

SWLRV

Safety. Equality. Justice.

Sex Work Law Reform Victoria
(a sex work decriminalisation
organisation)

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Royal Commission into Victoria's Mental Health System
PO Box 12079
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To Whom It May Concern,

Sex Work Law Reform Victoria (SWLRV) is an independent non-partisan volunteer group led by sex workers, lobbying for the full decriminalisation of consensual adult sex work in the Australian state of Victoria.

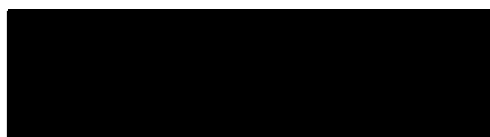
SWLRV advocates for:

- the full decriminalisation of consensual adult sex work in the Australian state of Victoria
- the removal of institutional discrimination against Victorian sex workers

We appreciate this opportunity to contribute to the Royal Commission into Victoria's Mental Health System and attach our submission accordingly.

Given our specific areas of advocacy, we have addressed the questions of most relevance to our law reform work. These are questions 2, 4, 5, 9 and 11.

Sincerely,



Lisa Marie Dallimore

On behalf of Sex Work Law Reform Victoria

Sex Work Law Reform Victoria - Advocating for the Equality, Recognition and Legal Rights of Victorian Sex Workers

Sex Work Law Reform Victoria was founded in 2018 and advocates for the full decriminalisation of sex work in Victoria. Sex Work Law Reform Victoria is a sex worker led volunteer law reform organisation.

What is Sex Work?

Sex work is the provision of sexual services for money or goods. Sex workers are women, men and gender diverse people who receive money or goods in exchange for sexual services, and who consciously define those activities as income generating even if they do not consider sex work as their occupation (Overs, 2002).

Sex Workers, Stigma and Mental Health

Sex workers are diverse people and face high levels of stigma, prejudice and discrimination. They have been identified as one of the most marginalised, vulnerable and stigmatized groups (Amnesty International, 2016). Canadian research reveals that over half of sex workers experienced occupational stigma - defined as hiding occupation from family, friends and/or their communities - while just under half experienced barriers to accessing health services (Lazarus, 2012).

Male and transgender sex workers experience multiple forms of discrimination because of their sexual orientation and gender identity, and their involvement in sex work (Amnesty International, 2016; Benoit et al., 2018).

The stigma and discrimination which sex workers experience leads to damaging mental health outcomes. Stigma surrounding both occupation and mental ill-health further stigmatizes the identities of sex workers, presenting a barrier to accessing mental health services (Zehnder et al, 2019). This stigma experienced by sex workers is further compounded by sex work related legislation that imposes notions of illegality and immorality (Amnesty International, 2016).

It is well documented that sex workers are subjected to stigma even in contexts of legalised or indoor sex work (Pheterson, 1993; Scoular, 2010). This can cause sex workers to feel shame if they incorporate this stigma into their self-understandings, impacting on their health and general wellbeing. The negative impact of stigma lowers self-esteem, and its impact on identity leads to social exclusion and underuse of health services (Benoit et al., 2018). Among sex workers, internalisation of this stigma can further exacerbate mental health conditions (Coetzee et al., 2018).

The mental health outcomes of sex workers are often misunderstood, as it is not the sex work that creates mental health issues but the ways in which the police, health care providers, media and the general community treat them (Ibid).

Sex Work Law Reform Victoria does not discount studies that report high levels of mental health problems reported by sex workers. However, these studies need to be read in context. One such

study 'The Motivation and Mental Health of Sex Workers', stated that commercial sex work presents specific mental health concerns. However, in this study 53 of 55 participants had been trafficked. All but two were engaged voluntarily in sex work. Thus, there were high levels of PTSD and clinical depression (Chudakov et al., 2002).

A Melbourne study in 2006, 'Sex Workers Working Within a Legalised Industry: Their Side of the Story' (Groves et al., 2008), identified stigma and fear of being identified as major health issues. This and real or perceived discrimination from health workers may prevent sex workers from seeking important health treatment and advice. The research reported that '... much effort is required in breaking down the barriers and stigma which result in judgmental attitudes and discrimination... health services must do more to ensure stigmatisation and discrimination does not prevent sex workers from accessing health services' (Ibid).

