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| Guidance for primary care practitioners |
| Sexual health care for sex workers |
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# Background and purpose

Sex work has been decriminalised in Victoria.

You can find out more about the decriminalisation of sex work on the [Sex Worker Health page](https://www.health.vic.gov.au/preventive-health/sex-worker-health) <<https://www.health.vic.gov.au/preventive-health/sex-worker-health>>.

To support decriminalisation, the Victorian Department of Health (the department) is working with community organisations to reduce stigma and improve sex worker access to health services.

The purpose of this document is to support primary care practitioners such as general practitioners and practice nurses to provide appropriate and high-quality health care to sex workers with a focus on blood-borne virus (BBV) and sexually transmissible infection (STI) testing and treatment.

Importantly, sex workers attend primary care for a wide variety of reasons unrelated to sexual health or sex work. The sex worker community has a long history of effective peer education about safer sex practices such as condom use. National and Victorian testing data show that BBV and STI rates among sex workers are consistently below the levels for the general population.

This guidance has been adapted from the following:

* [Stigma Toolkit](https://opal.latrobe.edu.au/articles/report/Reducing_stigma_and_discrimination_associated_with_blood-borne_viruses_and_sexually_transmissible_infections_A_stigma_reduction_toolkit_for_the_Victorian_healthcare_workforce/23118809/1) <https://opal.latrobe.edu.au/articles/report/Reducing\_stigma\_and\_discrimination\_associated\_with\_blood-borne\_viruses\_and\_sexually\_transmissible\_infections\_A\_stigma\_reduction\_toolkit\_for\_the\_  
  Victorian\_healthcare\_workforce/23118809/1> and the
* [Australian STI Management Guidelines for Use in Primary Care](Australian%20STI%20Management%20Guidelines%20for%20Use%20in%20Primary%20Care) <https://sti.guidelines.org.au/about/>.

The department has also developed two related resources for the sex industry:

* [STI and BBV prevention for the sex industry](https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry) <https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry>, which includes best-practice prevention information for sex workers and business operators
* [Guidance for sex workers living with HIV](https://www.health.vic.gov.au/publications/guidance-for-sex-workers-living-with-hiv) <https://www.health.vic.gov.au/publications/guidance-for-sex-workers-living-with-hiv>, which includes information for sex workers newly diagnosed or living with HIV.

# Understanding stigma

Stigma is rooted in cultural ideas about what is normal. It involves negative attitudes about individuals or groups of people based on a distinguishing characteristic such as a health condition, disability or occupation. It relies on false beliefs or myths about people that make it harder to see their full humanity.

Stigma can take many different forms ranging from overt discriminatory actions to subtle forms of exclusion and judgment. It can also be embedded in an organisation’s practices, policies or procedures.

Many different types of stigma exist in Australia, including sex work stigma and BBV and STI related stigma. People can experience multiple, intersecting forms of stigma at once. For example, sex work stigma can be compounded or show up differently for sex workers living with HIV, sex workers who use drugs, migrant and culturally and linguistically diverse sex workers, Aboriginal and Torres Strait Islander sex workers, sex workers who are parents, and street-based sex workers.

# Sex work stigma in health settings

Trust between health care workers and patients is essential for effective communication. A patient’s previous experiences of stigma can undermine their trust in individual health care workers or the health system as a whole. Trust can also be undermined by knowledge of other people’s negative experiences.

A 2022 [needs assessment](https://opal.latrobe.edu.au/articles/report/Understanding_the_health_and_social_wellbeing_needs_of_sex_workers_in_Victoria/19580827) <https://opal.latrobe.edu.au/articles/report/Understanding\_the\_health\_and\_social\_wellbeing\_needs\_of\_sex\_workers\_in\_Victoria/19580827> commissioned by the department found that sex workers in Victoria routinely experience stigma in health settings, including when attending primary care services for sexual health screening.

Participants reported experiences of judgmental attitudes, inappropriate assumptions, misdiagnosis, pressure to exit the sex industry and refusal of care. In addition, the fear of stigma and concerns regarding the confidentiality of health records kept many participants from accessing health care when they needed it or disclosing sex work to health care workers. These concerns were amplified for migrant sex workers who feared that their health information or occupation might be shared with immigration authorities.

