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April 2022

Australian Research Centre
in Sex, Health and Society

Understanding the health and social wellbeing needs of sex workers in Victoria

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About this report

This report examines the health and social wellbeing needs of sex workers in Victoria, particularly in relation to sexual, physical and mental health.

The report is designed to inform needs and service provision in the Victorian setting, where sex work has recently been decriminalised. The report is deliberately expansive and includes exploration of the experiences, and perspectives, of both key stakeholder and sex worker participants. Detailed recommendations are provided for the reconfiguration, development and implementation of services to meet the needs of sex workers in the future.

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Executive summary

This report embarks on the challenging task of understanding and reflecting the health-related needs and experiences of an incredibly diverse and multiply stigmatised community: sex workers in Victoria.

The report documents the impact of the Victorian licensing system on sex workers' health and wellbeing. It also describes what a diverse group of sex workers and key stakeholders believe must happen to support the health and social wellbeing needs of sex workers under sex work decriminalisation, passed through Victorian parliament on 22 February 2022 and gradually implemented starting from 10 May 2022.

The research used a qualitative, peer-inclusive methodology, which saw a team of five peer research assistants complete 31 in-depth interviews with migrant and non-migrant, First Nation, cis women, trans feminine, nonbinary, and cis men sex workers. The managing and leading researchers also conducted 17 interviews with a diverse selection of key stakeholders, including service providers and community leaders working within a number of health services and community organisations, some of which target specific sex worker populations.

All interviews took place prior to the passage of the Sex Work Decriminalisation Bill 2021 (Decriminalisation Bill) on 22 February 2022. By reflecting on the impact of criminalisation on sex workers in Victoria at the doorstep of law reform, the report provides a reference against which improvements in health and wellbeing can be assessed over time. Our findings are summarised below.

Please refer to the boxes below for a short description of the Victorian licensing system as it was at the time of data collection and of the recent Decriminalisation Bill.

The Victorian licensing system

At the time of data collection, sex work in Victoria was legislated under a licensing system, as stipulated by the Sex Work Act 1994. This legal framework determined that sex workers were committing a criminal offence when working outside of what the laws classify as 'legal' sex work. While the Act cannot be summarised in this space, to understand the terminology used in the report, it is important to note that under the Victorian licensing system, sex workers could be prosecuted if they: worked in sexual services premises that do not hold a licence (unlicensed venues); received clients in their home or in a hotel room booked by them instead of travelling to the client's home or to a hotel room booked by the client (if they engaged in 'incalls' as opposed to 'outcalls'); provided private sexual services to clients (i.e. outside of a licensed brothel) without being registered as sex workers (i.e. obtaining a Sex Work Act [SWA] number); looked for or found clients from the street (i.e. engaged in street-based sex work); if they provided sexual services without being able to prove they attended a mandatory sexual health check within the past 3 months (through a 'sex work attendance certificate'); provided sexual services while having an STI or being HIV+ (even if their viral load was undetectable); or provided sexual services without a condom.

Please note that this is neither an exhaustive list nor a guide; for further information, see: https://scarletalliance.org.au/laws/vic/ (retrieved 14 March 2022).

Sex Work Decriminalisation Bill 2021

On 22 February 2022, the Victorian Parliament passed the Sex Work Decriminalisation Bill 2021. This will lead to the gradual repeal of the Sex Work Act 1994 and ensure most forms of sex work are regulated within existing regulatory frameworks such as WorkSafe Victoria and the Victorian Department of Health. Sex work will be decriminalised in most circumstances. However, street-based sex work near schools or day care centres will still be a criminal offence if taking place between 7am and 6pm, and the same applies to places of worship, where street-based sex work will still be a criminal offence if occurring at any time on designated days (i.e. during religious festivities). A first-time offender risks 1 month's imprisonment, a third-time offender risks up to 6 months' imprisonment.

For more detailed information, please see: https://www.vic.gov.au/sex-work-decriminalisation (retrieved 14 March 2022).

Sexual health of sex workers

Key stakeholders, including service providers working in sexual health specific contexts, consistently described sex workers as experts in looking after their sexual health and at less at risk of undiagnosed STIs than the general population. Sex worker participants themselves, irrespective of gender, migration status and modality of sex work, reported consistent condom use, as well as voluntary, regular (every 3 months, on average) sexual health checks.

> ***My sexual health? All girls in this industry know how to look after our sexual health! As my sexual health, I do regular check-ups when I go to the lab and sexual health hospital to do a regular check-up. I do once every 3 months.*** *(Amy, sex worker)*

It was commonplace for sex worker participants to face stigma, discrimination or other forms of poor-quality care when accessing sexual health services. Sex worker participants, particularly cis women, described highly stigmatising experiences while trying to get mandatory sexual health certificates, particularly from general practitioners (GPs), including being lectured about the damages of their job, facing threats of being reported, feeling judged and being refused care. Some described experiences of being misdiagnosed, inadequately examined or inappropriately treated, and having clinical assumptions made about presenting issues on the basis of their status as a sex worker. While a large proportion of sex workers interviewed for this study accessed the one specialised sexual health clinic in Melbourne and described good experiences of this free and anonymous service, most felt the clinic was understaffed and overcrowded, and hard to access for those who lived far from it. Several migrant participants highlighted its lack of multilingual peer staff and the barriers this presented for them. Sex workers in rural Victoria were dissatisfied with the lack of services and access to free safer sex protection equipment in their areas. Participants overwhelmingly supported the abolition of mandatory testing (see page 5 for description), which was understood as unnecessary and counterproductive.

Some participants reported that Asian migrant sex workers in the unlicensed sector (see page 5 for description) and undocumented migrants may be particularly socially isolated and less willing to attend sexual health screenings for fear of being reported and deported. Among those sex worker participants who provided man-to-man sex work services, nearly all were on PrEP to prevent HIV. However, there was evidence of misinformation or lack of knowledge about PrEP among several cis women and trans feminine study participants, some of whom felt they were not sufficiently informed about it by medical professionals. It is important to acknowledge that the use of PrEP tends to be discouraged for individuals who regularly use condoms and that prior consultation among sex workers in Australia found high levels of knowledge about PrEP among its respondents (Scarlet Alliance, 2014). Stigma around people living with HIV and criminalisation of sex work by people living with HIV were seen as significantly impacting HIV-positive sex workers, reducing their access to services. Decriminalisation of sex work for people living with HIV was strongly recommended by a large proportion of participants.

Sex workers' broader health and wellbeing needs

Our data indicate that the health of sex workers working in Victoria, including their physical and mental health, appears largely shaped by stigma, discrimination and by the criminalisation of their work. Combined, these structural and cultural forces often appear to contribute to lower-quality healthcare, as well as diminished or insufficient protection and support. Many sex worker participants described how they would typically prefer not to disclose their sex work to health professionals because of recurrent stigmatising experiences when doing so, or for fear of being judged or reported to authorities if engaging in criminalised sex work activities.

> ***I had a couple of incidents where I accessed ER [the hospital emergency department] for pain issues and was treated both times like a drug seeker, and the second time I was bullied quite badly and gaslit by the nurses and one of the ambulance men [participant cries]. So, I've really changed my mind about what I will disclose to new healthcare professionals […] Like, it's gotten to that point.*** *(Lexy, sex worker)*

Feeling judged and disrespected by medical professionals was a recurrent experience among our sex worker participants, and their perceived inability to safely disclose their sex work meant that some felt their health needs were insufficiently addressed. One of the areas of most concern among both sex worker and key stakeholder participants was sex workers' mental health, seen as largely shaped by experiences of stigma and worsened by the COVID-19 crisis. While the majority of sex worker participants wished to, or did, access some form of professional mental health support, only a small minority had good experiences when disclosing sex work. Many felt the professional support they received was more likely to damage than improve their mental health, while some described being dismissed from services until such time as they ceased sex work.

> ***I have seen multiple psychologists, and many of those who are just not good at all […] I had an occasion where a psychologist told me, 'Go, Go, Go!', midsession, because he was like, 'You need this part of your life [sex work] to get sorted out. So go now', and he charged me for 1 hour even if I saw him for 20 minutes. So, I've had a lot of bad experiences with therapists.*** *(Daria, sex worker)*

Most of the sex workers interviewed described how they would not feel comfortable reporting health professionals to relevant medical oversight authorities for poor-quality or discriminatory care, largely because they felt they would not be taken seriously due to their profession, or they would be ignored. The few who did make reports or complaints described feeling extremely disappointed with the results.

A number of sex worker participants had experience of homelessness, sexual assault and/or drug consumption that had become problematic. Most of these participants had not sought, or received, sufficient high-quality support to help address these issues. There was

evidence of sex worker participants having a lack of trust in community service agencies not led by peers and of a need to improve access to resources and peer networks, in particular for migrant sex workers, private sex workers who advertised online, First Nations sex workers and cis men sex workers.

For those sex worker participants who spoke of experiencing sexual assault at work, there was an overwhelming lack of trust in police and fear of repercussions due to the criminalisation of aspects of sex work. Accounts emerged of negative, traumatising experiences when reporting sexual assault to police. Restrictions introduced as part of the COVID-19 pandemic response were felt to have had a significant impact on the vast majority of the sex workers interviewed, most of whom were not able to access government support for loss of income. Some sex worker participants felt compelled to keep working to ensure they could meet basic needs for food and housing, despite the anxiety of catching COVID-19 or being caught breaching restrictions.

Aspirations, strength and resilience

In the context of social, cultural and structural forces that have contributed to often poor health experiences for sex workers in the state of Victoria, many of our participants showed considerable strength and resilience. The majority had strong networks of peers and friends who they valued and relied upon for emotional and financial support as well as for finding information about safe, non-stigmatising services.

> ***There is no solidarity like the solidarity of whores. That's what I found. I really feel like sex workers are the best people in the entire world. There's a compassion and an understanding and a knowing and a solidarity … No matter what, whores will have your back.*** *(Lucy, sex worker)*

There was wide consensus among key stakeholders and sex worker participants on the importance and value of peer-to-peer and peer-only approaches to service provision, and of funding peer-only organisations. The majority of sex worker participants conveyed a sense that they would trust peers more than non-peers, in part because there would be no need to educate them about sex work. A nonbinary sex worker went as far as wishing for all services to be organised and delivered by peers:

> ***We need to be the ones handling our own healthcare […] Yeah, like, we need to be able to have all trans people doing all of the trans healthcare, and all sex workers doing all of the sex work healthcare, because we're the people who know the most about it through our communities and our work.*** *(Billy, sex worker)*

Some sex worker participants also spoke of their need to be accepted and treated with respect by non-peer professionals. A large proportion believed that ongoing training conducted by sex worker peers was required for all medical practitioners to ensure safe, high-quality care. Mental health services that are attentive to the needs of sex workers, delivered in a non-stigmatising and non-pathologising manner, were seen as especially crucial.

To sufficiently address the specific needs of diverse sex workers, many participants spoke of the value of implementing targeted, peer-led projects for specific subgroups of especially marginalised or isolated sex workers, such as migrants, street-based, trans and gender diverse, cis men, and First Nations sex workers. There was also evidence of a lack of, and a need for, specific, non-judgemental and peer-based support for sex workers who experience problems with drug consumption, homelessness, or who have suffered sexual abuse.

From licensing to decriminalisation

Since 1994, sex workers in Victoria have lived and worked under a licensing regime that was robustly critiqued by all participants. The vast majority of sex workers interviewed felt they did not sufficiently understand the licensing laws, while all but one reported having engaged in some form of non-compliant sex work (e.g. street-based work or non-registered private work) on one or more occasions. Decriminalisation was seen as a necessary first step to improve the lives, health and rights of sex workers, but accomplishing such positive change also requires significant investment in affirming, high-quality healthcare for sex workers. In the words of a cis woman sex worker:

> ***Decrim is the start of that ride, it's the seed. The breaking down of stigma, post-decrim era, getting people to really understand that sex work just is a job, and not be so phobic or shamey or weird around it, it's just such a huge element of what decrim could start. If it's properly implemented, it becomes a reality for, for everybody.*** *(Lexy, sex worker)*

Any form of criminalisation of street-based sex work was strongly opposed by nearly all participants, who advocated full decriminalisation to reduce violence and improve health and wellbeing. Street-based sex worker participants discussed advantages to street-based sex work, such as feeling more independent and flexible. Yet, these workers, as well as the service providers engaging closely with them, also described their heightened exposure to violence at hands of clients. This issue was compounded by the fact that the street-based workers would never report an assault to police because of fear of reprisal. Participants spoke of small improvements in relations with police in the past few years, and they feared these would be rolled back if street-based sex work was still criminalised under the new proposed legislation. Findings from this study indicate that retaining any form of criminalisation of street-based sex work would continue to penalise the most vulnerable cohort of sex workers, increasing their vulnerability to violence and decreasing their access to support, while being unlikely to decrease their numbers. The majority of street-based sex workers interviewed experienced homelessness, and several key stakeholder and sex worker participants emphasised their need for increased access to housing support, including safe houses to work from, rather than for continued policing and criminalising. Policing was often articulated as being more of a threat to sex workers' wellbeing than a protection. As a trans feminine street-based sex worker told us:

I swear, by the police driving around, they're not keeping us safe, they're actually putting us at more risk, because we get more desperate. (Linda, sex worker)

Recommendations

Sex worker participants in this study described experiencing judgemental attitudes among mainstream and specialised health professionals, poor-quality healthcare and support, sexual assault at work, and poor access to protection by police. The fear of being subject to stigmatising behaviours and/or of being reported for illegal activities when accessing services prevented many from engaging with services or police, or from disclosing their sex work to them. Drawing on the rich data from our sex worker and key stakeholder participants, section 7.8 of the report details a series of recommendations for both law reform and for the restructuring of service provision to better support diverse sex workers in Victoria and to address the important health and social needs identified in this research.

Diversity of sex workers

In order to highlight specific areas of concern and needs, this report aimed to cover a diversity of experiences, backgrounds and demographic characteristics among the sex workers interviewed. While there is, of course, further work required to understand in depth the nuance of experience for those in different sectors of work, those of diverse gender, ethnicity and migration history, the data collected as part of this project still offer valuable insight into specific circumstances and needs that warrant attention. In Chapter 7, we attempt to summarise key findings as they relate to particular groups, although we fully acknowledge the intersectionality of sex workers, both in how they often work in a range of different modalities of sex work, as well as in their gender diversity, ethnicity and Indigeneity.

1. **Background**

1.1 Sex workers' health and wellbeing globally

At a global level, the health and wellbeing of sex workers – mainly cisgender women but increasingly also cisgender men and those who are trans and gender diverse – have been the subject of a wealth of studies, which highlight their disproportionate burden of HIV and STIs as well as their exposure to sexual and physical violence, stigma and discrimination (Baral et al., 2015; Poteat et al., 2015; Shannon & Csete, 2010; Shannon et al., 2015). Evidence from a number of countries indicates that sex workers' health and social outcomes are shaped by a broad range of factors, including criminalisation of sex work, demonisation and stigmatisation of those who engage in sex work, and structural barriers to engagement with (and response from) medical and legal services (Beattie et al., 2020; Platt et al., 2018). Migrant sex workers' health and wellbeing is additionally affected by a combination of racism and anti-trafficking interventions that fuel the criminalisation of both sex work and migration (Hoefinger et al., 2020; Mai et al., 2021b).

While a body of quantitative research has documented an association between sex work and poor mental health (Beattie et al., 2020; Cwikel et al., 2008), this link has been critiqued on the basis of inaccurate or incomplete assumptions (Macioti et al., 2017). Qualitative and mixed methods research from Australia, Canada, Europe and Central Asia has identified sex work stigma and criminalisation rather than sex work itself as negatively impacting on sex workers' mental health, hindering engagement with mental health support or leading to poor and damaging experiences with mental health providers (Benoit et al., 2015; European Sex Workers' Rights Alliance [ESWA], 2021; Macioti et al., 2021; Treloar et al., 2021). Such findings illustrate that it's a common practice of quantitative research in this space to draw causal connections between sex work and poor health outcomes that are then challenged and clarified by qualitative inquiry.

1.2 Sex workers' health and wellbeing in Australia

In an Australian context, the health needs of sex workers are diverse and can reflect intersectional experiences of sexism, racism, homophobia or transphobia. Compared to other contexts in the world, STI and HIV rates among sex workers are low in Australia (Cwikel et al., 2008), with several studies indicating very low infection rates and consistent condom use among over 90% of migrant and non-migrant sex workers (Callander et al., 2016; Callander et al., 2021; Donovan et al., 2012; Donovan et al., 2010; Lee et al., 2005).

A 2010 survey with (majority migrant) sex workers from across all states and territories indicated there was regular condom use with clients (Renshaw et al., 2015). While most respondents in that survey stated they did not experience physical or sexual assault at work, the research found perceived barriers among sex worker participants to reporting any assault to the police for fear of negative reaction or prosecution of their actions (particularly if operating outside of the state or territory's legal sex industry). This study accords with other research that has shown sex workers in Australia are often reluctant to report work-based sexual assault to police, after having experienced, or fearing, stigma, judgement and reprisal rather than protection (Quadara, 2008). Sex workers' fear of and lack of trust in police is widespread across the nation, as shown by a recent study on stigma indicators in sex work by UNSW Sydney and Scarlet Alliance, the national peak body for sex workers and sex worker organisations (Stardust et al., 2021). A participant in the study conveyed their unwillingness to call the police even if they were 'being bashed to death'. Only in the state of New South Wales, where sex work has been decriminalised since 1995, did participants report some trust in the police (Stardust et al., 2021).

In Australia, sex work is subject to state and territory legislation. Depending on the state or territory, specific sections of the industry are criminalised, licensed or have been decriminalised. The connection between health outcomes, safety and sex work legal frameworks in Australia were documented by the 2007 to 2008 Law and Sex Worker Health (LASH) Study, which collected data on cis women sex workers in Perth, Melbourne and Sydney, comparing a model of criminalisation (Western Australia), licensing (Victoria) and decriminalisation (New South Wales)

(Donovan et al., 2012; Harcourt et al., 2010). The study found that under decriminalisation in New South Wales, over 90% of sex workers worked legally and therefore had better access to health support and protection, the risk of police corruption was minimised, and community-run health promotion had a much wider reach. On the other hand, under licensing regimes in Victoria, over 50% of sex workers were estimated to be working illegally, and in Western Australia over 80% worked illegally, leading to their further marginalisation by fear of prosecution and preventing access to support, justice and health promotion (Donovan et al., 2012).

The findings of a large qualitative study comprising 60 in-depth interviews with 49 sex workers on migration, sex work and trafficking in Sydney and Melbourne between 2017 and 2020 highlighted that sex workers in the licensed sector in Victoria are considerably more susceptible to exploitation and blackmailing by owners and operators than those working in the decriminalised industry in New South Wales, as in Victoria they have limited legal work options and cannot easily change workplaces, even if exploited (Mai et al., 2021a, 2021b). Moreover, non-citizen, migrant sex workers working in breach of the Sex Work Act in Victoria risk criminal convictions and therefore deportation, which makes them even more vulnerable to blackmailing and less likely to access to justice and services (Mai et al., 2021a, 2021b). The study pointed out that in Victoria, organisations that work to reduce or prevent sex work were funded for service provision to sex workers. It also documented these organisations using a range of practices that were not affirming of sex workers, including use of language that can be stigmatising, and collaboration with police that was felt to be inappropriate; while peer-only community support groups that provide needed support remained completely unfunded (Mai et al., 2021b). In New South Wales, SWOP (Sex Workers Outreach Project), the peer-only service provider for sex workers in the state, has been amply funded for decades and identified with best practice in health promotion, particularly for its employment of migrant peer staff (Donovan et al., 2010; Harcourt et al., 2006; Harcourt et al., 2010; Mai et al., 2021b).

1.3 Sex workers' health and wellbeing in Victoria

A small number of quantitative studies with cis women sex workers attending the Melbourne sexual health clinic indicated low STI incidence and high rates of condom use among this specific cohort (Lee et al., 2005; Zappulla et al., 2020). Another quantitative study found that mandating trimonthly sexual health checks to sex workers was superfluous and counterproductive, as this population was at lesser risk than others, who were being de-prioritised (Samaranayake et al., 2009). In-depth, qualitative or mixed methods research focussing on the health and social wellbeing among diverse sex workers in Victoria has been scarce. In 2011, Rowe (Rowe, 2011) conducted a mixed methods study of sex workers, largely concentrated in the Melbourne suburb of St Kilda. After an intensive 12 months of recruitment, facilitated by the RhED program at Star Health, this study was able to recruit 124 sex workers (including 100 street-based sex workers, of whom 89 were based in St Kilda; and 24 online sex workers) to participate in a survey and a smaller sub-sample to be interviewed in-depth. The findings of this study spoke to a need to improve sexual health literacy, and to improve the connections into supportive services. A complementary study in 2012 (Szechtman, 2012) explored the experiences of sex workers from migrant backgrounds and estimated that they comprise up to 50% of sex workers in the legal and regulated industry; it also found they were primarily from Thai, Chinese or South Korean backgrounds. It is difficult to estimate the proportion of sex workers from migrant backgrounds who work within aspects of the sex industry classed as illegal, although anecdotal evidence and previous research (Donovan et al., 2012) suggest this may be even higher.

