, government, PLA etc)	Stigma & Discrimination
11	9	7
35%	29%	23%
Must be Peers Advocating	Safety	Don't Want Advocacy
6	5	2
19%	16%	6%

Table 11 Advocacy, key issues, ranked concepts

**3.10 Question 10. Complete this sentence: From a sex worker service I expect
Respondents=32**

The final question in the survey gave the respondents the opportunity to crystallise the things they had been pondering throughout the process of completing the questionnaire.

The two most prominent concepts to emerge were (1) **Peer Networks** and (2) **Support and Counseling** – in some sense they are connected in that sometimes terms like ‘peer support’ (Q10R22) were used.

Support and Counseling here includes the same range of concepts as in previous questions but without the ‘mental health’ slant that emerged in Question 7. As for Question 2, support and counseling here codes a few related terms, often teamed together as ‘support and help’ or ‘advice, support’ (eg Q10R13,14,38) and ‘encouragement’ (Q10R22).

More fully expressed as, “I expect...

That the workers will listen to what I say and not be demeaning (Q10R28)

And, incorporating also the **Peer Networks** concept, “I expect...

to find other workers, friendly, non-judgemental support and a safe, friendly place to drop into (Q10R34)

Following these respondents expected, in order of prominence:

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Quality Information

up to date information (Q10R22), that is knowledgeable about current trends in the industry (Q10R27)

Respect

understanding, respect, recognition (Q10R19) and most of all respect (Q10R36)

Friendly Understanding Staff

compassion, understanding, non-judgement, humour (Q10R24)

Pro-sexwork Attitudes

to feel valued, appreciated and understood without feeling undermined because I choose to work in this industry (Q10R25)

Professionalism

professional in politics and business matters (Q10R6), transparent processes (Q10R43)

Confidentiality

discretion above all else (Q10R41)

Non-judgemental Attitudes

That the workers will listen to what i say and not be demeaning.... and that there is no judgement as to what I do (eg: I use all my money for drugs) (Q10R28)

Advocacy and Leadership

to be represented at all levels of government (Q10R7)

One quote which sums up the essence of what was brought out by this question is:

"I expect complete confidentiality, peer support, respect, up to date information, vibrancy, diversity, encouragement, visibility in both the community and the media, leadership" (Q10R28).

From a sex worker service I Expect...				Concepts
				Total Responses
				Percent n=32
Support & Counseling	Peer Networks	Quality Information	Respect	Friendly, Understanding Staff
13	13	10	9	8
41%	41%	31%	28%	25%
Pro-sexwork Attitudes	Professionalism	Confidentiality	Non-judgmental Attitudes	Advocacy & Leadership
7	7	6	6	6
22%	22%	19%	19%	19%

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"A Lot"	Comprehensive Service	Work Practices Focus	Drop-In Space	Legal Assistance
2	2	2	2	1
6%	6%	6%	6%	3%
Well Funded Service	Sexual Health Services	Accessibility	Diversity	
1	1	1	1	
3%	3%	3%	3%	

Table 11 From a sex worker service I expect..., ranked concepts

3.11 Asian Language tables

Tables representing quantitative results of Questions 4 and 5, as downloaded from the Survey Monkey site, are set out below.

The analyst was unable to discern the languages of survey response sets because the font characters were not visible on either database. They are labeled *Asian language 1 (10 starts, 5 completions) and *Asian language 2 (20 starts, 14 completions).

*Note: The titles of the surveys on the Survey Monkey site have been modified to comply with this (A1, A2).

3.11.1 Asian language 1

Q4 Is getting current information about sex work an important aspect of going to a sex worker service? (Eg. standard prices for particular services, working conditions in other sex industry workplaces)

Asian language 1 n=9

Answer Options	Response Percent n=43	Response Count
Yes	100.0%	9
No	0.0%	0

Q.5 List the most important skills or knowledge that a person would need in order to provide effective services to sex workers at this new service?

Asian language 1 n=9

	very important	important	slightly important	not important	N/A

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Communication skills	71.4% (5)	28.6% (2)	0.0% (0)	0.0% (0)	0.0% (0)
Sex work experience and knowledge	71.4% (5)	14.3% (1)	0.0% (0)	0.0% (0)	14.3% (1)
Knowledge of sex work laws in Queensland	57.1% (4)	0.0% (0)	0.0% (0)	0.0% (0)	42.9% (3)
Ability to share safe sex work strategies	71.4% (5)	14.3% (1)	14.3% (1)	0.0% (0)	0.0% (0)
Condom use negotiation skills	71.4% (5)	0.0% (0)	14.3% (1)	14.3% (1)	0.0% (0)
Knowledge of sexually transmissible infections and blood borne viruses including HIV	57.1% (4)	14.3% (1)	14.3% (1)	0.0% (0)	14.3% (1)
An understanding of sex work culture and practices	57.1% (4)	0.0% (0)	28.6% (2)	0.0% (0)	14.3% (1)
Ability to provide non-judgemental services	71.4% (5)	28.6% (2)	0.0% (0)	0.0% (0)	0.0% (0)
Information on how to exit the industry	71.4% (5)	14.3% (1)	0.0% (0)	0.0% (0)	14.3% (1)
Understanding of the different sex industry work options	57.1% (4)	0.0% (0)	0.0% (0)	0.0% (0)	42.9% (3)