These findings are consistent with national data from the [Stigma Indicators Monitoring Project](https://www.unsw.edu.au/research/csrh/our-projects/stigma-research-stream). <https://www.unsw.edu.au/research/csrh/our-projects/stigma-research-stream> In a 2022 survey of Australian sex workers, 88 per cent indicated negative treatment from a health care worker in the past 12 months while 89 per cent reported delayed health care seeking as a strategy to avoid stigma. In a 2022 survey of Australian health care workers, 47 per cent reported that they would behave negatively towards someone because of their sex work in some circumstances.

# Tools for respectful practice

It is not necessary to know a lot about sex work to provide respectful and high-quality care to sex workers.

The tools in this document reflect universal skills for respectful practice relevant for all patients.

[Appendix 1](#_Appendix_1:_Good) includes good practice examples that show how the tools can be applied when providing sexual health care to sex workers.

1. **Engage in person-centred care**

Person-centred care means treating the patient with dignity and compassion, being responsive to common and unique needs and actively involving the patient in decisions about their care.

This can include:

* using plain English
* understanding the context of the patient’s lived experience
* considering social determinants of health including stigma
* remaining focused on the patient’s reason(s) for attending the appointment
* considering what the patient may fear, including the fear of being outed as a sex worker, being discriminated against or being reported to immigration
* providing clear information on options, outcomes and uncertainties in language understandable to the patient
* ensuring interpreters are available and used when needed
* asking questions to understand the patient’s preferences
* respecting the patient’s decisions (including the decision to engage in sex work)
* not assuming sex work is a causal factor for health issues.

Safer Care Victoria’s [*Partnering in healthcare*](https://www.safercare.vic.gov.au/sites/default/files/2019-02/Partnering%20in%20healthcare%20framework%202019_WEB.pdf) framework provides more information about person-centred care and responding to the needs and expectations of Victorian consumers.

1. **Identify gaps in knowledge**

No practitioner can know everything, which makes identifying gaps in knowledge crucial. This means:

* being willing to acknowledge internally what you don’t know
* being willing to say ‘I don’t know’
* seeking reliable information to fill in the gaps.

Where a gap in knowledge relates to a person’s lived experience rather than a medical issue, the best approach in most situations is to acknowledge it and ask whether the person would be comfortable explaining. In some cases, an individual may prefer to see a practitioner who has more pre-existing knowledge about that aspect of their experience or identity.

[Appendix 2](#_Appendix_2:_Resources) collates departmental and external resources that provide a solid foundation for improving your understanding of issues that may be relevant to sex worker care.

There are also relevant trainings available in Victoria for health care workers:

* [Vixen](https://vixen.org.au/) <https://vixen.org.au/>, a peer-led sex worker organisation, provides inclusive practice trainings for organisations and services
* the [Resourcing Health and Education (RhED) program](https://sexworker.org.au/) <https://sexworker.org.au/> of the Better Health Network provides [sex worker affirmative practice sessions](https://sexworker.org.au/rhed-programs/training-consultations/) for organisations and services
* the [Victorian Hepatitis and HIV Integrated Training and Learning](https://nwmphn.org.au/about/partnerships-collaborations/vhhital/) (VHHITAL) <https://nwmphn.org.au/about/partnerships-collaborations/vhhital/> program delivers a module for individual health care workers on sex work awareness co-designed with Vixen.

1. **Use respectful language**

Sex workers are diverse and the best way to know what language will feel most respectful for any given individual is to ask.

Generally, the terms ‘sex work’ and ‘sex worker’ are considered respectful as they recognise that sex work is a legitimate occupation. The term ‘prostitute’ and terms that do not acknowledge the agency of the individual such as ‘person involved in the sex trade’ are considered disrespectful.

Sex work stigma is prevalent in our society. This means that many of us have come across terminology that is disrespectful or not in common use by sex workers themselves. It is important to continually reflect on the language you use. If you realise that the language you have used has made someone uncomfortable, don’t ignore it. Pause and apologise briefly. Continue the conversation with the individual’s preferred language.

If an interpreter is used, ensure that the interpreter also has an understanding of respectful language.

1. **Explain the reasons behind sensitive questions**

Many sex workers have experienced stigma in health settings before or know others who have.

For some people, this may mean they come to appointments with a feeling of apprehension or alertness to potential stigma.

Standard medical practice includes a wide range of potentially sensitive questions, such as questions about a person’s genitals, condom use, number of partners, drug use or personal details. The reasons behind these questions may not be immediately clear to the patient. It is important to explain what questions may be asked and why at the beginning of the consultation. Acknowledging the existence of stigma and validating the reasons behind a person’s discomfort can also help to build trust.

