

## **Criminal Code (Decriminalising Sex Work) and Other Legislation Amendment Bill 2024**

**Submission No:** 111  
**Submitted by:** Darren Russell - joint submission on behalf of stakeholders  
**Publication:** Making the submission and your name public  
**Attachments:** See attachment  
**Submitter Comments:**

8 March, 2024

Committee Secretary  
Housing, Big Build and Manufacturing Committee  
Parliament House  
George Street  
Brisbane Qld 4000  
[HBBMC@parliament.qld.gov.au](mailto:HBBMC@parliament.qld.gov.au)

Re: *Criminal Code (Decriminalising Sex Work) and Other Legislation Amendment Bill 2024*

Dear Committee,

We, the undersigned, are health professionals, sexual health professionals and allied services and individuals who provide this joint submission to the review process to demonstrate our support for decriminalisation of sex work in Queensland through the repeal of the licensing and criminal laws related to sex work. We look forward to the earliest possible commencement of this reform.

Globally, macro structural changes to laws and policies concerning sex work and sex work environments are required. The United Nations (1), the World Health Organization (2) and Amnesty International (3) support the decriminalisation of sex work to achieve human rights and optimal public health outcomes for sex workers, their clients and the wider community.. For the achievement of universal health goals, including low rates of sexually transmitted infections (STIs) and blood-borne viruses (BBVs) including human immunodeficiency virus (HIV), to be realised, it is critical for Queensland to move from a criminalised approach to a human rights framework. We commend the Queensland Government's commitment to decriminalising sex work through the introduction of the *Criminal Code (Decriminalising Sex Work) and Other Legislation Amendment Bill 2024* into Queensland Parliament on 15 February. We note that the Queensland Law Reform Commission's review recommended the repeal of sex work specific offences and the repeal of the current Public Health laws and we support this recommendation.

Legislation that aims to control and suppress the sex work industry (8), framing sex workers as exploited and coerced (9), vectors of disease (10) or immoral (7) or needing legislative protection has been ineffective at protecting marginalised people. Abel has noted sex work legislation and criminalisation does not eradicate the sex industry or support the health and rights of sex workers; it drives it underground leaving sex workers marginalised from society (7).

'The public health evidence clearly shows the harms associated with all forms of sex work criminalisation, including regulatory systems, which effectively leave the most marginalised, and typically the majority of, sex workers outside of the law.' (11)  
Conversely, decriminalisation aims to defend human rights and advocate for the occupational health and safety of sex workers (8). Acknowledgement of sex work as an occupation is a vital move towards granting 'social, labour, and civil rights on all sex workers' (11). Decriminalisation of sex work in New Zealand helped reveal systemic gaps for marginalised young people engaged in sex work, and identified the need for welfare

protections that were previously hidden (25). Despite claims that decriminalisation of sex work will increase the size and activity of the sex industry, this has not been observed in NSW or New Zealand following decriminalisation (12, 13). We commend the removal of specific sex work laws from the Criminal Code and other legislation. Decriminalisation will improve access to protections and the ability to report crime.

### Licensing

Sex work in Queensland has been regulated through the Criminal Code Act 1899 (Qld) Chapter 22A(4), the Prostitution Act 1999 (Qld) (5) and elements of the Police Powers and Responsibilities Act 2000 (Qld) (6). Current legislation, based on a licensing framework, creates a two-tiered sex industry, the licenced sector, comprising eighteen licenced brothels and the illegal sector including collectives or pairs of sex workers, unlicensed brothels, erotic massage and escort agencies and private sex workers who implement safety strategies and are currently criminalised.

'Licensing systems are expensive and difficult to administer, and they always generate an unlicensed underclass. That underclass is wary of and avoids surveillance systems and public health services: the current systems in Queensland and Victoria confirm this fact. Thus, licensing is a threat to public health.' (32) The current legislative framework in Queensland, creates inequalities and vulnerabilities for those engaged in sex work. Laws deprioritise sex workers' safety, health and rights and reduce access to due process for those working outside of the law, 'brothel licensing systems...are associated with reduced access to peer-education and support services for sex workers' (17).