3.11.2 Asian language 2

Q4 Is getting current information about sex work an important aspect of going to a sex worker service? (Eg. standard prices for particular services, working conditions in other sex industry workplaces)

Asian language 2 n=17

Answer Options	Response Percent n=43	Response Count
Yes	88.2%	15
No	11.8%	2

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	very important	important	slightly important	not important	N/A
Communication skills	45.5% (5)	36.4% (4)	9.1% (1)	0.0% (0)	9.1% (1)
Sex work experience and knowledge	55.6% (5)	22.2% (2)	0.0% (0)	22.2% (2)	0.0% (0)
Knowledge of sex work laws in Queensland	44.4% (4)	33.3% (3)	11.1% (1)	11.1% (1)	0.0% (0)
Ability to share safe sex work strategies	60.0% (6)	20.0% (2)	10.0% (1)	10.0% (1)	0.0% (0)
Condom use negotiation skills	66.7% (6)	33.3% (3)	0.0% (0)	0.0% (0)	0.0% (0)
Knowledge of sexually transmissible infections and blood borne viruses including HIV	77.8% (7)	22.2% (2)	0.0% (0)	0.0% (0)	0.0% (0)
An understanding of sex work culture and practices	55.6% (5)	33.3% (3)	0.0% (0)	11.1% (1)	0.0% (0)
Ability to provide non-judgemental services	75.0% (6)	12.5% (1)	12.5% (1)	0.0% (0)	0.0% (0)
Information on how to exit the industry	50.0% (4)	25.0% (2)	12.5% (1)	12.5% (1)	0.0% (0)
Understanding of the different sex industry work options	50.0% (4)	25.0% (2)	0.0% (0)	0.0% (0)	25.0% (2)

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Appendix 1

Survey Questions

Question 1. If you can imagine a completely new sex worker service in Queensland. Please describe it?

Question 2. What kind of services would this new service provide, and what would make you want to go there?

Question 3. Are there extra/different services a sex worker new to the sex industry would need from this sex worker service?

Question 4. Is getting current information about sex work an important aspect of going to a sex worker service? (Eg. standard prices for particular services, working conditions in other sex industry workplaces) Yes/No, Comments.

Question 5. List the most important skills or knowledge that a person would need in order to provide effective services to sex workers at this new service?

Ranked options provided:

Very important, Important, Slightly important, Not important, Not applicable (NA)

Communication skills
Sex work experience and knowledge
Knowledge of sex work laws in Queensland
Ability to share safe sex work strategies
Condom use negotiation skills
Knowledge of sexually transmissible infections and blood borne viruses including HIV
An understanding of sex work culture and practices
Ability to provide non-judgemental services
Information on how to exit the industry
Understanding of the different sex industry work options

Question 6. What kind of information would you want a person working at the new service to provide to you?

Question 7. If the new sex worker service provided referrals, what kind of services/issues/support would you be happy to be referred to another service for?

Question 8. If you have accessed a sex worker organisation in Queensland previously, what did you like about the service and what didn't you like.

Question 9. Do you think a new sex worker service has a role in advocating behalf of sex workers - attempting to improve the general community and Government understanding

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of sex work and sex workers? If so, how important is this (5=high - low=1) and what are the key issues that the services would advocate on behalf of sex workers about?

Question 10. Complete this sentence: From a sex worker service I expect

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Appendix 2

2a Final range of concept trees constructed for coding of response data

- (1) Structure and Style
- (2) Services
- (3) New Worker
- (4) Current Industry Info
- (5) Staff Skills Other
- (6) Information
- (7) Referrals
- (8) Prior contact with Queensland Sex Worker service
- (9) Advocacy
- (10) From a Sex Worker Service I Expect....

2b Concept trees with concept node descriptions

NVivo revision 2.0.161

Nodes in Set: All Tree Nodes
Created: 16/03/2008 - 3:28:16 PM
Modified: 16/03/2008 - 3:28:16 PM
Number of Nodes: 158
1 (1) /Structure & Style

Includes nodes which code comments about the structure and ethos of a new sexworker service organisation; autonomy, funding sources, management and staffing, style of service delivery, policy ethos etc.

2 (1 1) /Structure & Style/Regulator of Industry

Refers to comments which call for a new sexworker service to regulate the industry, "register sole operators" etc.

3 (1 2) /Structure & Style/Comprehensive

Comments about needing a service which attends to all relevant issues, not just health or sexual health, a "complete support system", also includes "up to date" information. 'accurate' information

4 (1 3) /Structure & Style/Autonomous

Sexworker only space, not attached to other community organisation or government department,

5 (1 4) /Structure & Style/Confidential

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Refers to comments about a sexworker organisation needing to be confidential, "privacy most important"

6 (1 5) /Structure & Style/Diverse access

Includes nodes which code comments about a new service being accessible by, and working for, a diverse range of clients; subnodes include: gender diverse, cultural diverse, sector diverse, stakeholder diverse

7 (1 5 1) /Structure & Style/Diverse access/Gender diverse access

Refers to need to provide service by/for men and transgender as well as women

8 (1 5 2) /Structure & Style/Diverse access/Sector diverse access

Refers to diversity by/for sexworkers from all sectors of industry

9 (1 5 3) /Structure & Style/Diverse access/Stakeholder diverse access

Refers to need for service to be supportive of all stakeholders in sex industry, including brothel owners, managers, clients etc.

