



SHANTUSI

SURVEYING HIV AND NEED IN THE UNREGULATED SEX INDUSTRY

An Inner South Community Health Service
/ RMIT University collaboration

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This project was funded by Victorian Department of Health.

Published by Inner South Community Health Service
341 Coventry Street
South Melbourne, VIC 3205
www.ischs.org.au

First published in May 2011
Designed by: Vanzella Graphic Design

ACKNOWLEDGEMENTS

This project owes its existence to the unrelenting commitment and the very real shedding of the blood, sweat and tears of those involved. The nature of the project was such that some of those involved in the initial design did not last the arduous journey. Those that did are owed untold gratitude.

To Jan Groves, former brothel outreach worker at RhED, her heartfelt commitment to both the sex workers we encountered and the aims of the research at a time of workplace change was testament to her dedication and sense of justice. Not a single door in the unregulated migrant sex industry would have been opened without the persistence and good natured refusal to quit displayed by Jan. Her presence will be missed in the brothels around Victoria.

No research could be done without participants and Christian Vega was the conduit between the majority of these participants as well as being an amazing source of knowledge as regards the unregulated sex industry. Again, where others may have given in, Christian persisted until we were forced to conclude field research to document the findings. Thanks are owed to outreach staff who recruited participants and a special mention to Shirley, Denise and the other people involved in the 'Hustling for Health' program that provided a rich source of participants.

Thanks to Sandra Gibson for coordinating the project and Sue White for ensuring a balanced and thoughtful approach to both meeting the needs of the participants and the research brief of the Department of Health. To those at 10 Inkerman Street who put up with my unexpected presence and commandeering of computers and work space when both were limited – thank you (and you're well rid of me!).

This project has been the hardest undertaken in my research career – a project demanding a team of experts working full time as opposed to a solitary researcher amassing mountains of data across many months. Andrew McLean came on board as a research assistant at the halfway point and provided both moral and technical support in assisting with the arrangement of interviews, transcribing of interviews and even drafting early versions of sections of the report. A large debt I hope to repay.

You certainly learn who you can rely on when the going gets tough as it did for some extremely painful periods throughout the project. Thank you Chris Chamberlain, Director of the Centre for Applied Social Research for advice, professional counsel and his always genuine empathetic willingness to listen. To Carolyn Dalton, you provided love and support that only a mother could. To Anna Keato for her ongoing love and support, without which one of the many road humps that arose on the journey would have provided enough reason to walk away. To do so would have been a severe injustice to 145 individuals who, in the main, spoke with disarming honesty and candour. While some explored their experience of a working life they enjoyed and profited from, the greater majority, particularly those street-based participants, spoke of personal hardship and trauma of an extent that most people will be spared in their lifetime. Often when a population is pushed to the margins of our so-called society, it may be left vulnerable to innumerable harms. The continued ability of those in such circumstances to work and survive in such conditions speaks of a strength that is rarely seen in people. Thank you for sharing it.

KEY FINDINGS

Street-based sex workers

- Of the 100 street-based sex workers who participated in this research, one tested positive for HIV. This woman had ceased working on the street by the time she participated in this study.
- A disproportionate number of street-sex worker participants had childhood experiences of abuse and neglect. A majority were removed from their families by the State or lived in households lacking stability and security. Educational opportunities were curtailed (by factors such as economic necessity) and employment opportunities were subsequently limited in adulthood. Lives remained constrained by poverty, a circumstance that had marginalised and excluded these individuals from society at an early age. Drugs offered many a temporary escape from their isolation.
- When drug use became regular, problematic patterns invariably developed. The majority of the women who participated in the research of street-based sex workers became involved in the sex industry to meet the costs of drug dependency.
- Street-based sex workers became more deeply entrenched in the trade over time. Often the same issues that led them to the street – drug dependence, mental health, past abuse, an absence of supportive networks, a lack of access to educational and employment opportunities, homelessness – prevented their ability to leave.
- Street-based sex workers participating in the research displayed a high level of sexual health awareness. In contrast, they reported that their clients demonstrated very little or no understanding of the potential dangers of STIs, including HIV.
- Participants uniformly reported increased demands for unprotected sexual services, predominantly oral sex but also penetrative vaginal and anal sex. This compromised heavily dependent workers' ability to negotiate with clients and increased workers' vulnerability to HIV and other STIs. Desperation and need for money led many workers to reluctantly comply with such demands.
- There is evidence that the street-based sex working environment is increasingly chaotic. The unity that once ensured the maintenance of informal rules among workers has dissipated with an influx of younger workers who prioritise immediate needs over long-term survival. This has led to the undercutting of prices and the robbing of clients, practices that increase retributive violence.
- Although St Kilda is the home of the only visible street-based sex market in Melbourne, opportunistic street-based sex markets exist in suburbs that are also home to a street trade in illicit drugs. There is clear evidence of opportunistic street-based sex markets in such suburbs as Footscray; 89 of the street sex work participants recruited for this study were working in St Kilda and the remainder in Footscray.
- Policy must address the structural determinants that influence involvement in street sex work. Past policy seems to indicate a belief that street sex work is an issue of individual behaviour or a lifestyle 'choice'. Disadvantage, a lack of access to opportunity and an absence of social support are obvious features which compel vulnerable individuals to choose street sex work in order to survive.

Migrant sex workers

- No migrant participants admitted to providing sexual services. Consequently, these participants argued that saliva testing was not relevant and no swabs were collected from this population. The prevalence of HIV among this community remains unknown, although anecdotal evidence suggests a high prevalence of STIs among workers.
- There is very little known about migrant women who work in the unregulated sex industry. We are unaware as to what degree they work voluntarily or under coercion as 'contract'

workers. There is an absence of authoritative information on this subject and existing research (and media opinion) is dominated by ideology as opposed to the experiences of those involved.

- The migrant sex industry is deeply hidden. Those involved are suspicious of any inquiries into the nature of their working lives. Discovery of involvement in the provision of illegal commercial sex work could represent a breach of their visa conditions (or the lack of a valid visa) and potential detention and deportation.
- The 21 migrant sex workers who participated in the research worked in 'massage' services. Our field research incorporated visits to 23 premises. All premises advertised as massage services but encompassed work environments which varied from professionally and luxuriously appointed establishments to a near derelict space in Melbourne's inner west¹.
- Much of the information about migrant sex workers in the unregulated sex industry (including the location of illegal brothels) was collated from surveillance and documentation of online web forums.
- Sexual services – particularly oral sex – are provided without use of condoms.
- The level of sexual health knowledge among migrant workers and their clients was limited. There is urgent need for intervention in the form of health, support and education programs for both workers and clients.
- Understanding and building a knowledge base of migrant sex workers, let alone the intricacies and complexities of this highly secretive industry, will remain an enormous challenge while the primary response is one of law enforcement. A more empathetic approach is needed to replace the focus on law enforcement. A potential revision of visa conditions to allow those who wish to voluntarily enter Australia to participate in sex work offers a means of engaging with and understanding the extent of migrant sex work in Victoria.

Private workers advertising online

- Of the 24 private, unregulated escorts recruited for this research, none tested positive for HIV.
- Private workers made a conscious choice to engage in sex work. Many engaged in sex work on a part-time basis to supplement their 'mainstream' income.
- Private sex work obtained via the internet can be highly lucrative.
- Private workers predominantly lived in stable accommodation and earned a substantial income via sex work. They also spoke of retaining supportive networks of family and friends and many spoke with pride of their working lives.
- A majority of private escorts provided unprotected oral sex. They reported clients requesting unprotected anal or vaginal sex (one female worker provided this service).
- Private workers saw the regulations governing the sector as unjustifiably stringent and restrictive. Regulatory demands were seen to negatively impact their ability to work and limit their ability to attract clients given that descriptions of services offered or photographs showing any of their person below the shoulders are not allowed.
- Given the lower rates of STIs among sex workers in legal brothels compared with some other cohorts within the general population, participants (and health professionals) believed the current testing regime is onerous and too frequent. Sex workers' ability to earn money depends on their sexual health and motivates them to maintain it.

¹ It is important to note that a number of these premises have since been closed following recent investigations by law enforcement agencies.

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An

Introduction

AN INTRODUCTION

THE UNREGULATED SEX INDUSTRY

The illegal sex industry in Victoria, with the exception of street-based sex work in St Kilda, is a largely hidden industry that is difficult to accurately define. The street-based sex trade is an obvious exception, given that participants rely upon their visibility to solicit potential 'clients'.² Nonetheless, soliciting in public (i.e. seeking to enter into a commercial sex transaction), is a criminal offence in Victoria and while street-based workers seek to avoid the attention of law enforcement agencies, their visibility means they are readily identified and subject to stigma. Street-based sex workers are a marginalised population. They are judged by stereotypical generalisations of a moral nature or based on the supposed public health threat they pose (rather than being recognised as the individuals they are, whose widely varying circumstances have led them to work the street).

Far less visible are the unknown numbers of migrant women who provide sexual services in illegal brothels and massage services. Similarly, very little is known about the nature of work engaged in by unregulated 'private' workers who advertise their availability to clients via the internet. Given the hidden nature of many people involved in the unregulated sex industry – along with the transient nature of many sex workers' lives – it is possible that the number of people involved surpasses that of the legal, albeit heavily regulated, Victorian sex trade (which, in December 2010, included 96 legal brothels and 23 licensed escort agencies).³

Such is the difficulty in estimating numbers in the underground industry that a systematic research attempt to gauge the number of illegal brothels in Melbourne in 2006 could only offer an estimate of 13-70.⁴ This was not due to a lack of research application or effort. Instead, the fiercely secretive nature of some sectors within the unregulated and underground sex industry renders attempts to measure its size extremely challenging. As opposed to seeking to gauge the size of the unregulated industry, the SHANTUSI project provides an insight into the nature of sex work within it so as to inform policymakers of potential health issues and high-risk sexual activities. There is a need to understand practices in this industry, and the sexual health of workers involved, if policy responses are to minimise potential harm for those in the industry. One means of doing so, and a primary objective of this report, is to measure prevalence of HIV among workers to see if a public health dilemma already exists. As is made clear throughout the report, interventions based on law enforcement and/or policy regulations only force illicit activity underground, beyond the reach of health services and educational resources which provide sufficient sexual health knowledge. Policy initiatives must be collaborative, working with sex worker services and workers themselves to provide the best outcomes for workers and the broader community.

In contrast to the unregulated sex industry's roots in the earliest days of the Victorian colony, the legal and regulated sex industry commenced in Victoria in 1985. The legalisation of commercial sex within strictly defined limits followed an inquiry into the illicit sex industry in Victoria in the mid-1980s. The inquiry was primarily a result of increasing complaints from business and residents' lobby groups about the proliferation of illegal brothels (known as 'massage parlours') throughout Melbourne and the resulting publicity that earned the city the reputation as the massage parlour capital of Australia (e.g. Lawrence 1978). The then Cain Labor Government subsequently introduced the *Planning (Brothels) Act 1984*, allowing individuals to apply for permits to establish licensed brothels in 'appropriately zoned areas' and in accordance with stringent conditions (Neave 1985: 6). The unknown size and complexity of

²Street-based workers refer to the men who proposition them as 'clients' or 'mugs', the latter term sometimes used derisively. Street workers commonly use both terms and, as such, both are used throughout the report with 'mug' typically used where a less complimentary term is required.

³Personal communications, Ms Sandra Gibson, RhED coordinator, 10 December 2010; 16 December 2010.

⁴Chen, et al. 2010.



the underground industry was the impetus for a Government-appointed inquiry to explore the social, legal and health aspects of all forms of sex work. Professor Marcia Neave was appointed to chair the inquiry which released the *Final Report of the Inquiry into Prostitution (the Neave Report)* in 1985. The 91 recommendations included the following:

- That a provision be inserted in the *Local Government Act 1958* to enable by-laws to be made permitting street prostitution in defined areas; and
- That councils should be permitted to define areas in which soliciting and loitering for the purposes of prostitution may lawfully occur (Advisory Council 2002: 29, 12).

Despite the public support of the then St Kilda Council for these recommendations, the State Government's response – incorporated in the *Prostitution Regulation Act 1986* – met all recommendations with the exception of those pertaining to street prostitution. The Cain Government *did* attempt to decriminalise street sex work. However, the majority of Liberal and National members in the Legislative Council opposed the relevant sections of the aforementioned legislation and street-based sex work remains a criminal offence today. Although the status of street-based sex workers did not change, there was now a clear demarcation between the legal and illegal sex industries in Victoria.

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The illicit sex industry services a predominantly male clientele. The services demanded by this clientele – alongside the negotiating abilities of the sex workers they proposition – determine the level of risk that HIV and other sexually transmissible infections (STIs) pose both *to* and *from* the unregulated sex industry. This equation is at the basis of any potential public health risk posed by the unregulated sex industry. As detailed in chapter 7 of this report, workers in the unregulated sex industry are often propositioned to engage in unprotected and/or high-risk sexual activities.⁵ Evidence from those involved suggests this comprises an increasing demand – particularly on the part of clients of street-based sex workers. The ability of a sex worker to resist such demands depends largely on their relative power in negotiating the commercial sex transaction with a client, particularly if the latter is offering extra financial incentives for their demands to be met. This depends upon circumstances unique to the individual worker and their environment. Some workers are sufficiently empowered to dictate the manner in which encounters with clients unfold. The circumstances of others are such that they will comply with demands, even if it places them at potential risk of exposure to an STI. What is notable is that the majority of workers who give in to such demands are those whose sense of desperation leads to them prioritising immediate needs over potential consequences.

The above dynamics are addressed throughout this report. In doing so, great importance must be attached to addressing the circumstances responsible for the significant imbalance of power in negotiations over commercial sexual services. Until workers' needs are addressed, some will continue to engage in high-risk sexual behaviours that put the sexual health of themselves and the broader community at risk. Consequently, this research not only addresses existing prevalence of HIV in sectors of the unregulated sex industry, but seeks to understand and communicate the circumstances of workers within it to inform public policy interventions that provide greater access to health and support services as well as to culturally-appropriate sexual health education. In doing so, it also addresses misperceptions that surround the unregulated sex industry and obstruct such interventions.

⁵ Such demands are not isolated to the unregulated sex industry. A number of participants spoke of encountering similar pressures when working in legal brothels. However, in such circumstances, the legality of their work, the presence of management and other workers, and the regulations governing the legal industry provide a stronger basis upon which to reject such propositions or, at the least, to negotiate an outcome with which the worker is satisfied.

This research engages with three, at times overlapping, populations within the unregulated sex industry, namely: street-based sex workers; migrant workers in illegal brothels (or, more specifically, migrant workers in massage services who provide sexual services - or 'extras' - for financial return);⁶ and unregulated private workers who often work in breach of the regulations stipulated in the *Sex Work Act*.⁷ There was a need to appreciate differences between these three cohorts to appreciate the nature of high-risk sexual practices engaged in by each. For example, a majority of the street-based workers who participated in the research were injecting drug users. Injecting drug use is a risk factor in the spread of HIV given that the sharing of injecting equipment is a potential means by which the blood-borne HIV virus is spread among injecting drug users and, from them, to the general community. In respect of migrant workers, there is the potential for women to have acquired HIV in their home country and not declare this when applying for their visas.⁸ Unfortunately, the secretive nature of migrant involvement in the underground sex industry, and the defensive nature with which our attempts to engage with workers were met, means we remain largely ignorant of the prevalence of HIV, if it exists at all, within this community. However, the responses of the small sample who participated in the research (see chapter 9) raised concerns about their lack of sexual health knowledge. In contrast to these two broadly defined populations, it is difficult to address private workers' potential exposure to HIV with any degree of certainty. Private sex work attracts a relatively diverse group of men, women and transgender individuals who offer services that range from 'kinky sex' without condoms through to sado-masochism and fantasy sex. The risk posed by HIV, addressed in chapter 10 of the report, depends largely on the knowledge of the individual worker and the nature of the services they provide.

Any project that seeks to understand the nature and practices of the unregulated sex industry should move beyond research of street-workers. At the same time, the underground or private nature of the other identified areas of the unregulated sex industry led to a disproportionate focus on street-based sex workers in this research. However, the value of engaging with street-based sex workers as the largest source of information on the unregulated sex industry should not be underestimated. Street-based workers are often a transient population, particularly in terms of the amount of time they spend on the streets. The majority of street-sex workers who participated in this research spoke of working 'on and off' for various periods of time. Many were also transient in terms of the type of sex work they are engaged in. There are few discrete, self-contained 'sectors' within the unregulated sex industry and many of those involved cross to and from legal to illegal sectors or to and from the escort industry to brothel-based sex work to street sex work. Brothel outreach workers of a combined 20 years experience employed by RhED (a health and support service for sex workers at Inner South Community Health Service) were at pains to stress the constant crossover of workers between legal and illegal brothels. This observation was supported by senior nursing staff at the Melbourne Sexual Health Centre (MSHC), one of the preferred facilities for STI testing for sex workers due to the guarantees of anonymity central to the centre's practices. As head of nursing at the MSHC, Rosey Cummings noted many sex workers, particularly migrant workers, were unaware as to whether the work they engaged in was legal or illegal.