The cost to the Queensland government to operationalise the licensing framework, through the Prostitution Licensing Authority (PLA), stands at more than \$20 million over 20 years. Additional costs are incurred via Queensland Police Service (QPS) resourcing to police the illegal sex work industry (31). With increasing scarcity of and demands on government funds, these resources could be better allocated to an area of genuine need. Maintaining elements of the licensing system in Queensland will continue to divide the industry and the impacts of the current system and are unlikely to achieve the benefits of decriminalisation. We commend the Bill for its repeal of the licensing system in its entirety and in its place the decriminalisation of sex work in Queensland.

### Workplace laws

Decriminalisation supports the development and implementation of occupational health and safety guidelines, access to industrial rights protections, allows sex workers to organise for better working conditions, raises access to police protection (21) and eliminates susceptibility to extortion (11).

We commend the intention for WHS guidelines to support access to condoms and other prophylactics in sex industry workplaces along with other safety protections.

### Chapter 11 Public Health

The current criminal laws pertaining to sex worker sexual health, such as mandatory testing, criminalisation of working with an STI or HIV, and mandatory condom use, are not supported by evidence, are contrary to best practice public health strategies and reinforce

stigma and discrimination. We commend their repeal, shifting to an evidence based approach to health promotion.

Internationally, sex workers are disproportionately burdened by HIV. Australian prevention approaches led by sex workers, have maintained the low prevalence of HIV among sex workers in Australia (14). The Australian Eighth National HIV Strategy 2018-2022, to which Queensland is a signatory, recognises sex workers as a priority population and sets a Key Area for Action as the need to; 'Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response' (14).

Key stakeholders acknowledge legislation relating to sex work, including criminalisation and licensing, is at odds with successful HIV responses (15). Modelling suggests decriminalisation could prevent 33-46% of incident HIV infections over 10 years through collective influences on 'violence, police harassment, safer work environments, and HIV transmission pathways' (16).

The Queensland Sexual Health Strategy 2016-2021 (28) included a priority to 'enhance the access sex workers have to information and health services' and notes sex workers working outside of the legal framework and CALD sex workers experience barriers to health care. Research has found barriers to accessing health services are reduced in decriminalised settings (17).

**Mandatory testing – Prostitution Act s89 & 90**

In Queensland, sex workers providing services in licenced brothels are required to undergo 'medical examination or testing at required intervals' as covered by sections 89 and 90 of the Prostitution Act. Legislation enforcing mandatory STI testing is at least outdated and at worst, harmful. With respect to evidence-based policy, 'mandatory testing fails to acknowledge Australian sex workers already practice safe sex as a fundamental occupational health and safety practice' (18). Additionally, analysis of mandatory STI testing of Victorian female sex workers, was deemed not cost effective at preventing disease in male clients. Wilson et. al. concluded 'Screening intervals for sex workers should be based on local STI epidemiology and not locked by legislation' (19).

The Australian National HIV Testing Policy identifies the 'voluntary' nature of testing as a key principle (20) and the 'World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) do not support mandatory or compulsory testing of individuals on public health grounds' (33). Research by Harcourt et. al., demonstrated high uptake of voluntary regular STI testing by sex workers in the decriminalised setting in NSW (17).

Mandatory testing of sex workers is considered a rights violation by a number of international human rights organisations, including the United Nations Human Rights Office of the High Commission for Human Rights and UNAIDS: (34)

Public health, criminal and anti-discrimination legislation should prohibit mandatory

HIV-testing of targeted groups, including vulnerable groups. (pg 39) The interest in public health does not justify mandatory HIV testing or registration, except in cases of blood/organ/tissue donations where the human product, rather than the person, is tested before use on another person. (pg 91)

The WHO World Health Assembly recognised 'that there is no public health rationale for any measures that limit the rights of the individual, notably measures establishing mandatory screening'(40, pg 39). The Committee on the Elimination of Discrimination against Women (CEDAW) hold that mandatory health tests for sex workers, including HIV tests, are a breach of human rights and must end (35).

#### Criminalisation of working with an STI or HIV - Prostitution Act s 90

Section 90 of the Prostitution Act and the Regulations includes a criminal offence for sex workers working with an STI or HIV. A similar offence was repealed in 2022 in Victoria. The law ignores significant changes in treatment of HIV which reduce the viral load and transmission risk. A criminal approach creates barriers to accessing essential targeted supportive, legal and health services and is a disincentive for sex workers to test and know their HIV status as a positive HIV result can lead to immediate unemployment, stigma and discrimination, criminal prosecution, incarceration and fines. Australia already has a comprehensive system for managing circumstances where a person intentionally places another at risk of HIV (36).