10 (1 5 4) /Structure & Style/Diverse access/Cultural diverse access

Refers to comments about a sexworker service needing to be 'culturally diverse'

11 (1 6) /Structure & Style/Decriminalisation ethos

Includes comments about service needing to be for all sexworkers not just legal workers, supportive of illegal workers, no legal bias in information delivery, lobbying for decriminalised system

12 (1 7) /Structure & Style/Flexible hours and access

Refers to need for flexible hours - out of business hours access, and other comments on accessibility

13 (1 8) /Structure & Style/Government funded

Refers to need for a new sexworker service to be funded by the Government

14 (1 9) /Structure & Style/Industry familiar staff

Includes comments which indicate that staff would need to be 'industry familiar' but do not necessarily state that they should be peers (sexworkers or former sexworkers)

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15 (1 10) /Structure & Style/Liason with other services

Able to liase with other services such as PLA, sexual health services, police etc. and speak to media and attend conferences

16 (1 11) /Structure & Style/Office regions specified

Includes comments where specific regions have been mentioned eg. Gold Coast, Brisbane etc, also includes comments on office situations

17 (1 12) /Structure & Style/Peer based

Includes references to service being controlled and run by sexworkers (these are also coded at 'peer management' and 'peer staff' respectively); sexworker community involvement; shared responses, ie. where "sexworkers share ideas, stories etc" to make decisions about policy projects and construct submissions collectively on behalf of other sexworkers

18 (1 13) /Structure & Style/Peer staff

Sex workers or people with sex work experience as staff rather than professionally trained non-sexworkers

19 (1 14) /Structure & Style/Peer management

Expresses need to have sexworkers in control of services

20 (1 15) /Structure & Style/SW-Positive ethos and space

Describes space where anti-sexwork philosophies are not accepted and sexwork is upheld as a valid choice, includes comments about service needing to be 'non-judgemental'

21 (1 16) /Structure & Style/Professional organisation

Business of organisation is open and accountable and professional

22 (1 17) /Structure & Style/Staff attitudes positive

Staff show respect, no judgement, friendliness, welcoming; also refers to efficiency and objectivity

23 (1 18) /Structure & Style/Strong conviction

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Refers to need for management and staff to 'maintain faith' in the need for a sexwork service even though membership may be weak and fragmentary; management prepared to 'stay strong' and 'take risks', do 'what sexworkers - not funding bodies - need and want'

24 (1 19) /Structure & Style/Symbolic imagery

Expressed desires to have symbolic icons, such as the colours red and purple in the representation of the organisation

25 (2) /Services

Includes nodes which code comments about the types of services which would be provided by a new sexworker service organisation

26 (2 1) /Services/Advertising info

Describes assistance in legal and practical aspects of advertising

27 (2 2) /Services/Advocacy

Includes comments which refer to the new sexworker organisation to engage in advocacy generally as well as comments coded in 3 subnodes, to stand up for rights of sex workers against brothel owners, government and police, includes references to "fighting bullying"; mediation for sex workers experiencing discrimination, voice issues and concerns of sex workers, lobbying for law reform, speaking out against stigma etc

28 (2 2 1) /Services/Advocacy/Stigma and discrimination fighting

Includes specific references for role in fighting stigma and discrimination, media and public relations support

29 (2 2 2) /Services/Advocacy/Government lobbying & Law Reform

Includes references to sex worker organisation 'lobbying.. for reforms' and/or organising the sex industry to 'speak to bureaucrats', advising sex workers of when and where opportunities to address government will be held

30 (2 2 3) /Services/Advocacy/Industrial Rights

Includes references to sex worker organisation having a role to stand up for rights of sex workers against brothel owners, government and police, includes references to "fighting bullying", "industrial rights information"

31 (2 3) /Services/Agency service

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Describes a service where sexworkers can route mail, emails and phone calls, obtain faux references for job applications, provide an address to have boxes delivered etc

32 (2 4) /Services/Worker friendly referrals

Refers to need for referrals to worker friendly professionals such as accountants, lawyers, other health services etc.

33 (2 5) /Services/Counselling and support

Refers to need for general support, advice, psychological counselling etc

34 (2 6) /Services/Crisis assistance

Includes references to emergency assistance "if something bad happens while working" thus includes violent clients, police charges or harassment, health crises etc

35 (2 7) /Services/Drop-in space

Refers to need for a physical place where sexworkers can go to hang out, meet other sexworkers and obtain services; includes references to being able to "have a cuppa", "do crafts" etc.

36 (2 8) /Services/Exit and retraining services

Refers to need for support to obtain other types of work or employment training

37 (2 9) /Services/Health services

Codes comments about need for health services generally, comments which refer to specific types of health service (sexual, clinical, mental etc) are coded in 4 subnodes: Sexual Health Info, Mental Health Services, Clinic Services, Drug and Alcohol Info

38 (2 9 1) /Services/Health services/Mental health services

Refers to need for services around mental health, psychology, sexual abuse trauma etc

39 (2 9 2) /Services/Health services/Sexual health info

Comments which refer specifically to need for sexual health education or information services - rather than just 'health services' which might include mental health or 'health checks' or other references to need for a clinic service

40 (2 9 3) /Services/Health services/Drug and alcohol info

Refers to information and/or assistance re drug and alcohol issues

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41 (2 9 4) /Services/Health services/Clinic service

