Harm Reduction Frameworks in Sex Worker Peer Education

On behalf of Scarlet Alliance – the Australian Sex Workers' Association – and many sex worker groups from around the world, I am extremely proud to address this conference. This is the first time a sex worker has been granted the opportunity to make a keynote speech and I would like to thank the organising committee for recognising the valuable contribution sex workers are able to make to this conference.

My aim today is to outline an appropriate model of harm reduction in relation to sex work and contextualize the true harms associated with sex work.

Critical to this discussion is the acceptance of sex work as a legitimate occupation.

I will focus on:

1. Identifying the true causes of harm associated with sex work
2. Defining harm reduction in the context of sex work
3. Identifying the key elements of best practice, and
4. Outlining examples of best practice

Harm Reduction – or harm minimization - has been used as a model of care and support for nearly three decades, Predominately used within the context of drug use, harm reduction has been very successful in increasing peoples' quality of life, reducing blood born infections and paving the way for the uptake of needle and syringe programs and supervised injecting centres. However, the basic premise of harm reduction has been that the primary activity - using drugs - is the 'harmful activity' with harm reduction strategies designed to keep the person as healthy as possible until these activities cease.

But there's a problem when we try to apply this harm reduction philosophy to sex work. And that is that sex work can be, and is for many, an occupation which, in itself, does no

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harm to the persons involved. There are, however, harms *associated* with sex work that can impact on us all and I will address what they are in a moment.

Sex work has been wrongly identified in many countries as a form of social pathology, a type of maladaptive social behavior. This model leads to policies which are incredibly harmful and dangerous. Instead, sex work needs to be recognised as a form of labour, with access to the same labour rights, occupational health and safety rights and the same human rights that people in other occupations enjoy. It is for this reason that, throughout this presentation, I use the term 'sex work' rather than 'prostitution'. Sex work is the preferred terminology used and adopted by sex workers ourselves, both in Australia and many other countries. We use it to highlight the direct link to occupational choice and to allow others to recognise that it's a form of work.

So where do we work and what are the true harms that sex workers experience?

There is a tremendous diversity in the work environments and the range of services sex workers provide globally. For example, we may work on the street or in a brothel. We may work as escorts or erotic masseuses. We may be private workers who advertise independently or work in a co-op with others. We are all sex workers. While the work in itself may not be harmful, there are many harms associated with our occupation. For example:

- We are targeted by discriminatory laws, policies and unjust civil regulations.
- We are actively discriminated against as 'morally corrupt' and untrustworthy people - even in countries who have had positive law reform
- We are portrayed as 'reckless vectors of disease'.
- We experience stigma which reduces our ability to access services we are entitled to, for fear of discrimination or prejudice.
- Stigma can also compromise our ability to advocate for our own rights.

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- This stigma means that assault and other crimes perpetrated against us – both within and outside of our workplace – is neither acknowledged nor treated seriously by the judicial system
- Our workplaces are often not governed by the standards of occupational health and safety or the industrial rights that workers in other occupations claim.
- And, our comprehensive Human Rights are often not respected.

These are the true causes of harm that sex workers experience in the course of our work.

Finally, efforts to abolish sex work create the greatest harm of all, as they create an environment which allows the harms I've just outlined to flourish.

Therefore the defining features of Harm Reduction - in relation to sex work – are the policies, programs and practices that aim to reduce these harms. A best practice model does not just focus on disease prevention, surveillance or treatment. Instead best practice harm reduction will address a number of equally essential components that impact on the health and safety of sex workers. They focus on, but are not limited to, the harms that I just mentioned.

Efforts to abolish sex work have absolutely no place within this framework.

Key strategies that inform our harm reduction work are: community engagement; community development; health promotion and peer education. Each of these strategies is equally important.

1. The first of these strategies is community engagement

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Sex workers' views, opinions, and expert advice must be incorporated at all stages of the process when developing and implementing policies, programs and services.

This is no place for token gestures. It is about providing real opportunities for sex workers to participate in and drive the process, whether it be project development, needs assessment, focus testing, legal reform or the implementation and analysis of research. This process must be respectful and inclusive of the incredible diversity of sex workers and the different communities with which we identify.

2. The second strategy involves community development

Effective community development takes harm reduction outside the clinic and beyond the condom. It seeks to empower individuals and groups to effect change in their own communities. Empowerment means sex workers recognise and value the expert skills and knowledge they already possess. It also means having opportunities to gain new skills in a supportive, enabling environment.