#### Mandatory condom use - Prostitution Act s77a

The consistent and correct use of condoms is globally recognised as crucial in the prevention of BBV/STI acquisition and transmission. Sex workers in Australia have demonstrated a very strong uptake of safer sex practices including the use of condoms and other prophylactics. Australia's approach is based on provision of peer education and reducing barriers to access to condoms. The Prostitution Act s77a makes offering or providing a sexual service without a prophylactic a criminal charge. There is no evidence to suggest criminalisation is a successful approach to encouraging condom use. Criminal charges related to not using prophylactics in Queensland are based on the assumption that without legal intervention, safer sex practices will not be implemented. Research demonstrates that there are high rates of condom use amongst sex workers, including migrant sex workers, in jurisdictions that do not legally mandate sex workers to use condoms. The Sex Industry in NSW: a Report to the Ministry of Health study (12) found that sex workers were approaching 100% condom use in Sydney brothels with no differences for migrant sex workers.

Mandatory condom use laws are difficult and costly to enforce, they often lead to the entrapment of sex workers by police and create barriers to sex workers accessing health and justice services.

In contrast the implementation of sex worker peer education programs has been central in maintaining low rates of STIs and BBVs amongst sex workers. Peer education programs in Australia were instrumental in persuading brothel managers and workers to adopt safer sex practices. Condom use in brothels rose from under 11% of sexual encounters to over 90% between 1985 and 1989 and high rates of condom use has been consistently maintained by sex workers since and the health of sex workers improved commensurately (29).

We commend the repeal of laws that require mandatory testing, criminal penalties related to condom use and criminalisation of sex workers with STIs, and instead promote resourcing of peer education and free, voluntary and anonymous testing, treatment and care.

## Part 2 Discrimination

Discrimination and vilification protections for sex workers are an important aspect of the decriminalisation of sex work.

'It is clear that while legislative change is key, it is not enough on its own. Law reform needs to be accompanied by policies and political commitment to reducing structural inequalities, stigma, and exclusion—including introducing anti-discrimination and hate crime laws that protect sex workers and sexual, gender, racial, and ethnic minorities.' (11)

The sex industry is shrouded in stigma (23). Whilst decriminalisation acts as a starting point on which to oppose 'stigmatising narratives, to enable a safer society for all sex workers' it is not sufficient to overcome the impacts of stigma and discrimination (24). Further community education will be required to reduce stigma and decriminalisation, through the use of neutral language, neutral reporting in the media, with the support of industry, sex worker organisations and academia (23). Lessons learned from the HIV sector show that challenging and reducing stigma is imperative for health and safety.

Sex work stigma has significant associations with poorer comprehensive and long term health outcomes (25), poorer mental health, and greater risk of exhaustion and societal isolation (26), impacting sex workers and their families (37). A Queensland study by Jones et. al. in collaboration with Respect Inc., (27) highlighted the multilayered and intersectional impacts of stigma and discrimination encountered by transgender people who engage in sex work due to both their gender identity and occupation.

The decriminalisation of sex work begins to normalise the occupation within society and for those engaged in it (24) but it needs to be supported by appropriate Anti-Discrimination protections.

We commend the amendment of the Anti-Discrimination Act to provide sex workers protection from discrimination on the basis of their status as a sex worker and their practice of sex work and the repeal of exemptions that allow lawful discrimination against sex workers in Queensland.

## Conclusion

Sex workers require support from stakeholders in the HIV response and leadership from government and policy makers, in advocating for what is necessary to advance HIV prevention, treatment and care. This means laws which force sex work into less visible locations where they are less able to access or be accessed by services, weaken client negotiation, deter carrying condoms or impede safety (11).

As has been demonstrated in New Zealand, the decriminalisation of sex work is possible, providing significant improvements to public and individual health without detriment to society. Additional layers of regulation, licensing or criminalisation reduce the effectiveness of decriminalisation. Attributes identified as key to the accomplishment of law reform were

avoiding dialogue around the morality of sex work in favour of a human rights approach within a Health Policy framework (7) and the inclusion of sex workers' voices in the development of legislative reform (7, 30).