1. **Ensure privacy and confidentiality**

In a society where stigma exists and has tangible impacts on people’s lives, navigating disclosure of stigmatised identities and experiences can be incredibly complex.

As a practitioner, you can honour this complexity by:

* ensuring physical privacy for sensitive conversations
* reassuring the patient that their information is confidential
* explaining in plain language how your service manages health records and privacy
* answering any questions the patient has about how their private information might be accessed by a court or other authority
* not asking for information that isn’t relevant to the clinical encounter
* not including sensitive information without permission in clinical notes, on pathology request forms or in referrals
* not telling colleagues sensitive information without permission, even informally.

Sex work experience should never be recorded or disclosed to others without explicit permission, even where the person has displayed a high degree of comfort being open about their work.

1. **Respect individual boundaries**

There is no one way to get it right for everyone. Individual sex workers will have different comfort levels discussing their sexual histories, their work, their bodies and their medical and other concerns.

Being sensitive to individual boundaries might mean:

* asking the individual whether they are comfortable discussing a particular topic
* not assuming a patient is a sex worker based on their sexual history
* not bringing up the patient’s sex work unless they do
* not pressuring the patient to exit the sex industry
* being mindful to use the language the person uses to refer to their own body, sexual practices and life experiences
* considering cultural appropriateness
* assuring the patient they do not need to provide specific details about risk in order to proceed with testing.

1. **Promote connection with community and peer organisations**

Peer support and community connection are critical to individual health and wellbeing.

While many sex workers may already have strong community connections, ensuring that patients are aware of organisations available to support them in Victoria is a key role you can play as a practitioner.

This may also be relevant for individuals newly diagnosed or living with a BBV.

Peer education and support are available from the following Victorian organisations:

* [Vixen](https://vixen.org.au/) <https://vixen.org.au/> – peer-led organisation for sex workers
* [RhED](https://sexworker.org.au/) <https://sexworker.org.au> – Better Health Network program and service for the sex industry
* [Living Positive Victoria](https://livingpositivevictoria.org.au/) <https://livingpositivevictoria.org.au> – community-based organisation for people living with HIV
* [Positive Women Victoria](https://positivewomen.org.au/) <https://positivewomen.org.au>– community-based organisation for women living with HIV
* [Thorne Harbour Health](https://thorneharbour.org/) <https://thorneharbour.org> – community-based organisation for LGBTIQ+ community members and people living with or affected by HIV
* [Harm Reduction Victoria](https://www.hrvic.org.au/) <https://www.hrvic.org.au>– peer-led organisation for people who use drugs.

# Testing

The law in Victoria has changed. As of 10 May 2022, sex workers are no longer required by Victorian legislation to attend for sexual health testing every three months. Regular voluntary testing remains essential to sex worker health and wellbeing.

Evidence suggests that sex workers in Victoria:

* have a high level of sexual health literacy
* have low rates of BBVs and STIs
* regularly engage in safer sex practices at work such as condom use
* play a key role in educating other sex workers and community members about safer sex.

The department recommends that decisions about BBV and STI testing frequency and what conditions to test for should be made through discussion between an individual sex worker and their health professional.

It is important that these discussions do not begin from a place of occupational stigma or assumptions.

Sex workers are highly diverse in terms of:

* the types of sex work services they provide
* how many clients they see and how frequently they see new clients
* whether they have sex at work with other sex workers
* the sexual activities they engage in privately
* how many sexual partners they have in their private lives, if any, and how frequently they change partners
* their safer sex practices at work and in their private lives
* their individual health concerns
* whether they have or want children
* how comfortable they feel disclosing or talking about their work.

When assessing risk or taking a sexual history, questions should be asked in an open-ended and non-judgmental manner as they would be for any other community member.

An exaggerated sense of BBV and STI risk forms part of the social stigma around sex work. Many sex workers may be sensitive to any hint that a practitioner is making assumptions rather than asking standard questions. Hidden assumptions can also lead to poor clinical decision making that reduces the overall quality of care.

The [Australian STI Management Guidelines](https://sti.guidelines.org.au/populations-and-situations/sex-workers/) <https://sti.guidelines.org.au/populations-and-situations/sex-workers/> have a section specific to sex workers developed in consultation with Scarlet Alliance, the national peak sex worker organisation. The guidelines also contain detailed information related to standard asymptomatic check-ups and sexual history taking.