In line with global public health research (Kim, 2015; The Lancet, 2014), sex worker and human rights organisations (Goldenberg et al., 2021), research conducted in Australia so far recommends full decriminalisation of sex work as the best model to uphold the health, safety and wellbeing of all sex workers (Callander et al., 2021; Donovan et al., 2012; Harcourt et al., 2010; Macioti et al., 2020; Mai et al., 2021a).

Until recently, New South Wales and the Northern Territory were the only Australian jurisdictions to have decriminalised sex work. After decades of calls and lobbying for decriminalisation by sex worker advocates and organisations, such as Vixen Collective, on 22 February 2022, the Victorian Government passed the Sex Work Decriminalisation Bill 2021 (Parliament of Victoria, 2021). In this context, Vixen also started receiving government funding, auspiced by Scarlet Alliance, to provide peer education, support, referrals and advocacy to sex workers in Victoria (Vixen & Scarlet Alliance, 2022). In the months leading to the bill being discussed in the Parliament of Victoria, the Victorian Department of Health funded this study, which aims to better understand and describe the health and wellbeing needs of diverse sex workers in Victoria, in order to inform and maximise the restructuring of health services and support under decriminalisation.

1.4 Research questions

The research project took place between June 2021 and January 2022 and sought to address knowledge gaps regarding the health needs of diverse groups of sex workers and how these might be addressed in a decriminalised environment. The project was guided by the following three research questions:

1. What are the principal health and social wellbeing needs of diverse (e.g. by gender, ethnicity, migration history and work sector) sex workers in Victoria?
2. How do sex workers access, engage with and experience existing supportive health and social care services?
3. How can service provision to sex workers be improved in a context of decriminalisation?

2. **Methodology**

In order to be able to explore and capture complex and nuanced experiences of a diversity of participants, the research was undertaken using qualitative methods involving in-depth, semi-structured interviews with 17 key stakeholders and 31 sex workers. Data collection took place between July and December 2021 and was divided in two phases.

2.1 Phase 1: Interviews with key stakeholders

In this phase of work, Dr P. G. Macioti and A/Prof Adam Bourne completed 17 one-hour-long interviews with key stakeholders, defined as those who work closely with groups of sex workers in a paid or volunteer capacity, providing health-related services, support and/or advice. Phase 1 participants were identified through background research and with the advice of the Community Advisory Board. We interviewed five sex worker community leaders/sex work activists who were involved in diverse formal and informal sex worker peer-only groups (including First Nations, migrant, street-based, brothel-based and private workers), and 12 individual service providers working for eight different projects/organisations. Among the latter were non-peer-led health services for sex workers, sexual health clinics, services for people living with HIV and AIDS, services catering primarily to street-based sex workers and other services that do not specifically target sex workers but do have sex worker clients (mental health providers, harm reduction projects for people who inject drugs, and legal services). Three individual service providers identified as having lived experience of sex work. The organisations for which the individual service providers interviewed worked were all non–sex worker peer organisations. Most of the community leaders interviewed were instead members of, or working for, sex worker peer organisations. Community leaders and service providers were asked open questions about the health needs of the subgroups of sex workers they engaged with, the main challenges they faced in accessing services and building community, and how to improve the support to sex workers in Victoria. In addition to sharing their perspectives as service providers and community leaders, the participants who identified as peers also contributed personal lived experience as sex workers. To protect confidentiality, all key stakeholder interviews were anonymised, which includes not mentioning the names of the organisations they worked for. All interviews took place online via videoconference and were subsequently audio recorded, transcribed and de-identified. Volunteer stakeholders who were not participating as part of a paid role were provided with an $80 voucher as a compensation for their time.

In Phase 1, key stakeholders who specifically engaged with trans feminine sex workers, Asian migrant sex workers or cis men sex workers were under-represented, suggesting a gap in capacity and service provision for these subgroups. Other stakeholders spoke to their needs and indicated that they compose a significant part of the sex industry. To address that gap in Phase 1 participants, we sought to include a significant number of trans women, cis men and Asian migrant sex workers in Phase 2.

Stakeholders were asked open questions about what they perceived to be the key health and wellbeing needs of the subgroups of sex workers they engaged with, about challenges and enablers to their work in supporting sex workers, and about their views and expectations regarding service provision and law reform on sex work.

2.2 Phase 2: Interviews with sex workers

2.2.1 Peer-inclusive research approach

In Australia and globally, there is increased consensus that as sex workers are a diverse, multiply marginalised and stigmatised population, research is best conducted by maximising the involvement of peer researchers from the same communities as the sex workers themselves. This to uphold the ethical conduct of research, to gain better access to and trust from participants, and to enhance the overall quality of the research and its positive impact on sex worker communities (Dewey & Zheng, 2013; Jeffreys, 2010; Lobo et al., 2021a; Lobo et al., 2021b). Recent case studies have highlighted how training and debriefing for peer sex worker researchers, including those from migrant communities, was key to the successful accomplishment of research relating to the health of sex workers in Queensland and Western Australia (Lobo et al., 2021b).

We therefore recruited, trained and closely supervised five peer research assistants from diverse backgrounds, comprising one cis woman and one nonbinary person who had both migrated to Australia from Asian countries and spoke Mandarin and Thai, respectively; two white Australians (one cis man and one cis woman); and one nonbinary white North American. The research assistants had a variety of experiences in private, brothel and stripping work in Victoria, and they conducted all of the 31 interviews with sex workers.

2.2.2 Recruitment and eligibility

The study was promoted via word of mouth, informal advertising utilising the networks of the peer research assistants, Dr P. G. Macioti, a service provider for street-based sex workers, and members of the Community Advisory Board. Potential participants interested in taking part in the study were invited to contact the research team. To be eligible, participants had to be over 18 and have worked as sex workers in Victoria for an extended period of time (over 3 months) within the past 3 years. A diverse range of sex worker participants were purposely recruited to reach a varied sample in terms of gender, migration history, ethnic background and work sectors. Each participant received $80 compensation and could choose between an e-voucher, an EFTPOS voucher sent by recorded delivery, or a bank transfer to an account of their choice. Participants had the option to be interviewed in English, Thai or Mandarin Chinese and were

subsequently matched to the peer research assistant with competency in this language. Four interviews took place in Thai and were translated by one peer researcher and a qualified peer translator, while the remaining 27 were in English.

Interviews were strictly confidential, lasted up to 90 minutes and took place via videoconference. Participants were given the option of turning off their camera if this made them more comfortable. Participants were encouraged to only share information they were comfortable discussing and reassured they could stop the interview at any time. At the end of the interview, participants were asked to indicate if there was any part they would rather not be included in the analysis and were provided with a list of support organisations and the option to be assisted in contacting these, if needed. The audio recording was transcribed and de-identified. No video recording was kept.

2.2.3 Quotes

Pseudonyms were randomly assigned to sex worker participants. To further prevent identification, we purposely limited the use of signifiers when describing participants' demographic characteristics, using only the most relevant details for the argument's purpose. For instance, we do not include migrants' countries of origin but, where relevant, indicate only the region (e.g. Asian migrant). We acknowledge that this limits our ability to interpret the quote in context; however, the anonymity of our participants was our primary concern.

2.2.4 Interview questions

The open-ended questions sought to explore:

- Participants' modality or modalities of sex work
- Physical, sexual and mental health needs
- Experiences with health providers and services
- Experiences with community and peer networks
- Safety at work
- Experiences with law enforcement
- Potential factors impacting health and wellbeing (where applicable): housing, stigma, migration
- Participants' views and wishes regarding sex work legislation and health provision

2.2.5 Sample characteristics

The demographic breakdown of sex worker participants is as follows.

Age: Participants ranged between 22 and 57 years old, with the majority aged between 22 and 46 years old.

Gender: Eighteen participants identified as cis women who worked presenting as women with predominantly cis men clients; five identified as cis men, of which three worked presenting as men with cis men clients, one worked presenting as both man and woman, also with cis men clients, and one identified as cis man working with cis women clients and couples; five identified as trans women and worked presenting as women with cis men clients; two identified as nonbinary, assigned male at birth, and worked mostly presenting as men but also occasionally as nonbinary or women, with cis men clients; one identified as nonbinary, assigned female at birth, and worked predominantly presenting as woman with cis men clients. Despite being targeted in recruitment, we were unable to secure an interview with a sex worker who identified as a trans man.

Sexuality: Most participants (74%, n = 23) identified as other than cis heterosexual. Eleven, including three trans women, identified as heterosexual; six identified as bisexual; four as gay; three as lesbian; two as heteroflexible; two as pansexual; one as queer; one as asexual; and one said they did not know.

Ethnicity and migration: Twelve participants identified as Australian; of those 12, nine identified as Anglo-Celtic, one as Latino-Australian, one Middle Eastern Australian and one Aboriginal Australian. Nearly two-thirds of participants (n = 19) identified as migrants. Of those 19, six identified as Thai, four as Chinese and two as Asian; four were from New Zealand (two of them Māori and two of mixed ethnicity); one identified as Latina from South America; and one was from Eastern Europe and one from Northern Europe. Seventeen were first-generation migrants who had migrated as adults; of these, three had acquired Australian citizenship, six had permanent residency (one of them had previously been undocumented for 7 years), two were on temporary visas, four on student visas (two of them were stuck abroad due to COVID-19 restrictions), one was on a bridging visa, and one had been undocumented for 13 years. Two participants had migrated as children and were now Australian citizens but identified as migrants.

Table 1. Demographic characteristics of Phase 2 interview participants

	N
Age	
20-29	7
30-39	14
40-49	9
50-59	1
Gender	
Cis woman	18
Trans woman	5
Cis man	5
Nonbinary	3
Sexual orientation	
Straight	11
Bisexual	6
Gay	4
Lesbian	3
Pansexual	2
Heteroflexible	2
Queer	1
Does not know	1
Asexual	1

	N
Residence status	
Australian citizen	14
Permanent resident	6
Student visa	4
Naturalised Australian citizen	5
Temporary resident	2
Undocumented	1
Bridging visa	1
Ethnicity	
Anglo-Celtic	9
Thai	6
Chinese	4
First Nations (Aboriginal)	1
First Nations (Māori)	2
Asian	2
Latino/a	2
Mixed	2
Eastern European	1
Northern European	1
Middle Eastern	1

Disability and chronic illness: Eight participants identified as having a disability, and two as having multiple chronic illnesses.

Location: Seven sex workers reported working in regional Victoria, five of them travelled there occasionally and two predominantly worked in regional areas as they also lived there (including one participant who engaged in street-based sex work). Most (n = 23) worked in and around Melbourne, and five engaged in street-based work in St Kilda.

Relationship and children: Six sex workers had children; 15 were single, 11 were in a relationship and three were married.

Modality of sex work: The vast majority of Phase 2 participants (n = 25) had experience working in more than one sex work modality. Of those who worked in one modality, one only worked as a stripper and five only worked privately. All but two participants, who were migrants stuck in their home country because of COVID-19-related travel restrictions, were practising sex work (though many had stopped temporarily during lockdowns). Over 20 participants had experienced working in licensed brothels and over 20 had engaged in independent private work. Two had worked in Asian licensed brothels, four in Caucasian or mixed unlicensed premises, and four in unlicensed, Asian erotic massage parlours. One third of participants (n = 10) indicated they had registered as sex workers, seven were unclear about it and 14 had not, two of whom did not engage in private sex work (hence were not required by law to register). Five sex workers worked as street-based sex workers at the time, and one had recently (within the past year) practised street-based sex work. Five worked for escort agencies, five had experience of stripping/topless waitressing, and five created porn/online content. Other modalities of work a small number of participants engaged in were sugaring (n = 1) and BDSM (n = 2). All but the one participant, who only worked in stripping, had engaged in sex work that was not legally compliant on more than one occasion.

2.3 Analysis

All interviews were digitally recorded, transcribed verbatim and de-identified. All data were coded within the qualitative data analysis software package NVivo and analysed utilising inductive thematic analysis (Braun & Clarke, 2006). Themes were refined following discussion with the peer interview team and consultation with the Community Advisory Board.

2.4 Results

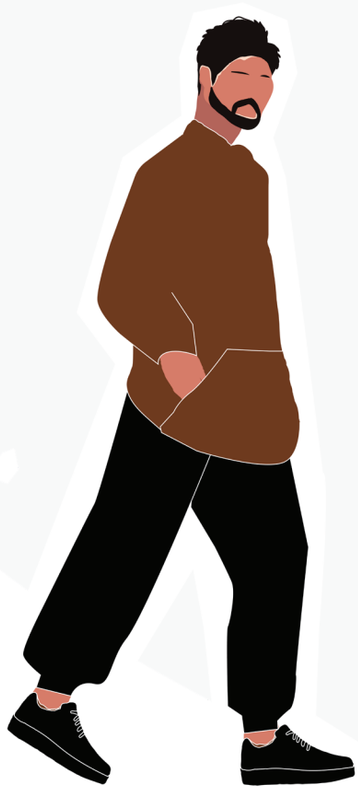
The results of the research are presented according to four main areas: the sexual health needs of sex workers and their experiences with existing sexual health services; diverse sex workers' experiences with general, mental and other healthcare services; sex workers' aspirations and resilience in relation to their health and service provision needs; and participants' experiences with the licensing legislative system and their expectations and concerns regarding sex work decriminalisation. Throughout the report, we deliberately try to convey how findings can vary considerably depending on both the modality of sex work and the demographic characteristics of the participants. Findings from data collected in Phase 1 and 2 of the research are reported together and in conversation with each other, given that they presented significant overlaps.

2.5 Terminology

In the report, we refer to 'key stakeholders' (as a collective term for both individual service providers and community leaders), 'service providers', 'community leaders' and 'sex workers.' Although all five community leaders and three individual service providers were also sex workers/peers, when we refer to someone as a 'sex worker', we do so in reference to a sex worker participant, not a key stakeholder. If an individual service provider had lived experience of sex work and was happy to disclose it, we indicate this where relevant. We use the terms 'sex worker' and 'peer' interchangeably, reflecting participants' own words in defining themselves.

Interpreting qualitative research

This project is qualitative in nature. It comprises one-on-one interviews with participants to capture and reflect their needs and experiences in ways that can inform thinking, policy development, service design and delivery. Qualitative research allows for a deep understanding of complex issues, including the ways in which multiple forces can shape experience and outcomes. This holistic exploration is not possible within quantitative research projects, which necessarily reduce or simplify experience without being able to articulate why health and social outcomes may arise in the way they do. Qualitative research does not aim to generalise findings to entire populations, and it would not be appropriate to extrapolate the experience of a small number of people to claim this is reflective of all. The role and nature of qualitative research should thus be held in mind as the findings described in the following chapter are considered.



3. **Sexual health of sex workers**

This chapter examines the experiences and needs of sex worker participants in relation to their sexual health.

It describes how diverse sex workers engage in sexual health screenings and prevention, with a focus on the barriers they may face to accessing high-quality, non-judgemental sexual health care. The first section details how findings from this study accord with previous research that has shown that sex workers are a population with good knowledge of STIs and HIV and safer sex practices, although some participants expressed a desire to know more about pharmaceutical HIV prevention methods. Participants' experiences with and views on mandatory testing are then examined, together with the perceived shortcomings of such practice. The subsequent sections consider the current availability, accessibility and quality of sexual health services for sex workers and the challenges our sex worker participants experienced accessing these, including stigmatising attitudes, refusal of care, threats, misdiagnosis and patronising behaviours.

3.1 Sexual health knowledge and practices

Sex workers are a very diverse population in terms of gender, sexuality, age, ethnic background, migration history, work sector and visa status. In our interviews with key stakeholders, this diversity was acknowledged, and it was stressed how barriers to accessing health support, information, community and services may affect particular subgroups in different ways. In terms of sexual health, however, several key stakeholders maintained that looking after their sexual health is a priority for sex workers and that they largely have very good knowledge of STIs and HIV, get tested regularly and have very low STI and HIV incidence. A service provider working in a health promotion organisation for sex workers told us that workers in licensed brothels 'are largely all very well versed in [STI and HIV prevention]' and that they 'are done to death with those kinds of messages' (service provider). Similarly, an epidemiologist working for a large Melbourne sexual health clinic that provides free and anonymous certificates and testing to sex workers told us that, as a population, sex workers are considered at lower risk for HIV and other STIs than the general population, and that condom use and regular testing are normal practice among their patient group.

When asked what steps they take to look after their sexual health, the vast majority of sex worker participants described regular HIV/STI testing as well as consistent condom use. Findings from our interviews with both key stakeholders and sex workers indicate that looking after their sexual health is a primary concern for sex workers, as it is intrinsically linked to their ability to make a living and maximise their earnings. When asked about her sexual health, an Asian migrant cis woman told us:

> *My sexual health? All girls in this industry know how to look after our sexual health! As my sexual health I do regular check-ups when I go to the lab and sexual health hospital to do a regular check-up. I do once every 3 months.* (Amy, sex worker)

A community leader with experience of street-based, private and brothel work also spoke to the point of sex workers sharing and teaching each other about sexual health:

> *We lead the community in condom usage and in sort of safer sex practices in general. And I think it really shows that the whole concept of sex workers as like vectors of disease is really based on stigmatising myths, because we, you know, our bodies are our businesses. We already have a really vested interest in keeping our clients healthy. And I think that's something that we've done really well, even in the face of […] policing our sexual health with the mandatory testing in Victoria […] we already sort of do that stuff […] in workplaces I've worked in, I've seen sex workers sharing information, teaching each other how to do it safer, to do sexual health checks, things like that. So, I think that's a real strength of the community is that we mentor each other, we teach each other.* (community leader)

Speaking to the intersection between being queer and sex worker (74% of the sex worker sample identified with terms other than cis heterosexual) another participant referred to their own sexual health knowledge and practice, comparing it to that of heterosexual non–sex workers:

> *I get my 3-monthly check-up. At the same time that I do, I get all my other medical scripts. You know, that's also just like, being a queer person. That's what you do, like, you know what sexual health is. And I would say that I know more about my sexual health than anyone else. As someone who has people in my close life, who are heterosexual and who have never had a sexual health check in their life.* (Billy, sex worker)

3.1.1 Migrant workers in unlicensed massage parlours

A small number of non-peer service providers expressed concerns that migrant sex workers in unlicensed massage parlours may not receive adequate sexual health information or support. Understood as majority Asian migrants, these workers were seen by two non-peer service providers as falling through the cracks of service provision, particularly as they relate to sexual health education and linkage to STI testing and treatment services. A service provider for a non-peer outreach organisation regretted not being funded for accessing those venues, but also feared that doing any sexual health promotion in illegal venues under licensing would risk exposing the workers to the possibility of prosecution by the authorities for illegal sex work, and possibly even deportation.

An Asian migrant cis woman sex worker who had worked in an Asian unlicensed parlour reported getting tested regularly but expressed concerns that some of her peers in the same space perhaps were not as knowledgeable about STI testing. Another Asian migrant cis woman who had worked in an unlicensed massage parlour in Melbourne disclosed that she

My sexual health? All girls in this industry know how to look after our sexual health! As my sexual health I do regular check-ups when I go to the lab and sexual health hospital to do a regular check-up. I do once every 3 months.

(AMY, SEX WORKER)

always used condoms but never went to see a doctor when sick or underwent any sexual health checks in Australia, because she was aware of the illegality of her work and feared having to reveal details about her job to medical professionals. This, in turn, presented a risk of deportation. When she experienced health problems, including those that were sexual health related, she would rather take her own medicines and/or stop doing full service than risk going to see a doctor:

> *I had sexual health [problems] like discharge, irritation and itchiness in my intimate parts. So I had to take a day off or not take clients at all or rather do other services instead of full sex […] I was scared to go to see a doctor, so I just stopped doing a full sex service during that period. I had bought vaginal suppositories from [her country of origin] and used it, but once they were all gone, I didn't use anything for treatment, just no full sex service. I don't have any pill to use after I used it all. So, I just rested my body instead.* *(Sue, sex worker)*

In this instance, the illegality of providing sexual services where she worked and the lack of funded (peer) outreach services outside the licensing sector not only prevented this participant from accessing professional help in Melbourne but also from getting information, for instance, about free, anonymous testing. She indeed recalls that there was no discussion regarding sexual health with her colleagues: 'Sexual massage is not a topic we talk about in the parlour […] as sexual massage is a secret activity' (Sue, sex worker). A community leader who had herself worked in a majority-white unlicensed parlour similarly reported that, because it was illegal, there were 'issues with sexual health and having to hide condoms and all of that sort of thing, and not being able to discuss sexual health at all with your colleagues' (community leader). Our data suggests that sex workers who are criminalised – migrant as well as non-migrant – do practise safer sex and strive to look after their sexual health, but they may lack trust in the health sector, face challenges in keeping safer sex equipment at work, and have less access to information (including on anonymous sexual health screenings) given the criminalised aspects of their work.