Sex Work Laws in Victoria

In 1985, Marcia Neave conducted an Inquiry into Prostitution in Victoria. By 1994, Victoria legalised sex work by introducing a licensing system of sex work. This licensing system requires individual sex workers and sex industry businesses to obtain a license to operate lawfully. Further restrictions apply once a license is obtained.

This system creates two types of sex workers: those who work lawfully and those who don't. Now outdated, the existing laws have resulted in the vast majority of sex workers operating outside the law, fearing police and other authority or regulatory figures. As a result, assaults and other crimes against sex workers may remain unreported, further adding to the isolating nature of sex work.

Sex workers are further marginalised and silenced when operating outside the strict regulatory framework and archaic sex work laws. Many sex workers endure a lack of the safe, consistent working conditions afforded to other industries, while unfair work practices are tolerated and remain unreported (Banach, 1999).

Existing Government Funded Support Services

Resourcing Health and Education for the sex industry (RhED), a program of Star Health, is Victoria's government funded program that works with sex workers. RhED is staffed by peers (former and current sex workers) and other professionals, and provides information, education, support and advocacy to sex workers. Specifically, RhED's Pathways program provides opportunities for sex workers to explore other career options within and outside the sex industry. RhED advocates for the full decriminalisation of sex work.

Project Respect is a non-profit, feminist, community-based organisation and is a support and referral service for women trafficked for sexual exploitation and women in the sex industry. Project Respect advocates for women's rights against violence, trafficking and exploitation and does not support the full decriminalisation of sex work. In the past Project Respect has endorsed a legal model of sex work which criminalises all clients and brothel owners, a model universally rejected by all sex workers' rights organisations Australia wide.

Question 2 - What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

There are government and other funded agencies working in Victoria to provide information, education, support and advocacy to sex workers. One of these is Resourcing Health and

Education (RhED). RhED provides sex workers with free counselling by professionals specifically trained in sex worker issues. RhED follows the social model of health, which attempts to address the broader influences on health (social, cultural, environmental and economic factors), rather than disease and injury. However, stigma and discrimination are not easily managed in these contexts.

As the stigma sex workers experience is a 'fundamental determinant' of social inequality (Benoit et al., 2018), broader education and lobbying for full decriminalisation of the sex industry is required. The United Nations supports the review and repeal of all punitive laws adversely affecting health and contrary to public health evidence, including those related to consensual sex work between adults (United Nations, 2017; See also Amnesty International, 2016). Discrimination in health care settings must also be addressed, as this violates fundamental human rights protected by treaties (Ibid).

There is therefore a critical need for both policy and societal shifts regarding sex work as a legitimate occupation (Benoit et al., 2018; Lazarus, 2012). This must be delivered alongside improved access to 'innovative, accessible and non-judgmental health care delivery models for street-based sex workers that include the direct involvement of sex workers in development and implementation' (Lazarus, 2012).

Question 4 - What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

Occupational stigma and discrimination present as barriers to accessing health services. Sex workers in particular are frequently faced with unstable working conditions, isolation and lack of knowledge regarding their working rights. The criminalisation of some elements of sex work also prevents sex workers from being able to view their occupation with the legitimacy afforded to 'mainstream' occupations. Sex workers have expressed the need for de-stigmatisation training among non-sex worker professionals providing support to sex workers. De-stigmatisation training of mental health professionals and provision of culturally and gender diverse sensitive services, in particular, are required to increase access to services. Increased peer support networks and 24 hour telephone support may also disseminate more sex-worker positive referrals for those seeking to access mental health support and resources (Amina, 2019).

Dominant models and understandings of sex work tend to frame sex workers as:

'... mentally sick, unable to keep other jobs, and abnormal in their routine behaviour. This paradigm also creates an adversarial relationship between sex workers and legal bodies, mandating that sex work should be illegal because of its perceived detriment to and deviance within society.'