If patient self-collection of samples is offered, explain why to avoid the patient feeling singled out or stigmatised.

A standard check-up is also a good opportunity to check that:

* the patient is aware of sexual health resources such as the department’s [STI and BBV prevention guidance for the sex industry](https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry) <https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry> and the Scarlet Alliance [Red Book](https://redbook.scarletalliance.org.au/) <https://redbook.scarletalliance.org.au/>.
* the patient knows about community organisations available to support sex workers in Victoria
  + [Vixen](https://vixen.org.au/) <https://vixen.org.au/> – a peer-only sex worker organisation providing peer education and outreach, community workshops, free peer-led counselling, access to legal support, and referrals to sex worker friendly services
  + [RhED](https://sexworker.org.au/) <https://sexworker.org.au/>– a community health program of the Better Health Network, providing peer education and outreach, community workshops, case management, career development, referrals to sex worker friendly services and support for sex workers navigating the criminal justice system
* the patient knows that sex workers can get free safer sex supplies from Vixen and RhED.

# Treatment and care

As part of the decriminalisation of sex work, sex workers are now protected by anti-discrimination law. For more information about the new ‘occupation’ attribute, see the [Victorian Equal Opportunity and Human Rights Commission website](https://www.humanrights.vic.gov.au/for-individuals/profession-trade-occupation/) <https://www.humanrights.vic.gov.au/for-individuals/profession-trade-occupation/>.

Sex workers who are diagnosed with a BBV or STI in Victoria should receive the same treatment and care as other community members. The [Australian STI Management Guidelines](https://sti.guidelines.org.au/) <https://sti.guidelines.org.au/> contain detailed information about treatment, management and follow-up of individual conditions.

There is no legal requirement in Victoria for individuals to stop sex work if they are diagnosed with a BBV or STI. Sex workers should receive standard management advice with regards to sexual contact to avoid while infectious.

In rare situations where an individual is unable to avoid sexual contact entirely, condom use and low risk sexual activities should be advised to reduce the risk of onward transmission. Low risk sexual activities might include mutual masturbation, erotic massage, hand relief or activities that avoid the site of infection.

Diagnosis is an important opportunity to combat stigma. For sex workers who face negative social attitudes about their work, being diagnosed with a BBV or STI can be especially stressful. As a practitioner, you can help to combat stigma by:

* explaining that BBVs and STIs are common and nothing to be ashamed about
* not assuming that the infection was acquired while working
* explaining in plain language how the infection can be treated or managed
* being sensitive to any fears the patient may have, such as telling a sexual partner who has previously been judgmental about their work
* checking that the patient has support available from peers if wanted.

The department has developed [guidance for sex workers newly diagnosed with HIV](https://www.health.vic.gov.au/publications/guidance-for-sex-workers-living-with-hiv) <https://www.health.vic.gov.au/publications/guidance-for-sex-workers-living-with-hiv> that includes information about HIV treatment, treatment as prevention, and reasonable steps to prevent sexual transmission. This guidance can be provided to patients.

Some sex workers may have unique needs with regards to contact tracing. It is important to focus on the person and ask questions to understand any individual barriers to notifying contacts. Potential barriers might include a fear of discrimination or violence, lost business, reputational risk or unknown contact details. For many sex workers, these will not be barriers.

Be sure to explain different contact tracing methods, including notifying the contact personally and anonymous options such as provider referral, Partner Notification Officer referral and services such as [Let Them Know](https://letthemknow.org.au/). <https://letthemknow.org.au/>The [Australasian Contact Tracing Guidelines](https://contacttracing.ashm.org.au/) <https://contacttracing.ashm.org.au/> provide further practical guidance for health professionals.

Be mindful to keep the discussion centred on the person and not appeal to the wider public good.

There may be a likely source partner in the individual’s private life while condoms and other barrier methods have been used in all work contexts. Depending on the nature of the infection, its clinical presentation and the individual’s sexual history, it may not be necessary to contact all clients in the trace back period.