Includes references to the proposed service being able to provide clinical services, a place to "go to have sexual health checks" or "check-ups"

42 (2 10) /Services/Industry info

Refers to need for info about rates of pay, places to work, working in different sectors etc; a "who's who" of the industry; workplace etiquette in brothel and street work, "worker friendly hotels"; also includes data from node called "Obscure Info" (now deleted)

43 (2 11) /Services/Legal info

Refers to need for legal information and legal referrals, specific references to 'new laws', 'how the laws are implemented'

44 (2 12) /Services/Media - Magazine or newsletter

Includes comments which state need for sexworker service to publish a magazine, newsletter or website

45 (2 13) /Services/Like SQWISI

Includes all cases where respondents refer to an all-encompassing service "like SQWISI used to be"

46 (2 14) /Services/National info

Includes comments about need for obtaining information about sexwork in other states

47 (2 15) /Services/Outreach

Includes comments which specifically use the term 'outreach' or any reference to the service actively seeking out sexworkers to impart information

48 (2 16) /Services/PPE Prophylactic supplies service

Refers to need for service which provides free or sells PPE (condoms, dams, lube, sponges etc); also includes comments about referrals to "cheap" or "free" PPE

49 (2 17) /Services/Policy, research and training

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Refers to such things as maintaining a library, a "whore college"; establishing training programs to deliver to other organisations such as police; identifying service delivery issues and providing input into policy approaches

50 (2 18) /Services/Peer networking and events

Refers to need for sexworker peer to peer social networking for friendship, contact, and hosting or facilitation of sexworker social events; also refers to "creative and crafty" projects, film nights, art exhibits etc.

51 (2 19) /Services/Tax and finance services

Refers to need for information about taxation, financial budgeting, obtaining bank loans, "business knowledge" etc.

52 (2 20) /Services/Ugly Mugs and safety

Refers to ugly mug lists as well as other security services and info

53 (2 21) /Services/Underage services

Refers to need for support to underage sex workers - boys and girls

54 (2 22) /Services/Workskills info

Refers to need for information and courses to assist sexworkers, occupational health and safety, professionalism, assertiveness, small business knowledge etc.

55 (2 23) /Services/Classes and workshops

Specific references to classes and workshops

56 (3) /Q4 Current Industry Info

Tree includes most nodes created to code responses to Question 4: Is getting current information about sex work an important aspect of going to a sex worker service? (Eg. standard prices for particular services, working conditions in other sex industry workplaces) - Comment

Codes comments which describe the types of current industry information that respondents wish to be able to obtain and why this information is important.

57 (3 1) /Q4 Current Industry Info/Only objective info

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Refers to comments about advice on standard rates etc needing to be coming from an independent service provider and not someone who has business conflict of interest

58 (3 2) /Q4 Current Industry Info/Empowerment

Refers to comments about up to date info allowing a sexworker to be confident in setting boundaries and generally feeling less anxious about prices charged etc.

59 (3 3) /Q4 Current Industry Info/Condom use standards

Includes comments about knowing what other sex workers are doing with respect to condom use ie. whether they are using them and how

60 (3 4) /Q4 Current Industry Info/Like any industry

References to need for information just like any industry

61 (3 5) /Q4 Current Industry Info/Prices & extras standards

Refers to comments about standard rates for time and extras

62 (3 6) /Q4 Current Industry Info/Services info

Refers to comments about detailed info on services eg. 'how to do a body slide' etc.

63 (3 7) /Q4 Current Industry Info/Not like any industry

References to current rates and standards information being hard to find

64 (3 8) /Q4 Current Industry Info/Ugly mug info

Refers only to comments about need for ugly mug info in context of Q4

65 (3 9) /Q4 Current Industry Info/From peers

Refers to need for information to come from peers

66 (4) /Q5 Staff skills other

Nodes code 'other' skills comments to Question 5: List the most important skills or knowledge that a person would need in order to provide effective services to sex workers at this new service.

Only includes 'other skills' which are different from the 10 options in the original Question 5. These were:
1. Communication skills

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2. Sex work experience and knowledge
3. Knowledge of sex work laws in Queensland
4. Ability to share safe sex work strategies
5. Condom use negotiation skills
6. Knowledge of sexually transmissible infections and blood borne viruses including HIV
7. An understanding of sex work culture and practices
8. Ability to provide non-judgemental services
9. Information on how to exit the industry
10. Understanding of the different sex industry work options

Comments which repeated these concepts were ignored.

67 (4 1) /Q5 Staff skills other/Anecdotal knowledge

Refers to comments about being able to give examples when answering questions, telling stories about personal experience in sex industry ie. peer

68 (4 2) /Q5 Staff skills other/Sense of humour

Codes comments which refer to humour as a necessary staff skill

69 (4 3) /Q5 Staff skills other/Crisis & finance assist skills

Codes comment about staff needing to be able to assist in financial management assistance and crisis assistance

70 (4 4) /Q5 Staff skills other/Psychological skills

Refers to need for psychology qualifications to help sex workers who have mental health issues

71 (4 5) /Q5 Staff skills other/Caring personality

Codes comment about staff needing a 'caring, nurturing' personality

72 (4 6) /Q5 Staff skills other/BDSM workshop skills

Specific reference to ability to teach BDSM workshops

73 (4 7) /Q5 Staff skills other/Gender diversity

Refers to need for staff to be gender diverse - ie not just female

74 (4 8) /Q5 Staff skills other/Positive & fearless

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Codes comments about staff attitudes which include being optimistic, open to new things, fearless

75 (4 9) /Q5 Staff skills other/Business skills

Able to give information about small business administration, how to place an advertisement etc. eg "whore career management"

76 (4 10) /Q5 Staff skills other/Community development

Refers to skills in sex worker community development and empowerment

77 (5) /Q3 New worker

Contains extra nodes constructed to code Question 3: Are there extra/different services a sex worker new to the sex industry would need from this sex worker service?