In this context, many workers may experiment with, and subsequently work within particular areas of the unregulated sex industry for short periods of time. As discussed by research participants within the body of the report, the sex industry offers the ability to work under different circumstances and conditions until finding an environment that fits with their needs and capabilities. Consequently, discussions with street-based sex workers revealed much about the extent and nature of the unregulated (and regulated) sex industry as a whole. In short, although

⁶ Although the original research brief specifically referred to the need to engage with migrant women in illegal brothels, the women we accessed were not working in what might be traditionally recognised as brothels. Rather, it is within massage services of varying professionalism and legitimacy that illicit commercial sexual activity takes place. While these services include full sexual services at brothels for whom advertising as a massage service is basically a façade, oral sex and 'hand jobs' are more commonly provided in a range of establishments. The relative prevalence of these businesses, colloquially referred to by their clients as 'rub and tug joints', as compared to illegal brothels, is revealed in discussions between men who frequent both services (see chapter 9).

⁷ It is worth noting that, in the experience of staff at RhED, many workers find the legislation difficult to understand. A significant proportion of phone calls received by the service are from people in the industry who are unaware of the legality of their status (and these are only calls from those aware of the existence of RhED as a funded service for the sex work industry).

⁸ Personal correspondence, Dr Marcus Chen, Melbourne Sexual Health Centre, 15 December 2010.

street-based workers represent the most visible and, arguably, smallest component of the industry, their experiences are rarely of the street alone. Some street-based workers continue to work privately as an escort or within a brothel environment if they are able and many, at least of those interviewed for the SHANTUSI project, came to the streets after working in a brothel or for an escort service. Many workers arrive on the streets of south St Kilda, the site of Melbourne's only visibly established street-based sex trade, after having already worked in various aspects of the unregulated industry. Sadly, for many, working the street is a last resort due to issues of need. These may be related to issues of mental health and/or drug dependence. The latter is also responsible for some workers' forced exit from the legal sex industry. Given the complex and rigorous processes that prospective licensed brothel owners are subject to (including police checks and character assessments)⁹ the suspicion or discovery of illicit drug use on licensed premises may lead to the immediate dismissal of a worker. Those involved in the conscientious running of legal and licensed brothels seek to avoid being implicated in such criminal activity for fear of the potential repercussions on their business. In any case, a sex worker with a heavy drug dependency would find it increasingly difficult to negotiate the demands of management and customers without the added complication of impending withdrawal and the need to 'use' to keep withdrawal at bay. This, as is seen, is the reason that some individuals turned to street-based work as a last resort and one that, given their need for significant sums of money, meant working at all times of day and night and in all conditions.

As discussed in the following chapter, the visibility of street-based sex workers made their recruitment relatively easy, along with the financial incentive to participate. That is not to say that workers did *not* recognise the value of research into the unregulated industry. Open and honest participation is one of the hallmarks of this study and reflects the desire of the majority of participants to be heard by policymakers responsible for establishing the conditions in which commercial sex is negotiated in Victoria. There is nothing intrinsically dangerous to the physical health of an individual who sells sexual services to others. It is the manner in which government has attempted to police sex work that has left those involved vulnerable to health impacts including sexual and physical assault.

In contrast to the relative ease of engagement with street-based workers, the attempt to ascertain the extent and nature of illegal sexual services provided by migrant women employed in massage services of varying legitimacy proved a largely insurmountable challenge. Many of the women involved in the provision of such services are working illegally and in breach of their visa conditions. The threat of being discovered by law enforcement and/or immigration officials leaves these women open to arrest, detention and deportation to their home countries, where many are forced back into the local illicit sex industry with far greater threats of physical violence and transmission of STIs and HIV (Banach 2001). The understandable fear and suspicion of the purpose behind inquiries about involvement in illicit activities made it particularly difficult to engage in an honest dialogue with migrant women providing illegal sexual services. We were forewarned of the secretive nature of this sector of the sex industry in initial discussions with staff at the MSHC, a service that runs Culturally and Linguistically Diverse (CALD) clinics to meet demand for STI testing from certain migrant populations with little, if any, English. At present, the MSHC holds clinics for Thai women every Tuesday and for Chinese and Korean women on alternate Thursdays.¹⁰ A further number of migrant women access mainstream testing services at the MSHC. Women from three ethnic groups – Chinese, Korean and Thai – have been identified by both RhED and the MSHC as comprising a majority of those migrant women in the sex industry. Although most are apparently unaware of their ability to do so (or believe the sex industry to be illegal in Australia as it is in their country of origin), South Korean workers are able to enter Australia on working visas in order to be a sex workers (Jeffreys 2009). Those of Chinese or Thai nationality are not. As a result of both a lack of knowledge and visa restrictions, it is believed that most migrant sex workers enter Australia on student or holiday visas.

⁹ See, for example, Business Licensing Authority, A Guide for Prostitution Service Provider Applicants *Sex Work Act 1994*, at: <http://www.bla.vic.gov.au/wps/wcm/connect/e3c0050040563c239e3abee505682c73/A+Guide+for+Prostitution+Service+Provider+Applicants.doc?MOD=AJPERES> along with one of numerous application forms such as the 'Prostitution Service Provider's Licence Application'.

¹⁰ Personal communication, Ms Rosey Cummings, Nursing Services Manager, Melbourne Sexual Health Centre, 13 May, 2010.

The size of the third area of the unregulated industry discussed within the report – private (online) sex workers - is as difficult to estimate as migrant workers were to access. A brief perusal of website classifieds that offer ‘adult services’ indicates a burgeoning market in private escort services (i.e. independently advertising sex workers and escorts) with female, male and transgender workers numbering in the hundreds. The ability to produce an internet profile in a matter of minutes (and to delete it in less) means that it is impossible to provide accurate estimates of the numbers of private workers who contact clients via the internet and/or the print media. A private sex workers’ register exists for those who successfully lodge an application to begin work as a legal sex worker. However, this fails to ‘capture’ the size of the industry as there are a significant number of unregistered workers. In addition to advertising on classified websites, private workers also use the commercial sections of ‘social networking’ websites, as was the case with the male workers who participated in the SHANTUSI study. Further, many workers of every gender maintain their own websites that detail their specific services alongside photographs, rates and, typically, the worker’s ‘story’ about what they do, and how and why they do it..

As is apparent in this report, private work offers the most lucrative form of unregulated sex work. The majority of ‘private’ sex workers who participated in this research did not work in the industry to meet the costs of a drug dependency¹¹ or, as was the case with many migrant workers, to supplement money earned during the course of their employment in establishments advertising ‘massage services’. A number of private workers have ‘mainstream’ employment including jobs as realtors, paralegal clerks and work in the entertainment industry. For a majority of those private workers who engaged in the SHANTUSI research, sex work offered an additional income to support a preferred lifestyle or, for some, for the pleasure of frequent and varied sexual activity. A worker whose services are engaged for \$350 an hour may only work on weekends (or nights of their choosing) to add thousands of tax-free dollars to their ‘mainstream’ weekly income. The financial circumstances of many private workers contributed to the difficulties recruiting them as research participants. While \$50 earned by participating in research provided a welcome alternative source of income for many street-based sex workers, it offered little incentive to those able to earn upwards of \$5,000 per week. This is discussed further in chapter 10.

Many private workers consider themselves to be working legally (i.e. in accordance with the regulations and requirements stipulated in the *Sex Work Act 1994* and *Public Health and Wellbeing Act 2008*). When asked for clarification of ‘unregulated sex work’ in the initial stages of the field research, an advisor within the office of Chief Medical Officer, Department of Human Services, provided the following response to the request of the SHANTUSI Steering Committee:

The Office of the Chief Health Officer uses the Consumer Affairs Victoria list of licensed brothels (Business Licensing Authority) as our definition of the regulated industry. The Partner Notification Support Unit performs inspections of all licensed brothels once annually.

Escort agencies will be encompassed under the new *Public Health and Wellbeing Act* with the same provisions as brothels. We only investigate escort agencies if there are allegations [of breaches of regulations]. It is not envisioned that, even with the new Act, public health inspections will be undertaken with respect to escort agencies as they do not have premises to inspect (Email communiqué forwarded by DHS, 13 July, 2009).

This definition applies to private workers with reference to ‘escort agencies’; private workers are, for legislative purposes, understood to be private escorts. However, as the above definition implies, there is neither the infrastructure nor the personnel required to ensure all workers comply with legislative requirements and regulations.¹² In respect to brothels, those registered on the State’s list of licensed brothels are inspected once annually. Otherwise, an

¹¹ One private sex worker initially entered the unregulated industry – and supplemented his income as a private escort - with intermittent periods of street-based work, to meet the needs of a heroin dependency. However, while he continued to work within the sex industry, he was not dependent on drugs when interviewed.

¹² This is not to confuse enforcement of relevant legislation with the work conducted by Department of Human Services ‘contact tracers’, a division empowered to monitor carriers of serious infectious diseases – such as HIV – to ensure that they are not engaging in practices that threaten to spread the infection or disease in question (see: <http://www.inform.webcentral.com.au/depart2.htm>)

inspection is carried out 'only ... if there are allegations [of breaches of regulations].' In terms of escorts, there are no premises to inspect. By such definition – and in the absence of resources committed to surveillance – private workers, whether complying with regulations or not, are effectively unregulated.

One aspect that connects all workers in the sex industry is the exchange of sexual services for money. All too often, involvement in sex work is seen as the legacy of sexual abuse or a childhood characterised by neglect and an absence of love. Certainly, as seen throughout the course of this report, a disproportionate number of those in the unregulated street-based sex industry do come from backgrounds lacking in support and care. However, this is far from the case for all in the unregulated sector, particularly those who have made a conscious decision to earn potentially large sums of money in a comparatively short period of time when considered alongside 'mainstream' employment. As sex worker Jo Weldon lamented at a 2006 *Sex Work Matters* conference in New York City, those social researchers seeking to determine pathways into sex work often focus on whether she was sexually abused as a child. In contrast, she claimed she is never asked about her financial motivations. Weldon (2007) argues that people think only of the sex and not about the labour, a belief reflected in much psychological literature's focused on deviance and/or post-traumatic stress resulting from past abuse. Weldon acknowledges the importance of these issues, but states that without any consideration of financial motives, academic studies can provide only a fragmented view of the psychology of sex workers.¹³ As Weldon observes, assumptions about sex work permeate society's consciousness and researchers, as part of this society, are not immune to assumptions that frame sex workers as lazy, deviant and immoral women (see for e.g. Nussbaum 1998). However, papers that address the financial needs of workers are rare. This is a significant oversight, given that money is the primary motivator across all sectors of the industry. Money brings with it the ability to procure food, shelter, health care, and, for some workers, is a means of meeting the needs of their drug dependency. Strangely, financial motives are judged to be irrelevant. The extent of this omission is revealed by Weldon below:

The one thing that workers talk about most, the one thing they show up for day after day, is very rarely discussed in research. How they feel about money is rarely, if ever, compared to the way other workers feel about money. Instead, their sexual deviance is questioned at every turn, when few of them ever say, 'I got into it because I needed the sex' (Weldon 2007, 21).

As Weldon argues, the constant search for a unified theory about involvement in sex work is fruitless if it remains confined to addressing the 'sex' side of the equation because *all* involved invariably claim to be doing it for the money. This is not to state that the issue of money is never raised. It is, but only in the sense of financial desperation. Why are beliefs about sex and morality thought worthy of analysis but beliefs about money and work ethic are not?

The possibility that the simple exchange every other labourer is assumed to make, that of doing something relatively undesirable for compensation, is treated as deviant, when in fact that element is the most normal thing about the decision to enter the industry, solely because of the nature of what it is they're doing what they wouldn't be doing if they weren't getting paid [i.e. they are engaging in sexual relations with a man which they wouldn't be doing if they weren't getting paid]. The financial experience the women are having is often assumed to be completely irrelevant compared to the sexual experience the men are having; the experience of the men is taken to define the exchange, in a way that doesn't seem all that feminist to me (Weldon 2007, 21).

Stripper, Alice Fenterstock (2005), observed of the sex industry (both the legal and the unregulated), 'You watch your income come in physically bill by bill...This is the most immediate way of making money.' This particular financial aspect unites all sectors of the industry. While

¹³ It should be noted that there are a number of exceptions to Weldon's criticism, particularly in respect of private sex work (see for e.g., Uy et al. 2004, Boyle et al. 1997).

the legal industry operates in accordance with stringent regulations and workers within it must submit to regular tests and provide proof of attendance to their employers, they, like their illicit counterparts (whether they are street-based workers or migrant women working in breach of their visa conditions) are able to acquire a job without a resume or experience and still walk away with a significant amount of cash after one's first 'shift' in a brothel. As Fenterstock notes, there are few jobs in which one can apply, work that same day and finish with a substantial amount of money earned. Unless researchers acknowledge the relative ease of making money, there can be no useful approach to solving the problematic issues associated with the sex industry. As seen, it is the ability to make money that is not matched in other employment opportunities that makes the unregulated industry so attractive. This entrenches workers in a lifestyle that becomes increasingly difficult to leave the longer a worker has been able to finance a lifestyle that 'mainstream' work could not. This is one of the key reasons for the intransigence of the illicit market; as long as demand exists for anonymous sexual services, there will be those unable to make an appropriate income by alternate means who will avail themselves of the opportunity.

A BRIEF REVIEW OF HIV AND THE UNREGULATED SEX INDUSTRY

In 2008, the University of New South Wales National Centre in HIV Epidemiology and Clinical Research (NCHECR) reported that the trend of declining HIV diagnoses between 1993 and 1999 had since reversed (Parry 2008). According to researchers at the NCHECR, the reported number of new HIV diagnoses in Australia had increased by 38% (from 718 in 1999 to 995 in 2008). Victoria was one of four states in which diagnoses rose significantly, from 2.8 per 100,000 population in 1999 to 5.3 in 2007-08 (UNSW 2009).

Experts believe that the effectiveness of antiretroviral therapies (ARVs) has contributed to the view that HIV is a manageable, long-term condition (as opposed to a death sentence). This, coupled with 'prevention fatigue' (i.e. declining interest in and impact of public health education campaigns), may be responsible for the rise in transmissions – primarily among men who have sex with men (MSM). As at 30 June, 2009, 28,872 people had been diagnosed with HIV in Australia. Of the 813 cases of HIV infection recorded in the year to 30 June, 2009, 647 (79.6%) were attributed to male homosexual/bisexual contact, with or without a history of injecting drug use (*October 2009 Australian HIV Surveillance Report: 3*). Most recently, the *Medical Journal of Australia* reported that while infections among gay men aged 30 years and over had stabilised or dropped in Victoria, infections among those in their 20s increased from 36 in 2007 to 59 in 2009 (Medew 2010).

Prevention fatigue is not confined to gay men. A decline in condom use is seen as responsible for rises in STIs in general. NCHECR surveillance reports indicated a 10% increase in chlamydia diagnosis between 2007 and 2008 (continuing a 10 year trend of increases). Further, the rate of syphilis doubled from 3.1 in 2004 to 6.8 in 2007 (UNSW 2009).¹⁴ Professor Jenny Hoy of the Victorian HIV Service at the Alfred Hospital noted:

Using condoms for life is hard for some people – we know that from [increasing] rates of syphilis and chlamydia (Parry 2008).

Responding to these findings, the Victorian Department of Human Services (DHS) initiated research into the prevalence of HIV – and of behaviours that risk increasing prevalence – among certain populations. The hidden and unknown nature of the unregulated sex industry informed a

¹⁴ In contrast, the rate of gonorrhoea diagnosis remained stable at 36 per 100,000 between 2004-08.

need for a better understanding of this industry. To this end, SHANTUSI provides some insight into the prevalence of HIV (and other STIs) in the unregulated sex industry and the extent to which those involved – both as clients and workers – engage in sexual activities that present a potential threat from a public health perspective. While rates of HIV remain higher among MSM than other classified populations (e.g. Pedrana et al. 2008), the existence and spread of HIV as a legitimate concern to sex workers is demonstrated in research findings.

Research has identified the risk of male to female transmission of HIV to be considerably greater than the reverse (Padian et al. 1991). This is particularly significant given the findings of SHANTUSI specific to street-based and migrant sex work. A study carried out in nine European centres found 42 of a sample of 866 female sex workers to be HIV positive, a prevalence rate of 4.8% (European Working Group 1993 cited in McKeganey & Bernard 1996). Reviewing these findings, McKeganey and Bernard observed HIV rates among female sex workers rarely exceeded 5% in developed countries. In Australia, the figure is even lower. A 2001 study by Harcourt et al. tested for HIV seropositivity among three samples of NSW sex workers. Only one in 42 (2.1%) of the study's 'street-based' sample tested positive for HIV. Just two of 112 (1.8%) sex workers recruited from the Kirketon Road Centre (a primary health facility for street-based drug users) tested positive. Finally, two of the third sample of 674 sex workers, recruited from the Sydney Sexual Health Centre, tested positive for HIV. These results came a decade after research by Philpot et al. (1991) found no female sex workers of a sample of 231 to be HIV positive. More recently, the *October 2009 Australian HIV Surveillance Report* revealed that 53.3% of 1,101 female sex workers were (re)tested for HIV nationally over a 12-month period, and no case came back positive. There has been some conjecture that many female sex workers have remained free of HIV infection, despite potential exposure to the virus, due to their development of some type of 'resistance' (Fowke et al. 1992 cited in McKeganey & Bernard 1996: 60). Certainly, rates of HIV seropositivity are higher among male sex workers.