This creates a sense of ownership which lasts long after the completion of any pilot project. With the confidence that empowerment brings, sex workers are able to sustain change in their own communities, advocate for their own rights and maintain their independence from donors and other stakeholders who may not always act in their best interests. A recent example of the power of community development comes from Brazil where Davida, a sex worker organisation, has created its own fashion label, Daspu. This label is completely owned and operated by sex workers and allows them to independently decide which activities and projects to fund for the local sex worker community, independent of foreign aid restrictions.

Although the Brazilian example is inspirational, ideally governments and other funding bodies – such as private Foundations - should recognise sex workers' expertise and

financially support them to develop programs that address their own needs. It is simply not enough that health and other professionals are given funds to 'help' sex workers. It's been proven time and time again that we're more than capable of creating, sustaining and implementing our own associations, our own projects and our own harm reduction strategies.

3. The third strategy is health promotion

Health promotion messages that focus on disease or behavioural change alone miss the point. Sex workers are not just condom users. We need to be recognised as whole people with families, lovers, cultural identities and physical and emotional needs both within *and* outside the realm of sex work. Therefore health promotion for sex workers needs to be holistic. How sex workers make their money constitutes just one part of their health profile. Like anyone else, we have the right to health promotion initiatives that address issues such as stress, burn out and mental health; nutrition; disabling legal frameworks; occupational health and safety and access to housing and other social services. These services must be provided in a supportive and respectful environment which can accommodate peoples' needs on an individual basis. This is particularly important for marginalised groups who already face a double burden of discrimination: firstly on the basis of their ethnicity, gender, sexuality or socio-economic status and secondly as sex workers.

4. The fourth strategy, which ties everything together, is peer education

It is not considered appropriate that a cardiac surgeon should teach a dentist how to pull teeth, is it???!!!! No. An experienced dentist is employed to be the trainer. Similarly, sex

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workers learn best from their peers rather than those who have no direct experience of the industry.

Evidence shows that peer education is the most effective way to share new knowledge and skills with sex workers, allowing sex workers to become engaged in harm reduction activities in a supportive environment free of stigma and discrimination.

The unique nature of peer education addresses a number of critical issues for sex workers:

- Peers provide relevant, meaningful, explicit and honest education because they have shared norms, experiences and values with their target audience. They speak the same language and use the same slang.
- Because of this, peer educators are more likely to build a quick rapport and gain the trust of other workers.
- Like other sex workers, peer educators may have experienced high levels of marginalization. These shared experiences give them a greater sensitivity to the needs of other workers. It also encourages an open and honest exchange of information where workers can ask questions and disclose aspects of their work without feeling the need to explain why they are sex working or fearing they will be judged.
- Peer educators can also be extremely effective at identifying and addressing the myths and misinformation that can circulate within the sex industry as well as identifying changing trends and reacting to them quickly.

However, the role of peers in harm reduction is much broader than just as educators. True peer education only successfully exists when peers are involved in all levels of program delivery, whether as project managers, financial administrators, board members or as the CEO. Sex Worker communities themselves must be supported with the financial resources and the technical and legal support necessary to lead our own organisations. This is health promotion in its purest form – when a community is empowered to direct their own self determined response to health.

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Sex Workers deserve recognition as the true experts in their own occupation.

Having now defined harm reduction in the context of sex work and identifying the key elements of best practice, I'd like to share with you a few examples of successful implementation. These sex worker organisations and projects stand out because of the way they operate. They have created sustainable sex worker communities. They run their own peer based projects. They undertake substantial consultation with the sex worker community they serve including the use of focus groups to create meaningful educational resources and programs. Their membership is largely made up of sex workers and they have affirmative action policies for employing sex workers as staff and management. They make sex workers' voices heard in the media and government. Finally, they've each gained recognition from funding and policy bodies that sex workers themselves are the experts on sex work issues.

I'd like to start by describing Scarlet Alliance - the Australian Sex Workers' Association, of which I am a member. Scarlet Alliance was formed in 1989 following the first national sex industry conference. It is an autonomous sex worker organisation with all paid and unpaid positions, voting delegates and elected office bearer roles held by former or current sex workers. As the national peak sex worker organisation, Scarlet Alliance represents its membership of Sex Worker Organizations, Projects, Networks and Groups - as well as individual sex workers - throughout Australia. Direct sex worker participation includes: e-lists, working parties, community forums, media, public forums, marches, demonstrations and an Annual National Conference.

Scarlet Alliance aims to achieve equality, social, legal, political, cultural and economic justice for past and present workers in the sex industry. Scarlet Alliance also actively promotes the professional development of Peer Educators and has created the Scarlet Alliance National Training Project. This project has trained peer assessors to recognize the skills of their fellow peer educators, and guide them through an accreditation

process. The peer educator can then receive the nationally recognised Diploma of Community Education (in Sex Work). This is an important recognition of the professional competencies of peer educators, and allows their work to be understood alongside other national competencies and standards.