78 (5 1) /Q3 New worker/Childcare

Includes comments about new workers needing childcare services

79 (5 2) /Q3 New worker/Client negotiation skills

Information or training on how to deal with clients, including a range of practical responses to difficult situations as well as interaction and power issues

80 (5 3) /Q3 New worker/Employer negotiation skills

Refers to need for information about how to negotiate with employers, eg 'to deal with brothel owners'

81 (5 4) /Q3 New worker/Extra time

Refers to need for more one on one time to ensure adequate support for new workers

82 (5 5) /Q3 New worker/Good and bad info

Refers to need for both the 'good and the downside' aspects of sex work to be relayed

83 (5 6) /Q3 New worker/Housing

Includes comments about new workers needing housing assistance

84 (5 7) /Q3 New worker/Life skills and Lifestyle

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Includes references to courses on lifeskills (eg parenting) as well as general lifestyle services (eg. dealing with 'burnout', working odd hours etc.)

85 (5 8) /Q3 New worker/New worker induction

Includes comments which refer to a general induction (often just called 'new worker training' but with no details of what this would include) or need for information packages or workshops that are specific to new workers

86 (5 9) /Q3 New worker/No, different for everyone

Codes comments which suggest that new sex workers do not need different services and that the services should be "different for everyone"

87 (5 10) /Q3 New worker/Peer education & tricks

Refers to information that can only be passed on by other or ex-sex workers, "tricks of the trade", "older girls...pass on their secrets"; also references to peer mentorship for new workers

88 (6) /Q7 Referrals

Codes responses to Question 7: What services would you be happy to be referred to?
Most of these nodes replicate many in the Services Tree but only contain data from Q.7

Includes general comments about referral services

89 (6 1) /Q7 Referrals/Don't want

Includes comments which indicate that referrals are not desirable and/or that the sexworker service should be comprehensive enough to provide all services

90 (6 2) /Q7 Referrals/Exit and retraining

Includes comments about being referred to "employment agencies" etc

91 (6 3) /Q7 Referrals/Medical & STI Clinic

Includes comments about STI checks and other medical referrals, 'late night chemists' etc

92 (6 4) /Q7 Referrals/Accountants

Includes comments about referral to accountants and/or brokers for taxation, financial planning, property finance etc.

93 (6 5) /Q7 Referrals/Support and counseling

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Includes comments about needing "support groups", "psychological services", 'mental health'

94 (6 6) /Q7 Referrals/Drug and alcohol

Includes comments about assistance with drug and alcohol services, 'detox services' etc.

95 (6 7) /Q7 Referrals/Crisis assistance

Includes comments about being referred for crisis assistance such as 'domestic violence' and 'rape', 'housing', 'food' etc.

96 (6 8) /Q7 Referrals/Family and child services

Includes comments about referrals for problems which affect the family eg 'domestic violence', 'food', 'housing' etc.

97 (6 9) /Q7 Referrals/Legal services

Includes comments about referral to 'lawyers' or 'more extensive legal advice'

98 (6 10) /Q7 Referrals/Police liaison

Includes comments about being referred to contacts in the police department for assistance

99 (6 11) /Q7 Referrals/English classes

Includes comment about referral to 'English language classes'

100 (6 12) /Q7 Referrals/Disability client referral

Includes comments about wanting referrals for disability clients and disabled client education

101 (6 13) /Q7 Referrals/Hotels and motels

Includes comments about referral to 'sex worker friendly hotels and motels'

102 (6 14) /Q7 Referrals/Gender diverse services

Includes comment about different referrals for different genders

103 (6 15) /Q7 Referrals/Cultural services

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Includes comment about referral to 'cultural services'

104 (6 16) /Q7 Referrals/Physical fitness

Includes comment about referral to 'physical fitness' service

105 (6 17) /Q7 Referrals/WorkCover

Refers to comments about referral to occupational health and safety insurance bodies such as WorkCover (aka WorkSafe)

106 (6 18) /Q7 Referrals/Cabs & Drivers

Include comment about referrals to 'cabbies & drivers'

107 (6 19) /Q7 Referrals/Hairdressers

Includes comment about referrals to 'mobile hairdressers'

108 (6 20) /Q7 Referrals/Banks & ATMs

Includes comment about 'banks and ATM's .. and their locations'

109 (6 21) /Q7 Referrals/Clothing services

Includes comment about referral to 'alterations service'

110 (6 22) /Q7 Referrals/Life Planning

Includes comment about referrals to 'life planning'

111 (7) /Q8 Prior Contact

Codes responses to Question 8: If you have accessed a sex worker organisation in Queensland previously, what did you like about the service and what didn't you like.