In 2000, Estcourt et al. conducted a study of male sex workers in Sydney to determine rates of HIV and STIs. A sample of 94 male sex workers was recruited from a public sexual health service. The results of STI testing were compared with two control groups, one of female sex workers and another of men who have sex with men (MSM). While a significant number of male sex workers had genital warts (20.9%), one-third tested positive for one or more of gonorrhoea, chlamydia, syphilis, and genital herpes, only four (6.5%) tested positive for HIV. This was far higher than the rates for female sex workers (0.4%), yet lower than those MSM who did not engage in sex work (23.9%)¹⁵. Of the four HIV positive male sex workers in the study, two reported a history of injecting drug use (another risk factor for HIV transmission). These findings are useful in delineating the low incidence of HIV infection among male sex workers (and female sex workers). Most research reports demonstrate that the highest rates of HIV in Australia are found within the gay male population, but not necessarily the male sex-working population.

Transgender individuals involved in sex work have frequently been 'added' by researchers as an afterthought when working with other population groups (e.g. gay men or sex workers). Despite sex work seemingly offering a disproportionate source of income for the transgender community, their experiences and needs have been largely ignored by academic (and political) interests. Alan et al.'s 1990 study (cited in Perkins et al. 1994b) of 77 male-to-female transgender individuals who attended the Albion Street AIDS Clinic in Sydney found that 83% of the sample had engaged in sex work, 43% had used drugs intravenously and 20% tested seropositive for HIV. A recent study, based at the Sydney Sexual Health Centre, found a comparatively lower incidence of HIV seropositivity among its transgender sample, with three out of 40 participants (or 7.5%) testing positive to the virus (Hounsfield et al. 2007). Although significantly less than the findings at the Albion Street AIDS clinic (a disparity that the sites of recruitment may explain), the results further support an above-average risk of HIV infection among transgender individuals. As with the sample tested at the Albion Street Clinic, high

¹⁵ The figure of 23.9% should not be seen as representative of rates of HIV within the gay community. Pedrana et al.'s 2008 *Suck it and See* study found that 13.4% of the MSM tested for HIV were HIV positive, with one in five unaware of their positive status. However, given that a significant proportion of this sample was recruited from HIV clinics, and the entire sample of Estcourt et al.'s study was recruited from a sexual health centre, these figures may be exaggerated. Pedrana et al. (2008) estimate the actual rate of HIV prevalence among MSM in Melbourne to be approximately 10%.

rates of involvement in sex work were reported by participants (43%), while half of the sample reported contracting STIs, most commonly genital warts and chlamydia. The comparatively high rates of HIV among the transgender sex-working population may be a consequence of social determinants that influence their lives. As noted by Perkins and her colleagues in the documentation of their study at the Albion Street AIDS Clinic:

The social ostracism of gender crossers has led to a series of negative social outcomes that have resulted in these people's low self esteem, powerlessness and vulnerability to HIV infection, and other potentially lethal risks (1994: 7).

This observation leads to consideration of social factors that may increase individual vulnerability to HIV. A number of those in the unregulated sex industry – particularly street-based sex workers – lead lives characterised by disadvantage and a lack of access to social opportunity.

THE SOCIAL HEALTH MODEL: A FRAMEWORK FOR CONSIDERING HIV

The fact that the HIV/AIDS epidemic continues to spread throughout vulnerable communities across the globe is evidence of the inability to control its spread. While levels of infection – no matter how low – remain in developed western societies such as Australia, its potential to spread is a threat. The social health (or population health) model has been one of the foremost strategies employed to counter any such spread. This is a strategy that embodies a holistic model of health, recognising that the fundamental conditions and resources for maintaining wellbeing and population health exist outside of the health system. These 'social determinants', or influences on the lives of individuals, include a supportive environment, access to stable accommodation, educational and employment opportunity, a nutritious diet and a sufficient income (WHO 1986). Alternately, a lack of access to such vital factors for good health and wellbeing can greatly influence one's vulnerability to HIV. These are circumstances disproportionately represented among many of the most socially excluded participants in this study. Many of the street-sex workers who participated in the SHANTUSI study spoke of backgrounds of abuse (and an absence of support and love in their childhood and adolescent years), while inequities based on income, race and gender were a reality in the lives of many migrant women with limited English language skills and/or formally recognised qualifications (Health Canada 2002). Social determinants work on individual and societal levels. Child abuse and/or homelessness may exclude a vulnerable individual from the social mainstream while broader socio-economic inequality creates many of the needs that appear frequently in the lives of SHANTUSI research participants. Principles of social justice clearly underpin models of social or population health.

Social health has figured strongly in research with isolated and marginalised populations since the 1986 Ottawa Charter elaborated on the need for individuals to enjoy good health in order to exercise the autonomy and choice needed to experience wellbeing. The former, it notes, cannot be attained without fulfilment of the basic needs of life and access to opportunities to benefit from it:

To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and realise aspirations, to satisfy needs, and to change and cope with the environment. Health is, therefore, seen as a resource for everyday life, not as an objective of living. Health is a positive concept emphasising social and personal resources as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing (WHO 1986).

While the above statement draws attention to the influence of environment, there is a more explicit focus on the individual and their ability to 'change'. Such views informed early HIV prevention efforts and the focus on immediate or short-term behavioural change in specific 'risk groups', and narrow prevention strategies targeted towards certain 'specific risk groups' rather than addressing broad social inequity (Health Canada 2002; Anderson et al. 1999). Hayes and Glouberman (1999, 7-8) spoke of an 'exaggerated emphasis on lifestyle as a determinant of health... [and an] implicit tendency to blame the victim.' Such a misguided approach suggested individual behaviour was unrelated to the environment in which it took place and that social determinants play no role in individual 'choices' (Health Canada 2002). Strathdee (1997, 2) makes a highly relevant observation when noting:

In the first decade of the HIV epidemic, researchers focused on sexual and drug-using behaviours which directly related to the risk of HIV infection. Now that we are well into the second decade, our attentions have turned to the reasons for these behaviours.

Social determinants reflect the reality and complexity of life. They are broad and interlinked and indicate how social change of the kind necessitated by government policy and social reform should be emphasised as much as individual behaviour if we are to contain (let alone reduce and eliminate) the threats posed by HIV/AIDS and other sexually transmissible infections. A paper commissioned by the Canadian Health Department summarised these various determinants into broad categories as follows:

- Income and the economic environment: employment, education, absolute and, more importantly, relative poverty;
- The social environment and social status: social support networks, perceived control over one's life and exposure to discrimination;
- The physical environment: homelessness, housing adequacy and neighbourhood safety;
- Early childhood experiences: education, nourishment and sexual, physical or emotional abuse;
- Cultural or community factors, including personal health and sexual practices, gender, race, community pressures and behaviours, biology and genetic endowment; and
- Health services: access to culturally and gender-appropriate services and equitable access to prevention, care and treatment services (Health Canada 2002, 7-8).

When reading this report, it is important to acknowledge that the 'choices' made by the participants are not decisions made free of the influence of the environment in which these women and men exist. The focus on the prevalence of HIV in the unregulated sex industry – and the potential risk that this industry presents as a public health issue – cannot concentrate on the individual behaviours of those involved to the exclusion of the above determinants. As we shall see, those individuals who engage in high-risk behaviours and place themselves and others at risk constitute some of the most disadvantaged and marginalised members of the community. The lack of opportunities and access to personal wellbeing that the majority of our research participants experience makes the absence of HIV within the researched communities all the more commendable. It is testament to the coordinated work of government agencies, organisations such as RhED (and Inner South Community Health Services) and, of course, workers in the industry itself that prevention methods and social initiatives have allowed for a measure of behavioural change. Nonetheless, evidence of increasingly chaotic behaviour and demand for high-risk sexual activity suggests that, while not neglecting the individual, giving due emphasis to the larger social system in which people live and work offers considerably more promise for beneficial health outcomes.



Methodology



METHODOLOGY

This chapter provides an overview of the means by which participants were recruited and information was collected for the writing of this report.

RECRUITMENT

The initial targets for recruitment of participants in the three research cohorts were 100 street-based sex workers, 30-50 migrant sex workers and 50-80 private sex workers. However, these figures were highly optimistic and proved unachievable, even after extending the field recruitment period by six months

Recruitment for the study was the responsibility of RhED, the funded sex worker program in Victoria managed by Inner South Community Health Service (ISCHS). The study presented unique challenges in terms of recruiting and interviewing participants. Utilising the resources of RhED provided both advantages and disadvantages in recruitment. The program was well placed to engage with sex worker communities that were known to RhED as service users.¹⁶ Also, staff who had been involved in the sex industry used their knowledge of the industry and personal engagement in sex worker networks for recruitment and the RhED premises provided a setting in which to engage with the target groups when convenient (as was the case for all St Kilda-based street workers and the majority of private workers). A small number of private workers requested that the research process be conducted at a more convenient location. In these cases, two members of the research team attended and completed the research process.

There were also limits to the ability of RhED to recruit participants for the project. Not all populations targeted by the SHANTUSI study all engage with RhED. The underground nature of migrant sex workers and the desire for privacy (as well as employment obligations) of many private sex workers meant that few within these cohorts engaged with RhED. This lack of connection between the State's primary funded sex worker program and some of the individuals who comprise a significant proportion of the unregulated sex industry emphasises the importance of adopting interventions and responses that can reach those who may not have access to adequate sexual health information and support networks able to assist in resolving legal, health and other issues associated with their working lives.

Street sex workers

Over 12 months of field research, 100 street-based sex workers were recruited as participants in the SHANTUSI study.

Engaging street-based sex workers as participants in the study was a relatively straightforward process when compared to the other target groups. RhED has well-established links with many of the street-based sex workers in St Kilda and is located in close proximity to where they work. The service offers a drop-in program between 1pm and 5pm Tuesday to Friday, times when workers may be on the premises for a variety of reasons (e.g. washing clothes, showering, resting). The building where RhED is located is also home to other services and is open to the general community. Consequently, discretion was used to discuss the project with potential participants so as to not identify individuals as sex workers to others in the community. On Friday evenings, the Hustling 2 Health (H2H) program operates from a framework of peer support and education. This allowed for open discussion to recruit participants and explain the goals of the project.

¹⁶ In the same way, the primary health care centre, Health Works, was able to recruit a small sample of Footscray-based street sex workers who were known through their use of the service.

A number of staff at RhED have developed judgement-free relationships with many of those who work the streets of St Kilda. Additionally, the management of RhED by ISCHS means a number of other services are also located at the St Kilda site, allowing staff on site to initiate a response to social circumstances that may increase street-based workers vulnerability to HIV, STIs and other issues that may affect their wellbeing (e.g. homelessness, legal issues, health concerns). While these factors provided RhED with strong connections to this key population, we were conscious to avoid skewing the study's findings by only accessing those sex workers who made use of the services available at the ISCHS site in St Kilda. Consequently, staff made a considerable effort to engage with street-based workers who were not users of the services offered by RhED. This included recruiting participants by assertive outreach and by promoting the study through other services in the vicinity accessed by sex workers. These services were diverse in terms of service model and delivery and included the primary Needle and Syringe Program in St Kilda (the Salvation Army Crisis Contact Centre's Health Information Exchange, or HIE) and a local drop-in service (St Kilda Gatehouse). The promotion of the study at these venues – which adopt different approaches, are visited for different reasons and, in the case of the HIE, are accessible 24 hours a day, allowed information about the research to reach sex workers who were not familiar with RhED or chose not to use the service.

Migrant sex workers

Migrant sex workers proved the most challenging research population to recruit. Initial attempts involved placing advertising materials publicising the research at a range of community services that might be frequented by migrant women. However, the absence of any reply provided an early indication of just how difficult this population would be to access. It was only following extensive discussion with the clinical staff responsible for running CALD clinics at the Melbourne Sexual Health Centre that we became aware of the difficulties that faced the research team. After a frustrating period in which a number of strategies were tried, we turned to a number of online forums, many of which had been discovered and monitored by staff at RhED. These websites were used by men frequenting brothels – both legal and unlicensed, as well as massage facilities – who share their 'experiences' with other members of the forums. Surveillance of these forums became the central resource in locating the establishments in which migrant women were paid for sexual services. This led to extensive field research, the nature of which is documented in detail in chapter 9.

Private sex workers

Engaging with sex workers who use the internet to procure work presented more of a challenge. While a \$50 incentive was effective in engaging with street sex workers, this amount of money could represent a fraction of what some private workers earn in an hour.

While the advertising of commercial sexual services via the internet has occurred throughout RhED's existence, the program has not developed any systematic engagement with private sex workers who advertise online. Devising strategies for engaging with internet-advertising sex workers fell to the male and transgender health education and support worker at RhED. This worker had extensive and established networks with male and transgender sex workers (as reflected in the composition of the private cohort).

Passive promotion strategies were used in an attempt to recruit workers. These included advertising the study through the RhED website, Facebook page, the *RED* magazine and via a community service announcement on community radio. A lack of response confirmed the need for more assertive promotion. RhED staff began to directly contact internet sex workers. One strategy was to compile a list of mobile phone numbers from escort listings online. A web-based SMS service was then used to send these workers a text message inviting them to take part in the study.

Where an address was made available, email communication was established and the need to conduct research with private sex workers and what participating in the research would involve was explained to potential participants. The involvement of RhED was noted, as was the ability to participate either on site at the RhED offices in St Kilda or at a location more convenient for the participant. The payment of \$50 was noted as were contact numbers if potential participants required further information.

While this more assertive method yielded greater results, it still depended upon sex workers making contact with RhED. To enhance this strategy, follow up phone calls were made to introduce sex workers to RhED and further explain the study. Following this process, 24 private sex workers who used the internet to engage clients were recruited.

THE RESEARCH PROCESS

Once recruited, participants were provided with a brief health promotion intervention by a RhED staff member. This involved a discussion of sexual health awareness and the provision of various resources including a wallet card with a number of safe sex slogans and contact numbers for RhED, as well as multilingual booklets containing information and photos of sexually transmissible infections (STIs) and the means of protection against STIs and treatments.

Participants then completed research in three parts. They answered surveys to collect basic demographic information as well as details about the frequency and nature of the sex work they engaged in and levels of sexual health knowledge.¹⁷ They then self-administered an oral swab to gain a saliva sample to test for the presence of HIV. A saliva test is a very simple but reliable HIV test for research purposes. The resulting saliva specimens were stored on site at RhED in a medical supplies fridge in the service's clinic room. Collected swabs were delivered to the National Serology Reference Laboratory (NRL) in Melbourne where specimens were processed and frozen for testing in batches. Dr Kim Wilson, the Research Operations Manager, developed the testing protocol and ran all the tests for the SHANTUSI study that involved the collection of 124 oral swab specimens.¹⁸

Oral fluid testing has not yet been approved for HIV diagnostic purposes, but precedents exist for the use of this type of test for research purposes (Apoola & Brunt 2011, Pedrana et al. 2008). The reason for its use as a research tool and not as an approved diagnostic tool is that the testing of saliva to detect the presence of HIV is not 100% accurate and can return a false result. Therefore, participants did not receive the results of the oral fluid tests. However, all participants were provided with the option of a blood screen for HIV (a clinically and diagnostically certified method of detection of HIV) at their earliest convenience. This opportunity was not taken by any of the study's participants.

Finally, participants took part in a semi-structured interview which allowed for in-depth discussion about work practices. The qualitative interviews brought the survey data to life by introducing us not to a stereotypical image of a sex worker but to individuals whose experiences were unique. Such unique stories do not lend themselves to a quantitative research approach that reduces such experiences to a set of numbers or shows no appreciation for the complexity of the circumstances which characterise the participant's present situation. It is important to emphasise this aspect of the research. Individuals are subject to different moods due to any number of reasons that may affect their outlook on life at a particular point in time. The interview data was rich in its descriptions of lived experience, participants' views of their involvement in sex work and their perceived engagement in (or vulnerability to) behaviour that would be considered to be high risk from the perspective of their health and wellbeing.

¹⁷ A copy of the survey is included at Appendix 1.