On the international health stage, and as a member of the Global Health Security Agenda, Australia should take a leadership role to provide evidence, develop processes and demonstrate support for countries who have greater gains to accomplish. Decriminalisation of the sex work industry is an essential step to improve the health and rights of those engaged in the sector and paramount in achieving the virtual elimination of HIV globally.

Thank-you for considering our submission. We confirm the Committee is able to publish our submission if appropriate.

Signatories:

Dr Darren Russell, Sexual Health Physician, and Adjunct Professor of Medicine,  
James Cook University, Cairns 4870 Darren [REDACTED]

Dr Graham Neilsen, Sexual Health Physician, Stonewall Medical Centre,  
52 Newmarket Road, Windsor QLD 4030 [REDACTED]

Carla Gorton, B App Sc, BA (Hons), MPH  
Public Health Professional working in Far North Queensland 4870

Dr Judith Dean, RN, Midwife, BN, MPHTM, PhD, Centaur Fellow  
Associate Professor / Principal Research Fellow  
The University of Queensland [REDACTED]

Fiona Taylor, Sexual Health Clinician  
ASHHNA & Australasian Society of Sexual Health and HIV Nurses member  
4122 [REDACTED]

Clancy Barrett, Sexual Health Nurse  
Cairns Sexual Health 4870 [REDACTED]

Shaye Austin, Clinical Nurse,  
4030 [REDACTED]

Jemma McCosker, Public Health Nurse  
Qld Syphilis Surveillance Service, Cairns and Hinterland Hospital and Health Service 4870  
[REDACTED]

Dr Armin Ariana GradDipPsych, MMed, MD, PhD, SFHEA  
Associate Professor in Medical Education 4222 [REDACTED]  
GUHREC member and Research Ethics Advisor  
Equity, Diversity and inclusion champion at Griffith Health  
School of Medicine and Dentistry, Griffith University | Gold Coast campus  
President - Society of Australian Sexologists (QLD branch)

Joanne Leamy, Clinical Nurse Consultant & Sexual Health Society member  
4870 [REDACTED]

Dr Samuel Brookfield, RN MIPH PhD  
Senior Principal Social Scientist, School of Public Health | Faculty of Medicine, The  
University of Queensland [REDACTED]

Stephanie Anne, CEO  
Zig Zag Young Women's Resource Centre Inc 4152 [REDACTED]

Geoff Davey, DipMgt, BHlthSc(PH), MPH, GAICD, AFACHSM  
Chief Executive Officer  
QulHN Ltd, Access Medical Clinic 4006 [REDACTED]

Emma Kill, President, William Anthony Rutkin OAM  
QulVAA 4006 [REDACTED]  
4350 [REDACTED]

Dr Helen Pedgrift, FRACGP MTMPH  
General Practitioner and Public Health Medical Officer  
4870 [REDACTED]

Miff Trevor, Mental Health Team Leader, Accredited Mental Health Social Worker, 4009  
[REDACTED]  
Queensland Council for LGBTI Health

Dr. Wendell J. Rosevear O.A.M. M.B.,B.S. DipRACOG. FRACGP. J.P.( Qual.)  
General Practitioner working in Sexual Health, Stonewall Medical Centre, 4030  
[REDACTED]

Dr. Neil Simmons M.B. B Chir., FRACGP. FACNEM.  
General Practitioner working in Sexual Health, Stonewall Medical Centre, 4030  
[REDACTED]

Joseph Debattista Grad Dip T. BSc. MSc. PhD  
Sexual Health & Blood-Borne Virus Coordinator  
Metro North Health 4030 [REDACTED]

Owen O'Neil, Counselling Psychologist, MAPS  
Haven Psychology Centre 4064 [REDACTED]

Associate Professor Linda Selvey MBBS(Hon), BMedSci (Hon), MAppEp, PhD,  
FAFPHM, School of Public Health, Faculty of Medicine,  
The University of Queensland 4006 [REDACTED]

Bonnie Hart, InterLink Manager, Deputy Executive Director, Intersex Human Rights Australia  
[REDACTED]



Sally Cripps, Communities Resource Project Officer 4009 [REDACTED]  
Queensland Council for LGBTI Health

Emeritus Professor Basil Donovan, AO FAHMS  
Former Head of the Sexual Health Program 2052 [REDACTED]  
Kirby Institute UNSW Sydney