3.1.2 Street-based sex workers

Three different service providers who worked in organisations offering needle exchange, STI and HIV testing and a drop-in meeting space for street-based sex workers maintained that sexual health screening is unlikely to be the top priority for this cohort, given more pressing needs they face including homelessness, poverty and drug dependency. In contrast to that, all six street-based sex workers interviewed (four of whom injected drugs and had experienced homelessness) stressed that sexual health and condom use was a strong priority for them and advocated easier access to testing facilities, including having an after-hours drop-in sexual health centre in St Kilda. One street-based participant travelled very long distances from rural Victoria to Melbourne to get condoms. A street-based trans woman with a history of injecting drugs and homelessness described how she always used condoms, including for oral sex, and got tested every 6 months. She added that she wished for a sexual health clinic in St Kilda:

> *There's no sexual health clinic here like [in St Kilda], I mean, there is doctors and stuff here, but there's not a clinic here specifically for sexual health, right? Like, you have to go all the way in the city, and I think that if there was just, like, a clinic here that would be good, to get your blood tests or, you know, your swabs and everything done, so you don't have to travel all the way out to the city, but then even I think now you have to, like, book an appointment. Like, before you could just turn up.* *(Stella, sex worker)*

Some service providers for street-based sex workers in St Kilda acknowledged the willingness of this cohort to access sexual health screenings. Yet, they also mentioned difficulties they may have in keeping appointments, having access to a phone or a mailing address over time because of the sometimes precarious and transient nature of their work and lives. These service providers also felt that local walk-in services that are open daily and after-hours would be very beneficial to improve street-based sex workers' engagement with services.

One sex worker and two community leader participants also described the need for a peer-run community safe house in St. Kilda which would allow street-based sex workers access to hourly room rental, shower facilities, and safer sex supplies. The participant noted this would facilitate a sense of community as well as provide a safe and clean working space.

While people engaging in street-based work may have specific health and social support needs, as we will explore further in the report, it is important to note that all our street-based sex worker participants also had previous experience of working in brothels or privately. Sex workers generally are a very mobile group, and tend to have experience of different modalities of work at different moments of their lives, depending on a series of factors such as access to accommodation, connections with other workers, and changing financial needs. This suggests that defining sex workers by the modality of their work is a limiting concept that should be used with caution.

I think a lot of people assume that it's more culturally aware to have a specific, like, Aboriginal Health Service or whatever. But in terms of stigmatised issues, people may often shy away from that for fear of what gets out in community.

(COMMUNITY LEADER)

3.1.3 First Nations sex workers

Our research findings indicate challenges to accessing sexual health services and safer sex equipment for First Nations sex workers. One self-identified Aboriginal community leader described how the relatively small size and inter-connected nature of the Aboriginal community, coupled with general stigma directed towards sex workers, prompted concerns about accessing Aboriginal community-controlled health services:

> *With Aboriginal communities, depending on where people are working, it can be really small communities, and a lot of the time people will avoid going to Aboriginal Health Services, if it's for something that's stigmatised. Example: my local org is [name of organisation] and a lot of people wouldn't go there necessarily for safer sex suppliers or sexual health tests, because family could be working there. With community members, there's always the chance that word can get around, and with sex work, your sex worker status, that is something that could have really huge implications for people. Potentially even more so than in other communities. Because you can't just leave […] where country is and my family is, that stuff's really important. So I'd say that that's maybe a little bit of a difference. I think a lot of people assume that it's more culturally aware to have a specific, like, Aboriginal Health Service or whatever. But in terms of stigmatised issues, people may often shy away from that for fear of what gets out in community.* *(community leader)*

Another community leader who has had contact with a number of First Nations sex workers reaffirmed the barriers to safe engagement with Aboriginal community-controlled services outlined above and added how this might be particularly true for First Nations trans sex workers (sistergirls and brotherboys):

> *Also, we've heard from a lot of sistergirls and brotherboys about being misgendered in those places as well. So […], they don't feel like they're kind of sensitive to their needs, their gender and sexuality needs. So, in their gender diversity.* *(community leader)*

3.2 Knowledge and use of PrEP and PEP

While our findings indicate that sex workers generally have a high degree of literacy in sexual health–related matters, participants who worked presenting as men with cis men clients were considerably more knowledgeable than most trans and cis women (and the one cis man working with women clients) interviewed with regards to pharmaceutical methods of HIV prevention, in particular pre-exposure prophylaxis (PrEP). Five of the six MSM sex workers had been on daily PrEP and reported good experiences with using it. The only MSM sex worker with no experience of PrEP was HIV positive, routinely disclosed this to all his clients, was on antiretroviral therapy and had an undetectable viral load. All other five MSM sex workers reported they had easy access to PrEP prescriptions at the time. Yet, one of them, an Asian migrant cis man, recalled facing difficulties getting PrEP when he was still on a student visa:

> *When I wasn't a permanent resident, I was still just a sex worker and a migrant, it was quite difficult to access [PrEP] even at the [sexual health clinic for sex workers]. They had to fill up some documents, lots of documents. You have to explain, you are a student, why you want to get PrEP, what sort of work you do, and things like that. So I think it will be struggle for migrant sex workers to access to the PrEP.* *(Bob, sex worker)*

Levels of knowledge about post-exposure prophylaxis (PEP) were relatively high among the majority of sex worker participants, irrespective of gender. One cis woman and two trans feminine sex workers mentioned using PEP in the past, after experiencing stealthing (a client removing their condom without the worker's knowledge or consent). However, about half of all cis women and trans feminine sex workers interviewed reported a lack of knowledge or understanding regarding PrEP, including two who had serious inaccuracies in their understanding (e.g. belief that it is a pill that prevents you from getting any STI). When introduced to PrEP by the interviewer, all those who did not know about it expressed interest in knowing more and were referred to expert advice. Most cis women and trans feminine sex workers who knew about PrEP had heard about it from colleagues, and a few of them also wanted to receive more information about it. Asked if they had considered using it, many said they did not, as they perceived themselves at low risk of being exposed to HIV on the basis of not seeing many clients, always using

condoms, and because they understood HIV rates in Australia to be very low. The one nonbinary participant who worked as a woman reported that they did consider taking PrEP but felt they were already taking too many medications for issues relating to their mental and physical health and did not want to add another one. One trans woman felt that the cost of PrEP was a financial barrier to its long-term use, while another expressed concern that it may be as taxing physically as taking PEP and preferred to do the latter on a needs basis rather than taking PrEP daily. When asked if he had ever considered using the medication, a cis man sex worker who worked with women clients and couples reported he did not on the assumption that 'PrEP was just for gay men' and said he would investigate it further (David, sex worker). A trans woman sex worker participant told us:

> ***I mean, I have asked for it. And people are like, 'I don't think it's good'. Like, because you're having condom sex. They're like, 'This is mainly for gay men; not for trans women.' That I get told a lot. People they say it's not for women. It's not for people who have sex with protection. It's not for sex workers. They told me it's for gay men who have sex for drugs unprotected and shit like that. That's what I get told. I mean, I do have sex for drugs sometimes, but it always involves a condom, unless I get raped.*** *(Linda, sex worker)*

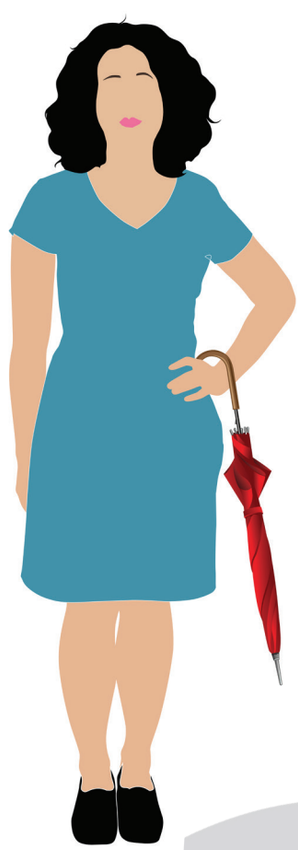
The findings detailed above indicate that there may be a gap in how information about PrEP is circulating, particularly among cis women and trans feminine sex workers, who have not been the target of PrEP promotion campaigns as has been commonplace for cis gay and bisexual men in Victoria. The knowledge gap identified among some sex worker participants could be linked to the lack of funded peer services for health promotion, as well as to how PrEP has historically not been a prevention method recommended to individuals who make regular use of condoms and other personal protective equipment. Sex workers fall into this category. It is important to note that PrEP promotion to sex workers has been a site of consultation and discussion within the sex work community in Australia, which found high levels of knowledge about PrEP among the sex workers consulted and raised a number of concerns, including around the dangers of PrEP becoming mandatory for sex workers and encouraging clients to demand condomless sex (Scarlet Alliance, 2014). Our findings regarding insufficient knowledge about PrEP among part of our sex worker participants should therefore not be understood as an argument in favour of implementing PrEP promotion to sex workers but as further evidence of how many (non-MSM) sex worker participants experienced insufficient care and information from sexual health providers in relation to PrEP, which could be improved through funding peer organisations for sexual health promotion.

3.3 Sex workers living with HIV

In 2015, Victoria repealed all criminal offences specific to HIV and AIDS, except for sex workers. For any sex worker who is HIV positive, providing sexual services is still a criminal offence, under any circumstances, regardless of viral load. This was not always well understood by participants. One (non-migrant) cis gay man told us that, after working as an HIV-positive sex worker for over a decade, he only very recently found out that his actions were illegal. He described a sense of shock and expressed relief not to have been caught or threatened by clients, especially given he openly advertised being HIV positive and undetectable on his sex work profile. Such shortcomings in knowledge need to be understood in a context where, until recently, there was no funded peer organisation to provide peer outreach and education to diverse sex workers in Victoria.

While no (cis or trans) women sex workers in our sample disclosed that they were HIV positive, a service provider for people living with HIV and AIDS, themselves a peer, reported that HIV-positive women sex workers experienced fear and isolation in relation to their HIV status. They described how HIV-positive women sex workers face particular challenges and risks, including a tendency to work in licensed venues with lower prices and standards that do not insist upon sexual health certificates. This participant also described how some HIV-positive women sex workers would routinely change workplaces so as to avoid their HIV status being discovered. They may also be less likely to report any crime or abuse experienced at work for fear of facing criminal charges. This situation may be exacerbated for migrant workers who also risk deportation:

> ***When [HIV-positive migrant sex workers] fear criminalisation, they fear being deported, and they fear so many other things on top of it. For Australian-born sex workers that are HIV positive, you know, it's definitely, they're still working on the margins when they can't work in nice venues with nicer people, they have to work in these venues that are less nice, and they're pushed to do work with more clients. And, you know, they just don't feel like they have rights and can speak up because of their status.*** *(service provider)*



The same peer service provider suggested that stigma, lack of trust, and the criminalisation of sex work and HIV were the main barriers for HIV-positive sex workers (particularly migrants) in accessing health services, including those relating to sexual health. Some may avoid blood tests for fear of being identified as HIV-positive sex workers and thus reported to the police, at least until such time as they identify a doctor they can trust. They finished their interview with this message:

> ***The overwhelming thing is that safety and that trust. Decriminalising HIV, and sex work especially for HIV-positive people, is just going to create a safer environment for everybody and better health outcomes. Because people will be able to connect, they will have a greater sense of wellbeing, less internalised stigma, less shame.*** *(service provider)*

3.4 Mandatory HIV and STI testing

Under the Sex Work Act 1994, sex workers in Victoria must attend STI and HIV testing once every 3 months. Sex workers commit an offence if they provide sexual services knowing they have an STI or are HIV positive. To prove they received their mandatory test, sex workers need a 'sex work attendance certificate', which they are expected to obtain from any sexual health clinic or GP practice. While this mandate applies to all sex workers, including private workers, the latter are not required to show tests regularly. Licensed brothel workers, on the other hand, need to provide a copy of their sex work certificate to the brothel every 3 months in order to continue working from those premises.

When asked their opinion on mandatory STI and HIV testing, the majority of key stakeholders expressed a belief that this did not need to be mandatory. A service provider working for the specialised sexual health clinic stated:

> ***I don't think there is need [for tests] to be mandatory because I think they [sex workers] are actually a population that takes care of their health […] If we don't make it mandatory, I think sex workers are also quite willing to do it regularly.*** *(service provider)*

A service provider working for an organisation for people living with HIV/AIDS further elaborated on a similar sentiment:

> ***[Mandatory testing] is over the top. I mean, we know that there's such a great, higher adherence to the condom use within the sex working community, they have both been in the forefront of, you know, HIV prevention, and even COVID-19 […] There's so much health literacy and knowledge sharing within the communities […] I think sex workers themselves will know when they need to go get checked, or when they want to get checked. It shouldn't be mandatory. It should be self-determined.'*** *(service provider)*

> ***Confirming previous research that found mandatory testing for sex workers may overburden Victorian sexual health clinics and, in effect, restrict access to testing for other, more at-risk, groups (Samaranayake et al., 2009), stakeholders highlighted this requirement contributed to long waiting times and would 'clog up the system unnecessarily'*** *(community leader).*

In addition to a perceived burden placed on sexual health services, the requirement for HIV/STI testing facilitates environments in which sex workers could be further exposed to stigma or discrimination. This could be the case especially when seeking certification from a GP, as one community leader highlighted:

> ***The mandatory testing creates real barriers for workers who, particularly workers that aren't out [about being a sex worker] trying to access STI testing with a regular GP who might not be necessarily sex worker–friendly […] complying with that requirement, puts them at risk of, you know, outing themselves in settings that might not be safe to do so.*** *(community leader)*

This experience was confirmed by several sex worker participants, who reported stigmatising experiences with GPs when seeking sexual health certificates:

> ***I actually had to go see four different doctors before I could get an attendance ticket to start working. A first doctor looked at me, like this piece of shit […] the moment I said I wanted an attendance certificate for sex work, he turned to me and said, 'Get out' […] by the third doctor, still no. No-one looked at my vagina at this stage at all.*** *(Stacy, sex worker)*

> *I've had to do pretty much a GP shop around to find the GP who will* ***do my sexual health check-ups without judging me, I suppose. The first GP that I'd had for about 5 years […] I asked for a doctor's certificate in order to be able to work. And the first thing out his mouth is, am I psychologically right of mind to be doing what I'm doing.*** *(Alice, sex worker)*

While there were a very small number of sex worker participants who expressed in-principle support for mandatory testing,

I would like to be able to have an STD test as often as I want, just like, for me, for my peace of mind. But sometimes when I go to the GP, they'll be, 'Oh, do you have a new partner?', like, and I just feel it is really judgemental. So then I don't get a test, but I should be able to have as many tests as I want.

(NINA, SEX WORKER)

their reasoning reflected the value of regular testing in general, rather than the mandated aspect of it. As outlined earlier (see Section 3.1), the vast majority of participants in the study tested for HIV and other STIs on a regular basis.

Several studies from New South Wales indicate high testing rates and condom use among sex workers in a decriminalised setting where testing is not mandatory (Callander et al., 2016; Donovan et al., 2012). The findings from this study do not indicate that mandatory testing is necessary to ensure the sexual health of sex workers in Victoria. Rather, the study elicited data to suggest that this practice is potentially counterproductive in so far as it creates barriers to testing, does not increase testing rates and exposes sex workers to stigmatising experiences.

3.5 Sex workers' experience of using sexual health services

3.5.1 Engaging with general practitioners

As previously noted, the sex workers we interviewed as part of this study appeared heavily invested in looking after their sexual health and reported undergoing regular sexual health checks. However, they also described experiences where they encountered stigma or judgemental attitudes when disclosing their role as a sex worker, such as in circumstances where they require HIV/STI testing certification, or even if doctors come to assume they are sex workers because of the type of tests required and the frequency they request them. This stigmatising experience appeared particularly common with respect to GPs and other health services that were not specific to sex workers. An Asian cis woman described how she would not disclose sex work to any health professionals due to a fear of being stigmatised, but she also conveyed a belief that the stigma attached to being a sexually active woman in general prevented her from getting tested as often as she would wish to:

> *I never disclosed to a provider because, personally, I think it's too hard to, like, explain why I chose this work. And, the stigma around it, whether or not they're a good practitioner has nothing to do with my job […] Ideally, I would like to be able to have an STD test as often as I want, just like, for me, for my peace of mind. But sometimes when I go to the GP, they'll be, 'Oh, do you have a new partner?', like, and I just feel it is really judgemental. So then I don't get a test, but I should be able to have as many tests as I want.* *(Nina, sex worker)*

The majority of cis women and nonbinary sex workers interviewed who disclosed their sex work to a GP when going for a sexual health check reported some form of judgemental experience, including being refused an attendance certificate, or being dismissed from the practice. One cis woman described significant challenges finding a doctor who would visit and provide her an attendance certificate and was refused care by three GPs. She ultimately secured a certificate from a nurse working with patients in the alcohol and other drug (AOD) sector who was well known among her colleagues at the brothel and considered a safe access point. However, she recalled having to lie and state she had a problematic experience with drugs in order to access the nurse. A nonbinary sex worker had a lump on their face and was misdiagnosed as having gonorrhoea as soon as they disclosed being a sex worker:

> *I went to a doctor because I had a lump on the side of my face. It turned out to be a blockage in my salivary gland. I went to a doctor for it. And the doctor was like, 'I have no idea what this is'. And then, just as I was about to go, he was like, 'What do you do for work?' He asked me because he was gonna write me a medical certificate if I needed one. But he didn't mention that at first. So I said that I'm a sex worker. And then suddenly, he was like, 'Oh, it's gonorrhoea, it's definitely gonorrhoea. Go and get an STI screening. And here is a prescription for medication for gonorrhoea.' It's a lump on the side of my face, it's not gonorrhoea.* *(Angel, sex worker)*

Several other cis women sex workers also reported that GPs would refuse to examine their genitals, or require them to do self-swabs without informing them why, leading to a concern about misdiagnosis. While self-swabbing is increasingly adopted as standard of care in health settings (Keenan et al. 2020), a lack of explanation for this led some to assume they were being singled out for what they felt may be insufficient care due to being a sex worker.

Further stigmatising experiences with GPs described by a diverse range of sex worker participants who had disclosed their work included: feeling like their health concerns were 'brushed off', feeling the doctor would prescribe anything to get them 'out of the door', and being told to go on a mental health plan when simply asking a GP for an STI test. The commonality of these experiences was articulated by a community leader:

> *It's not at all an uncommon experience, if somebody's sex*

worker status is known to the health professional that they're dealing with, that they will be given an STI test, when they're there for something that has nothing to do with that, or that they will be treated to a lot of opinions about whether they should or shouldn't be doing sex work. And I think a lot of sex workers won't even identify those experiences as necessarily being that remarkable, because they're just so common. It's just what's expected. *(community leader)*

The only cis man sex worker who described a judgemental or stigmatising experience with a GP was an Asian migrant, who also felt that doctors had a tendency to make inaccurate or inappropriate assumptions about his decision to engage in sex work on the basis of his ethnicity:

One time I went to see a GP instead of going to the sexual health centre, because I think it was just a normal fever. So I went to see a GP and they just asked for a history, like, where is my regular GP? So I explained that I have a doctor in the [sexual health] centre and they said, 'Oh, okay, you're in some sort of sexual activity, so, this time, we have to do the blood test again, and check that you don't have HIV or anything like that'. I felt uncomfortable with that. They have like a stigma, like, 'Oh, you're Asian, you do massage' … *(Bob, sex worker)*

An Asian migrant cis woman who was getting tested for STIs at her GP every 3 months (but had not disclosed her sex work, as she was not requesting a sex work certificate) was also at one point asked if she was a sex worker. When she confirmed she was, the GP gave what the participant felt was a hostile response:

I actually had a bad experience with a local GP, when I was doing the right thing. I had my [sexual] health checks every 3 months. And he saw on my record, that I was doing it every 3 months. And he was like, 'Are you a sex worker?' And I'm like, 'Yeah'. And he was like, 'What are you doing? You know, if you have anything, if you found anything on your results, we have to report it to the police.' I'm like, 'What?' And I went out crying […] It gave me nightmares. *(Vanessa, sex worker)*

This participant later learned that the doctor had no right to threaten or report her, but felt it unlikely that, as a sex worker, a complaint made by her to medical authorities would be taken seriously or acted upon. A similar sentiment was expressed by numerous participants who felt there was little to be gained by making formal complaints in the context of unprofessional practice, as they felt their concerns would not be taken seriously:

I am genuinely worried that it's just not going to be taken seriously. And I'm just going to put myself through the stress and anxiety of having to go through that process for nothing […] And then there's also the potential of facing discrimination whilst trying to make a complaint. A whole lot of anxiety-inducing stuff. *(Angel, sex worker)*

The few who did complain commonly described feeling unsatisfied with the response of the bodies handling such complaints, as illustrated in the following quote:

I had made a complaint for a home doctor. And I complained through, I think it's called 'Myhome GP' or something like that. I complained through the service. I wanted accountability; I wanted the doctor that saw me to acknowledge to them that he did the wrong thing. I got no joy from them whatsoever. So I took it to the Health Services [Health Complaints] Commissioner, and also to Ahpra. And both of them fobbed me off as well. And it went nowhere. *(Lexy, sex worker).*

Our data showed a difference of experiences according to the gender, ethnicity and migrant status of the sex workers. While most cis women and nonbinary workers had at least some stigmatising experience with GPs, all cis men sex worker participants (except one Asian migrant cis man) reported that they had experienced no such issues when requesting STI tests or when disclosing their sex work. A few believed this difference emerged because they frequented gay-friendly or gay GPs, which were usually more

…And he was like, 'What are you doing? You know, if you have anything, if you found anything on your results, we have to report it to the police.' I'm like, 'What?' And I went out crying […] It gave me nightmares.