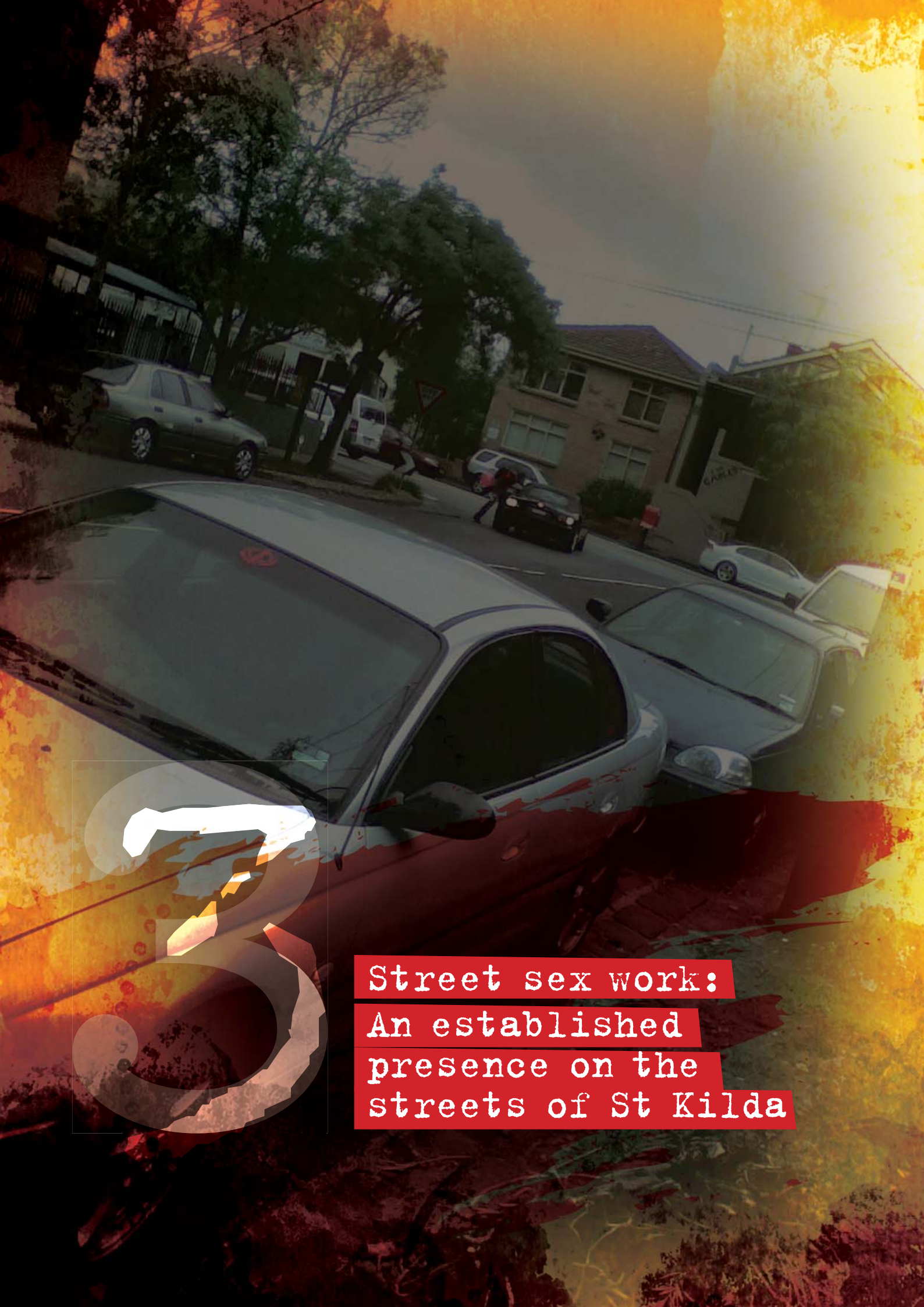
¹⁸ Testing of swabs costs \$15 per batch. Expenses rise if a swab returns an HIV positive result. In this case, an additional 'Western Blot' test procedure is undertaken to verify the result. The 'Western Blot' procedure costs \$50 per tested sample.

However, it is data that reflects a participant's perspective *at that point in time*. This does not make their observations or the experiences they generously shared any less legitimate. It is only to state that perceptions can and do change over time (and also if an individual is under the influence of drugs or suffering withdrawal).

Depending on the degree to which participants wished to discuss their experiences of sex work and the part it played in their lives, this process generally did not take longer than 30-40 minutes. However, many participants were deeply appreciative of 'being heard', a common experience encountered in previous research conducted with marginalised and stigmatised individuals. The opportunity to correct the image of sex workers perpetuated in the tabloid media or in widely-accepted public misperceptions was gratefully taken by many participants.

Interview transcripts were analysed for content and the identification of emerging themes. Participants were assured of anonymity and confidentiality and all were assigned pseudonyms.¹⁹ The quotes reproduced in the report are verbatim except where repetitive phrases (e.g. 'you know what I mean?') have been removed to assist the reader in appreciating the message or experience of the participant. All participants were paid \$50 for their time.

¹⁹ This was despite many street-based workers having no reservations regarding their true identity being used and signing consent forms to participate in the research using this identity.



15

Street sex work:
An established
presence on the
streets of St Kilda

STREET SEX WORK: AN ESTABLISHED PRESENCE ON THE STREETS OF ST KILDA

Visible solicitation for sex work has been an established means of commercial activity in Australia since early colonial days when the high ratio of male convicts, soldiers and settlers to women saw great demand for the latter's 'affections' (Frances 1994). This enabled women to sell their 'company' at a price, an activity tolerated as it was seen as befitting the morals of the convict classes who comprised such a major proportion of Australia's founding population. It was only when this activity threatened not only the values of an increasingly 'respectable' and mainstream Australia, but also public health, that action was taken against sex work.

However, before looking at the threat allegedly posed to public health by street sex workers, it is useful to provide a brief overview of street sex work in St Kilda. The residential streets of St Kilda, an inner-bayside suburb of Melbourne, is home to the only organised and ever-present street sex trade in Victoria. Eighty-nine of the 100 street-based sex workers interviewed in the SHANTUSI study were recruited in St Kilda. While anecdotal evidence suggests the emergence of relatively small, opportunistic street sex work trades in a number of other suburbs including Dandenong, Fitzroy and Footscray (and participants were recruited from some of these areas to contrast the nature, breadth and potential issues associated with these comparatively isolated markets), street sex work has existed in St Kilda for more than a century.

It is precisely the entrenched nature of street sex work in St Kilda that emphasises the need to address the broader social determinants that underpin the unregulated sex trade. The past and still predominant focus on individual behaviour – as seen in attempts to compel those involved to change their behaviour through law enforcement and moral judgement – has done little besides relocate the street sex trade from the highly visible commercial precinct of St Kilda to the relatively 'discreet' darkness of its residential streets. Until the broader social of street-based workers are addressed (and these range across the categories of social determinants discussed in the previous chapter), individuals with very limited 'choices' by which to meet their most immediate needs – their own survival – will continue to engage in sex work.

In the late 1860s, St Kilda residents enjoyed the 'respectable' status of a suburb defined by the prosperity and class manifested in mansions and grand residences along tree-lined streets (McConville 1980). At that time, sex work was confined to areas of central Melbourne where numerous brothels were located within the boundaries of La Trobe, Spring, Lonsdale and Exhibition Streets. With the growth of the city as an economic and social hub, law enforcement pushed the brothel operators and their workers into the city's north-east, where, in the slum-like conditions of Little Lonsdale Street and its adjoining lanes, it did not threaten 'localities inhabited by respectable people' (Winter 1976; McConville 1980: 89). In contrast, the encroachment of displaced workers on 'respectable' areas of Melbourne was met by an immediate law enforcement response of agencies, including the arrest of a number of sex workers soliciting trade in Acland Street, St Kilda, in 1886 (McConville 1980). Ultimately, St Kilda's 'respectable' status was eroded by public transport that provided access to the beachside and its adjacent parklands. The opening of entertainment venues, including Luna Park (in 1912) and the Palais de Danse (in 1913) added to a growing reputation for entertainment and heralded the beginning of St Kilda's thriving nightlife. The 'working classes', who made their way along the relatively cheap public transportation routes, were blamed by long-time residents for a subsequent increase in 'immoral' activity and a decline in the area's status. 'Respectable'

residents, keen to protect their reputations, were soon re-locating to nearby South Yarra and Toorak – areas that remain defined by wealth and status to this day. Their exodus, coupled with the 1890s depression saw many St Kilda mansions sold and converted into cheap apartments and/or boarding house accommodation (Longmire 1989).

Over the next half-century, the improved hygiene and character of the former ‘back slums’ of north-east Melbourne led to the eventual closure of the last inner-Melbourne brothels in 1933²⁰ (Winter 1976). Commercial sexual activity would no longer be tolerated for fear of offending those ‘respectable’ elements of society responsible for bringing and expanding their legitimate businesses in the area. Of course, the subsequent police raids did not quash demand for sexual services and those who sought to meet this demand required alternative lodgings. A large number made their way to St Kilda, where the drawcard of entertainment and recreational facilities ensured the presence of men with the means to enjoy themselves (Longmire 1989). While St Kilda was widely known as a locale in which prostitutes could be seen soliciting for trade in the preceding decade (ibid.), it was the outbreak of World War II and the stationing of thousands of troops at army barracks in nearby Albert Park that was the impetus for visible and widespread street prostitution throughout St Kilda (Bennett 1991). Throughout the war, thousands of Australian and US servicemen stationed in Albert Park sought out ‘female company’ in St Kilda.

The response of the military establishment is somewhat indicative of prevailing attitudes towards the unregulated sex industry. The military regarded sex workers as a health threat to the troops whose demands were the very basis for the ‘boom’ in sex work. This reflected perceptions of public health laws characterising sex workers as immoral, disease-carrying women while ‘protecting’ those men whose proclivities drove the demand for their work. The military hierarchy was conscious of its inability to halt the liaisons of troops whose circumstances were defined by accumulated military wages, a boisterous sense of relief and/or mortality borne of taking time out from the horrors of war, in addition to ready access to alcohol and the opposite sex. Consequently, actions concentrated on preventing the potential spread of ‘venereal disease.’ A ‘prophylactic station’ was established in the immediate vicinity of Luna Park in 1942 where it continued to meet demand for condoms until July 1946 (Longmire 1989). This was a reflection of the Victorian era belief in the need to accommodate the ‘natural’ urges of large numbers of single men by allowing their access to, but protecting them from the diseases of, ‘sinful’ women (Boyle et al. 1997). Obviously, the idea that the frequent clients of working women passed on infections to the women who engaged in sexual activity was not deemed worthy of consideration in such an environment. A National Health Conference held in 1943 to address the spread of ‘venereal disease’ placed the blame squarely upon ‘immoral’ women. Reporting the outcomes, *The Argus* supported calls for:

...the restriction of the sale of liquor to women, particularly young girls [and] stricter control by public authorities of laxity of conduct, especially by young women in public places ('Combating VD and Tuberculosis' *The Argus*, 16 June, 1943: 7).

The failure of authorities to appreciate that the demands of ‘fine young men’ were, along with their forefathers, the driving force behind commercial sexual activity (let alone the

²⁰ At least until the provisions of the legalised industry allowed for a discreet presence on the outskirts of the CBD.

circumstances of those willing to meet this demand) did little to address the presence of street-based sex work. The hypocrisy of the times is matched only by the failure to observe that demand is the reason that certain women 'choose' to support themselves by providing sexual services. Indeed, not having to rely on a male figure to provide financially for them is indicative of an independence that may not have sat well with the overwhelmingly male dominated establishment of the time.

The St Kilda Council's attempts to address sex work in the post-war years amounted to little more than periodic police operations. Although the Council had passed by-laws prohibiting soliciting for sex years earlier, a half-century of visible sex work was not easily dislodged, particularly in St Kilda where the combination of entertainment, money and notoriety as a place where rules were broken provided a focal point for anonymous commercial sex transactions (Longmire 1989). The area's reputation led to a post-war influx of 'non-conformists' eager to live in a tolerant environment where their behaviour would not necessarily be subject to the condemnation of others (ibid.). 'Sly grog' was sold from several St Kilda cafes in the early 1950s and members of Melbourne's underworld, living on the profits of their black-market activities throughout the war, were now residents (ibid.). While prostitution did decline in the post-war years as the demand decreased when soldiers returned home, there was an increase in open soliciting on the street as sex workers sought to attract what they could of the diminishing trade (Advisory Council 2002). The then dominant ideals of conformity and family doubtless influenced what was a discreet approach to the 'issue' by the St Kilda Council. Any campaign to drive sex work from the area would ultimately invite unwelcome publicity at a time when, Longmire notes, 'Prostitution was an abhorrent subject [and] decent family life was so important' (1989, 185).

By the mid-1960s, however, action was being demanded, despite the publicity any action would bring. In 1966, the Real Estate and Stock Institute of Victoria was blaming the 'unchecked rise' of street prostitution for unfilled vacancies and a decline in property values in the immediate St Kilda area (Longmire 1989: 209). Deputations made to the State Attorney-General, the public criticism by Victorian magistrates (who regularly encountered the same women charged with soliciting in the courts) and the concerns of residents and business groups gained momentum. The Victorian State Parliament's strategy stood in stark contrast to that of St Kilda Council. To do nothing would open the Government to accusations of tolerating what was an offensive activity in the context of the traditional values of the 1950s. The potential political cost made action necessary. In 1957, the Victorian *Police Offences (Prostitution) Act* consolidated Council by-laws that outlawed soliciting. This increased penalties for soliciting and contained the first legislative acknowledgement in Victoria of the existence of male prostitution, a subject previously 'dealt with' under laws prohibiting homosexuality and sodomy.

Ultimately, the passage of these legislative initiatives did little to contain sex work and the wartime demands of thousands of single servicemen stationed nearby. These anti-prostitution efforts were made in vain as US soldiers on R and R leave from Vietnam were billeted at Albert Park throughout the late 1960s and early 1970s (Bennett 1991). At this time, while a certain ignorance was ascribed to those men who engaged the services of sex workers, the prevailing authoritative view was that the prevalence of 'venereal disease' among men was largely a result of those:

...who pick up their infections from foot-loose young girls of amateur status who hang around street corners and who behave with staggering promiscuity (Queensland Health Education Council 1968, 101-104).

In any event, the limitations of legislative initiatives did little to encourage further political action and there followed only sporadic amendments to the existing framework of offences. It was in the 1970s, however, that the street sex trade in St Kilda evolved to assume many of its current characteristics. As opposed to an alternative means of income for single or enterprising women

not captured by the morality of the time, involvement in street sex work increasingly revolved around 'needs'. The role of social determinants and a lack of opportunity or alternative means of survival became explicit in entrenching sex work to the great detriment of the mental and physical well-being of so many of those who sell sex to survive.

In the 1970s, a dramatic increase in youth unemployment swelled an already growing population of disaffected young people who were drawn to St Kilda's notoriety. Many were escaping abusive circumstances and lacked the means to establish themselves. Although cheap rooming houses provided accommodation for those with limited means, many young people had little or no income at all (Longmire 1989). In the 1970s, there was no government income support for those under 16 years, meaning that the unemployed had no legitimate source of independent financial support outside of friends and family. Those aged 16-18 were eligible for \$36 income support per week. The street sex work for which the area was known offered one of few means of an income. Another factor of change in the street sex work scene in St Kilda was the distribution of drugs, in particular, heroin which was being imported into Australia in increasing amounts by the mid-1970s (McCoy 1980). Fitzroy Street in St Kilda – the scene of the street sex trade – was the ideal location of Melbourne's first notable street trade in heroin (Mercer 2000). As continues today, the temporary euphoria of drugs offers an escape from the unpalatable reality of street sex work in St Kilda, as well as the circumstances that bring people to street sex work in the first place. The combination of youth and drug dependency radically altered the sex trade in St Kilda. For some, the psychological issues associated with street sex work provided a passage into drug use to help cope with their work. For others, the need to meet the demands of a drug dependency via regular access to large amounts of money provided the primary reason for their entry into the street sex trade. These factors – and their influence upon already existing disadvantages such as a lack of access to affordable accommodation or social support – ensured that there would be a supply of individuals to meet the demands for street sex work. They remain instrumental in the entrenched nature of the street-based sex trade today, as is detailed in the following chapter.

The association of illicit drug use, addiction and youth (perceived or real) dominated tabloid media reports throughout the 1970s and 1980s (Lawrence 1978; Duncan, 1979; Murdoch 1980). Those involved were portrayed as a threat; drug users willing to do anything to acquire the money for their next hit. Periodic police blitzes were initiated in the wake of increasing visibility and publicity. These were largely concentrated in Fitzroy Street. These blitzes had a notable, if unintended, effect. Rather than suppressing the illicit street sex trade, intensive policing drove sex workers away from the commercial strip of Fitzroy Street and its surrounds, where they would be easily apprehended. In response, the workers dispersed into the relative darkness of residential Grey Street and into streets such as Greeves Street, where it remains today.

In the 1980s, the Cain Labor Government in Victoria developed frameworks for the legal sex industry that allowed legal brothels to be established by licensed owners. Legislative reform saw the regulation of escort agencies on the basis that they employed workers able to meet the similarly stringent conditions of legislation. While formally establishing a legal and regulated sex industry, this did not put an end to the unregulated sex industry. Ironically, the legalisation of brothels was blamed by the Prostitutes Collective of Victoria for forcing many workers onto the street. Prior to the *Planning (Brothels) Act*, an estimated 150 brothels were operating in Victoria. By 1990, 58 licensed brothels met licensing requirements. The reduction in legal employment opportunities, the onus upon management to ensure that no illicit activities took place on the premises and the long shifts expected by brothel managers, were directly responsible for many workers leaving the relatively security of the, now legal, brothel industry. These workers then sought to make an income from offering sexual services from the street (Masanauska 1987). Additionally, many of the street-based workers who participated in this research once worked in the regulated industry before choosing to work independently (if outside of the law) to maintain a degree of autonomy in terms of their working hours and

choice of clients. As a private operator, workers also retain full payment for their services as opposed to the standard process of management receiving approximately 40% of a client's payment for services rendered within the establishment (see chapter 5). Finally, it may be the case that those in the unregulated industry meet demands that the legal industry is incapable of fulfilling. The question of whether legal brothels and escort services are able to meet the types of demands in the broader community cannot be answered without sufficient and yet-to-be conducted research. However, it may be that the regulated industry – and the prices and requirements it places on the exchange of certain sexual activities, while prohibiting others – ensures continued demand for an illicit industry.