112 (7 1) /Q8 Prior Contact/Liked

Contains nodes which code those services/aspects of the previous Qld sex worker organisation that were liked

113 (7 1 1) /Q8 Prior Contact/Liked/SQWISI

Includes specific positive comments to SQWISI

114 (7 1 2) /Q8 Prior Contact/Liked/Staff attitude

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Refers to things about staff attitude that were liked eg "friendly", "didn't make you feel ashamed" etc

115 (7 1 3) /Q8 Prior Contact/Liked/PPE supplies

Includes comments about liking being able to obtain condoms etc.

116 (7 1 4) /Q8 Prior Contact/Liked/Ugly Mugs

Includes comments about liking being able to obtain Ugly Mug and/or safety information

117 (7 1 5) /Q8 Prior Contact/Liked/Pro sex work org

Includes comments about liking the pro-sex work ethos of the organisation

118 (7 1 6) /Q8 Prior Contact/Liked/Clinic service

Includes comments about liking being able to access a clinic at the previous Qld sexworker organisation

119 (7 1 7) /Q8 Prior Contact/Liked/Information quality

Includes positive comments about the quality of information dispensed, range etc.

120 (7 2) /Q8 Prior Contact/Disliked

Contains nodes which code those services/aspects of the previous Qld sex worker organisation that were not liked

121 (7 2 1) /Q8 Prior Contact/Disliked/SQWISI

Includes specific negative comments about SQWISI

122 (7 2 2) /Q8 Prior Contact/Disliked/Clinic service

Includes negative comments about the clince being connected with the previous Qld sexwork organisation

123 (7 2 3) /Q8 Prior Contact/Disliked/Staff attitude

Refers to things about staff attitude that wasn't liked, eg. "feeling like they were going out of their way to help me"

124 (7 2 4) /Q8 Prior Contact/Disliked/Accessibility

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Includes negative comments about physical accessibility, opening hours, amount of outreach done etc.

125 (7 2 5) /Q8 Prior Contact/Disliked/Org structure

Refers to negative comments about the organisational structure and sex workers ' ability to become involved as well as policy problems

126 (7 2 6) /Q8 Prior Contact/Disliked/Information quality

Includes negative comments about the quality of information dispensed, accuracy etc.

127 (7 2 7) /Q8 Prior Contact/Disliked/Confidentiality

Includes negative comments about level of confidentiality

128 (7 2 8) /Q8 Prior Contact/Disliked/PPE not free

Includes comments about inability to obtain free PPE

129 (7 2 9) /Q8 Prior Contact/Disliked/Staff not peers

Includes negative comments about staff not being peers

130 (7 2 10) /Q8 Prior Contact/Disliked/Not gender diverse

Includes negative comments about female-centric staffing

131 (8) /Q9 Advocacy

Codes responses to Question 9: Do you think a new sex worker service has a role in advocating behalf of sex workers - attempting to improve the general community and Government understanding of sex work and sex workers?
If so, how important is this (5=high - low=1) and what are the key issues that the services would advocate on behalf of sex workers about? Only comments are coded - 5-1 ratings are dealt with in Excel. Some of these nodes replicate those in Services/Advocacy subtree but only contain data from Q9.

132 (8 1) /Q9 Advocacy/Law reform

Includes comments about advocating for law reform

133 (8 2) /Q9 Advocacy/Don't want

Includes comments which indicate respondent doesn't think advocacy is necessary or an important activity for a sexworker service to engage in

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134 (8 3) /Q9 Advocacy/Stigma & Discrimination

Includes comments about advocacy which "attempts to improve the general community knowledge about sex workers" and/or otherwise addresses stigma and discrimination

135 (8 4) /Q9 Advocacy/Wide Mediation

Includes comments about need for sexworker service to mediate/lobby a range of government departments such as police, social welfare departments, taxation department, advertising media etc.

136 (8 5) /Q9 Advocacy/Must be peers

Includes comments about representation in advocacy and the need for those doing the representation to be other sex workers

137 (8 6) /Q9 Advocacy/Safety

Includes comments about advocating for better safety

138 (9) /Q10 'I expect'

Codes responses to Question 10: Complete this sentence: From a sex worker service I expect

139 (9 1) /Q10 'I expect'/Professionalism

Includes comments about 'honesty', objectivity (ie "not push agendas from employers of the industry"), 'transparent process' etc.

140 (9 2) /Q10 'I expect'/A lot for little

Codes responses that indicate high expectations eg "everything", "a lot"

141 (9 3) /Q10 'I expect'/Confidentiality

Includes comments about expectations of confidentiality, 'anonymous', discretion, 'privacy'

142 (9 4) /Q10 'I expect'/Comprehensiveness

Includes comments about expecting "support for all facets of the industry"

143 (9 5) /Q10 'I expect'/Support and Counselling

Produced for the Scarlet Alliance Executive

Scarlet Alliance online survey 2007-2008
Sex Worker Services in Queensland, Data Analysis
Candi Forrest, Crimson Coalition, March 2008

Includes comments about expecting "someone who will listen", 'support', psychological help

144 (9 6) /Q10 'I expect'/Sexual health services

References to expectations that sexual health services be provided, PPE supplies, sexual health clinics etc

145 (9 7) /Q10 'I expect'/Accessibility

Refers to physical accessibility, opening hours, amount of outreach done etc.