Scientia Professor Carla Treloar, AM, PhD, FASSA, GAICD  
Centre for Social Research in Health UNSW Sydney  
Adjunct Professor, Australian Research Centre in Sex, Health and Society, La Trobe 2052  
[REDACTED]

kylie valentine, Professor and Director  
Centre for Social Research in Health and Social Policy Research Centre  
UNSW SYDNEY 2052 [REDACTED]

## References

1. Global Commission on HIV and the Law. HIV and the Law: Risks, Rights and Health. New York: United Nations Development Programme July 2012.
  2. World Health Organization. Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: Recommendations for a public health approach. Geneva: World Health Organization December 2012.
  3. Amnesty International. State obligations to respect, protect and fulfil the human rights of sex workers. POL 30/4062/2016. London: Amnesty International; 2016.
  4. State of Queensland. Criminal Code Act 1899 [statute on the internet] Queensland [updated 21 February 2019]. Available from: <https://www.legislation.qld.gov.au/view/html/inforce/current/act-1899-009>.
  5. State of Queensland. Prostitution Act 1999 [statute on the internet] Queensland [updated 1 December 2018]. Available from: <https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-073>.
  6. State of Queensland. Police Powers and Responsibilities Act 2000 [statute on the internet] Queensland [updated 3 December 2018]. Available from: <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2000-005>.
  7. Abel GM. A decade of decriminalization: Sex work 'down under' but not underground. *Criminology & Criminal Justice*. 2014;14(5):580-92.
  8. Kim J, Scarlet Alliance. Decriminalisation of sex work: the evidence is in [online]. *HIV Australia*. 2015;13(1):39-42.
  9. Wagenaar H, Altink S. Prostitution as morality politics or why it is exceedingly difficult to design and sustain effective prostitution policy. *Sexuality Research and Social Policy*. 2012;9(3):1-14.
  10. Tucker JD, Tuminez AS. Reframing the interpretation of sex worker health: a behavioral-structural approach. *The Journal of Infectious Diseases*. 2011;204 Suppl 5(Suppl 5):S1206-S10.
  11. Platt L, Grenfell P, Meiksin R, Elmes J, Sherman SG, Sanders T, et al. Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies. *PLoS Medicine*. 2018;15(12):e1002680-e.
  12. Rissel C, Donovan B, Yeung A, Visser R, Grulich A, Simpson J, et al. Decriminalization of sex work is not associated with more men paying for sex: Results from the second Australian study of health and relationships. *Sexuality Research and Social Policy*. 2017;14(1):81-6.
  13. Abel GM, Fitzgerald LJ, Brunton C. The impact of decriminalisation on the number of Sex workers in New Zealand. *Journal of Social Policy*. 2009;38(3):515-31.
  14. Australian Government. The Eighth National HIV Strategy 2018-2022. In: Health Do, editor. Canberra: The Commonwealth of Australia; 2018.
  15. UNAIDS. Global report: UNAIDS report on the global AIDS epidemic 2010. New York: UNAIDS; 2010.
  16. Shannon K, Strathdee SA, Goldenberg SM, Duff P, Mwangi P, Rusakova M, et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. *Lancet (London, England)*. 2015;385(9962):55-71.
  17. Harcourt C, O'Connor J, Egger S, Fairley CK, Wand H, Chen MY, et al. The decriminalisation of prostitution is associated with better coverage of health promotion programs for sex workers. *Australian and New Zealand Journal of Public Health*. 2010;34(5):482-6.
- Submission to QLRC review: A framework for a decriminalised sex work industry in Queensland. 3 June, 2022.
18. Jeffreys E, Fawkes J, Stardust Z. Mandatory testing for HIV and sexually transmissible infections among sex workers in Australia: A barrier to HIV and STI prevention.

World Journal of AIDS. 2012;Vol.02No.03:9.