# Appendix 1: Good practice examples

1. Rae, a 20 year old cisgender woman visits a nurse-led sexual health clinic at the regional public health service where she has been a patient for two years. At her last visit, she disclosed to her GP that she recently started work at a brothel and he asked her a number of questions she felt were inappropriate, including whether her parents knew about her work. The nurse practitioner tells Rae that she doesn’t know very much about sex work but she is willing to learn. She asks Rae about her last check-up and Rae admits that she hasn’t come back in a year as she was too scared of facing judgment again. She hasn’t had any sexual partners outside of work since then. She sees approximately 10-15 clients a week and always uses condoms. The nurse practitioner reassures her that it’s understandable to want to avoid stigma and that condom use is highly effective at preventing STIs. She recommends testing every three to six months in the future or more frequently if Rae’s safer sex practices change. She orders bloods for HIV, hepatitis C and syphilis, and self-collected pharyngeal and vaginal swabs for chlamydia and gonorrhoea. She explains that self-collected swabs are the preferred collection method for asymptomatic women because it can be less painful and invasive. She also confirms Rae has been vaccinated for hepatitis B.
2. Mei, a 45 year old transgender woman visits a community health centre as a new patient for an asymptomatic check-up. Mei previously attended a specialist sexual health service but now has a temporary Medicare card after applying for a spouse visa. The GP she has chosen is fluent in Mandarin, Mei’s preferred language. Mei discloses to the GP that she travels to Melbourne to work in a massage parlour for one week every month where she sometimes provides sexual services. Her GP takes a sexual history. Mei seems uncomfortable about what the GP is typing. He explains that he is taking clinical notes and asks if she would prefer that the notes do not include any mention of sexual services. He suggests that he can simply put multiple sexual partners. Mei says this is her preference but she is still worried about whether immigration will have access to this information. He explains that information from clinical notes would never be released without a court order and that he has never encountered this in his practice. At the end of the appointment, the GP asks Mei whether she would be interested in knowing more about resources available for sex workers in Victoria. Mei says yes. The GP provides her with information about Vixen, RhED, and the department’s guidance materials available in Simplified Chinese.
3. Jack, a 33 year old non-binary person attends their regular GP for an asymptomatic check-up. Jack discloses that they’ve been working as a sex worker for the past few years. They’ve previously attended a specialist sexual health service but would prefer to get tested closer to home. Jack’s GP takes a sexual history and checks whether Jack is comfortable with the term ‘vagina.’ Jack has recently started working as a porn performer and explains that prior to every porn shoot they are required to show written negative results for HIV, hepatitis B and C, syphilis, gonorrhoea and chlamydia that are less than six weeks old. Jack asks if it would be possible to have their results emailed to them to save time. Jack also asks if their GP would consider printing multiple pathology request forms so they don’t have to attend for an in-person appointment every six weeks and can go straight to the pathology centre. Their GP considers this and decides she is comfortable emailing the results and printing three request forms at a time. She explains to Jack that if they ever receive a positive or indeterminate result, they will receive a text to make an appointment.
4. Sarah, a 25 year old cisgender woman attends a family clinic as a new patient. She has complaints of abdominal pain, bleeding after sex and vaginal discharge. She has a new regular partner that she is not using condoms with. They had sex for the first time three weeks before her symptoms started. The GP conducts an examination and orders tests which come back positive for chlamydia. The GP discusses the diagnosis with Sarah and reassures her that chlamydia is treatable, common and nothing to be ashamed of. He prescribes a course of antibiotics and explains the importance of completing the full course and abstaining from sexual activity until both she and her partner have completed treatment. He also explains the importance of contact tracing and the possibility of re-infection. Sarah discloses that she also works as a sex worker. She has seen 15-20 clients since her last negative test four months ago and always uses condoms at work. She keeps a record of her bookings and has either a phone number or an email address for each of her clients. The GP explains different methods of contact tracing including anonymous options such as provider referral and Let Them Know. Sarah decides to tell her partner in person but use Let Them Know for clients. There is one client she is very worried about telling. She feels certain he will know it was her. She no longer sees this client as he has made her uncomfortable in the past by prying into her personal life and threatening to tell the bank where she works that she is a sex worker also. She last saw this client two months ago. Given Sarah’s concerns, the timing of onset of her symptoms and the high likelihood that her new regular partner is the source partner, Sarah’s GP advises that it is appropriate for her not to contact the client in question.

