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Mr Tim Wilson Australian Human Rights Commissioner sogii@humanrights.gov.au 6 February 2015

Dear Commissioner,

Sexual Orientation, Gender Identity and Intersex Rights Snapshot Report

Scarlet Alliance Australian Sex Workers Association is the peak national body representing sex workers in Australia. This submission has been put together with guidance from our elected Trans and Gender Diverse Spokesperson and Double.

Human rights for LGBTIQ sex workers are not well respected or protected in Australia. Sex workers as a community experience structural and discriminatory barriers when accessing services and this is compounded for LGBTIQ sex workers, who face multiple and intersecting stigmas. Decriminalisation of sex work, training for health and government and funding for peer services are necessary to protect the human rights of our communities.

Assumptions of sex work as a heterosexual cisgendered profession

In discussions about us and representations of our communities, sex workers are depicted overwhelmingly as cisgendered women engaging in heterosexual encounters. However, sex workers each have different genders and sexual orientations. In a 1991 survey of sex workers in Sydney, Rachel Sharp and Frances Lovejoy found that of sex workers who were working as female, a quarter did not identify as heterosexual. Of sex workers who were working as male, only 11% identified as heterosexual. Alina Thomas interviews a number of lesbian and queer sex workers in 'Up Close and Political: Lesbian Sex Workers'. The report of a 2010 Scarlet Alliance focus group recognised the 'huge diversity of people who are not cis-sexual or cis-gendered, and that these diverse bodies, identities, sexualities and experiences cannot be contained under the limiting terminology of male, female and transgendered. Political focus on the Swedish regime (that sees sex work as heterosexual, with female victims and male perpetrators) denies the existence of LGBTIQ sex workers.

Marginalisation of LGBTIQ sex worker voices, experiences and needs

Stereotypes of sex work as a heterosexual cisgendered female profession act to marginalise and silence the voices of LGBTIQ sex workers.^{iv} Public perceptions of sex work as only a cisgendered 'women's issue' have created barriers to LGBTIQ sex workers accessing health and support services.^v The Open Society Institute, in their eight international case studies on sex worker human rights, state that, 'In many countries policy makers assume that all sex workers are women. Males and transgendered people are also affected by laws and policy, but our presence as sex workers is frequently obscured or denied because of prejudice and discrimination.'vi

Discrimination and structural barriers to accessing services

Trans and gender diverse sex workers experience double discrimination when dealing with health providers, the legal system, media, employment and government, based on both sex work and trans status. This affects whether it is safe for us to disclose our sex work experience, which in turn affects the quality of service we receive.

For some service providers, fascination with the sexuality and work choices of trans sex workers becomes the central issue of focus, and distracts from providing appropriate services or processes. Vilification of sex workers and trans people by vocal anti-trans and anti-sex work academics has influenced government and the health

sector, and these myths and stereotypes affect service provision. Some service providers generalise a particular experience for one worker to the entire trans sex working community. It is often assumed that trans people do sex work because it is the only option for us. Trans sex workers who do not identify as male or female suffer constant discrimination and denial of rights, as most interactions with legal, government and health systems require us to identify as male or female. Trans sex workers are often turned away and denied services, particularly from women's services.

Trans and gender diverse sex workers also experience stigma and whorephobia from the larger trans community, who presume that high rates of STIs/HIV are due to sex work. This is despite evidence that safer sex amongst Australian sex workers (including trans sex workers) is very high. Experiences of stigma and discrimination are compounded by state and territory laws that criminalise sex work, which are often used to further target and marginalise trans sex workers and put our safety at risk.

Gay men's health services are often inaccessible to male sex workers, who do not always have targeted programs to address their specific experience. Consequently, male sex workers often feel unwelcome or fear discrimination. This gap in services is filled by (often underfunded) sex worker organisations.

Best practice community initiatives to address human rights

State-based sex worker organisations SWOP NSW (Sex Workers Outreach Project) and SIN SA (Sex Industry Network) run a Trans Project, with trans sex workers in part time paid outreach positions. These positions were created to address the gap between the increasing number of trans sex workers advertising and the number of contacts with trans sex workers reflected in organisational data. Previously, trans sex workers were served only by existing male or female projects. In 2010 SIN conducted a Trans Sex Worker Needs Analysis, guided by a reference group of trans sex workers and using peer education, holistic and responsive service delivery, focus groups, consultation with stakeholders and the development and distribution of a survey to the broader trans community.

The Needs Analysis informed the scope, activities and direction of the Trans Project, which currently operates at 12 hours per week, is staffed by a trans sex worker and provides outreach, community development, advocacy, representation and targeted resource development to trans sex workers. This project has also lead the development of support groups for young trans people and played a leading role in trans community events such as the Trans day of Remembrance events. This initiative illustrates that communities are mobilising to support our human rights through peer education and community service provision, however these projects require funding and support to continue.

Lack of funding

New South Wales and South Australia are the only states sex worker organisations are resourced to provide a specific trans sex worker project, and these are only part-time roles, despite trans sex workers being included as a priority population in Australia's National Strategies. Similarly, only New South Wales and South Australian sex worker organisations are resourced to provide male sex worker projects. Leaving the majority of state and territory sex worker organisations not resourced to run a targeted male project.

Enhanced investment and increased resourcing of peer based sex worker projects, including the funding of male and trans sex worker positions in each state and territory, is necessary and overdue to promote a culture of respect for SOGII rights among the Australian community.

Please do not hesitate to contact our Chief Executive Officer Janelle Fawkes at our Sydney head office on (02) 9690 0551 to discuss this submission further.

Kind regards,

Ryan Cole President .

ⁱ 'Sexual Orientation of Worker by Perceived Sex of Worker', in Rachel Sharp and Frances Lovejoy, *An Evaluation of HIV/AIDS Education for Workers and Managers in the Sex Industry*, NSW Department of Health, 1992, Sydney, Table 3.1.

ⁱⁱAlina Thomas, 'Up Close and Political: Lesbian Sex Workers' *Provision: Defining Sex Worker Space*, Issue 1, Scarlet Alliance, 2006, 22.

iii Scarlet Alliance, Focus Group on Sex and/or Gender Diversity, Sydney, 2010.

Mish Glitter Pony, 'Retrospective: The Trans* Spokesperson Role', *Provision: 21st Birthday Special*, Issue 5, Scarlet Alliance, 2010, 10.

^v Scarlet Alliance, Submission to the National Consultation on Human Rights in Australia, June 2009 at 4.

VI Open Society Institute, Eight Working Papers/Case Studies: Examining the Intersections of Sex Work Law, Policy, Rights and Health, Sexual Health and Rights Project, 2006, 2, accessed at http://www.soros.org/initiatives/health/focus/sharp/articles_publications/publications/casestudies_20060601 on 11 August 2011.