(VANESSA, SEX WORKER)

accepting of sexual activities and even sex work. All trans women, including two migrants, disclosed being sex workers when having sexual health checks, none recalled negative experiences doing so in relation to their sex work. None of the trans participants were in rural areas.

3.6 Concerns regarding access to sexual health services and supplies

The majority of sex worker participants spoke about practical barriers to accessing free, anonymous testing and obtaining an attendance certificate; while one spoke about the difficulty in accessing free condoms in rural Victoria. Beyond the aforementioned experiences with GPs, many participants expressed frustration that there was only one specialised clinic providing sex workers with free testing and anonymous certificates (i.e. certificates issued in their working, rather than legal, names). This clinic was experienced as difficult to access due to very long waiting times and limited opening hours (being closed outside of normal office hours and on weekends). One Asian migrant cis woman found the queues outside the clinic particularly uncomfortable because they would expose her to being seen by friends or acquaintances and potentially being outed as sex worker. Other sex worker participants lamented that there was no longer a drop-in service and that obtaining appointments by phone was often challenging. Sex worker participants based in suburbs on the outskirts of Melbourne or in regional Victoria expressed frustration that they had to travel very long distances to be able to access the only specialised, free sexual health clinic.

One street-based cis woman sex worker from a small town in rural Victoria experienced significant difficulties accessing not only sexual health services but also personal protective equipment, such as condoms. Given challenges accessing such materials, and an inability to travel repeatedly to Melbourne to access them free, this participant admitted to often stealing them from the supermarket, with consequential fears for being caught in the act of trying to protect her health.

Two Asian migrant cis women both described difficulties in accessing the specialised sexual health clinic for sex workers in Melbourne, due to a shortage of staff speaking their languages. Even though one worked exclusively in Melbourne's brothels and massage parlours, she preferred going to a Sydney clinic, as they had peer staff who she felt they could understand and trust:

> *I know some [services in Melbourne] But I don't dare to walk in there myself. First is […] the language barrier. There will be Thai people who help Thai women there [in the Sydney clinic]. But most of the people in Melbourne that I've asked my friends about are not Thai. I'm not comfortable there […] In Sydney, most of sex workers are Chinese women. They can't speak English, so they [the clinic] will provide Chinese-speaking [workers and services]. Also, some Korean speaking too, there are many nationalities who work there. I feel comfortable, and women who are in this industry want the service there […] If I need personal support, I will call to consult with that Thai person where they work at the sex worker's centre that is located in the centre in Sydney. That worker also works in sex work.* *(Krissy, sex worker)*

Language barriers in accessing health information were also reported by other Asian migrant sex worker participants. A service provider from the specialised sexual health clinic also pointed to the Sydney Sexual Health Centre (SSHC) as being a good environment, and expressed a need for more multilingual and peer staff to provide services in different languages, so as to increase the attendance of diverse migrant sex workers while also facilitating trust among all sex workers.

When asked about the sexual health–related needs of sex workers, the majority of key stakeholders indicated stigma and discrimination in accessing sexual health services as their main concern, together with the lack of specialised sexual health services that were accessible and sufficiently funded and staffed. A large number of both key stakeholder and sex worker participants expressed a need for more, better resourced and more accessible sexual health clinics around Victoria, catering specifically to sex workers, which would provide free and anonymous STI and HIV testing and have multilingual peer staff working onsite.

3.6.1 Sex workers' experience with the specialist sexual health services in Victoria

The overwhelming majority of sex workers interviewed (n = 28) had accessed or were regular patients of the abovementioned Melbourne sexual health clinic, which caters particularly to sex workers and LGBTIQ+ people but is also accessible to the general public. This clinic is the only place in Victoria where sex workers can get anonymous, free STIs and sexual health checks and sex work certificates, and access doctors and GPs as well as condoms and other safer sex equipment. However, it does not have any peer staff, or multilingual peer staff who self-disclose experience of sex work. The only three sex worker participants who had never accessed this clinic were all Asian migrant cis

women who expressed concerns about the potential for their sex work being reported to the police, thus risking them deportation. Other sex worker participants' experiences with this specialised, non-peer clinic were often polarised. Around half, including the majority of migrant participants and all five trans women interviewed, reported positive clinic experiences, felt they could trust them, appreciated being able to access anonymous and free testing (even without Medicare or a valid visa), and felt the staff were friendly and understanding:

> ***The [sexual health clinic], I think, is an amazing facility. They provide you with free dams, condoms. They're very good support for sex workers.*** *(Daria, sex worker)*

> ***The service, I thought, was great. People are really lovely. Everybody's very understanding, very kind. You can pick up condoms and female condoms and lube and all sorts of stuff for free, which is great. Or their dental dams and stuff. And also, I really love it that that's like a little pharmacy there. And you get even your meds for free. I think 'that that's pretty cool.*** *(Sylvia, sex worker)*

> ***I felt welcomed, usually it's, like, a brief thing, like the last-minute question, 'So, just checking: you are a sex worker? You're an active sex worker?' And I'm, like, 'Yes'. You can kind of see them. I think it's almost intentional: they really turn on the smiles and be friendly.*** *(David, sex worker)*

An Asian migrant worker told us:

> ***At first I was nervous and afraid. I do not want anyone to know that I am a sex worker. I am afraid that my personal information will leak somewhere. But that place gives me confidence that all of my information will be kept confidential and never be released anywhere, so I feel more confident and fully trust them. So, I wanted to go back to see them every 3 to 4 months.*** *(Rose, sex worker)*

Several other migrant sex worker participants who accessed the clinic also reported good experiences, although a few expressed a desire for better language support. All cis men sex workers (n = 5) and all trans feminine workers (n = 5) interviewed reported

good experiences with the clinic. While all trans women participants and the one cis man working with women clients had disclosed their role as sex workers to clinic staff, three out of four cis gay men participants had not done so. When asked what shaped this decision, one of them (an Asian migrant) articulated a fear of stigma, while the other two simply did not feel the need to do so. The trans women participants attending the clinic all disclosed their sex work and described good experiences.

However, a number of other participants – a majority of whom were non-migrant cis women, two of whom were nonbinary workers, and all of whom had disclosed being sex workers to their healthcare providers – described a range of negative experiences with the clinic. These included feeling that they had not been properly examined, had been judged for their sex work, had been misdiagnosed and, on one occasion, felt harassed. One cis woman sex worker told us:

> *I avoid the [sexual health clinic] like the plague. Places that are set up for sex workers and queer people to access for free are usually some of the worst places to have to go to for STI screening or other medical-related stuff that might have to do with work or the need for privacy […] The whole system is overwhelmed; they don't have the resources to deal with the influx of clients. And that's, you know, mostly sex workers and gay people who absolutely have to have confidentiality around their STI status. Triage can be weird sometimes, like bustling through the door […] Sometimes they make you do your own vaginal swabs, especially once they find out you're a sex worker. And also, when I have disclosed that I'm a sex worker, I needed a certificate for work, they would not use the speculum, and I don't feel like they have examined me thoroughly. And I like to be thorough, because my health is really important to me. And another time, I had a really, really insensitive doctor that was just, like, interrogating me around the death of my son, which was really awkward. And I was, like, I just wasn't a human being to her.* *(Lexy, sex worker)*

Another cis woman, who also described feeling as though she received insufficient attention at the clinic:

> *I went to the [sexual health clinic] It's meant to be about sexual health, right? I got there because it said to just turn up, they didn't have appointments then, and I sat in the waiting room for, I don't know, an hour or something. And then finally I got to see a doctor, and they told me they didn't have time to do a full workup on me on that day and I'd have to come back another day, basically, and they were assholes, pretty much.* *(Stacy, sex worker)*

Participants described a broad range of challenging experiences at this clinic that, at times, they felt reflected the difficulties in delivering high-quality clinical care to sex workers in a criminalised and stigmatising environment. Such challenges included feeling that staff: made assumptions about presenting ailments based on their sex work (e.g. a surgical scar from a previous procedure being assumed by a clinician to be a consequence of too much, or rough, sex), gave inconsistent advice at the point of an indeterminate HIV diagnosis, were overly paternalistic in relation to their roles as sex workers, caused them to feel harassed, and did not have their inappropriate actions sufficiently addressed when reported.

In considering these challenges and negative experiences reported by participants in our study, it is important to acknowledge that the clinic has faced substantial capacity issues over a long period of time, with demand for services routinely outstripping what can be supplied, which is also linked to the requirement of mandatory testing. However, capacity and resource concerns notwithstanding, the experiences of several participants in this study speak to a need for continuing efforts to ensure a non-judgemental environment for sex workers in clinical contexts, including sufficient staff training to address judgemental attitudes that can be ingrained given the social stigma surrounding this population.

The sex worker participants who had good experiences with this clinic were first and foremost grateful for the opportunity to access free and anonymous tests and care. Our data suggests this was particularly the case for migrant workers who are cut off from health services because of fear, lack of insurance, cost barriers or even lack of valid visas. Many migrant sex workers interviewed for this project felt that their wellbeing, as a migrant and a sex worker, is not a public health priority in Australia, and they were grateful for any free, anonymous support provided. In addition, the sex workers who described good experiences may not have sought in-depth sexual health examinations or more specialised care beyond obtaining an HIV/STI test and an attendance certificate, or quite simply they may have got the right person at the right time.

It is notable that the trans women and cis men in our sample all had good experiences at the clinic, the latter largely without feeling a need to disclose being sex workers; while most negative experiences were reported among (largely non-migrant) cis women sex workers who did disclose their sex worker status (often in order to obtain a sex work certificate to work in licensed brothels).

4. Sex workers' broader health and wellbeing needs

This chapter explores sex worker participants' experiences with a range of health professionals, mostly in relation to their general and mental health (i.e. not sexual health issues).

It first details how their needs are typically shaped by reluctance towards, or the repercussions of, disclosing their sex work to health professionals, which often leads to poor healthcare experiences. Section 4.1.5 looks at sex worker participants' knowledge of and engagement with existing specialised services and peer networks. The need and desire for non-judgemental mental health care is examined in section 4.2. The subsequent sections describe testimonies about consuming drugs and experiencing homelessness (Section 4.3), and experiencing sexual assault (Section 4.4), both in terms of participants' support and service needs and of the challenges they faced due to stigma and criminalisation. Section 4.5 describes the impact of the COVID-19 crisis on the diverse groups of sex worker participants.

4.1 Experience with general health services

4.1.1 Assessing the need to disclose being a sex worker

When asked about their experiences with health providers for matters other than sexual health, most cis men and women, as well as nonbinary, sex worker participants told us they preferred not to disclose their sex work to them, as they had previously experienced, feared or expected stigmatising experiences. Some also feared being reported if working in criminalised environments. Often participants stated that if they felt disclosing their work was not strictly necessary, they would rather not do so. In the words of a cis woman worker:

> *I mean, the nerves are always there, that when you disclose, something awkward is gonna happen. Because something awkward, almost invariably, always happens, right? Even if it's well intentioned, but more so since I've had, I had a couple of incidents where I accessed ER [the hospital emergency department] for pain issues and was treated both times like a drug seeker, and the second time I was bullied quite badly and gaslit by the nurses and one of the ambulance men [participant cries]. So, I've really changed my mind about what I will disclose to new healthcare professionals, and sex work and being chronically ill and having fibro, those things that I don't want to expose or disclose anymore. Like, it's gotten to that point.* *(Lexy, sex worker)*

While a few sex worker participants mentioned physical injuries unrelated to their work as examples where they would not need to disclose their work, others noted how their work is relevant to more than sexual health, including some physical injuries. This highlights the importance for sex workers to be able to talk about their work with all medical staff without fearing or facing repercussions:

> *If I'm disclosing that I'm a sex worker, I am just aware that I will probably be lectured about what an awful job that is, and that I should do something different with my life. If I don't disclose it, obviously, I'm fine. But, um, sometimes I need to disclose it, also because of specific problems with physical stuff. Because of my neck and back problems, I do have to talk about movements I do at work that impact the injury.* *(Sylvia, sex worker)*

The extent and commonality of sex work stigma among health professionals was of great concern for one community leader with decades of experience in peer advocacy, research and support:

> *We did that big study on stigma and sex work and, and, you know, sex workers reporting, you know, like, stigmatising interactions with the healthcare sector […] that's been a major issue. But then we've also seen healthcare workers reporting that they themselves, you know, a third of healthcare workers self-reporting, that they would treat somebody negatively, because they were a sex worker […] And, as we know, a lot of the time people aren't even aware that they're being discriminatory. So this is actually, like, self-reporting; so you can expect that the, the rate is actually probably much higher than that.* *(community leader)*

In this context, our sex workers participants also shared their own strategies to manage or mitigate stigma experienced in the health sector. Different sex worker participants had diverging approaches, ranging from not disclosing sex work at all, in order to avoid negative experiences (mediated by fear of criminalisation for many), to consciously being out as a sex worker and making a point of it, at times even with humour, in order to educate the world and combat the stigma in this way. A cis woman migrant sex worker told us about being open with medical staff specifically:

> *When I was in [in-patient hospital care], I had ladies [nurses], frown upon me and be like, 'Oh, why do you do this?' Or, like, they would ask questions, they that would make it seem like I hate my job. Which is not the case. I love my job […] I made a joke once, because I have to take so many pills. I take them all at once. And there can be like up to eight. And the nurses would be like, 'Wow, like, you're incredible for taking all this pills at once'. And I said, 'Don't worry, my throat handled things bigger than that'. And that was kind of like my personal, like, professional joke […] But they frowned upon that [laughs].*
>
> *[…]*
>
> *I think it's very important to be open [about sex work] so that medical professionals just know that we are people like anybody else, and that we're very different [diverse]. Some sex workers are nurses, that's what I told my nurse that day, like my best friend. And she was shocked […] I think it's very important to just destigmatise the industry and for healthcare professionals to know*

If I'm disclosing that I'm a sex worker, I am just aware that I will probably be lectured about what an awful job that is, and that I should do something different with my life

(SYLVIA, SEX WORKER)

more about us really […] I definitely think that if someone's comfortable with it. They should be open to their healthcare professionals and try to educate them as much as they can. *(Daria, sex worker)*

4.1.2 Concerns regarding confidentiality of health records

The confidentiality of their health records was a further concern mentioned by several cis and one trans feminine participants regarding disclosing their sex work. This was not only because of the participants' engagement in work that was not legally compliant, but also due to fears of receiving inadequate care, being subjected to stigma, and (for one trans participant), their sex work being a potential barrier to receiving gender affirming surgeries.

4.1.3 Gender diversity in experiences and fear of stigma from medical staff

Most cis men workers interviewed mentioned fearing stigma from general health practitioners or other medical professionals and therefore typically opted not to disclose their sex work. Experiences of stigma or discrimination when disclosing sex work to health staff were common among cis women and nonbinary sex worker participants, who were more likely to make this disclosure. All but one of the trans feminine participants (both migrant and not) reported, on the whole, positive experiences disclosing their sex work to medical staff or within gender clinics. All but one (who was undocumented and only disclosed sex work to the anonymous sexual health clinic), would routinely disclose their sex work to all medical practitioners. One trans feminine migrant worker told us about disclosing sex work:

That's never been a problem. Like I've always told, I've always been open about it. I've never really had impact. I'm not loud and proud of that, but whenever I've been asked, I've been, 'Yeah, I'm a prostitute'. *(Stella, sex worker)*

The one trans woman who implied she had experienced stigma with medical staff put this down to an intersection of factors, not to disclosing sex work in particular, which she was often assumed to be doing anyway:

Most people assume that [I am a sex worker] about me because I'm trans […] There's that much other marginalisation already that [medical staff] basically just throw [sex work] to the list. I mean, I'm trans, I'm a drug user, I cut myself, I end up homeless, I end up in domestic violence relationships, like, [sex work] is just another thing really. *(Linda, sex worker)*

The fact that she felt sex work would be seen 'as another thing', that is, as another 'problem', indicates the participant expected or felt a stigmatising attitude of professionals against it. The experiences of the four trans feminine participants with gender clinics and services (to which they all disclosed their sex work) was overwhelmingly positive. One trans worker described an affirming experience at the gender clinic and attributed this to the fact that 'half of their clients [patients] do it [sex work] in some form' (Mary, sex worker). Considering the qualitative nature of this study, and the lack of trans masc sex worker participants, it would be inappropriate to conclude that trans-specific clinics are generally more accepting towards sex workers. Moreover, we were not able to recruit any service provider or community leader who could speak to the health needs of trans feminine sex workers in Victoria. We faced similar difficulties finding service providers for gay men to participate in the study in relation to MSM sex workers. This may be linked to a lack of specific projects targeting LGBTIQ+ sex workers, including, until recently, the lack of a funded peer organisation to implement these.

4.1.4 Safe referral mechanisms

Experiencing, or fearing, stigma and discrimination from medical staff was the most recurrent answer given by stakeholders when asked about the main health needs of sex workers. In order to support sex workers in finding non-judgemental doctors, several service providers and community leaders mentioned keeping referral lists of sex worker–friendly medical staff and services to pass on within their networks. It was acknowledged by a non-peer service provider, however, that this approach is imperfect:

It's on a request basis […] our referrals are not recommendations, in that we don't endorse particular providers, and that we can't guarantee that […] what's deemed safe by one person might not be deemed safe by somebody else […] this is a referral list that's been generated by word of mouth from the industry, or it's been a provider that's contacted us directly and said, 'I'm interested in providing services to the industry' […] But you know, sometimes we do get calls from people who haven't had great experiences. And it's, you know, it's unfortunate, but we also know that other people have. *(service provider).*

Other service providers, as well as several community leaders involved in unfunded sex worker groups, lamented lack of resources and therefore time to build and ensure safe referral lists. The majority of sex worker participants told us that they strongly rely on their sex worker friends, peer organisations and/or online peer networks and groups in the quest to find non-judgemental health professionals. A nonbinary worker expanded on how crucial the help of their peers is in navigating their experiences with medical professionals:

Speaking to other people in my communities […] about taking new services, and what everyone else experiences, where and which doctors they recommend or don't recommend, which services are ornery and broken and which ones are mildly less ornery and broken … It's mostly just my peers who have shepherded me away from further violence, the medical violence, and so the violence at the hand of institution. (Billy, sex worker)

A community leader added her reflection about the importance of peer-to-peer referral mechanisms:

Sex workers navigate that stigma and discrimination by having referral networks. And we navigate that stigma by kind of only accessing services that we hear about through other sex workers, and through peer organisations as sex worker–friendly. And I think that that's really important to have those word-of-mouth peer networks, in order for us to be able to navigate those experiences of stigma and discrimination. (community leader)

Sex workers who are not already part of peer networks may have limited access to safe referral lists. This provides another argument in favour of improving such access through funding peer-only services.

4.1.5 Barriers to accessing sex worker–specific services and peer networks

A small number of participants described feeling isolated and disconnected from peer communities, often due to a fear of disclosing their sex work to anyone. This was particularly the case for undocumented migrants or those working in unlicensed Asian massage parlours. An Asian migrant cis man recalled how he had not understood himself as a 'sex worker' for a long time, until coming in contact with others, but has now found such peer support to be a positive experience. Some community leaders and MSM sex workers in our sample indicated that MSM sex workers can be particularly isolated from peers, due to a greater likelihood of working privately (as opposed to in brothels or escort agencies), not identifying as sex workers, and therefore not accessing peer referral networks. One community leader told us:

I would say male workers in particular are pretty heavily isolated in comparison to the typical contingent of female private workers. We have a male outreach worker that does some work with us. And his observations have been that the male sex worker community is a lot less organised, and less community is available to them.(community leader)

Most community leaders and service providers noted how there were significant barriers to engaging all sections of the sex worker community, due to a perceived lack of resources, the criminalisation of large sections of the industry, a lack of funded peer-only groups, and the need to protect sex workers' privacy and safety online. While sharing information among peers seems to be a common practice, referral lists are only available to sex workers who are already engaged with existing funded non-peer services or informal peer groups/networks, and they are not publicly available online. Several key stakeholders observed that, due to these structural barriers, there has been insufficient engagement with online-based sex workers (of all genders):

There's been a real lag in service provision in terms of accessing or targeting workers, who are all working online now, in terms of offering services online, promoting online, reaching out and doing networking and outreach in online spaces, particularly the outreach component of what sex worker orgs do. I think online is where the community is now. (community leader).