Scarlet Alliance is also assisting Friends Frangipani Association – the newly formed Papua New Guinea sex worker organisation. This is extremely exciting, and a good example of what sex workers can do when supported to work together.

Another Australasian example comes from New Zealand. The New Zealand Prostitutes Collective (NZPC) was established in 1987 and currently has 6 centres throughout the country. Former and current sex workers work for NZPC. Maori, the indigenous people of New Zealand, are represented at all levels in this peer based organisation. NZPC provides a number of services to sex workers. For example, they run drop-in centres, some with free and anonymous sexual health clinics; PUMP, a project for male sex workers and ONTOP, a project for transgendered sex workers. They also publish a free magazine called SIREN (Sex Industry Rights Education Network) which is written by and for sex workers. The New Zealand Prostitutes Collective can also be congratulated for its instrumental role in recent legislative reform which decriminalised New Zealand's sex industry in 2003.

My third example of best practice comes from India. The Sonagachi Project began as a small health promotion project for sex workers in Kolkata. By 1995, this sex worker community had developed their own network - Durbar Mahila Samanwaya Committee

(DMSC) which, four years later, took over the management of the Sonagachi Project. Their political objectives are decriminalization of sex work, securing social recognition of sex work as a valid profession and establishing sex workers' right to self-determination. Today, the project works in over 49 areas throughout the state of West Bengal providing outreach and support to over 60,000 male, female, and transgender sex workers based in brothels, streets, and hotels. Since its inception, the Sonagachi Project has broadened its focus far beyond the realm of sexual health. One example is the establishment of peer-run literacy classes for local sex workers, with daycare and other school programs for their children. This program has been so successful that 31 educational centres have been set up in and around the red light district of Kolkata.

In 1995, sex workers empowered by the Sonagachi project set up the Usha Multipurpose Cooperative Society to provide affordable loans to sex workers. This credit co-op was formed entirely by sex workers. Currently it has more than 8000 members and in the 2004-2005 financial year it had a turnover of 80 million rupees. This is equivalent to about 1.8 million US dollars.

The Sonagachi Project also has a cultural arm - 'The Komal Gandhar' with membership exclusively for sex workers and their children. Through Komal Gandhar members can express themselves through music, dance, plays, painting and writing. The group has created an opportunity for workers to explore their cultural heritage and preserve and expand their cultural expressions. It has also become a platform for exchanging various

cultural traditions across linguistic, religious and regional barriers and for forging a common identity as sex workers.

Sonagachi's work has received strong positive evaluations from both UNAIDS and the World Bank, and has been cited by UNAIDS as a "best-practice" model for projects with sex workers.

My final example of best practice is drawn from the USA. The St. James Infirmary is a peer-based clinic in San Francisco, California. Founded on the principals of harm reduction the clinic offers a range of services for sex workers. This includes: primary care, sexual health services, counseling, supplying Harm Reduction materials & supplies, as well as holistic services such as acupuncture and massage. In the last 7 years the St James Infirmary has provided service to over 1200 sex workers. This includes more than 16,000 clinical visits, 1,800 street and venue based outreach contacts, and training workshops for over 500 sex workers. The underlying principle of the St. James Infirmary is to remain community-centered and collaborative in all that they do.

It is important to note that in the US context, organisations and projects who work with a Harm Reduction perspective for sex workers operate under a politically hostile environment. US policies do not recognise sex work as an occupational, with many sex worker projects constantly struggling to secure ongoing funding to support their work.

These examples come from very different parts of the world and each group is faced with different challenges and opportunities. However, each example demonstrates the value of best practise in harm reduction for sex workers. If we consider The 1986

Ottawa Charter for Health Promotion, and the more recent Bangkok Charter, we find that the model of Harm Reduction Best Practice I have described today, fits neatly into the Charters' criteria. The same ideals of advocacy, capacity-building, participation and partnership apply to sex workers as much as they do to any other population.

As our communities are strengthened so is our ability to inform and guide policy and participate in legislative reform. In the future we hope to see governments and other key stakeholders adopting these effective harm reduction strategies as well as forming stronger partnerships with sex workers to create positive change. Only then can sex workers' Civil, Industrial and Human Rights be fully recognised and protected. Such long term changes will be the true measure of success for our harm reduction efforts. Our right to work without being criminalised or affected by abolitionist policies is a necessary part of this change.

Sex workers have been objectified and medicalised for far too long. But we are not just objects to be 'managed' and controlled. With adequate support sex workers can lead the way. And so, whether it is in the boardroom, on the street, in the brothel or the parliament, there should be "nothing about us, without us"

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