(Burnes, Long & Schept, 2011, p. 138)

To counter this inequity, adequate funding of sex worker programs, responsible laws reflecting the contemporary sex industry and which support sex workers and reduce stigma and discrimination will educate the wider community and support sex workers in accessing support services.

Question 5 - What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Sex worker communities are diverse and encompass many already marginalised groups. For example, migrant sex workers may be reluctant to engage with health services that lack cultural and sex worker sensitivity. Transgender sex workers have also reported stigma, discrimination and objectification stemming from their chosen occupation. Overlaying this, many sex workers also report intense working environments where safety and security is jeopardised due to stringent regulatory controls. Job insecurity is also a stressor, as the nature of sex work is precarious - sex workers are independent contractors afforded no employee benefits.

All of this needs to also be considered in the context that, for those already experiencing fluctuating mental health conditions, sex work may be a form of compatible, flexible employment. Despite this, sex workers often fear disclosure of their occupation to health services due to the sex industry's historic incompatibility with mainstream values and ideologies.

Question 9 - Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Increased funding is required for sex workers' rights organisations to deliver sex worker positive education, skill-sharing, resources and referrals. This is because sex workers express a preference for working alongside those with lived experience. There must also be increased regional access to health services and mental health support regionally, as many sex workers live and work outside greater Melbourne. Given the 24 hour nature of the sex industry, the establishment of a 24 hour telephone line for crisis situations and referrals is also required, thus enabling those sex workers exposed to assault and other traumatic experiences better access to immediate support. Sex worker positive mental health services are also required in order to combat underuse of such services by sex workers.

To address this, mental health services and professionals need to be trained to recognise and appreciate the legitimacy of sex work as real work (Amina, 2019).

Question 11 - Is there anything else you would like to share with the Royal Commission?

We wish our submission to be made public. The name of our representative, Lisa Marie Dallimore, is an alias. [REDACTED]

[REDACTED] Our organisation can easily be contacted by post, email or via our website. These postal, email and website details are clearly listed on our submission and we are happy for these to be released in the public version of our submission.

Recommendations

Areas and reform ideas that we would be grateful for the Royal Commission to prioritise for change include improving mental health outcomes for sex workers and reducing the stigma and discrimination faced by sex workers. Sex Work Law Reform Victoria therefore recommends:

Recommendation 1

A Victorian Law Reform Commission inquiry into the effectiveness of sex work regulation, as indicated in Labor's 2018 Platform.

This will enable a review of the ways that differing levels of government (local, state and federal) interact with the sex industry. An inquiry should help identify how existing legislation and regulation create barriers to sex workers accessing services, including mental health services.

Recommendation 2

The Minister for Consumer Affairs to reinstate the Sex Work Ministerial Advisory Committee as required under s 67 of the Sex Work Act 1994 (Vic).

While in operation this committee met regularly, conducting research and authoring reports which included recommendations to government. The committee also provided opportunity for sex workers and others working in and with the sex industry to express their views directly to the government. In 2007 the committee authored a report, 'Improving the Regulation of the Sex Industry and Supporting Sex Workers Who Want to Move On', which recommended the establishment of a government funded program based on a case management approach designed to build linkages and non-judgemental referral pathways for sex workers to other allied services. This included mental health services. In 2010 this recommendation was implemented in the form of RhED's Pathways Program, which has since expanded and become a permanent program within RhED (Amina, 2019).

Recommendation 3 - The Minister for Police to appoint at least two sex work liaison officers within Victoria Police

A police sex work liaison officer is an officer with specialist training in the sex industry who is publicly identified as a point of contact for sex workers requiring police assistance. Such officers perform a similar role to that of Gay and Lesbian Liaison Officers (GLLO) for the LGBTIQ community. New South Wales currently employs a sex work liaison officer at Kings Cross Police Station.

Increasing access to justice for sex workers who are victims of crime is one way to connect sex workers with mental health support services. Under-reporting of crime is an ongoing issue for Victorian sex workers, and the appointment of sex work liaison officers would assist sex workers to report crime.

We appreciate this opportunity to contribute to the Royal Commission into Victoria's mental health system.

If you require further information or wish to discuss any part of this submission, please contact us.

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