The need to develop accessible referral pathways and information networks that specifically cater to migrant sex workers was mentioned by a service provider who identified as a peer:

I think knowing where to go, where it is safe to disclose [sex work], is needed. And especially in the context of migrant sex workers. If you're an international student, for example, what might your private student health cover be able to cover? […] Or, as somebody who might be on a temporary visa, what can I access in the most affordable way? And knowing where it is safe to go for support […] what can I access in terms of peer support? […] I think knowing that stuff is really important, and not just physical places, but places online as well.

Sex workers navigate that stigma and discrimination by having referral networks. And we navigate that stigma by kind of only accessing services that we hear about through other sex workers…

(COMMUNITY LEADER)

I think knowing where to go, where it is safe to disclose [sex work], is needed. And especially in the context of migrant sex workers. If you're an international student, for example, what might your private student health cover be able to cover?

(SERVICE PROVIDER)

> ***What can I access digitally? And how safe is it for me to access this digitally?*** *(service provider)*

About half of the sex workers interviewed were aware of the existence of funded health promotion organisations for sex workers and of local, unfunded peer groups. A majority of sex workers felt well connected to informal peer networks, 10 engaged regularly with unfunded, local peer groups and only six had accessed funded non-peer support services for sex workers (the services that four of these six had accessed were services for street-based sex workers in St Kilda).

Many key stakeholders pointed to the need to fund service provision to target specific groups – including private, cis men, trans and gender diverse, First Nations and Asian migrant sex workers – by having peer staff from these very communities. The advice was particularly strong for migrant sex workers, who would benefit from having peer migrant staff to overcome language and cultural barriers, but also for cis men sex workers, who may not identify as sex workers. Finally, the need to have peer staff from First Nations communities, in particular Aboriginal peer staff, was also stressed. As mentioned above, our findings indicate that this cohort may face particular challenges in accessing peer spaces or sex worker–specific services. According to a community leader who identifies as Aboriginal, Aboriginal sex workers tend not to identify as such, may use other terms depending on which communities they come from, may feel stigma attached to the term 'sex worker' and may be less likely to respond to outreach messages using such language:

> ***It's difficult, because a lot of the time in [the Aboriginal sex worker] community, you don't want it to be seen as, like, you're not proud of being a sex worker, or there's shame around that. Because, I guess, the more mainstream community … I think different communities need different things. But you want to be able to give sex workers information without it being, like, turned into something that's, like, euphemistic, like, you know, a 'working girl' or something like that.*** *(community leader)*

Another community leader highlighted the importance of having First Nations peer staff, while confirming there are potential barriers to a sense of belonging within 'mainstream' sex worker organisations, as have been reported elsewhere in research with Aboriginal sex workers (Sullivan, 2020):

> ***They [Aboriginal sex workers] have shared with us the importance of … a lot of the times when they go into sex worker organisations, they are feeling that they're not culturally [belonging], so it's important that, that there's a welcoming environment to make clear that the service is accessible also for Aboriginal workers, and a large part of that is having Aboriginal staff as well, like peer Aboriginal staff.*** *(community leader)*

While the non-peer service providers generally agreed on the need to have diverse peer staff in non-peer-led services, most of the community leaders and sex worker participants stressed the need for having diverse peer staff in leadership positions within a funded peer-only service.

4.2 Mental health–related needs and experiences

Both key stakeholders and sex worker participants spoke at length about the gaps that exist in addressing the mental health needs of sex workers.

Several service providers and community leaders highlighted a discrepancy in how health initiatives for sex workers are primarily focussed on sexual health, despite a growing body of evidence that they are at lower risk of STIs than the general population. While stigma and discrimination have been shown to strongly shape sex workers' experience of mental health support (Macioti et al., 2021; Treloar et al., 2021), there is no specific service available to support sex workers in relation to their mental health.

All 31 sex worker participants mentioned going through longer or shorter periods of mental distress, strongly exacerbated by or linked to COVID-19-related restrictions and loss of work (see Section 4.5). Two sex worker participants shared they had been diagnosed with bipolar affective disorder (BPAD), four mentioned having eating disorders, most described periods of depression and anxiety, and three spoke of suicidal thoughts. Four had been in psychiatric hospitals, two mentioned having attempted suicide in the past, and five considered the current level and

nature of their drug consumption to be problematic. When discussing their mental health, some participants mentioned being on the autism spectrum or having a neurodivergence such as attention deficit hyperactivity disorder (ADHD). Sex worker participants often described having overlapping experiences and issues in relation to their mental health.

About half of the sex worker participants indicated that their mental health–related challenges preceded their engagement in sex work. However, most saw their experiences of stigma and discrimination (in healthcare contexts as well as in broader society) as negatively affecting their mental health. Sex work was felt by some as challenging to perform when they were feeling mentally unwell, and for a minority (two Asian migrant cis women and a South American migrant cis woman), it was seen as taking a toll on their mental health. Others felt sex work was one of the best or only work options they had available, because their mental health needs precluded them from obtaining or maintaining other work. Several sex worker participants expressed that sex work helped them with their mental health, as it allowed them to be financially independent, while a few also felt their self-esteem had improved in the context of sex work, findings that resonate with research among diverse sex workers in Europe (Macioti et al., 2021).

Most of the sex worker participants felt they would benefit from accessing mental health support; however, only half had been or were being supported by mental health professionals. The majority of those who wished for, but did not access, any mental health support hesitated to do so for fear of judgement if disclosing their sex work. Many were concerned that their sex work would be considered by a mental health professional to be a 'problem' and feared victimisation. This was particularly common among those who had experienced stigmatising or discriminatory practices with other medical professionals, rendering them less comfortable with the idea of opening up to a mental health provider. Beyond fear of stigma, among other reasons participants named for not engaging were lack of knowledge about where to go, fear of disclosing illegal sex work, and financial or language barriers:

> *If I want to seek a health professional for mental health, I don't even know where to go […] the barrier is that I'm a sex worker. The issue is I will think, okay, they may think I'm a sex worker, and then they will just, they won't really want to talk with me. […] I just feel I'm a sex worker, and I can't be like a normal person access to anything I want […] I'm like a lower [person] than like other people normally.* (Mia, sex worker)

> *I don't feel comfortable talking to a psychologist because I worry […] If I had some bad information, a bad accident with some clients, if I talk to the psychologist, I would worry. Hey, if the psychologist knows I do incalls, would he or she report me to the police, and the police come knock on my door? […] So a lot of things [are] illegal, illegal things we do. We can't tell psychologists […] because I do worry they will report to the police.* (Amy, sex worker)

The vast majority of sex worker participants strongly felt that being able to disclose sex work to a mental health provider was crucial, regardless of whether it was linked to their problems or not. When asked in what contexts it would feel most important to be open about doing sex work, a trans feminine worker answered:

> *Mental health services, absolutely. I'm most definitely not saying that sex work in [and] of itself can cause mental health [issues]. But like any job, there's a reason why corporate offices have EAP programs [employee assistance programs] and stuff … Sex workers also need, you know, mental [health] help sometimes too, sometimes some more than others. It may not be related to the work; it may be completely unrelated. But I think it's important to disclose, so*

If I want to seek a health professional for mental health, I don't even know where to go […] the barrier is that I'm a sex worker. The issue is I will think, okay, they may think I'm a sex worker, and then they will just, they won't really want to talk with me.

(AMY, SEX WORKER)

I would love to have a therapist that is telling me how strong I am, how powerful I am, how my job is right, how it's not a bad thing, not discriminating against it, you know?

(MELISSA, SEX WORKER)

> *the mental health worker knows how, where you're coming from, and again, it filters those that would be like, 'Oh, no, sex work is bad; it's gonna cause your mental things', versus one that recognises that it's just a job but there are aspects to it which sometimes you need counselling for.* (Mary, sex worker)

One nonbinary sex worker talked about seeing several psychologists but not disclosing their sex work to them, and how this was affecting the quality of the support:

> *Q. Did you tell them you were a sex worker?*
>
> *Oh, God no. Absolutely not. Because they'll just get distracted […] Every time I've told some kind of healthcare professional that I'm a sex worker, they see that as the immediate cause of whatever distress I might have or whatever mental health concern that I'm bringing to them. They are always thinking that's inherently bad […] I find it just, like, really isolating, because there are things I want to talk about related to sex work […] things that have come up through my trauma, that come up through various moments in sex work that I then can't really talk about, or I have to lie in order to talk about, which is tiring in itself to have to pretend, recontextualise something that isn't true. But otherwise, then I would just stop receiving the care that I need; they'd get distracted and focus more on, like, being some kind of fucking saviour.* (Billy, sex worker)

Of the 16 sex worker participants who had accessed some form of mental health support, nine described negative, and typically stigmatising, experiences. One cis woman worker diagnosed with PTSD and eating disorders relayed her experience of disclosing sex work to her therapist:

> *They haven't been so understanding of sex work […] they kind of brushed it off. The only thing they really ask is, 'Oh, are you safe?' And it's, like, just because I'm a sex worker doesn't mean I'm in an unsafe environment. Like, it makes you feel anxious that what you're doing is not right […] It would have been nice if they did understand and they were interested in it, because I do feel like sex work is very connected to my eating disorder. I definitely have experiences that I want to talk about and know that they're not gonna judge me or think it's unsafe or think it's the wrong thing to do. I would love to have a therapist that is telling me how strong I am, how powerful I am, how my job is right, how it's not a bad thing, not discriminating against it, you know?* (Melissa, sex worker)

After disclosing they did sex work, a few sex worker participants with multiple mental health issues had been dismissed by therapists on the basis that their cases were too complex and/or that they were unwilling to make the changes they needed to get better (that is, quit sex work). A cis woman sex worker told us:

> *I struggled with quite a lot of mental health conditions. […] I've seen a therapist that was referred to me by Victim Services […] That was the lady who told me that I should quit sex work. Yeah, I was, like, very surprised by that. I have seen multiple psychologists, and many of those who are just not good at all. Many were some of those who would just sit there and listen, and not talk at all, or give you any advice on how to cope, or rush through the session. I had an occasion where a psychologist told me: 'Go, Go, Go!', midsession, because he was like, 'You need this part of your life [sex work] to get sorted out. So go now', and he charged me for one hour even if I saw him for 20 minutes. So, I've had a lot of bad experiences with therapists.* (Daria, sex worker)

Eight of the sex worker participants described at least one good experience with mental health providers; three of them had, however, never disclosed their sex work in this context. Two who were open about their sex work were doing remote therapy with counsellors based in Northern Europe or New South Wales. Only three (two cis men and one cis woman, all non-migrants) out of the 27 sex workers who felt the need to access professional mental health support had experienced helpful mental health support in Victoria after disclosing their sex work – and they described feeling very lucky to be in such a position.

Migrant sex worker participants generally tended to have had less access to any form of mental health support than non-migrants. The three sex workers who said that sex work had been a contributing factor to their mental distress were migrants (two Asian and one from South America), who also expressed feeling isolated from peers and were particularly guarded about disclosing their sex work to others, suggesting a strong impact of stigma on their experience. Asian migrants were less likely than others we interviewed to have ever approached any kind of mental health service. Reasons given for this included a lack of affordable, anonymous services in their native language; fear of judgement; fear of being reported; or feeling they could cope by themselves – even in cases where they spoke of having had suicidal thoughts. What we found in this study should also be seen in the context of broader literature that speaks to the challenges potentially faced by Asian migrants in engaging with mental health services due to the strong stigma attached to mental illness within their cultural communities (Mellor et al., 2013).

In an effort to further understand the existing gaps in high-quality mental health support for sex workers, we interviewed two therapists with extensive experience working with sex worker clients. Both described how sex workers come with a diversity of issues, but what they need first and foremost is non-judgemental support, being listened to, and that it should never be assumed that their mental health challenges are as a result of their sex work:

One of their major concerns is whether or not the practitioner is going to be knowledgeable about their life and their work and the choices that they make, and more importantly, whether or not they're going to stigmatise or pathologise them in any way. Essentially, if you're seeking out support, you don't want to be triggered, you don't want to have further feelings of marginalisation or stigma […] Sex workers are not actually coming to us because they want support for anything related to sex work; they'd want support for mental health or relationships or any other [of the] many issues that people generally want support for. They just happen to be sex workers, and they want to make sure that they're not being judged or stigmatised […] I'd say, more commonly, it's not really about sex work, it's just, they're human, they're coming for psychological support, or support for, you know, sexual issues. Just like everyone else.
(service provider)

Both providers also lamented a lack of knowledge among practitioners, yet one felt that it was coming mainly from lack of knowledge around marginalisation:

As a whole, psychologists are not educated about supporting marginalised communities. So, it's not something they're aware of, and it's not something that they walk into their careers knowing about. I think that's a really major issue […] They just need to know about it. Psychologists don't have bad intentions, they just have the lack of awareness. They want to be helpful and supportive, they just may not have the education to know how.
(service provider)

A different counsellor felt that there was a particular issue of concern in relation to attitudes towards sex workers among mainstream mental health professionals, which they may be less likely to have with respect to other communities:

I think mental health professionals, usually people who are very empathetic, we care about people, we want to help people. But I've just noticed people who are otherwise very good at that, speaking about sex work, and feeling the need to go, 'But I would never do that', saying something that's kind of separating themselves from the community. Which I think, if we're speaking about other experiences that people have, or clients have, there wouldn't be that urge to say that; they wouldn't be feeling the need to really kind of go, 'I'm not in that community'. Which I find shocking.
(service provider)

Both providers emphasised the importance of training and education to mental health practitioners. One counsellor reflected on how deeply structural the stigma against sex work can be and noted that training and support should be delivered by sex workers to psychologists, and ideally be ongoing. Furthermore, this participant added that in order to start addressing existing barriers, sex workers should be incentivised to become counsellors themselves:

I was speaking about peer work this week. I think that's really special and useful, and I think it would be good to have more counsellors who are sex workers or have been sex workers […] So there's that level of understanding, and they don't necessarily have to share that [they do or have done sex work]. I think that would create incredible safety, and it would be really wonderful.
(service provider)

4.3 The needs of sex workers who use drugs

Drugs, both legal and illicit, are consumed by many people in all sections of society for a broad range of reasons, and many do so without detrimental impact on their health or social wellbeing. It is, of course, also the case that some individuals can experience challenges managing their drug consumption in ways that they consider safe, and in such circumstances, they require support in doing so. The same is true for sex workers.

While our sex worker participants were not directly asked about drug consumption, nine actively initiated discussion about the impact of drug consumption on their lives, work and wellbeing. Four (two cis women, one nonbinary person and one cis man) mentioned having experienced problems relating to their consumption of crystal methamphetamine (also referred to as 'meth,' 'ice' or 'shad'), two relating to heroin, and one to Xanax (Alprazolam). Two described themselves as being a person who uses drugs without specifying the substance(s) they typically consumed, and they did not speak about any negative impact of drug consumption on their lives. All six sex workers with experience of street-based sex work had regularly consumed drugs either in the past or at the time of the study, of these, four felt drug consumption negatively impacted their physical and mental health.

Most sex worker participants who spoke of experiencing problems relating to their drug consumption had not accessed any specific support for this, although a few street-based sex workers in St Kilda had accessed services via sex worker–specific support organisations in this locality. Most of these workers attended the services primarily to access condoms and meet other workers rather than for support with their drug consumption. A small minority had been supported trying to manage their drug consumption. However, another small minority reported witnessing bullying and drug-shaming attitudes by some St Kilda service providers towards sex workers who consumed methamphetamine.

Several sex worker participants described feeling stigmatised for their drug

As a whole, psychologists are not educated about supporting marginalised communities. So, it's not something they're aware of, and it's not something that they walk into their careers knowing about.

(SERVICE PROVIDER)

consumption as well as for their sex work, articulated by a service provider as 'double the stigma'. This same service provider, who themselves had past experience of both sex work and drug consumption, expressed a belief that sex workers who use drugs would benefit from services delivered by actively working sex workers who use drugs, given fears of stigma that many hold and difficulty in trusting non-peer support workers.

Some participants felt there was stigma against people who use drugs, in sex worker communities and among colleagues who did not use drugs. The service provider described immediately above explained how sex workers who use drugs often face hostility in licensed brothels that do not allow them to work if they are found doing so. This may, in turn, exacerbate their likelihood of engaging in illegal forms of sex work with an increased exposure to harm due to criminalisation:

> *It's hard for drug users in parlours […] in legal brothels, the whole drug use thing has to be so on the down low, or there's a couple of brothels around that are known for drug use. But most of the others, if they get a whiff of that you're dependent on drugs, you get off the roster straightaway. And, you know, if you are like me, you have to be on drugs, otherwise, you're in withdrawal. And if you want me to work a 12-hour shift, you're gonna have to expect me to sneak off for a whack at some point during that shift […] [sex workers found to be using drugs] get booted from a parlour and go down to the street […] I guess it's not the law, it's the parlours, but the girls are taking privates or doing risky stuff because of the parlours not wanting drug users or the brothels taking all their money.* *(service provider)*

Most sex worker participants who spoke of consuming drugs worked independently and/or on the street. One participant who used heroin described being ejected from a brothel in which she was also living, and becoming homeless as a result. In fact, drug consumption was seen by this participant as connected to being homeless, which in turn, contributed to her involvement in street-based work:

> *The reason, the cause to all my downfall, right up to this point, my homelessness, it would have been because of drugs […] I got into, like, trouble at the parlour, and then I got kicked out. And that's what when I went homeless, and that's when I started working on the street. And, yeah, whenever I got money out, and got accommodation, that's when I started advertising privately.* *(Stella, sex worker)*

A cohort of sex workers who use drugs who may be especially exposed to harm are those with children. Several service providers described how parents who are found to be sex workers and consuming drugs can have their children removed from their care, while drug consumption alone is insufficient to trigger such a course of action. A service provider for street-based sex workers confirmed that several of their street-based clients had indeed had their children removed.

4.4 Sexual assault and access to protection and support

A majority of women (both trans and cis) sex workers who were participants in the study, as well as a majority of nonbinary and one cis man sex worker participant, talked about experiencing one or more forms of sexual assault at work. This included stealthing (when the client removes a condom without the worker's knowledge or consent) and rape. A few described not being supported by brothel managers or agency owners after being assaulted, being told it was 'part of the job' and being sent back to work, or even reimbursing the client who had assaulted them after complaints were made. Some mentioned being assaulted more than once at the same workplace.