146 (9 8) /Q10 'I expect'/Staff attitudes

Includes node categories that refer to expectations about the manner in which clients will be dealt with and/or the attitudes of the staff

147 (9 8 1) /Q10 'I expect'/Staff attitudes/Friendly-Understanding

Includes comments about expecting 'friendliness', 'understanding', 'compassion', 'humour', etc

148 (9 8 2) /Q10 'I expect'/Staff attitudes/Non-judgemental

Includes references to expectations that staff be objective and 'non-judgemental', not just about sexwork but about how one works, what one does with the money etc.

149 (9 8 4) /Q10 'I expect'/Staff attitudes/Respect

Includes specific references to 'respect'

150 (9 8 6) /Q10 'I expect'/Staff attitudes/Pro sex work

Includes comments about expecting a staff who recognise sex work as a choice, 'sex work is work', positive about sex work

151 (9 9) /Q10 'I expect'/Peer network

Includes comments about expecting to 'connect' with peers, for the service to be 'peer run', 'peer representation', being able to get involved and 'provide input', 'sex work mentors', easy access to involvement 'low entrance barrier'

152 (9 10) /Q10 'I expect'/Quality Information

Includes comments about the quality of information dispensed, accuracy, "up to date", knowing 'current trends in the industry' etc.

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153 (9 11) /Q10 'I expect'/Diversity

Refers to comments about expecting 'diversity' from a sexwork service

154 (9 12) /Q10 'I expect'/Advocacy & Leadership

Includes comments about expecting advocacy, 'visibility', 'leadership' etc

155 (9 13) /Q10 'I expect'/Legal assistance

Includes specific references to expecting legal assistance from sex work service

156 (9 14) /Q10 'I expect'/Drop In Space

Includes references to expectations of 'a space' where sex workers can go

157 (9 15) /Q10 'I expect'/Well funded

Includes references to expectations that the level of funding for the sex work service should be high

158 (9 16) /Q10 'I expect'/Work practices focus

Includes comments about expecting a sex work service to 'develop best work practices'

Scarlet Alliance Template for member organisations and projects

1. Affirmative action in employment – past and current sex workers

1. CONTEXT

1.1 This policy is framed; within the context of the World Charter for Prostitutes rights, and Ottawa Charter of Health Promotion. In particular, the policy recognises the sex worker's right to:

- protection from discrimination
- education
- representation
- privacy
- work
- liberty and security of person
- housing, food, social security (including income security), medical assistance and welfare

(Org/project Name) is committed to supporting and promoting these rights

2. AFFIRMATIVE ACTION

2.1 Background

(Name of Organisation/project) is a peer organisation. Throughout the history of the sex industry, there has always been informal peer education between sex workers that occurs in sex industry workplaces. Peer education by sex workers employed by, or volunteering at, sex worker organisations is a more formalised example of these same principles. This model of peer education has been extremely effective, particularly in terms of HIV prevention, as evidenced by sex workers' high levels of sexual health and no recorded case of sex worker to client, or client to sex worker HIV transmission in Australia.

The peer model has been used in the HIV sector in Australia with great success. This model acknowledges that the communities most affected by HIV – positive people, gay and other homosexually active men, injecting drug users and sex workers have traditionally experienced discrimination and legal condemnation and that the involvement of affected communities is paramount to an effective response. When people outside of these communities are recruited as educators, prevention and behaviour change messages are often construed as authoritarian and prohibitionist rather than about health promotion.

2.2 In employment, affirmative action can include:

- measures to ensure equal opportunity of employment
- targeting recruitment and setting quotas for sex workers
- variation to terms and conditions of employment to create a more supportive work environment

2.3 (Org/project name) recognises it has a special responsibility as an employer in relation to sex workers given:

- its origins in and accountability to the communities most affected - sex workers
- its leadership role on sex work issues

- its policy development and advocacy functions for sex workers.

(org/project name) understands it is in a position to model best practice in its employment policy that values peer education and the sex workers unique set of skills and experience.

- 2.4 (org/project name) recognises that the active involvement of sex workers in all aspects of its work is critical to its ability to provide leadership in the community, on sex work issues. The views, perspectives and experience of sex workers need to be recognised and acknowledged in the policies, processes, public positions and activities of (org/project name).
- 2.5 (org/project name) recognises that having sex workers work in the organisation as paid staff or volunteers is important to ensure a clear focus on the issues for sex workers in all its activities. Having sex workers employed can increase (org/project name) accountability to and standing amongst sex workers and the sex industry. It further assists in ensuring services are sensitive to the needs of sex workers and that the policies and public statements of (org/project name) actively acknowledge and reflect a evidence based, non-discriminatory portrayal of sex work and sex workers.

3. BENEFITS FOR SEX WORKERS IN WORKING AT (ORG/PROJECT NAME)

- 3.1 (Org/project name) recognises that in adopting this policy it establishes a number of benefits for sex workers including:
- a workplace in which sex workers can choose to be open about their sex work status
 - a workplace free of discrimination on the basis of occupation, in which the experience of sex work is not only acknowledged, but considered an asset
 - the opportunity to contribute to the advancement of (org/project name) objectives to the benefit of sex workers
 - the opportunity to gain experience and additional skills and thereby improve career prospects

4. A SUMMARY OF THE POLICY

When employing a staff member or a volunteer (name of organisation/project) will seek to employ only people with sex work experience. Quite often, when sex workers contact sex worker organisations, they are seeking support around issues of stigma and marginalisation, or information and other services directly related to their work in the sex industry. Because of those unique service provision requirements, we believe that sex workers needs are best met by others who have worked as sex workers and therefore have knowledge and understanding of the issues faced by our community. Should it be impossible to recruit someone with the required skills for the job who also has sex work experience, (name of org/project) will offer the position to the applicant with sex work experience who bests fits the selection criteria and will invest in training and professional development of the applicant to fulfil the required duties.