# Appendix 2: Resources

[Department of Health website - Sex worker health](file:///C:/Users/Matt%20Davies/Documents/Downloads/Sex%20worker%20health%20page) <https://www.health.vic.gov.au/preventive-health/sex-worker-health> - Information about sex worker health and the Victorian public health response to support decriminalisation

* [STI and BBV prevention for the sex industry](https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry) <https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry>
* [Guidance for sex workers living with HIV](https://www.health.vic.gov.au/publications/guidance-for-sex-workers-living-with-hiv) <https://www.health.vic.gov.au/publications/guidance-for-sex-workers-living-with-hiv>

[Resourcing Health and Education (RhED)](file:///C:\Users\vidv4gv\Downloads\Resourcing%20Health%20and%20Education%20(RhED)) <https://sexworker.org.au/> - Victorian program of the Better Health Network providing services for the sex industry, including information and resources, case management, peer education and outreach and sex worker affirmative practice sessions

[Vixen](file:///C:\Users\vidv4gv\Downloads\Vixen) <https://vixen.org.au/> - Victorian organisation providing peer-only services for sex workers including information and resources, free counselling, peer education and outreach and inclusive practice training

[Scarlet Alliance Red Book](file:///C:\Users\vidv4gv\Downloads\Scarlet%20Alliance%20Red%20Book) <https://redbook.scarletalliance.org.au> - Online sexual health resource developed by and for sex workers

[Australian STI Management Guidelines](file:///C:\Users\vidv4gv\Downloads\Australian%20STI%20Management%20Guidelines) for Use in [Primary](https://sti.guidelines.org.au/) Care <https://sti.guidelines.org.au/> - Online resource for primary care health professionals providing information to support the prevention, testing, diagnosis, management and treatment of STIs

[Victorian Hepatitis and HIV Integrated Training and Learning](https://nwmphn.org.au/about/partnerships-collaborations/vhhital/) (VHHITAL) <https://nwmphn.org.au/about/partnerships-collaborations/vhhital/> - Education and training modules related to the diagnosis, treatment and management of HIV, hepatitis B, hepatitis C and STIs

[Reducing stigma and discrimination associated with blood-borne viruses and sexually transmissible infections: A stigma reduction toolkit for the Victorian healthcare workforce](https://opal.latrobe.edu.au/articles/report/Reducing_stigma_and_discrimination_associated_with_blood-borne_viruses_and_sexually_transmissible_infections_A_stigma_reduction_toolkit_for_the_Victorian_healthcare_workforce/23118809)<https://opal.latrobe.edu.au/articles/report/Reducing\_stigma\_and\_discrimination\_associated\_with\_blood-borne\_viruses\_and\_sexually\_transmissible\_infections\_A\_stigma\_reduction\_toolkit\_for\_the\_Victorian\_healthcare\_workforce/23118809>

[Partnering in healthcare: A framework for better health and outcomes](https://www.safercare.vic.gov.au/sites/default/files/2019-02/Partnering%20in%20healthcare%20framework%202019_WEB.pdf)<https://www.safercare.vic.gov.au/sites/default/files/2019-02/Partnering in healthcare framework 2019\_WEB.pdf>

[Understanding the health and social wellbeing needs of sex workers in Victoria](https://opal.latrobe.edu.au/articles/report/Understanding_the_health_and_social_wellbeing_needs_of_sex_workers_in_Victoria/19580827) (2022) <https://opal.latrobe.edu.au/articles/report/Understanding\_the\_health\_and\_social\_wellbeing\_needs\_of\_sex\_workers\_in\_Victoria/19580827>

[Stigma Indicators Monitoring Project](https://www.unsw.edu.au/research/csrh/our-projects/stigma-research-stream) <https://www.unsw.edu.au/research/csrh/our-projects/stigma-research-stream>

* [Rethinking the Relationship between Sex Work, Mental Health and Stigma: A Qualitative Study of Sex Workers in Australia](https://www.unsw.edu.au/content/dam/pdfs/unsw-adobe-websites/arts-design-architecture/ada-faculty/csrh/2021-06-Mental%20Health%20Paper%20Summary%20v1.pdf) (2020) <https://www.unsw.edu.au/content/dam/pdfs/unsw-adobe-websites/arts-design-architecture/ada-faculty/csrh/2021-06-Mental%20Health%20Paper%20Summary%20v1.pdf>
* [Stigma Snapshot: Sex Workers](https://unsw-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?vid=UNSWORKS&docid=unsworks_modsunsworks_82629&context=L) (2022) <https://unsw-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?vid=UNSWORKS&docid=unsworks\_modsunsworks\_82629&context=L>

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