A cis woman sex worker remembered:

> *I was sexually assaulted at a job […] When it happened, I did tell my employer and the response was really, really poor […] Basically, the advice was to just ignore it. Like it was part of the job. Like that's what I was paid to do, or that's what I was paid for.* *(Nina, sex worker)*

Sexual assault was also experienced through non-payment and fraudulent transactions, especially by private workers. For example, participants described instances of clients reversing bank payments, providing fake receipts, or refusing to pay the agreed upon amount after the service had already been provided. Several participants stated that this constituted non-consensual sex. However, despite this range of sexual assault experiences, the majority did not disclose these incidents to the police due to concerns that they would not be taken seriously because of the work they do. A cis woman sex worker explained why she thought this was the case:

> *I think a lot of us don't want to put our hand up again and say, 'I'm a sex worker', in order to prosecute abusers. And I think we sex workers in general are all more likely to become victims of assaults. You know, it's that same culture of 'Oh, she's wearing a short skirt outside; she was asking for it'. Yeah. Because she's charging for it, she was asking for it. A lot of people don't ask that question of: what is the line between, you know, a client and sexual assault? And, to me, it's very, very clear what the line is. It's all about consent. And it doesn't matter whether you've signed up as a sex worker, if you decide to revoke consent, and they go ahead and assault you, that is still assault. So, I*

feel like there are a lot of us that do get assaulted, but they don't want to put their hand up and say, 'Oh, hey, I'm a sex worker, let's announce that in court'. There's just so much stigma around the occupation that it's almost like you're already guilty as well. Half the population believes that you're doing the wrong thing to start off with […] Is the judge gonna say, 'Oh, you got what you asked for'? That kind of thing? Are you gonna have support? I don't know. I'm not confident that people [sex workers] would. (Alice, sex worker)

The fear of being discriminated against by police and in court needs to be understood in context. It was only in 2016, following advocacy and organising by sex workers in Victoria via Vixen Collective and St Kilda Legal Service, that Victoria updated its sentencing manual to remove the advice to give reduced sentences to sex offenders if they assaulted a sex worker (Wade, 2016). Despite this important change, trust in police had not improved among many of those that we interviewed. One nonbinary worker told us:

I would never go to the police about a sexual assault, because that just sounds like re-traumatising, or just like outright traumatising […] I usually just, like, try and take care of myself also, because the systems around the way that police deal with rape and sexual assault is just so disgusting. It wouldn't surprise me if people had gone to police about reporting and then been stalked and further assaulted by police. (Billy, sex worker)

A community leader made an important point about how intersectional marginalisation can create even further barriers in trusting and being able to access police for some sex workers:

It's very difficult to improve relationships between a criminalised community and the police […] And, also acknowledging that criminalisation of sex work isn't the only barrier for people in our community relating to the police. Because, obviously, there are many barriers in place for people that aren't just based on being sex workers, but also on being trans or being a person of colour, or visa status, or, you know, being a drug user, any of these kinds of things where people are obviously going to have a difficult time. (community leader)

While not the only reason for not reporting sexual assault, the fear of being prosecuted themselves for working illegally was mentioned by many sex worker participants. This was the case particularly for the vast majority of (migrant and non-migrant) private workers offering incalls, workers in criminalised premises and undocumented migrants. As one Asian migrant cis woman told us:

I don't talk to health providers or the police. Because I don't feel as safe with police, because sometimes I do incalls, which is illegal. So, if I do tell the police 'Hey, this client violated me' … But you did incall, then you also broke the law, then […] sorry we don't take your case … (Amy, sex worker)

Unfortunately, as the sex worker above raised, not only would sex workers hesitate to report sexual violence, but many would also not open up about it with health providers, for fear of being reported by them. Another reason for not disclosing sexual assault to a health provider is also, again, the fear of being judged and lectured:

Q. Did you disclose that to a healthcare provider?

Never. No, no, no. I did not, because I didn't want to hear about the judgement. I didn't. I didn't suffer any, like, injuries, significant injuries. I mean, I was sore and had a couple of bruises from [it] but it was not something that I would have wanted to disclose because it would have been another opportunity for my GP, who is lovely, just say to me, 'Why don't you do something else with your life?' (Sylvia, sex worker)

Concerns about fair and just treatment outlined above notwithstanding, a small minority of sex worker participants did report to the police following sexual assault at work. All of them expressed disappointment in how they were treated, feeling that their case had not been taken seriously and that the police had sympathised with the perpetrators rather than with them. One cis woman street-based and private worker told us how she decided to register with authorities to obtain a so-called SWA (Sex Work Act) number to be able to access protection by police in case of assault at work, without fearing prosecution. This worker reported a serious sexual assault by a client during an outcall, which led to her hospitalisation. She recalled reporting the events to police, not being treated with respect and being told rape could not have taken place as she had received payment for sex:

It was like, 'He said it was consensual. So we're not going to charge him.' I'm like, 'I gave you a four-page statement of everything that has happened. Just because somebody pays you for sex doesn't mean they can do what they want. No.' (Jessica, sex worker)

This testimony suggests how criminalisation of sex work may indeed not be the only reason why sex workers would be treated unfairly by police, in line with findings from recent research on

Just because somebody pays you for sex doesn't mean they can do what they want. No.

(JESSICA, SEX WORKER)

I definitely hope that government is going to provide support to sex workers during the times when they are unable to work. Like during the pandemic…

(DARIA, SEX WORKER)

sex work stigma and policing in Australia (Stardust et al., 2021).

In terms of health and psychological support following sexual assault at work, most of our participants said they would seek medical care (including PEP) following a sexual assault but would not disclose that they were working as sex workers when doing so. The majority of sex workers who had been assaulted did not consider reaching out to sexual assault support organisations for fear of being judged. Only one sex worker mentioned accessing a sexual assault crisis line and having a positive experience after disclosing her sex work.

Most sex workers interviewed displayed awareness of the risks they faced doing sex work under a licensing regime that would likely not provide protection to them in case of assault. Yet, they also shared their own strategies to deal with potentially abusive clients, demonstrating strength and determination, such as this cis woman brothel worker:

> *I remind myself that I can end up at any stage throughout the booking […] I don't need to put up with it. Like, I don't need to put up with abuse, I don't need to, you know, whether it's physical, verbal, I don't need to. And another way I keep myself safe is if they do become like aggressive, looking like they're going that way, I tell them, I tell them, 'Look, I can cancel this at any time, and you don't get a refund. That's it, you're done, like, you're out of here.' And that kind of keeps them pretty, pretty well in line.* *(Alice, sex worker)*

Two Asian cis men participants mentioned not receiving payment after a service. While no further experiences of sexual assault or violence were shared by cis men sex worker participant, most felt this could happen to them and some had installed safety cameras at their entrance as a safety measure. In our study, sexual assault at work was more likely to be experienced by women, cis or trans, as well as nonbinary sex worker participants, and be committed by cis men clients.

4.5 The impact of COVID-19

Most interviews for this research took place in 2021, in the context of COVID-19-related restrictions, including lockdowns. The impact of COVID-19 was felt by the key stakeholders (service providers as well as community leaders) and sex workers alike. The sexual health clinic serving sex workers experienced staff shortages, had to reduce its services to sex workers, and was less accessible than usual. Other service providers conveyed frustration at not being able to deliver what they considered to be essential interventions and losing the opportunity to reach out to brothel workers, due to the closure of such premises.

The vast majority of the sex worker participants faced significant financial challenges during the period of COVID-19-related restrictions. Only a minority were eligible to access support from the state (those who had another job or paid tax as sole traders under another occupation title). Several felt compelled to continue doing sex work on a smaller scale (only with 'regulars'), as they felt they had no other choice to pay their bills, despite fears of contracting COVID-19 and being caught by police. Others relied on peers, partners and savings. One accessed the emergency relief fund organised by the national sex worker peer organisation. Three homeless sex worker participants were housed during periods of the lockdowns, due to state-funded programs.

As was the case for many sections of the general population in Victoria, the mental health of most of the sex worker participants suffered greatly during the pandemic. However, many also spoke of strategies to build or maintain emotional strength. One street-based sex worker who was housed and provided food by the government for several weeks felt that experience had been incredibly helpful.

Unravelling the impact of COVID-19 on sex workers in Victoria would benefit from further, in-depth research. Important for this study is that most sex workers interviewed felt they were not supported by the state, and many had to keep working as a result, risking health consequences and living in fear of prosecution. This was particularly true for migrant sex workers, who faced further barriers to accessing support. One Eastern European migrant sex worker described how the lack of financial support led her to work despite current restrictions, and how this in turn impacted her mental health:

> *I had to work illegally. During stages, even Stage 4, I had to work, because I had to […] I had to provide for my food, for rent, [cat] food, litter, stuff like that. It was very hard. It was. I only relied on [sex worker peer organisation], which is a charity-based organisation, I believe […] And that's the only help I got. And yeah, unfortunately, as an immigrant, the government didn't provide immigrants with much support […] So for immigrants during the pandemic, who are survival sex workers and who don't have, like, you know, who can't work in any other industry? That was a very rough time to go through, [it] was day to day, pretty much. And the anxiety, first of all the anxiety about COVID, catching COVID, and then then anxiety of meeting an undercover cop and being fined, arrested, jailed. That was crazy. No, it's very, very tough.* *(Daria, sex worker)*

The same worker, when asked what she hoped would change with sex work decriminalisation told us:

> *I definitely hope that government is going to provide support to sex workers during the times when they are unable to work. Like during the pandemic, I relied on [sex worker peer organisation] only. And that was very heartbreaking to […] see that the government would just say, you're not allowed to work and we're not going to help you in there. Especially for immigrants like myself.* *(Daria, sex worker)*

5. **Aspiration, strength and resilience**

This chapter describes participants' reflections on strategies to improve the provision of health and support services to diverse sex workers.

Participants' strong arguments for a peer approach to service provision are explored first, followed by their aspirations for an ideal package of services to support the health and wellbeing of sex workers. Finally, the strength and resilience of our sex worker participants is highlighted.

5.1 Peer approaches to service provision

As this project was a needs assessment study focussed on health and service provision, we asked our sex worker and key stakeholder participants to share with us their own ideas about what an ideal package of services provided to sex workers could or should look like. A consistent response was the wish for services to have peer staff and for these services to include peer leadership or be peer-only. Several key stakeholders expressed a strong belief that a peer approach would mitigate the impacts of both perceived and experienced stigma. A sex worker community leader, speaking about her own experience as a sex worker, stated that she would only feel comfortable talking about being sexually assaulted at work to a peer, as they would instantly understand, and she would not have to educate them about sex work to be able to talk about the trauma of the experience. Indeed, all individual service providers for sex workers, people who use drugs and people living with HIV that we interviewed found that having peer staff with lived experience of sex work was important to increase trust in their services. Others reflected on the dangers of having peer staff in subordinate roles only, including the risk that they would be tokenised and potentially disrespected by non–sex worker managers or supervisors.

Peer support and being able to be open with other sex workers was mentioned by the vast majority of sex worker participants as crucial for their emotional wellbeing. A cis woman worker told us that 'people don't understand sex workers like other sex workers do' (Alice, sex worker). Many reported affirming experiences when accessing existing peer-only organisations and groups for support. An Asian migrant cis man who works presenting as both a man and a woman told us about his men's peer group:

> *Peer support is good to help us, I can talk to them when I'm on the downside, I tell them, 'Oh, I didn't want to do this, or I don't want to dress up today [as a woman]. I feel like I'm dressed up like a puppet' […] I can tell them, and they support us, they said they understand it, or they advise I take a break.* (Bob, sex worker)

One cis woman sex worker talked about being greatly supported by a specific peer group for sex workers with chronic illness:

> *We have a peer-only support group for people with chronic illnesses. And, you know, that's mental health stuff, as well as physical stuff […] It's a sex worker–only safe space for people with chronic illnesses and mental health conditions and chronic, chronic anything, that gets in the way of you not being able to do your job, according to society's standards of how somebody should work, or how often somebody should work. And so that includes things like autism spectrum disorder, as well as ADHD, and other intellectual, you know, executive dysfunction […] They just say a bunch of really awesome humans are all having a fuckin' shit time at life on occasion all the time. And they have a lot of compassion and empathy, and they're able to see you in a way that normies are just not able to.* (Lexy, sex worker)

Further benefits in accessing peer networks and education were also mentioned by a cis man sex worker with women clients:

> *I'm quite fortunate that several of the people in my friends' groups are also sex workers […] And there's lots of people that I interact with on a regular basis who are very supportive […] I still consider myself to be very much a sex work bébé. I'm still learning a lot […] And I was very conscious that as a man providing services for women, I really needed to get fucking educated as possible […] The more I talk to sex workers and interact with other sex workers, the more hardcore feminist I become, or feminist ally […] I really value the*

There is no solidarity like the solidarity of whores. That's what I found. I really feel like sex workers are the best people in the entire world. There's a compassion and an understanding and a knowing and a solidarity … No matter what, whores will have your back.

(LUCY, SEX WORKER)

> ***education. I've learned a lot about the experiences and perspectives of sex workers from various different levels and walks of life in places […] It's helped me to feel closer to those people and helps me to be a better advocate when I can, as well.*** *(David, sex worker)*

A feeling commonly articulated was that sex workers tend not to trust at all non-peer services given the range of discriminatory practices outlined above. One community leader explicitly said:

> ***I don't really refer sex workers to any non-peer organisations, because I don't really trust them […] I wouldn't feel comfortable risking referring workers to anywhere in particular, because I haven't heard particularly good things about any.*** *(community leader)*

A peer service provider for people who use drugs, a former sex worker themselves, said that in their experience their colleagues did not trust non-peer services, particularly those specifically funded to support workers in the sex industry:

> ***If you're going to provide services to sex workers, the best people to do that are sex workers that can do peer roles, because you break down so many barriers straightaway with that, but services aren't going to be funded to work late at night. And then you get a situation down here where the government gives money to certain organisations, but if you go and talk to the sex workers, they'll all do a wide berth around those organisations. […] Why would that be? The girls just reckon that their workers […] are judgemental, they're this, they're that, they've never done anything. And then there was a [service for 'women in the sex industry and trafficked women'] Well, the girls don't have a lot of respect for that.*** *(service provider)*

A nonbinary sex worker went as far as to express a desire for all health services to be provided by peers:

> ***It's not just, we need more training for doctors to not violate us; it's more like, we need to be the ones handling our own healthcare […] Yeah, like, we need to be able to have all trans people doing all of the trans healthcare, and all sex workers doing all of the sex work healthcare, because we're the people who know the most about it, through our communities and our work.*** *(Billy, sex worker)*

In terms of psychological and mental health support, in Victoria as elsewhere (Macioti et al., 2021), the sex worker participants who accessed peer support from friends, colleagues, sex worker groups or organisations found it essential for their mental health. For many, this was the only support they would access and trust. The level of understanding and solidarity that sex workers can develop with each other was beautifully expressed by one cis woman sex worker:

> ***There is no solidarity like the solidarity of whores. That's what I found. I really feel like sex workers are the best people in the entire world. There's a compassion and an understanding and a knowing and a solidarity … No matter what, whores will have your back.*** *(Lucy, sex worker)*

Beyond a clear preference for sex worker–led service provision, some also mentioned great appreciation when non–sex worker health professionals were non-judgemental. In particular, one Asian cis woman indicated that to her it was important to have non-peer support who were non-judgemental and supporting towards her and her sex work, suggesting this may be a way for her to feel accepted in wider society, not only among other workers:

> ***[Talking about an online platform for sex workers] They're not sex workers, and they are so supportive […] I went to one of their workshops. And at that time, I just feel, okay, there's actually people supporting us. That's so good. I think if we have an environment that's supportive and inclusive, I think that'd be very helpful […] Like a support group is very helpful. And the support group doesn't have to be sex worker only.*** *(Mia, sex worker)*

In contrast to the above experiences, a minority of sex workers (including two Asian migrant cis women) said they preferred to stay away from online peer community networks, as they felt people in them were 'too angry' or they feared being judged by others.

In sum, there is overwhelming evidence that indicates that peers are best positioned for delivering services to sex workers. Hence, funding peer-only services and hiring peer staff in leadership position within mainstream and community health services may serve to decrease barriers and improve access and quality of care for sex workers. Such work should be considered alongside further training efforts to reduce stigmatising and discriminatory practices in mainstream health services.

5.2 Perceptions on the 'ideal' service for sex workers

As well as stressing the importance of peer-based service provision and leadership within these services, some participants went further to indicate what ideal services would look like, and a few had particular wishes that could inspire future efforts to reconfigure the landscape of service provision in the state.

Some participants suggested that wide-scale training programs for GPs and other specialists were needed in order to start dismantling stigma and judgemental attitudes towards sex workers. Many said training had to be delivered by diverse sex workers themselves. Further to this, some expressed that, given the entrenched nature of stigma in some contexts, training needed to be delivered over time, by people with lived experience:

> *Train, train the existing healthcare professionals till the cows come home, but they need to be trained by sex workers and trans people and people of colour. Those people need to be fucking paid, not just for, 'Oh, we're doing a course in our training'. No, you need to have positions in every single facility, like an ethics ordinance, even like an ethics team, and manage the training and manage the complaints and manage how the doctors are learning to service the community. Those people need to be in long-term positions that are not contracts, that are ongoing; they need to be instilled in these institutions. (Billy, sex worker)*

Ongoing training and the commitment of services to engage with peer organisations were central to several sex workers' perspectives on service development, particularly in relation to mental health. Some participants wished to see specialised mental health services for sex workers:

> *The government should open a free mental health clinic with professionals who are experienced with working with sex workers. So, [a] sex worker–oriented mental health clinic, which is free no matter what, whether you're a citizen or not, I think that's my utopian idea. (Daria, sex worker)*

Other sex workers expressed a desire for specialised, holistic health services for sex workers that could accommodate a range of health-related needs.

> *Q. What do you think could be done to improve access for sex workers to health services in Victoria?*
>
> *Sex workers' specific health services. Like a GP clinic, like how trans people have Equinox gender clinic, something like that for the sex workers, like a sex worker, a specific GP service, with counsellors and stuff. (Linda, sex worker)*

A peer service provider for people who use drugs went further, imagining it would be good to combine legal advice, harm reduction and health service provision along with beauty services, in order to maximise engagement:

> *It would be awesome if there was a place, like a physical place, that, that sex workers could go for everything, for their health, for their legal access for their needles and syringes and for the whatever […] Where people and the services are there, there's doctors there. And there's legal people there. And there's sexual health testing, and all that stuff. Yeah. Yeah. And waxing, eyebrows and legs. (service provider)*

More specifically in terms of sexual health, many sex worker participants mentioned the need for a number of free specialised services across the state – with diverse peer staff – available at different hours, with the possibility to book appointments online, anonymous and easily accessible throughout the state. Safe houses for street-based sex workers to work and get safer sex supplies from were also wished for. Some sex workers, particularly migrants and those who were strongly inclined not to disclose sex work, wished for anonymous telehealth or online consultations on sexual health and free at-home kits for STI tests.

Train, train the existing healthcare professionals till the cows come home, but they need to be trained by sex workers and trans people and people of colour.

(BILLY, SEX WORKER)

5.3 Sex workers' coping strategies and resilience

A striking finding of this research is the extent and level of personal strength, resilience and coping mechanisms displayed by sex worker participants, across their diverse backgrounds, identities and experiences. Such attributes were evident even in the face of the significant difficulties brought about by structural factors, criminalisation, societal stigma and discrimination, as well as experiences of violence and abuse.

A common means of protecting or maintaining one's mental health and

I enjoy the companionship [...] you feel that you actually made a change in someone's life. Yeah, a change that's lasting and positive. You can really feel that, so that's, I find that really fulfilling as well.

(VANESSA, SEX WORKER)

wellbeing involved seeking peer and social support from friends, colleagues and sex worker networks. Participants also spoke of many other strategies used to look after their health and wellbeing. These include engaging in sports, yoga and exercise, meditating regularly, reading self-help books, being attentive to their health and needs, eating regularly, taking downtime, caring for pets, and engaging in other self-care practices. Several mentioned how important it was to be able to take breaks from work when needed, as this cis woman escort said:

> *My health is my priority. If I'm not feeling well, I'm not working. If I'm, like, just feeling off in the morning, I'm gonna say, 'No, I'm not working'.* *(Melissa, sex worker)*

Some spoke of prescription and/or recreational drugs, including alcohol and tobacco as helping them cope, but also valued keeping a positive outlook on life, as this trans woman sex worker told us:

> *Q. What do you do to look after your mental wellbeing?*
>
> *I smoke [tobacco]! [laughs] I try and find positive things for me mentally to sort of overcome the negativity that could be going into my mind. Like, walk down the street, or just go get a coffee and talk to random people. Like, 'Hi, how's your day?', and they get all frightened! For me, that takes me out of that zone, and I just walked down the street and gave someone fun. 'Oh, how is it going? Thank you. Where are you? Aw the weather? What are you doing?' That just helps me gives me that friendliness and a positive, productive way [...] Or sometimes I'll just sing randomly if I catch a train. I'm just singing on the train. So I always find something positive to be happy mentally.* *(Theodora, sex worker)*

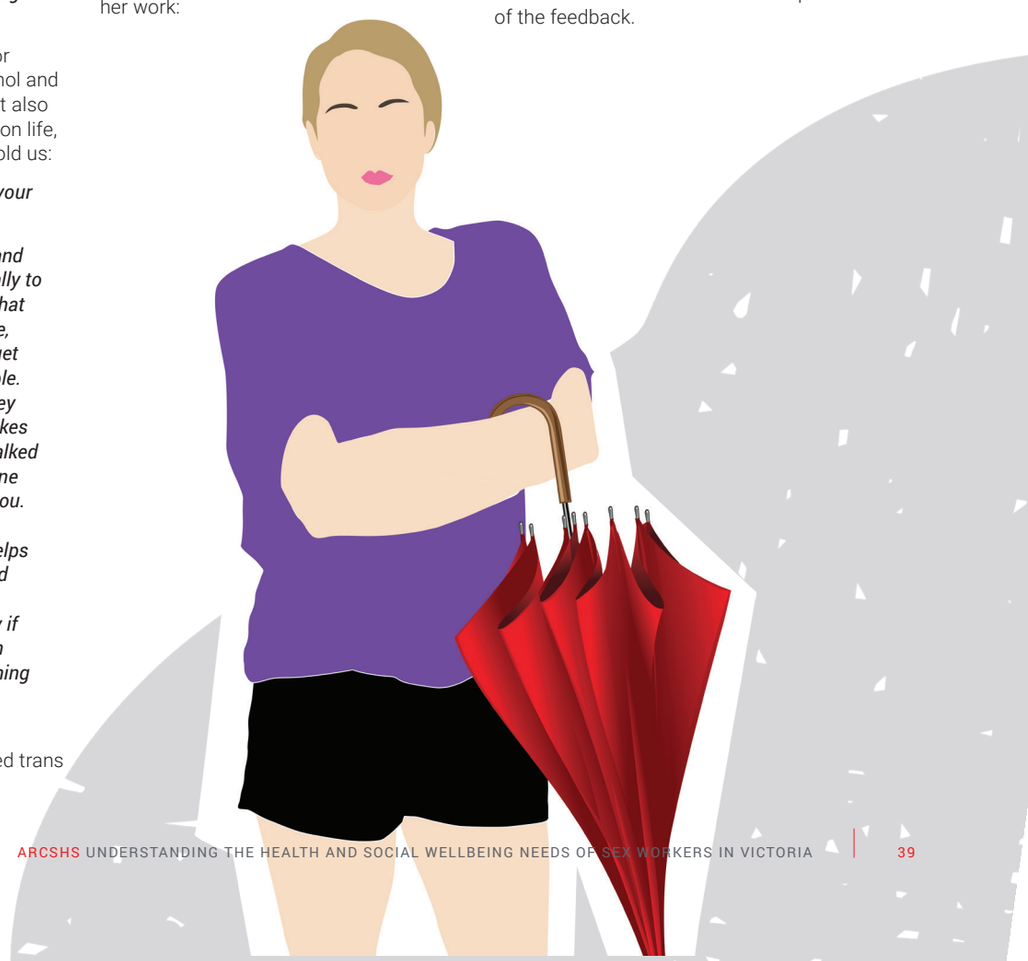
As another example, a street-based trans sex worker who consumed heroin talked about her attitude to sex work as being a means to an end:

> *The only way I'm going to get myself out of this situation, like, a plant gives you lemons, you make lemonade, right? Well, that's pretty much the situation. I felt like I was in, like, the only way I want to get myself out of my situation is the only thing I have at the moment, is sex work. So I tried to make it as much of a positive experience from here on out. Getting clean was a start. So I had to get clean.* *(Stella, sex worker)*

One Asian migrant worker talked about the positive aspects she derives from her work:

> *I enjoy the companionship [...] you feel that you actually made a change in someone's life. Yeah, a change that's lasting and positive. You can really feel that, so that's, I find that really fulfilling as well.* *(Vanessa, sex worker)*

It is challenging to capture and convey the resilience of many participants through their words alone, as it often emerged more from how they responded to questions and the affirming manner in which they approached their lives. During the debrief sessions between Dr Macioti and the research assistants that took place after each interview, the positivity and emotional strength of the sex workers was often a central aspect of the feedback.