In order to employ staff and volunteers with the most relevant and meaningful experiences to inform their work (organisation/project) will give preference to those sex workers most closely linked to the community they will be employed to work with. For example males with sex work experience will be recruited to work with male sex workers, people with street sex work experience will be employed to work with street sex workers etc). (Org/project) also give preference to current sex workers over former sex workers, more recent sex workers over people who have not worked in the sex industry for a long time, people who's sex industry career has been extensive over sex workers who have worked for a shorter time, and local sex work experience, over sex workers with experience only in interstate or overseas sex industries. During the interview process, the (org/project) manager and interview panel

Scarlet Alliance Template for Member organisations and Projects. Affirmative action in employment – past and current sex workers will use their discretion in determining which of the candidates best fulfil this criteria, in addition to possessing the requisite qualities, skills and knowledge appropriate to the position

- 4.2 Where possible, jobs will be designed, and experience and qualifications requirements set, to maximise the potential for sex workers to apply. However, this should not, in any instance, however compromise the commitment of (org/project name) to providing high quality services to its communities.

5. RECRUITMENT PRACTICES

- 5.1 (org/project name) will advertise vacancies in media which reach a high proportion of sex workers.
- 5.2 (org/project name) will state in all job descriptions that sex work experience and a willingness to work with a sensitivity towards sex workers is a criteria.
- 5.3 Considering sex workers are expected to speak about their sex work experience during an interview (org/project) will ensure that interview panels are made up of peers. In the case of employment of a Executive Director or Manager when it is necessary to include a representative from the auspicing body, parent organisation or funding body panels may include one non sex worker, in which case the applicants will be advised of the make up of the panel. The applicant may be asked to give the details of a referee (someone known to (org/project name) who can verify the person's experience as a sex worker) and/or will be asked questions during the selection process that will enable the selection panel to feel satisfied of the applicants sex work history.
- 5.4 Recorded convictions or other police contact regarding sex work related offences will not impact on a potential employee's chances of securing work at (org/project name)

6. SKILLS DEVELOPMENT & TRAINING

- 6.1 All employees of (org/project name) will be supported to broaden experience and gain additional skills through training relevant to their position and the overall needs and capacity of the (org/project name). This may include training conducted within the organisation.
- 6.2 Training opportunities will also be extended to sex worker volunteers of the (org/project name) wherever possible.

7. EMPLOYMENT PRACTICES

- 7.1 Employees of (org/project name) will be supported to continue their sex work employment should they choose too.
- 7.2 As far as possible, TOIL arrangements can be used to cover time needed to attend to family or other commitments including those related to sex work, as with all employees.
- 7.3 (org/project name) acknowledges that employing sex workers to work within their own communities can cause additional work pressures due to:
- Work and private boundaries becoming blurred
 - Working with the same people in different roles
 - Dealing with personal issues of the service users of (org/project name) and friends.
 - Issues of confidentiality

However, (org/project name) believe the skills, experience and benefits of employing peers far outweighs any possible challenge, and to this end (org/project name) commits to professional development activities that explore these work pressures.

8. CONFIDENTIALITY

As it is necessary for a person to disclose their sex work experience to (org/project name) in order to gain employment (org/project name) recognises this may have confidentiality implications. In response, (org/project name) will ensure the selection panel is committed to maintaining confidentiality about the information in all applications

- 8.2 To be an effective peer educator it is necessary to be open about your sex work experience with the sex workers that use the service. However (org/project name) understands that sex workers often do not tell even their closest friends and family about their sex work. For this reason (org/project name) will not require any staff member or volunteer to identify as a sex worker to individuals/institutions outside of the sex industry, or in any formal medium, without first discussing it with the staff member/volunteer in question. However, prospective applicants should consider that existing literature distributed by (org/project name) may be specific to staff members backgrounds in sex work.
- 8.3 The duty of confidentiality can only be waived by the person to whom information relates. The consent of that person must be obtained before the information is disclosed to another.
- 8.4 (org/project name) does not support non voluntary involuntary disclosure of a person's sex work experience. (org/project name) will supervise, assist, provide peer support and/or access to legal advice when staff and volunteers are working in areas where confidentiality is at risk (i.e.media work)

9. DISCRIMINATION AND HARASSMENT

- 9.1 Discrimination or harassment of employees or volunteers, or those presumed to be sex workers and employees of (org/project name) is not acceptable and will be dealt with in line with (name of project/org) disciplinary procedures.

10. WORKPLACE EDUCATION

- 10.1 (org/project name) will provide workplace orientation and education on the implementation of this policy and employee rights and responsibilities to staff and volunteers.

11. GRIEVANCES

- 11.1 Any (org/project name) employee is entitled to have their grievance about the implementation of this policy heard and dealt with. The procedure is outlined in (org/project name) Terms and Conditions of Employment.