In the mid-1990s, the dynamics of the Melbourne heroin trade changed dramatically via the involvement of new syndicates whose operations preceded a heroin 'glut' characterised by a significant fall in the price of heroin and a corresponding increase in its purity (Mercer 2000). The street trade in heroin moved from a small base in St Kilda to an expansive (and highly visible) street market in the Melbourne CBD and adjoining suburbs. Research established a conclusive link between easy access to cheap and pure heroin and increasing heroin use among progressively younger people (Lynskey & Hall 1998). Separate research established that young women's frequency of drug use, once significantly lower than that of men, was reaching new heights (Turner et al. 2003). These trends illustrated how the accessibility of heroin to growing numbers of young women was influential in an increase in street prostitution over the same period in St Kilda (Press & Szechtman 2004). Problematic drug use is just one of the social determinants that increase the vulnerability of street-based workers to HIV. As is detailed in the following chapter, drug use is often initiated as a means of seeking to cope with experiences of sexual abuse, institutionalisation (as wards of the state and/or ex-prisoners), social isolation, mental illness, chronic homelessness, poor physical health, police harassment, and involuntary separation from one's children. These social determinants, many of which intersect, are at the centre of street workers' vulnerability. For some, it increases risk-taking behaviour and is responsible for a sense of fatalism. Others see only the immediate need to cope with their environment and the related need for drugs. Nonetheless, such traumatic histories are not shared by all street-based workers.

In 2000, a Street Sex Policy Review was undertaken by the City of Port Phillip. This remains the last focused attempt to examine the numbers and boundaries of street sex work. Following consultation with local services, the approximate numbers and locations of workers put forward were:

- Approximately 100 female workers (working primarily in Grey, Greeves and Carlisle Streets);
- Approximately 35-40 male workers (in Chaucer Street/Shakespeare Grove); and
- Approximately 20-25 transsexual workers (in the Belford/Irwill areas).²¹

The Street Sex Policy Review shed light on the fact that male and transgender workers in St Kilda have been visibly present in St Kilda for many years, although rarely as subjects of research or experiencing the degree of media attention that female sex workers have attracted (Press 2000; Mindel & Estcourt 2001). However, as we discovered in the course of interviews with participants throughout the SHANTUSI research, the needs and social circumstances of male and transgender street-based workers, and their related vulnerability to HIV and STIs, are often not dissimilar to those of female workers. Numbers of transgender and male street-based workers in St Kilda are significantly less than those of their female counterparts. This is particularly the case for male workers who, since the aforementioned review of 2000, have almost disappeared as a visible presence despite having frequented certain streets in St Kilda for many years.²²

²¹ These estimates are a snapshot of a certain time. Since late 2000, Melbourne (and Australia in general) experienced a dramatic reduction in the availability of heroin. This has been related to some decrease in the numbers of street-based sex workers. However, there are indications that the availability of heroin is again increasing and if past trends are an indication of future links, we might expect to see a correlation between increased availability and affordability of heroin and an increase in women soliciting for commercial sex work in St Kilda (see for example, Press & Szechtman 2004).

²² This claim is based on personal observation, interviews with street-based male workers, briefing by staff from RhED, and conversations with residents within the area that was traditionally the male workers' patch.

The most recent study of street-based sex work in St Kilda was undertaken by the Attorney-General's Street Prostitution Advisory Group in 2002. The Advisory Group was appointed by the Victorian Labor Government following visible growth in 'soliciting and loitering'. The detailed analysis that followed again highlighted the vulnerability of female workers due to their social environment:

Prostitutes are now working on the streets of St Kilda 24 hours a day, seven days a week... St Kilda police estimate the figure today [2002] to be between 300-350 over a twelve month period, and about 50 female sex workers on the street in peak periods. From arrest statistics, the most commonly arrested women are those aged under 25, followed by women aged 25-34. A large number of street sex workers are working to support a drug dependency, and research suggests a large number are also homeless. Sex workers also suffer from difficulties in accessing assistance and services (Advisory Council 2002: 39).

The guiding principle of the Advisory Group's investigation was an acceptance that street sex work could not be eradicated and that past law enforcement efforts had no discernable effect other than to spread street sex work across a wider residential area. A further dispersal throughout the relatively deserted residential streets at night has only increased the physical vulnerability of workers while robbing residents of neighbourhood amenity. Consequently, the Advisory Group pledged to minimise such harms, as opposed to maintaining the prohibitive approach of the past. This meant adopting the position that street-based sex work is not a moral issue, but a commercial transaction involving sexual activity between two consensual parties. The Advisory Group subsequently returned to a recommendation first made in 1984 by an Inquiry into Prostitution chaired by Marcia Neave. A recommendation was made for:

Geographic areas ['tolerance zones' to] be established in the City of Port Phillip in which police resources would not be targeted at persons loitering and soliciting for the purposes of prostitution (Advisory Group 2002: 55).

Another inquiry by yet another government-appointed investigative body had recognised the need to address the immediate environment in which street-based workers solicited for trade so as to minimise risk to those involved while locating street sex activity in areas where it would cause the least harm and nuisance to residents. While it would not address the aspects of workers' lives that led them to the street, 'tolerance zones' would protect both workers and clients from the threat of assault and harassment, an objective to be furthered by the additional recommendation that 'safe houses' be established within tolerance zones. These would comprise of staffed and secure accommodation with supplies of condoms and suitable furnishings to serve as a safe venue where workers could service clients (Advisory Group 2002). Despite the Attorney-General stating that the Government would implement the Council's recommendations in full (Szego & Milburn 2002), by August 2002 (three months prior to a State election) the government postponed plans to establish tolerance zones and safe houses. This came, not only prior to an election but in the midst of a media-led backlash. Despite the government assuring those affected that it was not dismissing the recommendations out of hand, the former Chair of the Advisory Group did just that in May 2003, informing State Parliament that the Government had formally ruled out any further consideration of tolerance zones or safe houses. Less than four months after this empathetic distancing of the Government from legislative reform, sex worker Kelly Hodge disappeared from the St Kilda streets. Underscoring the depth of 'need' that compels individuals to engage in such a dangerous activity as to enter a stranger's vehicle for the purpose of negotiating illegal sexual activity, her naked and beaten body was found dumped by a roadside eight days later. The following year, Grace Illardi, a mother from the western suburbs of Melbourne was beaten to

death one night while working on St Kilda's streets. In the weeks, months and years since these incidents, sexual and physical assaults have remained a constant threat to those who sell sex from St Kilda's streets, as is detailed by participants in chapter 6. The impact upon their mental health and ability to negotiate the safe provision of sexual services in a manner that protects them from the potential threat of HIV and other STIs is considerable, heightening the existing vulnerability that stems from the social determinants noted above.

The experiences of participants drawn from the streets of St Kilda make clear the social determinants that have a major influence in introducing individuals to the street and then entrenching their involvement in a street-based sex trade that remains resistant to the best efforts of law enforcement. They also make clear that it is the clients who negotiate with workers from a position of far greater power, given the latter's vulnerability. There is evidence that as clients become more demanding in terms of high-risk services, and as workers become more desperate to meet their immediate financial needs (such as a drug dependency), the street-based sex trade in St Kilda is becoming an increasing public health concern. This returns policymakers to the need for responses that incorporate broader changes, as opposed to initiatives aimed at addressing what has been perceived as the need to change behavioural and lifestyle 'choices', such as the engagement in drug use or the selling of sexual services as a survival strategy. There is a need to address an existence in which disadvantage, a lack of access to opportunity and an absence of social support endanger workers' wellbeing and potentially that of the broader community.



SHANTUSI St Kilda
street-based workers

SHANTUSI ST KILDA STREET-BASED WORKERS

Of the 100 street-based sex workers who willingly and openly participated in the SHANTUSI study, 89 were recruited from St Kilda. A further 11 street-based participants were recruited in Footscray to ascertain some understanding about the nature of smaller, emerging and/or isolated street-based markets and the challenges they present in respect to public health interventions and community wellbeing. Those participants recruited in Footscray are addressed in detail in chapter 8. The 89 street-based workers recruited in St Kilda were interviewed between 11 August, 2009 and 2 July, 2010. They were recruited when presenting at RhED for another purpose, via street-based outreach by RhED employees or by a RhED staff member contacting known workers by telephone to arrange a mutually convenient interview time.

DEMOGRAPHICS

30]

Gender

The 89 participants self-identified as:

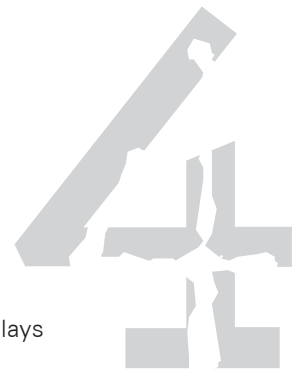
- 75 female;
- 7 transgender; and
- 7 male workers

The disproportionate representation of women interviewed reflects their dominance within the St Kilda street trade (an obvious consequence of the greater demand for services from women as opposed to transgender and male sex workers). A large proportion of women are compelled to engage in street-based sex trade by social circumstances that include drug dependency and/or homelessness. There is no neat, linear process that explains how women have come to work on the street as a sex worker. As the following chapter makes clear, however, their life experiences are characterised by exposure to a range of social determinants affecting their wellbeing and making them one of the most socially marginalised groups, vulnerable to poor mental and physical health as well as infection with HIV and other STIs.

Numbers of transgender workers are comparatively low and a number of transgender participants suggested these numbers were further declining. Nonetheless, they remain a consistent presence in certain areas of St Kilda. In the year she had spent on St Kilda's streets after arriving from interstate, **Rose (066)**, a post-operative transgender woman observed a decline from approximately 30 transgender workers on the street to 10-15. 'Now it's dead, it's just dead. It's like a ghost town.' The transgender workers tend to work in specifically demarcated areas and do not begin shifts until the later hours of the evening. As Rose explained:

Most of the trannies will come out when all the families have gone. When we were living near [the National Theatre], and the theatre would still be on, and you'd see all the kids and stuff, and we were like 'oh' [*shamefully hides face*]. So we basically learnt our lesson from there... we always went out at 11, basically [stayed out] until 6.

A number of transgender individuals share a lack of access to educational and employment opportunities, in addition to encountering difficulties accessing mainstream health and support services. This is due, in part, to the entrenched stigmatisation they may experience as a consequence of their expression of their gender identity (see Perkins et al. 1994).



However, as opposed to the need to meet the financial costs of a drug dependency that plays a disproportionate role among female workers, many transgender workers are supporting themselves due to an inability to find employment in a mainstream workplace free of discrimination. As **Vivienne (081)** observed:

I think it's hard for transgender [people]. It's hard for us to get a normal job... I worked in fashion retail, but I couldn't work long. Every time you work for three or four months, and then the boss – it's not fired, but [they] just say 'oh we have enough people'. I didn't have the proof that it was discrimination, but I think it was.

There may also be high costs associated with expression of a transgender identity, particularly if an individual is undergoing or saving for surgical procedures considered by some to be essential as part of affirming their gender identity. **Paulina (057)** is generally able to charge clients \$130 an hour. However, she reported that an increasing number of mugs try to trade drugs for sex, especially speed. The different motivations of female and transgender workers were alluded to by Paulina when she spoke of the need to prioritise money over drugs.

It's a really expensive lifestyle. It will cost us basically \$1000 a day to even try and look like girls... The drive is the money. People will say 'oh, I'm a drug addict', but that's the drug, the drug is the money.

This was reiterated by Rose, who has fully transitioned through gender reassignment surgery:

Most trannies are saving up for things, like surgery... most of the time they're not spending it on the nod or whatever. But the clients tell us that, even people walking by, they say, 'oh you girls look so much better than the girls around the corner'.

There was also an acute awareness among many of the transgender women as to the potential longevity of their career as a sex worker. Vivienne, for example, is aware of the limited 'working-life span' of the sex worker and is saving a portion of her income, as well as sending money to family overseas. As she observed:

As a sex worker you can't work for long, it's not a career. I want to have a career, at least something decent.

It is a common strategy for transgender workers to 'tour', a means of supplementing income made from street work, particularly when street work is offering limited opportunities. Thirty-year-old **Lisha (068)** has worked in St Kilda for four years. However, she also works while travelling around Australia. For those workers who can afford interstate travel and make use of it, the financial returns justify the expense as a consequence of their being seen as 'fresh meat' in the market. Like others, Lisha advertises before she arrives, providing a detailed schedule in local newspapers and online.

In comparison, there is very little paid work of any kind for male street-based sex workers compared to when this author first conducted research with street-based drug users in 2002 (Rowe 2003). Like transgender and female workers, male street-based sex workers have specific areas where clients can expect to find them. However, there have been very few clients seeking male services over recent years. Twenty-six-year-old **Tom (093)** continues to work at the 'Peanut Farm' every few days, despite the fact that 'it's dead down there, its completely dead. There's hardly anyone driving around, there's hardly ever anyone down there'. As a street-worker of four years' experience, Tom believes he was much busier in his initial years:

You're out there every second night, how many jobs would you pull?

I'd be lucky to get – every second night for a week – I'd be lucky to get two jobs. And I've got a few people that might ring me... more people ring me than I ever see down there.

This was a familiar experience of the male workers we spoke to. **Bailey (094)**, a private escort in his late-20s once worked the streets of St Kilda before the regular clients disappeared and it lost its financial incentive, leading to his change to private escort work. He did, however, mention that there was still a certain kind of demand that those male workers sufficiently desperate for money would meet.

Have the dynamics changed much since 5 years ago, 8 years ago, when you would drive down Shakespeare's Grove and see a dozen guys standing about?

Yeah, it's completely changed... I usually go [to the] Peanut Farm, same area. It's changed... there's less demand, and because of that there's less supply down there. There's a little bit of demand down there to keep [some males working]... unfortunately, it [is demand of a nature that] keeps a certain type of person coming back. If you're desperate for the cash [you'll do it]... whereas before, 8 years ago, it would have been wanting to go down there because they saw the financial opportunity that's down there...

...it's completely different to 8-10 years ago. Ten years ago, a lot of boys would say it was easy to make \$4,500 ... [but now] you'd barely be able to get a job. So it's a big difference.

Participants offered numerous explanations for the apparent decline in demand for street-based male sex workers. The growing social acceptance (or willing ignorance) of 'wet saunas', sex-on-premises venues where males pay an entrance fee and can engage in repeated, obligation-free and anonymous sex provides an obvious sexual outlet for those comfortable with their sexuality. 'Beats' - public meeting places - are also widespread and located across Melbourne and regional Victoria, unbeknown to the majority of the heterosexual public. On university campuses, around public toilets, in parkland and on the foreshore, men can meet and engage in sexual acts without so much as exchanging a word. At the same time, these meeting places can serve as a means of income for younger, attractive young males who will agree to engage in sexual services with an older, less attractive man for a price. Tom talks about the ability to make some money at beats in the following passage:

Oh yeah, if I happen to be somewhere like that, if someone does come along and show some interest, I'll mention... you can just tell from the way they sleaze on to you, so I just, like, slide [it] in [to the conversation], you know, 'I work down at St Kilda'... and as soon as you say that, that you work in St Kilda, they know what you're talking about.

In a further concession to the online age, not only are sex workers increasingly turning to the internet to solicit for trade (often via graphic advertising that is plainly in contravention of regulations under the Sex Work Act), but men can download an application – called 'Grindr' – onto compatible mobile phones. A male looking for an immediate sexual liaison clicks on the application, engages the inbuilt GPS function to locate the closest male online with the same intention (Adam 2009). While the application includes space to include profile details and pictures so as to avoid unwanted surprises, it is yet another means of providing gay and sexually-active men with a way of finding a sexual partner without paying for the encounter.

Nonetheless, there is a continued, if diminished trade. **Dexter (090)**, a recently released prisoner had turned to street sex work, which he struggled with as heterosexual male in his late 40s. Despite his obvious shame, his partner was a female worker and he felt an obligation to contribute financially as they sought to save enough to move out of a boarding house environment. Although he had only seen between 10-30 clients and offered only oral sex and hand relief as services, Dexter continued to make money as a male street sex worker in St Kilda. This is despite reports from other workers about the difficulties of making money and anecdotal reports from residents about the disappearance of the once visible presence of young male sex workers. As Dexter explained:

It really, really varies. Sometimes you could be totally surprised, and then other times it's like it almost doesn't exist. It's like from one extreme [to the other]. I wouldn't say there's any real constant [or consistent] thing about it, but, you know, people know where meeting places are, and I suppose they get down there at any given time.