6. From licensing to decriminalisation

This chapter explores the context of law reform in Victoria and how this was perceived by both sex worker and key stakeholder participants.

The first section examines how sex worker participants viewed, understood and experienced the licensing regime. There was consensus among both sex worker and key stakeholder participants regarding pitfalls of the Sex Work Act 1994 and the urgent need for law reform. The second section describes the hopes and expectations of our participants in regard to sex work decriminalisation. The final section describes participants' concerns regarding the ongoing criminalisation of street-based sex work under the Sex Work Decriminalisation Bill 2021.

6.1 Sex workers' experiences and understanding of the licensing regime

According to previous research in this field, over 50% of sex workers in Victoria were thought to be working illegally under the Victorian licensing regime (Donovan et al., 2012). Yet, the findings of the present study suggest the percentage would be much higher: all but one sex worker participant, who only ever worked in strip clubs, had worked in contexts that were non-compliant with the Sex Work Act, and often on more than on one occasion.

While most participants in this study were aware of whether the types of sex work they engaged in were legal or not (e.g. street-based sex work, incalls), only two participants felt they fully understood the laws pertaining to sex work in Victoria. All regarded the laws as dangerous, difficult to navigate, and as complicating their ability to access protection in case of assault.

Participants spoke of clients blackmailing sex workers who they knew were in breach of the law, threatening to report them to the police unless they were given free services (non-payment, as discussed in section 4.4, is a form of sexual assault). As an Asian migrant cis woman private worker told us, this even happened shortly before the interview with us:

> ***I had a few times clients threaten me. Yeah, just before, when I was doing an incall, a client threatened me to give him some money back. Otherwise, he will report me.*** *(Amy, sex worker)*

Another cis woman recalls working for an unlicensed agency/brothel in which the owners would underpay sex workers without fearing any repercussions, as they knew the sex workers were also doing something illegal and would never report it to police:

> ***During that time, I don't think, yeah, doing incalls wasn't legal. So, you couldn't call the cops, you know. And I think that's why our boss would make us work. And when there would be these horrible instances, and he would still just, you know, underpay us and make us work because he knew, like, we wouldn't call the cops, because we're doing something illegal.*** *(Melissa, sex worker)*

These testimonies are lived experience examples of how the licensing regime enables exploitation of and violence against sex workers by their clients and operators, rather than providing a safer working environment for sex workers.

Several street-based sex workers expressed feelings that the criminalisation of their work contributes to stigma directed towards them, rendering them more vulnerable to violence and complicating their access to justice, as we will explore in Section 6.3 of the report. Private workers criticised the way licensing laws undermined their ability to work safely by not allowing them to work in their own homes or from hotels, where they felt they would be able to better screen clients or access protection from colleagues, receptionists and concierges. One trans woman highlighted how this was particularly relevant for trans sex workers, who risk being harassed by homophobic or transphobic clients and would therefore be much safer booking their own hotel room, rather than visiting a client's home in order to abide by the law:

> ***There are dangers with being a transgender escort, because there's the gay panic. So one hires you,***

As long as the police are our prosecutors, and sometimes even our perpetrators, they cannot be seen as our protectors, which is all they should be.

(LEXY, SEX WORKER)

because they're curious, because you get a lot of people that are curious on trans girls; they're horny; and, I've seen it happen, they blow their load. And then they're instantly like, 'What have I done? Shit, what have I done?' You know, 'Does this make me gay?' And I've seen it with clients, they panic […] But you know, when you're doing that at someone else's place […] hopefully with a new changing law I can put out, like, advertisements and expressions of interest. I'll be working from a hotel from this day, and book there, like pre-book and then have a hotel room, or something like that, rather than, you know, going out to people's places. (Mary, sex worker)

The mandatory sex work registration for private workers was understood as increasing the risk of being outed and exposed to discrimination by authorities, future employers and health professional. Also, it was linked to the fear of being tracked down by stalkers, who could search online for registration details and potentially find the workers' new profiles or even their legal names and addresses. Therefore, several workers opted for not registering. One Asian migrant private worker remarked:

I am not happy that I have to register as a sex worker to work. Because people have preconceptions about sex worker[s] and prostitute[s]. I don't want my background check to tell my employer or any institutions that I worked in a profession that's not acceptable in society. I am not happy that sex work is regulated under a legalised model. If [it does] not take place under certain condition, it becomes illegal. It puts some workers into a situation where if they had to provide sex work outside [the] law, for example, see a client at home, if the client does anything illegal, [related to] drug[s], abuse, violence, the worker wouldn't have the courage to report a crime, as they themselves are offering sex work outside legislation. (Mia, sex worker)

Some sex worker participants who did get registered and obtained an SWA number regretted it for the consequences they faced, or as they feared future ones, including potential stalking or unwanted outings:

At any point, it could come back to be a barrier to me […] And it puts us in a position of real danger, like real actual danger […] I mean, no, no online information is, like, safe either, so, I mean […]' it wouldn't be hard for someone who has some like weird, stalkery shit going on to try and track people down by hacking shit, because everyone's good with tech these days. (Billy, sex worker)

I didn't really think much about it. Initially. Um, I do regret doing it. I wish that I hadn't. But I just kind of was like, Oh, that's what I'm supposed to do. So I'll just do it […] I don't like those details being on a register. That feels not great for me. Also, when they sent out the registration, like the confirmation paperwork, they sent it to my apartment complex manager, and not to me, who opened it and read it. So that didn't go great for me. (Angel, sex worker)

When asked directly about their thoughts on the licensing regime, one nonbinary sex worker spoke of the many different layers in which it is negatively impacts them:

It's made me super wary of who I speak to about my work. For reasons of, like, personal safety is a huge one, but then also potential employments […] As a queer person of colour, my very real fear of being targeted by authorities, or being subject to violence, and exploitation, or bullshit from people who don't need to know […] And it's really quite a concern with outing […] I've had to juggle parts of my life and keep parts of my life separate that aren't inherently separate. It also has reinforced stigma that already exists within the wider community. So it's meant that if I do disclose that I'm doing sex, like, illegally, I'm then disclosing that I'm doing something illegal. And then if someone is feeling particularly fickle, or slighted, or whatever, like, all it takes is one person to know my full name, and to do a Google search. And suddenly, I would be having wild amounts of fines or a criminal record, or just be[ing] heckled by cops and shit. (Billy, sex worker)

As noted throughout the report, mandatory testing, mandatory registration, the criminalisation of sex workers living with HIV and of street-based sex workers were all perceived as discriminatory and harmful to sex workers. In the words of a cis woman worker:

As long as the police are our prosecutors, and sometimes even our perpetrators, they cannot be seen as our protectors, which is all they should be. (Lexy, sex worker).

6.2 Sex workers' expectations and understanding of decriminalisation

Decriminalisation was perceived by all sex worker and key stakeholder participants as a positive and necessary step towards improving the health and wellbeing of sex workers. Many strongly believed that decriminalisation could diminish barriers to accessing justice and protection as well as affirming and high-quality healthcare. There was a general consensus that decriminalisation would remove the fear and risk of arrest and increase sex workers' access to protection by police in case of assault. It was also hoped that the process of

I hope that the decriminalisation of sex work in Victoria will be helpful in myself and my peers being able to access essential services that everyone else is entitled to, without fear of judgement and prosecution.

(ALICE, SEX WORKER)

decriminalisation would send a clear message that sex work is work like any other, and that such a message would, over time, serve to decrease general stigmatising views held in society, and by some health professionals. In the words of a cis woman sex worker:

> *I hope that the decriminalisation of sex work in Victoria will be helpful in myself and my peers being able to access essential services that everyone else is entitled to, without fear of judgement and prosecution. The change, I believe is to make each and every one of us feel safer, working in an occupation that has many risks. (Alice, sex worker)*

A trans feminine sex worker, speaking of what she learnt in her journey, told us:

> *[Sex work] is not for everyone. But there are a lot of reasons people do it. And it needs to be as safe as possible. And it needs to be decriminalised. [There] needs to be more focus on protecting sex workers from violence, and exploitation, and trafficking and abuse, and rape. And I think that all health and government departments need to be more aware of that. And they need to be more sensitive about it. (Linda, sex worker)*

An Asian migrant cis man also shared his hopes about decriminalisation:

> *I hope that I can tell more people that I am a sex worker and people not put stigma on this profession. I expect people understand that being a sex worker is not easy, not like a movie, and [sex workers] have a challenge in the work task like other professionals. I hope people can understand that it is work like other work, it's not just a pleasure, and respect this work more in the future. (Bob, sex worker)*

Several community leaders, service providers and some sex workers also hoped that decriminalisation would bring increased funding for the provision of non-judgemental peer-inclusive or peer-only services, and hoped for more awareness training for all health professionals about sex work issues. Service providers interviewed for this project saw decriminalisation as an opportunity for funding to be extended to enable outreach to currently criminalised sections of the industry, particularly to migrants working in unlicensed massage parlours. This point was indicative of a general agreement by all participants: that decriminalisation was the first necessary step toward addressing significant barriers for sex workers in accessing health and wellbeing support. However, decriminalisation will not work without further investment in services. The way decriminalisation is implemented will make a difference:

> *Decrim is the start of that ride; it's the seed. The breaking down of stigma, post-decrim era, getting people to really understand that sex work just is a job, and not be so phobic or shamey or weird around it, it's just such a huge element of what decrim could start. If it's properly implemented, it becomes a reality for, for everybody. (Lexy, sex worker)*

A community leader ended her interview with this message:

> *When sex work is decriminalised, fully decriminalised for all sex workers, I think that's going to be critical. I think it's really fantastic that this is actually now happening, and the government is sort of stepping up and starting to recognise sex workers as a community, as a priority community. And I hope that this is part of an ongoing, this is just signalling the beginning of ongoing work. And I also hope that that it will lead to the funding of a peer organisation for the diversity of sex workers in the sex industry. (community leader)*

6.3 Ongoing concerns about the criminalisation of street-based sex workers

Service providers, community leaders and sex worker participants raised significant concerns regarding the legal status of street-based sex work as proposed in the bill before the Victorian parliament at the time of data collection (July to December 2021). In a move similar to New South Wales, the Victorian Sex Work Decriminalisation Bill proposes street-based sex work remains a criminal offence in some situations: near places of worship, schools and childcare centres between 6am and 7pm or at any time during designated days (Parliament of Victoria, 2021). The legislative reform that participants in this study believed to be necessary to support health and wellbeing of sex workers is one of full decriminalisation of all modalities of sex work. The bill that was eventually passed on 22 February 2022 by the Victorian parliament was not considered by participants to be full decriminalisation, as it retains the criminalisation of a particularly stigmatised and vulnerable subgroup of sex workers.

Participants in this study included service providers and community leaders who engaged specifically with street-based sex workers as well as sex workers with lived experience of street-based sex work. We interviewed five service providers from three organisations delivering different services to street-based sex workers in St Kilda; one community leader with experience of street-based sex work; and six street-based sex workers, which included two trans women (one of them migrant), two nonbinary persons (street working presenting as men), and two cis women. All but one of the street-based sex worker participants were working in St Kilda, or had been very recently, at the time of the study.

Street-based sex workers in Victoria were commonly understood by key stakeholders as the smallest yet by far

most vulnerable cohort of sex workers (two St Kilda based service providers estimated there would be a maximum of 60 different workers active in that area at the time, i.e. in 2021). This vulnerability was confirmed in our interviews with street-based workers themselves, who reported experiencing homelessness, problems with drugs, poverty and limited trust in the police, as well as sexual assault, rape and severe violence by clients. The various stakeholder participants who worked with street-based sex workers in St Kilda all expressed a firm view that to address this vulnerability, street-based sex work must be fully decriminalised in the same manner as other forms of sex work. The criminalisation of street-based sex work was seen as inconsistent with the aim of better protecting sex workers and their access to justice and health. In the words of a service provider working for a St Kilda drop-in centre:

> ***If street sex work continued to be illegal, you would be penalising the most vulnerable in the community, and you would be pushing them underground. Because it is illegal, you push it underground. And they wouldn't talk about their street sex work with any community health worker, because they're scared that they're doing an illegal practice.*** *(service provider)*

In particular, service providers working with street-based sex workers all insisted that access to housing would help street-based sex workers, while criminalisation would do nothing to ameliorate the issue. A service provider from an organisation that has been supporting street-based workers in St Kilda for 30 years reported that homelessness was a huge problem, which had significantly worsened in the past 10 years.

This was affirmed by some street-based participants in this study, who described how they would engage in street-based sex work when they felt they had no other work options. However, when they had housing, they would – and some did – engage in private work. As one trans feminine worker explained:

> ***I can do private work if I have accommodation, like, accommodation plays a huge part of it. Otherwise, I mean, that's what pretty much put me on the street to begin working, because I didn't have accommodation, and if you don't have accommodation, all you are doing is, literally, car jobs and, like, alleyway jobs or bush jobs. Like, it's literally, like, that bad, and when I do work privately, when I do have accommodation, I don't work on the street.*** *(Stella, sex worker)*

The street-based sex worker quoted above was temporarily housed during COVID-19 lockdowns and recalled being able to 'get healthy', by eating well, and take a break from street-based sex work during that time, despite the unhygienic conditions of the accommodation. When housing was not available anymore, she went back to working in the streets. Another cis woman street-based sex worker was also housed during periods of the lockdowns, and at the same time, she accessed the methadone program, while still working on the streets.

Street-based sex work was also referred to in positive terms by those who engaged in it. Two street-based sex workers, a trans and a cis woman, explained that they preferred street-based sex work to other modalities of work:

> ***When you work on the street, it's good because they only want to talk to you briefly. They can't really waste your time because it will be embarrassing for them to sit in a fucking, in their car for 15 minutes while other people are trying to drive past […] So the main reason was because you could make a lot of money in not very much time, and you didn't have to deal with time-wasters. That's what's good about street work. That's why I love it.***
>
> *[…]*
>
> ***Street working clients are actually better. When they go to the brothel, they're seeking me out because I'm trans, but on the street, they don't know I'm trans till they talk to me. And they've already made their mind up by then. So, they're not going to fetishise me for being trans.*** *(Linda, sex worker)*
>
> ***I do street work because I'm the one in control of what, and how long, and what's going to be done. Basically, I'm not on a time limit. That, I prefer.*** *(Candy, sex worker)*

It is important to include these perspectives as they suggest that, equally to other forms of sex work, this modality of work is not necessarily experienced as a problem per se by those who engage in it. They may appreciate aspects of it but are exposed to violence

and lack protection under the current system. Most street-based sex workers interviewed spoke of experiencing violence from clients, and some saw this as directly linked to their criminalisation. A nonbinary sex worker told us:

> *I think that not having a protected street work community […] only hides it further and means that with less visibility more violence is possible. And when you're doing something illegal […] they [clients] can treat you like less than a person, because they think they can treat you like a criminal.* (Billy, sex worker)

The argument is that, if prosecution for street-based sex work is still possible, barriers to trusting and accessing police and health services will remain. A nurse in a primary needle and syringe program for street-based sex workers told us how she believes violent clients prey on street-based sex workers precisely because they know they will not be reported:

> *There is a lot of street-based violence, they get a lot of violence perpetrated upon them by clients, by people that come down into the area, sex predators that will particularly come down and prey upon the vulnerable, who are working on the streets, because they don't feel comfortable reporting.* (service provider)

The reluctance to report violence was confirmed by another street-based sex worker:

> *There still are, like, a lot of clients out there that are dangerous, and I mean this just, like, in terms of who do we contact? […] You don't go straight to the police, because the police always nag you for something else that has nothing to do with … Like, if you were to go and report something, because, you know, you were worried for your safety and stuff like that, you don't want to be questioned or not been taken seriously enough.* (Stella, sex worker)

A service provider recalls the history of police violence against street-based sex workers, which suggests how building trust in police may prove incredibly hard, particularly if elements of criminalisation are still retained:

> *In the past, police have been the main offenders, they would go to street sex workers, ask for sexual favours, otherwise, they'd arrest them. They would often put them in the police cars and just drag them around all night and just laugh at them in the back of the police cars; they would assault them. Really bad history with police and street sex workers, really bad. Police would go into their houses where they knew there were some sex workers living together. They just go through the house, sit there for hours, asked them to make coffee and tea, sexual favours, or they'll drag him into the police station […] In the '80s, '90s, 2000s street-based sex workers were arrested all the time, constantly in and out of the court being arrested, having to pay fines.* (service provider)

A few service providers and street-based sex workers believed that police in Victoria were not arresting street-based sex workers for sex work–related offences anymore, yet bad experiences with police were still getting reported. A service provider for sex workers told us:

> *We've obviously done a lot of advocacy with Victoria Police over the years. And what that's actually led to is a complete stop in in charging street-based sex workers with street sex work offences […] Police adopt more of a welfare-based response to street-based sex workers in Victoria now, even though, obviously, it's still enshrined in legislation that they can, you know, do have discretion to charge.*
>
> *[…]*
>
> *We still do occasionally get reports of people having negative experiences with policemen or police that have stopped and, you know, have queried workers.* (service provider)

Other service providers and sex workers also believed that arrests had radically decreased (though some questioned whether they had completely stopped), and there was a concern that reconfiguring the legality of the work of this cohort through new criminal laws could roll back the work done by advocates in that space in the past few years. A service provider reflected on the potential dangers of a continuing form of criminalisation that would still make street-based sex work a criminal offence in specific circumstances:

> *Once again, we're back to square one where they [street-based sex workers] could be at risk of being arrested. And St Kilda always have new recruits coming through, that's one of the areas, whether it's a new police officer straight out of police school coming to St Kilda, if they're anti–sex worker, and they want to put forward a bit of power, they would be legally allowed to arrest a sex worker.* (service provider)

All street-based sex workers interviewed knew they were engaging in a criminal activity, yet they expected police would not actively seek them out and arrest them for sex work related charges in St Kilda. This did not mean, as we saw above, that they felt police would protect them if they were victims of violence. Moreover, there was evidence that policing and patrolling reinforced street-based sex workers' vulnerability to assault and illness, even when arrests

We [street-based sex workers] are the most marginalised workers in Victoria. And if their proposed model goes ahead, that's just going to continue […] There are going to be barriers to the health and wellbeing of street sex workers if full decriminalisation isn't implemented, because you cannot continue to have police as the regulators of the industry in any sense…

(COMMUNITY LEADER)

did not take place. As a trans feminine street-based worker told us:

> *I think since Tracey Connelly got murdered, they don't arrest workers anymore, because they know that puts us in more dangerous situations. However, by them driving around guys [clients] are more reluctant, so we spend more time out on the street fucking freezing, which is a risk for getting fucking COVID, but also, we become more desperate and we become more vulnerable. I swear, by the police driving around, they're not keeping us safe, they're actually putting us at more risk, because we get more desperate […] And because when you're standing out there for hours and the police are driving around stopping guys picking up, you will get so fucking sick, you will have like tears running out your fucking nose.* (Linda, sex worker)

Service providers and street-based sex workers alike also pointed out how criminalising sex work near places of worship or in proximity to schools was completely superfluous, as neither clients nor workers would be in those spaces, and indeed there was no history of complaints coming from either:

> *They're worried that street sex workers can't work near a place of worship, or near child services like a kindergarten or childminding centre, or a school. The thing is: street sex workers don't do that. Now, they don't work outside of primary schools, they don't work outside of kindergartens, they don't stand outside a church to get clients, they don't do that, because clients don't go there either.*
>
> *[…]*
>
> *I haven't heard of any child services, like kindies or schools, that are having problems with street-based sex work, as I haven't heard of any places of worship having problems with street-based sex workers working near their services.* (service provider)

One community leader with experience of street-based work added a serious concern about how the potential criminalisation of street-based sex work at specific times and in certain locations could increase the sex workers' isolation and exposure to violence:

> *We [street-based sex workers] are the most marginalised workers in Victoria. And if their proposed model goes ahead, that's just going to continue […] There are going to be barriers to the health and wellbeing of street sex workers if full decriminalisation isn't implemented, because you cannot continue to have police as the regulators of the industry in any sense […] it's just going to create barriers that don't need to be there.*
>
> *[…]*
>
> *The places that they usually put tolerance zones in are usually, like, isolated areas, industrial areas, poorly lit areas, areas with poor infrastructure, because […] otherwise, if there were infrastructure, there would be schools and shit.* (community leader)

Most of the concerns participants expressed regarding what would happen if street-based sex work remained criminalised resonate with the findings of research that took place in decriminalised environments in New South Wales, where street-based sex work is criminalised according to similar criteria as proposed in Victoria. In NSW, street-based sex workers were found to have been pushed underground into isolated areas, decreasing their access to health services and making them harder to reach for outreach workers (Berg et al., 2011). In New Zealand, on the other hand, sex work has been decriminalised since 2003 under a different model to NSW. New Zealand's model was criticised for criminalising all migrant sex workers not holding permanent residency (Bennachie et al., 2021), yet praised for posing no criminal restrictions to street-based sex work (Armstrong, 2014, 2016). Several studies have shown that the health and working conditions of (non-migrant) street-based sex workers in New Zealand, as well as their access to justice and support services, have greatly improved since 2003, while their numbers have not changed (Abel & Fitzgerald, 2012; Armstrong, 2014, 2016).