19. Wilson DP, Heymer K-J, Anderson J, O'Connor J, Harcourt C, Donovan B. Sex workers can be screened too often: a cost-effectiveness analysis in Victoria, Australia. *Sexually transmitted infections*. 2010;86(2):117-25.
20. National HIV Testing Policy Expert Reference Committee, Australasian Society for HIV Medicine. National HIV Testing Policy. 2017. Available at: <https://testingportal.ashm.org.au/national-hiv-testing-policy/> (last accessed 25 May 2022)
21. Beyrer C, Crago A-L, Bekker L-G, Butler J, Shannon K, Kerrigan D, et al. An action agenda for HIV and sex workers. *The Lancet*. 2015;385(9964):287-301.
22. Seib C, Fischer J, Najman JM. The health of female sex workers from three industry sectors in Queensland, Australia. *Social Science & Medicine*. 2009;68(3):473-8.
23. Weitzer R. Resistance to sex work stigma. *Sexualities*. 2018;21(5-6):717-29.
24. Armstrong L. Stigma, decriminalisation, and violence against street-based sex workers: Changing the narrative. *Sexualities*.0(0):1363460718780216.
25. Abel G, Fitzgerald L, Healy C, Taylor A. Taking the Crime Out of Sex Work : New Zealand Sex Workers' Fight for Decriminalisation. Bristol, United Kingdom: Policy Press; 2010.
26. Koken J. Working in the business of pleasure: Stigma resistance and coping strategies utilized by independent female escorts. In: Parsons JT, Bimbi D, Cross W, Golub S, Revenson T, editors.: ProQuest Dissertations Publishing; 2009.
27. Jones J, Dean JA, Brookfield S, Forrest C, Fitzgerald L. TaMS: Factors influencing trans and male sex worker access to sexual health care, HIV testing and support study report. Brisbane, Australia: Respect Inc.; 2018.
28. Queensland Health. Queensland Sexual Health Strategy 2016. Brisbane: State of Queensland (Queensland Health); 2016.
29. Renshaw L, Kim J. Migrant sex workers in Australia. Canberra: Australian Institute of Criminology; 2015.
30. Agata D, Stevenson L. Nothing about us without us! International Committee on the Rights of Sex Workers in Europe; Amsterdam 2015.
31. Respect Inc. The case for decriminalisation in Queensland. Brisbane, Queensland 2018. p. 3.
32. Donovan, B., Harcourt, C., Egger, S., Watchirs Smith, L., Schneider, K., Kaldor, J.M., Chen, M.Y., Fairley, C.K., Tabrizi, S., (2012). The Sex Industry in New South Wales: a Report to the NSW Ministry of Health. Sydney: Kirby Institute, University of New South Wales.
33. Joint United Nations Programme on HIV/AIDS (UNAIDS). WHO, UNAIDS statement on HIV testing services: new opportunities and ongoing challenges. 2017. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/2017\\_WHO-UNAIDS\\_statement\\_HIV-testing-services\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2017_WHO-UNAIDS_statement_HIV-testing-services_en.pdf) (last accessed 6 January 2020).
34. Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS. International Guidelines on HIV/AIDS and Human Rights 2006 (Consolidated Version). Second International Consultation on HIV/AIDS and Human Rights Geneva, 23-25 September 1996 Available at: <https://www.ohchr.org/sites/default/files/Documents/Publications/HIVAIDSGuidelinesen.pdf> (last accessed 26 May 2022)
35. UNAIDS HIV and Sex Work: Human Rights Fact Sheet Series 2021. Orig ref: UN Committee on the Elimination of Discrimination against Women. Concluding observations on the seventh and eighth periodic reports of Austria (CEDAW/C/AUT/CO/7-8), 2013
36. Department of Health.2014. Guideline for the Management of People Living with HIV who Place Others at Risk of HIV (accessed 24 May, 2022) ([https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0022/147640/qh-gdl-367.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0022/147640/qh-gdl-367.pdf))
37. Global Network of Sex Work Projects. 2018; Policy brief: The impact of stigma and discrimination on key populations and their families.

[https://www.nswp.org/sites/nswp.org/files/stigma\\_discrim\\_inpub\\_impact\\_nswp\\_-\\_2018\\_0.pdf](https://www.nswp.org/sites/nswp.org/files/stigma_discrim_inpub_impact_nswp_-_2018_0.pdf)

38. van der Meulen E. Action research with sex workers: Dismantling barriers and building bridges. *Action Research*. 2011;9(4):370-84.

39. Prostitution Law Review Committee. Report of the Prostitution Law Review Committee on the operation of the Prostitution Reform Act 2003. 2008.

40. WHO. 1992. World Health Assembly Resolution WHA45.35, 14 May 1992.