Do you often see other guys out working?

Yeah I do. There's probably more out there than people think.

Will you just do one job and go home, or stick around a bit longer?

I only ever really do what I have to do to get me through one day. Yeah. If I don't sort of make a [promise to myself], you know, 'Ok, I've got a hundred dollars, I want another hundred' I'm like, 'Nup, that'll get me through today'. And then I mightn't have to do it for two or three or four days... I'll put it in me head that I can survive without doing it for a day, sometimes two [and that's a relief].

Consequently, the limited trade supplying demand is typically from men who are struggling with their sexuality and are not comfortable or confident enough to enter a sex-on-premises venue or proposition a stranger in a beat. These, sometimes married, family men prefer the anonymous exchange of money that buys protection against any potential discovery of their activities by recognising another party. There are also those referred to, somewhat ominously by Bailey, as demanding services that those 'desperate enough' will supply. Without being provided examples of what such services are we can only speculate as to their nature. However, it would be fair to assume that they would not be services of the nature allowed in legal or licensed establishments.

Age

The female workers ranged in age from 20 years to 57 years. Male workers who identified as street-based sex workers ranged from age 21 to 47 years, while transgender workers were aged between 21 and 40. Interestingly, despite reports of younger girls working on the streets – particularly those that followed the heroin glut of the mid- to late-1990s (e.g. See Szechtman and Press 2004) - the majority of participants were aged 30 years and older, with 19 workers aged over 40 years. The average age of street-based sex workers in St Kilda was approximately 33 years of age.

Security & stability

In answering the relevant survey questions, the street-based participants in St Kilda all listed a primary source of income, with 56 also reporting a second source of income. It was interesting to note that only two sources of income dominate. Sex work was declared as the primary source of income by 63 participants (70.8%) while significantly less, 23 (25.8%), nominated income support payments as their primary source of income. Only one participant nominated 'mainstream work' (on a casual basis) as a primary source of income.

Table 4.1: What is your main source of income?

| | No. | % |
|---------------------------------|-----|-------|
| Casual / Occasional Work | 1 | 1.1 |
| Centrelink Benefits | 23 | 25.8 |
| Student | 2 | 2.2 |
| Sex Work | 63 | 70.8 |
| Total | 89 | 100.0 |

Of the 26 participants who did not perceive sex work as their primary source of income, 12 did acknowledge that it was a notable source of income. Centrelink benefits comprised the greatest supplement to participants' primary sources of income, with 37 of the 56 respondents nominating government support as serving this function. Six participants nominated working as a source of income (one full-time and five casual).

Table 4.2: Do you have a notable second source of income?

| | No. | % |
|---------------------------------|-----|------|
| Employed | 1 | 1.1 |
| Casual / Occasional Work | 5 | 5.6 |
| Centrelink Benefits | 37 | 41.6 |
| Student | 1 | 1.1 |
| Sex Work | 12 | 13.5 |
| Total | 56 | 62.9 |
| Missing | 33 | 37.1 |

As discussed in the following chapter, many of the participants – particularly female workers – were involved in drug use, whether prior to or following entry into street sex work. For a number of women, this involved selling drugs, something they were willing to discuss openly. However, information on (additional) illicit income-raising activities did not serve any purpose of this report and no surveying of activities such as drug dealing or other 'crimes' was conducted.

In respect to the accommodation the street workers were living in (or, alternately, existing in as they sought shelter from the elements) a range of different scenarios were identified. One street worker owned her own home, albeit with a mortgage that her parents and housemate were helping her pay. She had also successfully transferred from heroin to an opioid maintenance treatment (OMT). It was while street-working to support her heroin dependency that the worker in question had an experience that led her to 're-evaluate' her life. She was seriously injured after being struck by a car and eventually being paid \$90,000 in compensation, the means by which she had purchased her home and enrolled in university. She was recruited via street outreach only because she had lost her work phone and needed to reconnect with her regular clients (her source of a consistent and lucrative income).

Only an approximate 40% of participants lived in any form of stable accommodation. Fifteen per cent of St Kilda participants had managed to secure accommodation in public housing. Sixty per cent of participants were living in varying states of homelessness with 16 (18%) living in primary homelessness and the remainder living in temporary accommodation such as rooming houses, transitional housing or living with parents and/or friends.

Table 4.3: Where do you currently live?

| | No. | % |
|---------------------------------|-----|-------|
| Private Owner | 1 | 1.1 |
| Private Rental | 21 | 23.6 |
| Public Housing | 14 | 15.7 |
| Transitional Housing | 5 | 5.6 |
| Parents / Friends | 14 | 15.7 |
| Rooming / Boarding House | 18 | 20.2 |
| No Fixed Address | 16 | 18.0 |
| Total | 89 | 100.0 |

Soliciting

The 89 street-based workers we spoke with overwhelmingly (as expected) concentrated on soliciting activities on the street. What was most interesting was the considerable proportion (73%) of participants who had regular clients or 'regs', whom they had met while working the streets now contact them via mobile phone. Those four 'street-based' workers who no longer solicited on the streets had acquired enough regs through doing so to allow them to work solely via mobile phone contact. Given that they had met these clients on the streets over recent months, they were considered to meet the criteria for inclusion in the study. The small number of workers who worked part-time in brothels and advertised via online forums and/or local newspapers also continued to work on the street for long periods of time.

Table 4.4: Where do you currently meet clients?

| | No. | % | % of Cases |
|------------------------------|-----|--------|------------|
| Street | 85 | 50.6% | 95.5% |
| Brothel | 4 | 2.4% | 4.5% |
| Mobile Phone | 65 | 38.7% | 73.0% |
| Newspaper Advertising | 4 | 2.4% | 4.5% |
| Internet | 10 | 6.0% | 11.2% |
| | 168 | 100.0% | 189.9% |

The various means used to solicit clients and the widely varying amounts of time spent on the street (or in contact with clients) was reflected by the numbers of clients seen by the 89 St Kilda-based street sex workers who participated in the research. At the same time, it is important to note that more than half of those workers surveyed (57.3%) estimated providing sexual services to in excess of 100 clients over the 12 months prior to completing the survey. The largest single group estimated seeing between 200-500 clients and 10 (11.2%) saw more than 500 clients over the space of a year, an illustration less of the structural factors that introduce and then entrench some of the most disadvantaged members of society to 'the street'. The services that these workers engage in are discussed at further length in chapter 7 when addressing sexual services and high-risk behaviours. If engaging in such behaviours with literally hundreds of clients, a street-based worker greatly increases their vulnerability to HIV and other potential health consequences.

Table 4.5: Approx how many clients have you seen over the past 12 months?

| | No. | % |
|----------------|------------|----------|
| 1-5 | 4 | 4.5 |
| 5-10 | 6 | 6.7 |
| 10-30 | 9 | 10.1 |
| 30-50 | 6 | 6.7 |
| 50-100 | 13 | 14.6 |
| 100-200 | 17 | 19.1 |
| 200-500 | 24 | 27.0 |
| 500+ | 10 | 11.2 |
| Total | 89 | 100.0 |

In the following two chapters of this report, we turn to the interviews conducted with the 89 participants recruited as street-based sex workers in St Kilda. We do so with the intention of looking at the structural determinants and the individual influences that led them to the street. We also look at the structural determinants that make it so difficult for so many workers enmeshed in this aspect of the unregulated sex industry to exit. While the sources of income provide some indication of the broad and comprehensive societal factors that expose this population to particular risk of HIV (among other long-term and potentially devastating health risks), it is the experiences related by the participants themselves that provide a greater depth of insight into the complex and, at times, seemingly insurmountable issues that have led to their position on the side of residential roads across south St Kilda.



Pathways onto the
St Kilda streets

PATHWAYS ONTO THE ST KILDA STREETS

Those who meet the demand of the street sex trade are a population defined by a great degree of transience. Some workers are only involved for a short period. This may be due to an inability to cope with the risks involved or the emotional impact or because they have been able to address those 'needs' that brought them to 'the street' in the first instance. In talking with our 89 participants from St Kilda, it was apparent the latter was a rarity – a further reflection of the entrenched nature of the street sex trade and the influences and determinants that leave those involved vulnerable to HIV and other potential health impacts. The majority of our street-based participants in St Kilda spoke of working 'on and off' for the greater part of their adult (and, in certain cases, adolescent) lives. These same workers were recruited by RhED staff with the intention of ensuring engagement with a representative sample of the street sex working community in St Kilda. The amount of time involved in street sex work varied from just 1½ months to in excess of 30 years. As a consequence, we were provided with a vast amount of experience in which there is insufficient space to do justice within this report alone.

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It is important to address the reasons that led participants, from their perspective, to street sex work in residential St Kilda. It is only by understanding both the social circumstances they now live in and the environment of their formative years that we realise that there is often little 'choice' involved in their work on the streets. If choice is understood to be a decision between a number of viable options through which to live their lives, then very few participants in this research could be said to have made a 'choice' to wait, in all extremes of weather for however long it takes to earn sufficient money to meet their immediate needs. For many, the needs that drove them into the sex trade are the same reasons for their increasing entrenchment in the industry. If policymakers and government seek to address street-based sex work in a holistic manner via population health frameworks (as opposed to continuing to work on the basis of changing individual behaviour), then changes in the manner in which we look to distribute socio-economic resources may go some way to addressing the disadvantage, hardship and abuse so many of these participants suffered as a consequence of poverty and inequality. Until then, their increased vulnerability to HIV/AIDS, and the potential public health impacts, will remain a reality.

The circumstances experienced by those street-based workers in St Kilda, or rather, the social determinants that have influenced their lives so significantly, continue to compromise their ability to leave sex work behind (or negotiate the exchange of money for sex from a position of power equal to that of their potential client). It is the far greater power and financial lure of the client – and the worker's background of neglect and disadvantage – that is central to this imbalance and the vulnerability of workers to STIs as discussed in the following chapter.

EARLY CHILDHOOD EXPERIENCE

There is no predestined path that will determine whether an individual will spend a period of their lives engaged in street sex work. On an individual level, the backgrounds of the 89 workers interviewed in St Kilda were varied and unique. Some came from secure, middle-class families, or from religious and highly-principled families and were schooled in elite educational institutions. However, while such backgrounds do form a backdrop to the lives of some of the participants, there are a disproportionate number of stories filled with poverty and neglect. Those who grow up in households defined by disadvantage are obviously less likely to enjoy secure and stable accommodation. They are also less likely to complete secondary education,



let alone progress to further education, greatly limiting opportunities in later life (Health Canada 2002). The Canadian Inquiry into the role of health determinants presents evidence that a:

...family's long-term income average is a powerful determinant of children's health status... The health of children from families with lower income erodes faster with age, and these children enter adulthood with both lower socioeconomic status and poorer health (Case et al. 2001, 129).

It makes sense that children who have been well cared for – physically and mentally – will grow into healthier adults, even compensating for poverty and some of the social outcomes often associated with such disadvantage (Health Canada 2002). However, numerous research studies (albeit not Australian) associate neglect – if not abuse (mental, emotional and/or physical) with engaging in high-risk HIV behaviour. Sexual abuse, as one example, has been associated with a two-fold increase in sexual risk-taking among men who have sex with men and it is one of the strongest predictors of needle sharing among research to date (Strathdee et al. 1996). Others report early sexual abuse with a higher incidence of sexual and physical assault experienced as an adult as well as such high-risk behaviours as drug abuse, sex work and not using condoms (Goodman & Falot 1998; Nadon et al. 2008).

Stories of childhood abuse surfaced often when talking to female workers as participants in SHANTUSI (throughout 2009 and 2010) as we sought to understand the characteristics and potential public health issues associated with the street-based sex industry. The following excerpts of bravely shared and potentially upsetting remembrances are a small sample of what we were told. They are reproduced here in the hope that their words would reach the ears of those responsible for governing the environment in which their lives are (and were) lived. All too often, as this re-telling of participants' experiences makes clear, street-based workers meet their needs via one of few means of a considerable, immediate and repeated income without any need for formal qualifications and/or work experience – opportunities that were not available to them during the years when the majority of the mainstream is able to exercise true 'choice' in respect of their future lives. **Latisha (080)**, 36 years old, provided a harrowing overview:

Most of the working girls have been abused. But people don't want to listen to the story. I want to be able to talk about my past and let go and not do this sort of work. Sometimes I get flashbacks, I go to a job. I don't know why. But no one wants to know what happened; they just want to know how I'm feeling now. I want to be able to let go.

Although this represents the personal experience of one street sex worker, many of the street-based workers who participated in this research reported histories of childhood sexual, physical and/or emotional abuse. The prevalence of women interviewed who had been in State care during their childhood due to the lack of stability in their family homes should be of considerable concern to State authorities – particularly in light of reports of the inadequacies of services for children in need of State protection (e.g. Nader 2009). In December 2010, *The Age* reported an exodus of child protection workers from the vulnerable Gippsland region. As a consequence of unmanageable workloads that left child protection workers feeling unsupported, 12.7% of at-risk children were left without an allocated worker (Nader 2010).

Sexual, emotional and/or physical abuse cannot be directly linked to engagement in illegal sex work, although a significant body of research (of which brief mention is made above) focuses on alleged links between the two. Exploring such links is beyond the scope of this research. What is important to note for our purposes is the manner in which the abuse was a factor in their being introduced to sex work or to homelessness. As the accounts below show, abuse was a factor in a number of participants' lives that ultimately played an influential role in their introduction to sex work.

Monique (004) was one of at least nine former State wards among the St Kilda street-based workers. She spoke of her experiences in numerous foster homes, none of which offered secure

accommodation of any permanence. She was sexually abused in at least one 'home'. Obviously, there are compelling reasons for authorities to remove a child from their biological parent(s). A parent or parents may be unable raise children for many reasons. Monique was born to a violent alcoholic father who she recalls frequently bashing her mother and herself. Although her mother left her abusive spouse, she did so for a man who subjected Monique to ongoing sexual abuse. While Monique talked of her mother's remorse at exposing her daughter to such trauma, it is not a subject that they have addressed and the scars are evident in Monique's memories of a childhood lacking in love and security. Those participants who spoke of the sexual abuse they suffered as children recounted numerous incidents in distressing detail. However, it is necessary to illustrate the extent of abuse in our community and the lasting pain that it causes victims. As noted above, the government of the day has acknowledged the deficiencies in the State's ability to meet the demand for child protection services. This had led in cases to the inadvertent (some would argue inevitable) placement of children with others who pose a grave threat to their wellbeing – another feature of recent media reports (Nader 2009). As **Serena (011)** recounted:

My father was very, very, very violent. My mum was beautiful and he ended up giving her brain damage by hitting her in the head so severely... he tied her to the bed and broke all her ribs. He raped her. He was such a violent, violent man. DHS got involved and took us away. They placed us in a children's home when I was four, my sister was five. Instead of putting the five siblings together in a 5-room house, they put the two girls with a 16-year-old boy and a 17-year-old boy. [One boy] raped us every night for 18 months. He told us that if we told anybody, he would chop us up, he had this tiny little pocket knife. We would hide... in cupboards, you name it. One morning, a staff member came in very early. It was about 6 o'clock, there was blood all over my bed, my sister's bed. We were covered in blood. They got rid of the sheets, I don't know what happened to them, they put us in the bath, the bath was red, they took us out and pushed us under the shower, cleaned us up and called my brothers from the other units and brought us all into one unit and coming through the door was Simon²² – I never say my father – and my mum, DHS, all these workers, my aunts and they took us out the front. It was really quick, [they] never spoke to us about anything, took a photo of us all together and said, 'right, I'm having you, you and you and put us into different cars. My sister [and me], they split us up. I was looking out the back window [of the car driving me away, saying], 'no, no, you can't take her'.

Being reunited with her family did not end Serena's abuse, but instead introduced her to another offender. Following their experiences in care, Serena and her sister were placed with their aunt. Weekends, however, provided an opportunity to visit their mother, now living in a caravan park with acquired brain injury from years of being assaulted. Her mother's new partner continued the perpetual sexual abuse suffered by Serena before she was 'returned' to her biological father, confirming that there was to be no safety, security, love, warmth or comfort in her childhood. At the age of 13, Serena believed herself 'safer on the street'.

The DHS had a report saying we had to go every weekend to my mum's [accommodation] at the caravan park she was living in. We were molested [by her 'partner'] every single weekend. We tried to tell my aunty, 'please let Mum come and stay with us, please' but because my dad had given her so much brain damage, they didn't want her in the house, she didn't shower [and so smelled]. We didn't give a fuck, she was our mum ... I ran away and the courts caught up with me and sent me back to Simon's house where he thought he'd try to molest me at 13, so I was safer on the street than I was anywhere else.

Once on the street, Serena turned to sex work, one of few means of earning an income as a minor on the streets. We spoke to Serena as a 31-year-old woman, having spent 18 years exchanging sex for money.

²³ Just as all participants in this research have been assigned pseudonyms, so too have potential identifying factors such as parents' names, school names, places of residence etc.