7. Summary and recommendations

The findings described within this report highlight how the health and wellbeing needs of sex workers in Victoria can be shaped by the experience of stigma, criminalisation, and a lack of safe, high-quality services. However, the health of our sex worker participants was also shaped by good sexual health knowledge, commitment to safer sex practices, strong peer support networks and resilience in the face of adversity.

The prospect of decriminalisation was welcomed by all participants in this study. Decriminalisation was seen as necessary to address stigma and discrimination, which present major barriers to sex workers accessing healthcare for sexual health as well as other health issues, including mental health. Significantly, decriminalisation was also seen as crucial to protecting sex workers from violence and sexual assault. Most sex worker participants were reluctant to report an incident of violence or assault occurring while they were doing illegal sex work, due to concerns about being prosecuted. Even when they were working legally, many sex worker participants were reluctant to report assaults, due to concerns that authorities, including police and other services, would not take them seriously or would fail to support their claims. Such concerns are based on a long history of discriminatory policing practices of which participants in this study were well aware, as well as their own experiences of stigma, discrimination or inaction when accessing health or legal services and engaging with the police. A major finding from this study is that none of these issues can be addressed under a licensing system that forces most sex workers into some form of illegal work. The majority of sex workers interviewed in this research had indeed engaged in some form of illegal sex work. Many reported that this left them feeling unsafe and less willing to disclose their sex work to healthcare providers or other services.

Mandatory sexual health checks, which are part of the licensing system, were seen as unnecessary, given sex workers in Australia have lower than average rates of STIs and HIV, a high level of knowledge about sexual health, and consistent safer sex practice is normalised across the sex industry. This study is in line with previous research (e.g. Donovan et al., 2012), in finding that sex workers voluntarily seek regular STI screening. The requirement to have this certified was found to undermine confidentiality and access to and choice of healthcare providers, and to expose sex workers to stigmatising encounters with health professionals. On the other hand, there was no evidence that mandatory testing plays a role in increasing testing rates, as they are already high, or in reducing STI or HIV transmission, which is already very low. There is therefore little to justify the continuation of mandatory STI screening in Victoria.

As noted, sexual health knowledge among sex workers in Victoria is high, and this was affirmed by participants of this study. There was, however, evidence of misinformation regarding PrEP use among several non-MSM sex worker participants, and a desire among many of these to learn more about it. Decriminalisation will likely help to ensure sex workers have greater access to high-quality sexual health information and support to access STI and HIV prevention methods – led by fully funded peer-based services. In a decriminalised environment, it may be easier to reach more sex workers for peer outreach and information.

Mental health was a major area of concern for the sex workers interviewed in this study, many of whom reported complex mental health issues and facing and fearing highly judgemental attitudes among mental health providers. For several participants, mental health issues were compounded by limited access to housing and financial support, and experiences of homelessness. Some participants also reported concerns relating to drug consumption that they felt had become problematic. It was clear from the findings of this study, that services designed to support the health and wellbeing of sex workers needed to be comprehensive, with capacity to support referral into appropriate services. The study also revealed the ways in which sex workers who use drugs may face discrimination, isolation and vulnerability in their employment as well as within drug services. Increasing support for sex workers who use drugs will be important in a post-decriminalisation environment.

Importantly, participants in this study were clear that decriminalisation in itself will not address the health and support needs of sex workers. There needs to be investment in peer services and support and deliberate efforts to challenge entrenched stigma that exists within many healthcare services.

There was consensus among participants that services for sex workers should be provided by peers, or at least strongly supported by those with sex work experience. In particular, several participants advocated the centrality of peer leadership. It is important that peer workers are employed not only in service roles, but also in management, leadership and executive positions. Key stakeholders and sex workers interviewed called for peer-only services to be funded to address existing gaps in service provision, as well as to deliver anti-sex-work-stigma training to medical professionals to ensure high-quality care. Targeted support for diverse, marginalised cohorts of sex workers was highly recommended, together with the development of specific, non-judgemental sexual and mental health services for diverse sex workers around Victoria.

To highlight specific areas of concern and need, this report aimed to cover a diversity of experiences, backgrounds and demographic characteristics among the sex workers interviewed. While there is, of course, further work required to understand in-depth the nuances of

experiences of those in different sectors of work, those of diverse gender, ethnicity and migration history, the data collected as part of this project still offer valuable insight into specific circumstances and needs that warrant attention. In the following sections, we attempt to summarise key findings as they relate to particular groups, although we fully acknowledge the intersectionality of sex workers, both in how they often work in a range of different modalities of sex work, as well as in their gender diversity, ethnicity and Indigeneity.

7.1 Cis women sex workers

The majority of cis women sex workers in our study displayed very good knowledge of sexual health and safer sex practices and reported being tested regularly and voluntarily. They were, however, negatively affected by anti–sex work attitudes and beliefs among some health professionals, including GPs, sexual health and mental health providers. They often described being judged and stigmatised in contexts where they did disclose their sex work, as well as being offered unwanted advice, being insufficiently examined, being misdiagnosed or refused care altogether. Crucially, the requirement of mandatory sexual health attendance certificates compelled many cis women sex worker participants to disclose their sex work, which in turn exposed them to stigmatising experiences with sexual health providers. This was seen by most as counterproductive rather than supportive of regular testing for sex workers. There was a tendency among cis women sex worker participants to feel less confident than cis men sex worker participants in complaining to medical authorities or reporting any crime committed against them to the police. Cis women sex worker participants were, however, more likely to describe experiencing sexual assault and violence at work than cis men participants (although not more than trans women and nonbinary participants). The minority of cis women participants who did report crimes committed against them, or had complained to medical authorities following inappropriate care, had overwhelmingly negative experiences. Peer support was reported as fundamentally important to their mental health by the vast majority of migrant and non-migrant cis women sex worker participants.

7.2 Trans and gender diverse sex workers

Several trans and gender diverse sex workers in this study experienced sexual assault at work and were strongly reluctant to report it to police. Both trans and nonbinary workers described experiences of sex work stigma with medical professionals and reluctance to complain when such issues arise for fear of not being taken seriously. Trans feminine sex worker participants experienced transphobic abuse both at work and in the wider society. The risk of exposure to trans and homophobic violence when visiting clients in their homes ('outcalls'), compounded by the illegality of receiving clients in their own, safer space ('incalls'), made some trans feminine sex worker participants feel unsafe. The five trans women sex worker participants who engaged with trans-specific and sexual health services reported good experiences with them.

Mental health services were experienced as highly stigmatising by all but one trans and gender diverse participants. Peer support was valued and considered helpful for the majority of trans and gender diverse participants. Despite concerted efforts at recruitment, our sample did not include trans masc sex workers, who should be the focus of future study.

7.3 Sex workers who sell sex to men presenting as men

Sex workers who sell sex to men presenting as men (MSM sex workers) are often under-represented in research and targeted service provision for sex workers. The six MSM sex workers in our study (four cis men and two nonbinary workers) had good knowledge of sexual health, commonly made daily use of PrEP and regularly attended sexual health clinics. The majority did not disclose their sex work within sexual health services, partly for fear of judgement, but also given a perception that such a disclosure was not necessary (the MSM sex workers interviewed as part of this study tended not to work in brothels and, therefore, did not need to disclose sex work to obtain an attendance certificate). However, most MSM sex worker participants experienced strong barriers, equal to those of other sex workers with different gender identities, in accessing affirming, non-judgemental mental health support. Experiences of sexual assault at work among our MSM participants were reported by two Asian migrant cis men (who spoke of not receiving payment after a service) and by one nonbinary MSM participant (who shared experiencing rape). The MSM cisgender sex workers in the study tended to work exclusively privately, advertise online and mentioned experiencing sex work stigma in the mainstream gay community. It was also reflected within Phase 1 and 2 interviews that cis MSM sex workers may be less likely to identify as sex workers. This could lead to isolation and lack of information about sex work–related issues, as illustrated by one HIV-positive participant who had been unaware of the criminalisation of HIV-positive sex workers at the time (i.e. 2021). Some cis MSM sex workers interviewed were part of a peer network for MSM sex workers and greatly appreciated the support received, which they found particularly helpful for their mental health.

7.4 Migrant sex workers

It is difficult to establish reliable figures on the size of the migrant population working in the Victorian sex industry, yet migrant sex workers were widely thought by key stakeholders to comprise

a large proportion of sex workers in the state. The experiences and testimonies of our participants indicate that migrant sex workers in Victoria may experience additional barriers to maintaining good health and accessing and engaging with health services, as well as with community and peer networks. Fear of being prosecuted for a criminal offence, of losing one's visa status and of being deported were articulated as major barriers to accessing any health services for those who engaged in criminalised sex work activities or did not hold a valid work visa. Fear of being judged, as well experiences of threats, prejudice and racism by GPs and other health professionals were particularly strong among Asian sex worker participants, across all genders, some of whom felt particularly isolated.

Most migrant sex workers who accessed the specialised sexual health clinic described good experiences with it, yet a few were unaware of this service and two did not access it due to language barriers. Several participants suggested that Asian migrant sex workers working in unlicensed sex work premises, largely known as massage parlours, may be less knowledgeable about existing health services and less willing to access health providers for fear of being identified as sex workers working illegally and reported to authorities. This issue may be compounded by reduced opportunities to talk openly about sexual health with colleagues at work, due to the illegal hence secretive nature of providing sexual services, and by the need to hide condoms for fear they could be used as evidence if police raids were to occur.

While some migrant sex workers interviewed felt they accessed peer support that was crucial to them, a minority did not feel comfortable in (majority non-migrant) sex worker online groups and platforms. Language barriers were a great impediment to accessing healthcare and peer support and, accordingly, many participants felt that having migrant peer staff who spoke a diversity of languages would help increase access to – and uptake of – essential health services.

7.5 First Nations sex workers

Three First Nations sex workers were interviewed as part of this study. Of these, one identified as Aboriginal and the other two as Māori. Several Phase 1 participants who had experience supporting First Nations people in health and social care, including one community leader who identified as Aboriginal, also provided valuable insight. These participants described how First Nations sex workers may face challenges in accessing services due to fears of being outed as sex workers if attending specific Aboriginal and Torres Strait Islander community health services where they may be recognised by staff and other patients. They also felt that being outed would have particularly harmful consequences for First Nations sex workers, who are often strongly tied to their community, where anti–sex work stigma was perceived as widespread. It was also indicated that First Nations workers may not feel comfortable in 'mainstream' sex worker spaces and they may tend not to identify as 'sex workers', as this term can reinforce a sense of stigma for some.

7.6 Private sex workers

Key stakeholders interviewed in Phase 1 tended to believe that private sex work – independent sex work advertised online – is the most common modality of sex work in Victoria. Over two-thirds of the sex workers interviewed had worked, or were working, privately. Under the Victorian licensing system, private sex workers face criminalisation if they work without an SWA number or if they receive clients in their own home or in a room booked by them (incall). Some sex worker participants who had obtained a registration number regretted doing so, fearing that this would have repercussions on them in their future work or life choices, or that it may make them traceable to stalkers or abusive clients. Many of our participants described how they were led to engage in criminalised work by the fear of being recorded as a sex worker under their legal name and the wish to feel safer in a space they knew and controlled. This resulted in an increased sense of fear when disclosing their sex work to health practitioners and a reluctance to report crimes against them, for fear of prosecution. Concern about this was greatest among migrant workers, who risk deportation when committing a criminal offence. While most private sex workers interviewed accessed peer online networks and communities and found these helpful, there was little engagement with funded non-peer organisations for sex workers. Some key stakeholders felt there was insufficient engagement and outreach by sex worker–specific services in online spaces.

7.7 Street-based sex workers

Key stakeholders regarded street-based sex workers as the smallest yet most vulnerable sub-group of sex workers in Victoria. Participants who worked in street-based sex work had all engaged in other modalities of sex work at other times; however, they had often opted for street-based work for reasons linked to homelessness, economic hardship and drug consumption, but also due to personal preference. High levels of violence and abuse by clients were reported by most street-based participants, compounded by a lack of trust in and engagement with police. While all street-based sex workers interviewed conveyed that sexual health was a primary concern for them, some faced difficulties accessing sexual health services. Some service providers for street-based sex workers in St Kilda maintained that it was particularly hard to engage and support street-based sex workers as they are a particularly transient group that would ideally be provided services on a drop-in basis. The majority of street-based sex workers interviewed reported accessing specific services in St Kilda primarily to get free safer sex equipment such as condoms. Experiences with services were generally described in positive terms, although with notable exceptions. Many of the street-based sex worker participants discussed problems with mental health and drug consumption, but only one had accessed professional support with the latter. No participants had accessed help regarding housing, except during the period of COVID-19-related restrictions.

7.8 Recommendations

The findings of this research project point to a number of structures, systems and processes that require revision in order to better meet the health and social wellbeing needs of sex workers in Victoria. Since data was collected and while this report was being drafted, the Sex Work Decriminalisation Bill 2021 was passed, and subsequently there will be a gradual repeal of criminal offences linked to sex work in Victoria in most circumstances, largely in conformity with what participants in this study believed to be necessary. Our legislative-level recommendations below therefore serve to confirm the evidence that already informed the bill. However, they also include suggestions for further refinement, in particular around parts of the current bill that are in contradiction with findings of this research, such as the ongoing criminalisation of street-based sex work.

Our service-level recommendations are intended to guide the restructuring of service provision in its many forms under sex work decriminalisation, to ensure safe, high-quality and non-discriminatory services can be delivered to sex workers in the circumstances they need to access them.

7.8.1 Legislative-level and policy-level recommendations

- The research found strong evidence in support of the implementation of full decriminalisation of sex work, including of all forms of private sex work, the provision of sexual services in massage parlours (regardless of their licence), of sex work by people living with HIV, and of street-based sex work, regardless of the area or time in which it would be performed or solicited.
  - **There is evidence in support of repealing the criminalisation of street-based sex work near places of worship, schools or day care**

There is evidence in support of repealing the criminalisation of street-based sex work [...] which was introduced by the Sex Work Decriminalisation Bill 2021.

centres between 6am and 7pm (and at any time on designated days), which was introduced by the Sex Work Decriminalisation Bill 2021.

- The findings of this study indicated that, given very high rates of voluntary testing already observed, mandatory sexual health testing is unnecessary and could indeed be counterproductive in some instances. The weight of evidence in favour of its abolition was considerable.
- There was evidence that mandatory registration of private workers could put sex workers at risk of unwanted disclosure and create barriers to accessing other professions in the future. Our findings therefore supported the removal of the requirement for registration and the expungement of its historical record.
- There is a need for sex workers to be considered and consulted with in the development of financial support schemes in crisis situations such as the COVID-19 pandemic, in order to protect their health as well as that of the wider community.

7.8.2 Service-level recommendations

- There is a need to expand the availability, and thus capacity, of free and anonymous sexual health services for sex workers. This should include expansion of opening hours and locations across Victoria, the establishment of anonymous, specialised telehealth support and consultation and free delivery of at-home testing kits, but also the incorporation of peer and multilingual staff and the promotion of peer-led, anti-sex-work-stigma training for all staff.
- To improve access to sexual health screenings for street-based sex workers, there is evidence to indicate that sexual health services should be located close to street-based sex work areas and open at times that are accessible to this cohort. The viability of a peer-run community safe house should also be explored; this would provide street-based workers with an indoor place to take clients as well as reliable access to safer sex supplies and peer support.
- Given the considerable challenges accessing high-quality mental health support reported by participants of this research, there is a need to develop peer-led sex worker-specific mental health services and projects as well as to provide peer-led anti-sex-work-stigma training to mental health practitioners. This should, ideally, include the promotion of free and non-judgemental mental health support for migrant sex workers in their language.
- Acknowledging the significant distrust of mainstream healthcare services, there is a need to ensure ongoing promotion and funding of peer-only service provision, which would include health promotion to diverse sex workers across Victoria. To successfully deliver peer support, maximise access to high-quality healthcare and support, and minimise the marginalisation of particularly isolated groups of sex workers in the state, peer-only services should focus on:
  - The building of strong, safe and accessible referral mechanisms between peer and sex worker–friendly mainstream and community health and support services, including services for victims of sexual assault, housing, and alcohol and other drugs (AOD) harm reduction services. This also requires peer-led resourcing for sensitivity training for these services.
  - The delivery of ongoing anti-stigma sensitivity training to diverse medical professionals and support staff, to ensure receipt of safe, high-quality care whenever it is required by sex workers.
  - The production of information about changes in Victorian law, in resources that are available in different languages and are circulated to diverse groups of sex workers working in all contexts.
  - The development of peer-only, non-judgemental services specific to street-based sex workers, in proximity to street-based sex work areas. Safe referral mechanisms are also required to further support street-based sex workers who may be experiencing problems with drugs, homelessness and/or mental health.
  - The promotion of the online presence of peer services for and outreach to private sex workers advertising online.
  - Establishing targeted outreach and community building projects led by diverse peer staff who would be tasked with: identifying and addressing the specific challenges faced by different groups of sex workers, framing health promotion accordingly, and creating safer spaces of encounter and knowledge sharing. These diverse staff should include:
    - Migrant peer staff with diverse language skills
    - First Nations peer staff
    - MSM peer staff
    - Trans and gender diverse peer staff
- These projects should also develop and oversee the delivery of anti-sex-work-stigma training to community organisations such as specialised LGBTIQ+, First Nations and migrant services.

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La Trobe University proudly acknowledges the Traditional Custodians of the lands where its campuses are located in Victoria and New South Wales. We recognise that Indigenous Australians have an ongoing connection to the land and value their unique contribution, both to the University and the wider Australian society.

La Trobe University is committed to providing opportunities for Aboriginal and Torres Strait Islander people, both as individuals and communities, through teaching and learning, research and community partnerships across all of our campuses.

The wedge-tailed eagle (Aquila audax) is one of the world's largest.

The Wurundjeri people – traditional owners of the land where ARCSHS is located and where our work is conducted – know the wedge-tailed eagle as Bunjil, the creator spirit of the Kulin Nations.

There is a special synergy between Bunjil and the La Trobe logo of an eagle. The symbolism and significance for both La Trobe and for Aboriginal people challenges us all to 'gamagoen yarrbat' – to soar.

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