As has been the subject of much research into abuse of children (E.g. Krishnaraj 2007, Doek, 1994), the harm perpetrated by their tormentors is often internalised by the affected child as supposed punishment for some perceived wrong. **Latisha (080)** who had worked the streets of Sydney and Melbourne 'on and off' for 8 years spoke of her involvement in street work as her way of 'victimising myself from [or as a consequence of] childhood trauma'. The trauma she speaks of is sexual abuse at the hands of her father. The internalised shame of those who had been abused as children surfaced throughout several conversations.

Maria (016), 29-years-old when interviewed, was another who reported being abused while in the care of the State. As a child, she subsequently learned to provide sex to men as a means of avoiding 'getting hurt' when in care. Sex has provided a means of protection for such a proportion of her life that it has been stripped of any associations with intimacy or love. Sex was an initial means of finding a modicum of security and protection from violence until she was introduced to the possibility of earning money via this physical 'function', after another young woman in care introduced Maria to the St Kilda street sex circuit when Maria was just 15. It became her primary means of making money when left to fend for herself at the age of 18. As Maria recalled:

I was abused through the system and I thought I had to get used to it. I didn't know a lot about sex so I had to learn. I also feel [that if] you give a guy what he wants you got less chance of getting hurt. I was abused for me whole life... from me father to social workers... and when I turned 18, they dumped me. They didn't even help me with schools... I only finished grade six, that's as far as I went... so, you know, my spelling's not so good and all that. I can't get a job... I needed money. I was basically left alone. I thought I might as well get paid for [sex rather] than them getting it for free... I only started with hand relief and oral for about a year and a half and then I got into sex 'cause it was more money... I was introduced [to the street] by another in the care [of the State] when I was 15... [that was] only a couple of times. I mainly started when I was 18.

Josephine (073) was sexually abused as a child and had been raped several times as an adult. Although she has sought counselling, she argues that what she suffers is 'a silent pain that no one knows about'. Using heroin was her means of dealing with (or escaping from) this pain. Once Josephine's use of heroin reached such a level that she needed a regular and substantial income, she started sex working. What was particularly unnerving about many of those introduced to 'the street' by others in care was that they found themselves immersed in a world they knew little about but were quickly trapped within in the early stages of adolescence. **Cheryl (064)**, another former resident of a group home, was working on the streets from the age of 16 as was **Susan (071)**, another introduced to sex work 'by a friend' in State care.

Margot (005) started 'using'²⁴ at 12 years of age. Her life on and off 'the street' formed a childhood punctuated by the intervention of child protection services and foster homes in which she never experienced stability or comfort. Margot spoke of the absence of a family who cherished and cared for her as a tangible regret. The solace she found in heroin made 'working the street' preferable to sober reality. Margot's relationship with heroin is one in which a void was filled and provided a starkly different experience to the sadness and isolation of her childhood – 'I tried it, loved it and have been using it ever since'.

The small sample of experiences shared above illustrates how a pathway to street-based sex work can be influenced, if not determined, by the contextual environment a child is exposed to in their formative years. Many behavioural patterns are established during a person's formative years, patterns that influence susceptibility to HIV and other causes of ill-health. Rosenthal and Moore (1994) suggest that for young people, sex – on any terms – may be motivated by a search for love, care, affection and protection that was denied at an earlier age. There is a need

²⁴ 'Using' is slang or street terminology for the injecting of heroin.

to address the abuse of society's most defenceless and vulnerable members before the lack of inclusion and support leads to behaviours that are far more costly and difficult to address. This includes those whose lack of appropriate family support may not be as obvious. This was certainly the case for two female participants who were raised as the daughters of street-working, heroin-dependent mothers. Interestingly, one of these two participants was not a heavy drug user, beyond the occasional use of cannabis.²⁵ However, she left little doubt that her immediate environment was an influential factor in her later 'career':

I was 17 or 18 [when I started working]... I guess because I had always known about [sex work] wasn't kind of scary or shocking to me... I have to really honestly say, it came from I learnt what I'd seen. I'm not blaming my mother, I'm not blaming anybody, but it's absolutely true... that's what it comes down to for me, coming down here has just become an easy habit.

Although relatively common among the 89 street-based participants recruited in St Kilda, early childhood abuse was not reported by male or transgender participants. While arguments and estrangement from family due to gender identity or sexual orientation were reported (respectively) by a number of transgender and male workers, this did not take the form of physical or sexual abuse. This is not to dismiss the pain and shame that such responses cause those whose gender identity or sexual orientation is used as a reason to belittle or disown them. **Nyssa (067)** is a 25-year-old transsexual of Asian background who has been sex-working in St Kilda 'on and off' for six years, while also living in Melbourne's eastern suburbs and attempting to conform to the more traditional expectations of her parents (despite their awareness of Nyssa's gender identity, which she explained as follows):

I wouldn't put myself in the gay category, only because even though I'm attracted to men, I didn't feel like a guy myself. I always would be more feminine than most guys would be. Even though I know that there are very feminine guys out there... but I always found it more comforting to consider myself female.

Consequently, Nyssa spends several months engaged in seasonal work to support her family and also her wife, married through the arrangement of their respective parents. The pressure of living, ostensibly, as a married family man due to family and cultural pressures – despite identifying as a female – leads Nyssa to live two separate and conflicting lives, a source of great personal stress and concern.

Obviously, there is insufficient space to do justice to the backgrounds of the 89 street-based St Kilda participants in the SHANTUSI project, despite their willingness to be honest and forthcoming with deeply personal and often traumatic experiences. Those that have been shared, however, offer a powerful policy directive in respect of the influence of early childhood experience and the role it has played as an influence on the lives of so many individuals vulnerable to high-risk sexual behaviours.

DRUG DEPENDENCE

The reasons for the development of problematic drug use are numerous. However, they typically share in common the need to 'self-medicate' to cope with ongoing effects of trauma. As discussed above, early childhood experiences often play a role in the use of drugs. However, others may turn to drugs as a means of coping with unexpected (and unwanted) social factors that have affected their lives dramatically. A sudden loss of employment and a subsequent loss of housing security is recognised as a means of introduction into drug use. There follows subsequent need to negotiate street networks and establishing support networks (as well as provide a temporary escape from the isolation, discrimination and social exclusion experienced

²⁵ This was not the case with the other woman. **Vanessa (034)** was introduced to heroin at 15. She was not 'personally' introduced by her mother but '...because she was using all throughout my childhood' Vanessa was pretty 'desensitised' to it. Now both mother and daughter were heroin dependent and Vanessa's greater 'success' in attracting mugs' custom meant she was meeting the needs of her own dependency as well as subsidising her mother's.

by the homeless). Certainly, the social exclusion that results from discrimination due to race, sexual orientation or gender dysphoria can increase the risk of problematic drug use. Similarly, a lack of educational and employment opportunities due to socio-economic inequity make temporary escape an attractive proposition. These issues are discussed further in the following chapter. It is precisely when drug use is used to cope with such circumstances that problematic patterns of use develop. Indeed, writing of the determinants that increase individual vulnerability, a report commissioned by the Canadian Health Department noted:

These health determinants act at the level of the individual, for example when child abuse and adult homelessness increase the likelihood of a person engaging in high-risk behaviours. They also act at the societal level, for example, when economic inequities create short term needs – the need for food and shelter, *and even the need for drugs*²⁶ – that make long-term health prospects an academic concern (Health Canada 2002, iii).

Drug use was the overwhelming impetus for the involvement of women in street sex work. For the majority, the use of drugs started as a salve for emotional and/or physical pain. Since the roots of the street sex trade and heroin trade in the commercial strip of Fitzroy Street in the 1970s, drugs and the St Kilda street sex trade have been inextricably linked. Longmire writes of how young people would seek easily accessible drugs in the 1970s:

[Some young people] started with drugs... perhaps seeking some illusory escape, or wanting to numb their sensibility because they were already victims of domestic violence, neglect or incest. Often, they drifted to St Kilda after being turned out of homes or school or other institutions, going there because media reports gave explicit details of how drugs were obtainable around Fitzroy Street even though many drug counsellors believed less than 10% of drugs in Melbourne were sold there, and viewed it as a focus for desperate people rather than a drug capital *because it always displayed what other suburbs hid* (Longmire 1989, 255).

The emphasis in the above statement cannot be understated. While the sale of illicit sex and illicit drugs remain criminal activities subject to potential prosecution, those involved seek to avoid such consequences by remaining hidden from view. In St Kilda, by contrast, the aforementioned element of visibility has served to attract the disaffected and the excluded. Of course, those who use heroin are soon forced to consider different means by which to continue to pay for a regular supply, particularly once a dependency has developed. At the time of her interview, for example, **Emily (003)** was working to meet the needs of a drug habit costing her approximately \$800 each day. Her drug use preceded her entry into sex work. Emily had lived in St Kilda for some years and personally knew girls who worked 'the street', so, when the need to earn regular and large sums of money became essential, she was introduced to the street by friends already involved in the visible sex trade. However, to state as much so plainly does not convey the emotional struggle that often accompanies such a 'decision'. Many, if not most, who 'choose' to engage in street-based sex work do not find it an easy 'choice' to make, despite it being one of few immediate options to (potentially) meet the cost of a drug dependency. This is not to say that dependent drug users undertake any activity to acquire the means by which to purchase drugs. For many, sex work is an ethical decision taken over engagement in robbery or burglary. This is despite the dangers and vulnerabilities inherent in street sex work, an issue addressed in detail in following chapters.

Following the arrest and jailing of her heroin-selling partner, **Annabel (042)** made an ethical decision to engage in street sex work as opposed to committing crimes against others.

We discovered heroin, and yeah, just loved it and that was the beginning of the end big time. Big time. Yeah. I was actually with an Asian guy, a Vietnamese guy for about five years prior. [He was selling heroin in] scary amounts, like sixty, [to] a hundred thousand

²⁶ Emphasis in original.

dollars at a time, it was really full on. And he got busted, and I wasn't ready to get clean. And so it was like, 'well, I'm not going to go out and do crime and shit, I'll have to go out and work on the street', you know, and I did.

Similarly, **Dexter (090)**, one of the few solely street-based male workers to participate in the project also struggled greatly with his self-esteem having made the decision to engage in commercial sex work in St Kilda. Despite having spent time in custody for offences which we did not regard as relevant to the study, Dexter spoke strongly about his refusal to consider alternate means of meeting his financial needs. This was despite his personal shame and the impact that working was having upon his self-image and confidence.

I'm quite embarrassed about it all, thinking that I'd never have to put myself in this situation. To do what I've had to do... I basically narrow it down to a fine line... I don't actually participate in any sex, I more so receive it, if that makes any sense. So I don't know... I've sort of kept a certain amount of, well, desperation or lack of desperation as to what I really can do and what I really can't do. It doesn't make me happy by any means, it's just to get through the day's situation... it can get to the stage where [I need to work] two, maybe three [times a week]. But hopefully I try not to make it a daily [thing]. I definitely try to have breaks to do some other things. Keep me away from it and to stop it becoming more regular.

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Despite the relative scarcity of work for male street-based workers, and Dexter's heterosexuality contributing to his shame in engaging in male-to-male sexual services as a 'passive recipient' in anal sex, he refused to consider alternate options, such as acquisitive crime, that many other dependent male users turn to.

I can't really go out and do crime, I can't you know, steal off you to have something. I'd have to go and do something to have my own money, you know. I've still got a conscience towards human beings.

It is also important to emphasise that an entrenched drug dependency is not easily shed. Drug dependency is defined as a chronic, relapsing condition.²⁷ An individual who has achieved a period of abstinence lives with the ever-present potential for a return to drug use. **Gemma (028)**, 34 years old, had been working in the sex industry since she was a child of 10 when her foster parents would bring her to St Kilda where the 'Russian Card Men' would pay her for pornographic services. She talks of having initially been placed in an orphanage after fleeing sexual abuse within her immediate family. Gemma was introduced to drugs at the age of 12 by 'a prostitute [who] took me under her wing' and found herself introduced to street-based sex work to finance her subsequent dependency. She has had no lengthy break from 'the street' since her pre-teen years. 'I've made it my career' she asserts, despite frequent attempts to cease drug use and to leave both sex work and drug use in her past. However, as she stated, with a degree of resigned acceptance:

I am an addict, and I'll always be an addict.

While **Danielle (070)** talked of the devastating impact that sex work had on her relationship with her long-term partner, she made a qualification that offers one of the most compelling statements of evidence of the compulsion and desperation that drug dependency can create:

I started the working when we were using [heroin]. Of course, you're using, you don't care how you get the money, you just need the money, so I'm happy to have done that. I didn't think anything of it.

²⁷ For a discussion of opioid (or heroin) dependence as a chronic relapsing condition, see, for example, Ward et al. 1996 and Ritter 2002.

The notion that it was acceptable, in the context of a loving and otherwise monogamous relationship, to provide sexual services to several unknown men each night so as to stave off this withdrawal is stark. This monogamous couple were able to focus on the ends of her working life (i.e. money to meet the needs of their respective drug dependency) while able to disregard the means by which such money was made.

Presh (014) had been working only 5 months when interviewed in late 2009. Her experience showed how life can take an unexpected, yet highly negative turn and transform the occasional use of a drug such as heroin into a severe dependency. Presh had previously worked in a white-collar office environment but resigned during a period characterised by a severe depression that accompanied her marriage breakdown. This rapid change in circumstances meant she went from paying \$1400 rent each month to surviving on \$400 per fortnight on income support benefits. She was evicted from her home shortly after her savings ran out. Although Presh had been using heroin for the three years prior to being interviewed, this consisted of infrequent 'recreational' drug use. However, in the wake of her resignation, loss of accommodation and marriage – and her resulting depressive illness – heroin became the means by which to 'deal' with life. 'I'm doing about a grand a day. If I make more, I use more. Last Saturday I did two grand in the one day.' Still, like others who had struggled with the 'choice' to work, Presh found it hard to adapt to her new environment, having always sworn that she would not end up working on the street.

I knew girls who worked down here [but] I was always like I would never, ever in my life do that. No way in hell would I ever do that. I would think, 'how can they put themselves through that?' [However], when push comes to shove, I've got too much pride and won't ask for a handout off my parents or family or friends... so, yeah [I worked].

It's just been every day, all day, all night, all day every night, yep. I don't do anything else but [sex work]. Work and use, work and use, work and use. That's it, that's all it is.

Presh highlights the vicious circle of working to meet a drug dependency and yet being unable to work without the effect of drugs. As 36-year-old **Geraldine (048)** observed:

I can't do it [sex work] if I'm 100% straight. I can't do it just on methadone either.

Links between drug use and unregulated sex work could form the basis of an extensive report in itself. The need to address drug dependency is often seen as a first step towards 'exiting' the street trade for sex workers wanting and willing to leave behind their work. However, any attempts to address a drug dependency without secure accommodation and support are almost certainly destined to fail. The broader needs of sex workers – those social determinants that keep them entrenched in the sex trade – are addressed in the following chapter.

It is important to reiterate that while the extent and expense of dependent drug use may provide the reason for involvement in the unregulated street sex trade – it may often be other factors (or social determinants) that lead to such drug use and place individuals in vulnerable positions in the unregulated street sex trade. It is for this reason that treatment options such as opioid maintenance programs, so often fail. While synthetic opioids may stabilise an individual's physical symptoms, they do not address the underlying factors that initially led to drug use. It is these factors that not only introduce workers to, but entrench workers in, a 'career' that so many wish to exit. In contrast, several of the St Kilda-based street workers we spoke to had entered the unregulated industry after previously working in the legal sex industry as escorts or workers at licensed brothels. For some of those we spoke to, crossing from the strictly regulated sex industry – at least in terms of officially legislated obligations²⁸ – to the street was a deliberate choice. For others, however, it was a consequence of the same determinants and influences that left them vulnerable to high-risk behaviours.

²⁸ Interviewed in 2009, **Tracey (031)** had been working in St Kilda since 1995. However, her involvement in the sex industry began as a self-described 'underage' at a 'Men's Club' at just 15 years of age. While such venues are bound by legislative obligations that restrict engagement between workers and customers in respect of 'look, but don't touch', Tracey observed that commercial sexual transactions were a frequent occurrence at the rear of the strip club she worked at.

CROSSING FROM THE REGULATED SEX INDUSTRY

Street-based sex work can be perceived to offer a number of benefits to those workers who have been subject to the requirements of some brothels within the legal industry. The autonomy that allows one to determine how, when and where they choose to work stands in stark contrast to the rosters that require workers to sit, without work, for hours on end. Further, brothel management can use their control of shifts and responsibility for assigning workers to quiet or busy shifts as a means of exerting control over the workers, playing favourites and 'punishing' workers seen to have not been fulfilling their duties.²⁹ **Jess (037)** spoke of having 'got her start' in the industry in the brothel sector, doing shifts at the California Club and Top of the Town, among other brothels. The length of shifts – for example, having to stay on the premises for 12 hours (particularly if making very little money) – was the major factor in her leaving for the flexibility and autonomy of the street.

Nicola (074) elaborated on the greater freedom accorded to workers as a private, autonomous worker, noting the extra work expected of those employed in a brothel environment. She was adamant that she preferred street to brothel work due primarily to her experiences of working in a brothel where clients were permitted to bring alcohol onto the premises³⁰ with all the extra difficulties that accompanied the intoxicated client. What is more, many workers noted that street work – provided it involved servicing a client who did not pose a threat or cause any undue stress – was not as demanding as work in brothels. **Tracey (031)** noted:

Why do an hour [in a brothel] for a lousy \$100, let them have sex with you as many times as they want, when I can get \$100 for 5 mins down here.

Mel (033) offered a similar explanation when comparing the benefits of the autonomy allowed by the street to the demands of working to maintain the favour of brothel management:

Last night I did a job for three hours. I got \$350, I got cab fare back and I got drugs on top of it. It was a very cruisy job, it wasn't like I was in the sack the whole time... if I'd gone to a parlour, I wouldn't [have] gotten whatever their cut is, you've got to be in competition with the other girls. You've got to do this, you've got to do that and then at the end of that job, you've still got another five hours on your shift to go. When I finished that [job last night], I could go home.

While there is little that is glamorous about street sex work, Nicola highlighted the especially degrading nature of working in a brothel. She drew attention to the need to sell oneself to the clients in direct competition with one's workmates. This not only promoted rivalries but the need to offer 'extras' (for example, offering oral sex without condoms or anal sex at no extra cost) and to act all the more 'slutty' in order to win a client's attentions, before handing over up to 50% of her earnings. Certainly, the proportion of money that workers were compelled to hand to brothel management was seen by many to be disproportionate to the security and client bookings that the management provided. After having given birth to twins and finding herself unemployed, **Kelly (036)** was introduced to the sex industry by her mother who referred her daughter to family friends who owned a brothel. Kelly spent 18 years working in licensed brothels; the impetus for her leaving the legal industry was that while she could cope with a 70/30 worker/management split of her earnings, she was not prepared to stay when this was revised to a 60/40 arrangement.

²⁹ For an illuminating, if at times light-hearted, look at the workings of an inner-Sydney brothel and the power relations between owners, managers, receptionists and working girls that determine the career length of all but the owners, see Eastman (2002).

³⁰ This is in direct contravention of laws concerning the serving of alcohol in Victorian brothels.

In this respect, for some workers the proportion of their earnings kept by management for providing a relatively safe place to work (usually including hygienic surroundings with showers, fresh towels, a comparatively comfortable environment and an ability to insist of protected sex) simply could not compare with the financial demands of their lives that led them to street sex work.

Ultimately, drugs were a pervasive presence in the lives of many workers whose use of illegal substances meant they were no longer able to support their financial needs via the regulated industry, or they could no longer find employment in a legal brothel.

Anna (046) estimates her work in St Kilda began in approximately 2000. Prior to the street, she had worked for a decade in licensed brothels and escort agencies. Anna's introduction to 'the street' was due to her drug use. The track marks and the prioritisation of drugs over other aspects of life meant 'not looking after yourself' and her services were no longer required at a legal agency, where she was not only breaching the conditions of management's licence but was no longer attracting clients. As Anna related:

I have done 12-hour shifts in the last couple of years without having to use, but I was using amphetamines. I didn't have the need to top up in those 12 hours but I find it hard to maintain any stable, normal form of life when in a full blown using [pattern of heroin use] and I'm fully blown using.

Mel had spent time working in Melbourne's brothels 'because I was clean then [and] just needed a bit of extra money'. However, further demonstrating the manner in which drug use can lead to an exit from the legal industry with few alternate earning opportunities outside of the unregulated industry, Mel acknowledged that it was her inability to maintain a structured lifestyle that was central to her move from brothels to the street, where she could spend as much time as needed making the money to meet the demands of her drug dependency. All else had become secondary:

[Drug dependency] is a big thing when you're working on the street because you've got to go and score and do this and do that and in a parlour you can't do that. So it's being flexible and [then] going home when you want and not have people telling you what to do and when – tell me any drug addict who's on time for anything. If they're hanging out, they're not going to be there. For example, I missed a Centrelink appointment today... I was hanging out. There was no way I could have made it by 11.00, forget it... I just didn't make it... and that's what it's like. Your whole life is like that.

MONEY

Money is obviously the impetus for the overwhelming majority of those who become involved in sex work. For those who are working to meet the demands of 'need' that cannot be met by means of a structured lifestyle or sufficiently paid (or legitimate) employment, the street becomes one of few options for those who may be unqualified or unable to earn enough to 'survive'.

Central to the involvement of all 89 participants recruited in St Kilda as self-identified street-based sex workers was a need for money. The reasons for entrenchment and reliance of certain individuals on street sex work to survive explored in the subsequent chapter are many of the same structural factors that lead individuals into the unregulated sex industry. While drugs – and the need to avoid withdrawal – may serve as the final aspect that causes an individual to engage in street sex work, drug use may well have been initiated to deal with many other aspects of a life of disadvantage and marginalisation. Poverty is a defining characteristic of the lives of many of our participants. The fact that the majority survive on a combination of sex work and Centrelink payments and that significant numbers exist in states of homelessness only emphasises this point. Poor mental and physical health complicate attempts to seek secure employment in the 'mainstream' or legitimate economy. Further, the social status that has marginalised persons living in areas of concentrated poverty means that many, through no fault of their own, have been denied the educational opportunities that might have allowed their entry into the mainstream workforce, leading to a reliance on income avenues in which qualifications are not a requirement.

At this juncture we turn to the needs that keep female workers, and to a lesser degree transgender and male workers, entrenched in the street-based sex trade. In doing so, we turn to circumstances that result from structural determinants that influence the opportunities and alternatives available to those involved in this side of the unregulated sex industry. As noted at the beginning of this chapter, it is immediately apparent that many of the same factors that lead to an individual's first steps onto the street may be the same that contribute to their inability to 'exit' the street and remain vulnerable to not only HIV and STIs, but to the risk of other health impacts such as physical and sexual assaults. Indeed, when considering the 'needs' of those in the unregulated sex industry, the vulnerability of workers in dark, often isolated streets and the consequences that are visited upon so many of them, should never be forgotten.

THERE IS ALWAYS HOPE



**'Need' and entrenchment
in the street-based
sex industry**

'NEED' AND ENTRENCHMENT IN THE STREET-BASED SEX INDUSTRY

As noted at the conclusion of the previous chapter, many of the individual and structural circumstances that lead an individual into street-based sex work are the very same that entrench them in an environment that places them at potential risk of physical, mental and emotional harm. To this extent, the determinants and influences discussed in this and the previous chapter often overlap as both reasons for entry into the sex trade and for the great difficulty that many workers (particularly those who have been working for extensive periods of time) face when they wish to exit the street-based sex market.

INCOME AND EQUITY

The research is conclusive in linking financial security with health. Evidence implies that social commitment to income equality may be the most important determinant in health. Regardless of overall wealth, those countries with the smallest gaps between the wealthy and the poor are healthier on average than countries such as the United States and, increasingly, Australia, where the gap between a wealthy few and a growing underclass of marginalised and poverty stricken communities condemns the latter to considerably lower rates of life expectancy (Case 2001). A lack of income equality is generally also associated with lower rates of education, employment and an absence of social support with a resulting marginalisation from the mainstream of society. Research since the 1980s has consistently identified associations between poverty, disadvantage, social exclusion, drug use and other factors that increase vulnerability to HIV infection (e.g. O'Brian & Tierney 1998). Ryan (2000, 48) notes that this vulnerability is determined 'by the degree of control [individuals]... have over life circumstances and, hence, their capacity to take action'. Obviously, poverty and associated determinants as experienced by numerous participants in this research compromise their ability to determine, let alone control, the circumstances of their lives.

Whether as a consequence of a drug dependence, absence of employment opportunities (due to limited education and/or a lack of recognised skills or qualifications) or a result of inter-generational disadvantage, all but two of the 75 female street-based sex workers recruited in St Kilda were living what might be termed a 'hand-to-mouth' existence, spending the entirety of the money earned each day to meet immediate needs, prioritised individually and including but not limited to food, accommodation, drugs and family. The two workers who were the exception were working with deliberate strategies to pay tertiary fees, provide a comfortable living for their children and/or meet mortgage payments (in the case of the sole home owner we spoke with). Admittedly, the latter is an anomaly among street-based workers.

When we spoke in 2009, **Annabel (042)** had replaced dependent heroin use with an opioid maintenance program (and, in doing so, had removed the initial reason for her presence on the street). Annabel spoke of having an opportunity to re-evaluate her life after she received a \$90,000 compensation payment following a car accident. She subsequently purchased a house and was studying at university. However, after having spent 11 years on the street, Annabel had acquired a number of regular customers with whom she was reluctant to sever ties given their willingness to pay \$150 for each hour they spent in her company. The need to obtain a new phone number – and her move into a new residence – meant her 'regulars' were no longer able to contact her. Consequently, on the October afternoon we met Annabel on one of St Kilda's main sex trade thoroughfares, she was seeking to re-establish contact with her 'lost' regulars. While her current life experience stood in such stark contrast to many of her fellow street-based workers, the commonality she shared was also illuminating. Although Annabel had mainstream



employment and did not need to continue to work in street sex work, the attraction of 'easy'³¹ money was too great. Still, admitting 'I hate being down on the street now, I get so paranoid... I don't want one of my friends [saying] 'what the fuck are you doing down here?', she explained the inexplicable – an employed homeowner soliciting on St Kilda's sidewalks - in the following terms:

What I try to do is come down one afternoon or one morning a week... like today, I ran in to a client that sees me every week, \$150 an hour, no drama, you know. And he was like 'oh, where have you been, what's your new number?' So it's been worth it, you know...

I've got a straight job as well, I teach swimming, but it's really hard to work eight hours for a hundred bucks, when I know that with my good clients I'm earning a hundred and fifty bucks in an hour. So it's hard.³²

In contrast, for **Mia (015)**, a 46-year-old indigenous woman, street sex work became primary means of income after leaving another workplace in which she was subjected to continued sexual harassment. Her position, a rooming house cook, was not secure, and the tenuous nature of the job left her vulnerable to the unwanted attentions of a manager until she could no longer tolerate his behaviour. Marginalised by a lack of access to, and understanding of, culturally-appropriate services through which to address ongoing assaults, Mia was soon unemployed and, having resided in the rooming house where she worked, homeless. With a seriously ill family member interstate, it was not surprising that Mia's mental health suffered considerably at this time. Emergency housing was located for Mia in St Kilda some eight years prior to her interview and Mia soon found herself becoming friends with 'the girls'. In the absence of access to culturally-appropriate mental health services, Mia had begun to 'self-medicate' with cannabis.³³ Her cannabis use was soon consuming the greater portion of her income support payments. The 'quick' money made by those street workers in her immediate vicinity proved the impetus for her to join their ranks:

...before you knew it, you'd be talking to one girl, then another girl would come back with all this money in her hand and it was like, 'what a quick way to make money!'... I'd actually in the process starting smoking pot and needing more... I could go through a couple of quarters³⁴ a week [at a cost of] nearly \$200 a week... I needed money to travel [to visit an ill relative]. Before I knew it I needed money and I wasn't capable of getting a full-time job, especially when I wasn't in stable accommodation... Me whole world fell apart and just being able to come out and make money [was attractive].

Access to money earned over 24-hours – that might take a week to earn in menial labour – makes it all the more difficult for those with no qualifications and limited education to exit the sex trade. Over the past two years, Mia had been housed in public housing outside of St Kilda. This had greatly reduced her presence on the street. However, like Annabel, once Mia had pocketed hundreds of dollars over the course of a few jobs, and compared to the experience of alternative forms of labour, she struggled to leave the street entirely:

I'm trying to get out of it but it's really hard when you have that mentality like, if you're broke, it's hard to get out of that routine of just coming down here and you've got money in an hour or two and it's not just a little bit of money. It's hard to get out of that cycle. I've done cleaning jobs for a couple of hours, one of my friends is a supervisor... she had a contract to clean St Kilda Town Hall and I did four hours work and I think I got \$22 an hour - \$88 and I worked, sweating, working. And I'm thinking \$88? I could have \$500 in four

³¹ This term is used by a number of street-based workers. It does not refer to the actual nature of the job, but reflects the fact that a significant amount of money can be made in a relatively short timeframe.

³² Although this is not a debate for the pages of this report, the views expressed by a number of women who preferred sex work – in both regulated and unregulated industries – to menial labour raises the notion of choice and the ability for women to engage in sex work as independent and empowered individuals, as opposed to victims of patriarchal sexual violence. Those involved in the industry – particularly the regulated industry – continue to maintain that they enjoy and elect to work in an industry that allows them autonomy and flexibility (see Eastman 2002).

³³ Although there are support services for local Koori women, such as Winja Ulupna (a community service in St Kilda for indigenous women), the diversity that exists among indigenous Australians means that such services are not able to adequately meet the needs of all. Mia explained, 'I'm sort of an outsider. They're my brothers and sisters but I'm a bit different... I'm welcomed but sometimes I feel out of place.'

³⁴ A quarter of an ounce of cannabis (or 7 grams).

hours! It's really hard to get out of that cycle, very hard. You hate working, you hate having to deal with clients and all, you do, everybody bitches about it but when there's that money... it's hard to resist, very hard.

Julianne (085) spoke of the close proximity of a potentially lucrative trade at all hours of day and night as providing a 'too easy' means of making an income.

The location... I'm in St Kilda [and] the urge is there to work, because it's too easy. I can just go down the end of my street any time I'm bored, I just go down there and do one or two jobs... it's very convenient. If I've got nothing to do and no one's around me, I just go down to the corner and see what happens.

However, the bright tone of 34-year-old Julianne's recollection of how she came to be an occasional street-worker in St Kilda over the five years prior to our conversation betrayed a broader reality. Just as depression, poverty, cultural isolation and separation from loved ones may well have contributed to Mia's willingness to seek to earn money in the same manner as her new 'friends' (and her main network of support)³⁵, Julianne's circumstances shed further light on her engagement with the sex trade when she spoke of doing so when 'bored' and 'no one's around me'. When we met, she shared a cramped room in a boarding house with her partner who knew of her sex work but was 'by no means... cool about that'. Julianne spoke of her extensive history of mental ill-health and a diagnosis of schizoaffective disorder, a condition that leads to extremes of mood as well as distorted perceptions affecting all five senses, prompting hallucinations, paranoia and manic behaviour. Drugs are a common means of self-medication for sufferers (e.g. Gregg et al. 2007; Degenhardt et al. 2001). Social functionality is affected greatly and long-term unemployment, poverty, substance use and homelessness are reportedly common among sufferers.³⁶ Julianne has been hospitalised on numerous occasions for treatment and receives fortnightly doses of anti-psychotic medication (administered intravenously to avoid non-compliance). Drug use, recurring homelessness and having had a child were all mentioned throughout the course of our meeting with Julianne – although there was no mention of any support outside of her partner. These factors all compound her poor health. In light of her circumstances, the attraction and ease of making money as the reason for her entry and continued involvement in street sex work must be viewed with caution given the symptoms of manic episodes and her references to sex work as an activity to occupy time when alone. As Julianne repeated at the very end of our conversation:

Living in a rooming house is very boring if you don't have anything to do.

This is not to suggest that mental ill-health is intrinsically linked with involvement in street sex work. **Anna (046)** not only chose to become involved in street-based sex work as the best means by which to meet the costs of her drug dependency, but she believed it was a work option that offered greater opportunities for women in that her drug-dependent son was not afforded the same opportunity to meet his needs through such means:

My son, he's 21 and doesn't feel he's got the option to be a sex worker so he's chosen the other road and been imprisoned and things like that for violent crime... Us women feel we've got another avenue as sex workers whereas the males, or macho males, don't have that avenue.

[In my case,] a friend said 'I've got a new rort' and [we] started jumping on a train from Frankston back [since] probably 1998...

³⁵ For those without any support in an area unknown to them, the opportunity to establish a network of support may mean befriending those in close proximity or who have shared characteristics. When transgender worker **Dena (006)** arrived in St Kilda from interstate, she put her decision to work the street with other transgender girls in the area in the following terms:

I just needed money and stuff so I started working. You know when you are new somewhere and you don't know many people; you know you kind of form like attachments and stuff to the friends you've made.

³⁶ For information published by the Mental Illness Fellowship Australia, see: <http://www.mifa.org.au/sites/www.mifa.org.au/files/documents/UnderstandingSchizoaffectiveDisorder.pdf>

Anna's observation must be qualified. When 33-year-old **Tony (049)** began working the streets 16-17 years prior to our meeting, he spoke of leaving employment at Hungry Jacks to make \$1000 a night to meet the needs of his drug dependency:

Back then I had to be completely out of it to work... Just to deal with it, the head factor of it. The first clients I did, some of them were attractive... I wasn't in the game as such, I was just there with my friend, I'd say no [to many men propositioning me]. But then when it came to the point when [your drug use is] an addiction, and you have to support an addiction, and you're having to do things with someone that you don't want to [do things with]... that's when it became a problem.

The ability to make such sums of money on the street is no longer a reality for male workers, as evidenced by the shrinking demand for their services. Tony no longer used heroin and was able to survive on the salary of his 'mainstream' employment. However, he struggled to pay for any more than the basics and his knowledge of this alternate source of income allowed the odd luxury. At the point in his life when we met, he lived in the country and ventured to St Kilda only on weekends due to the perceived absence of work during the week. Tony considered a successful night as one in which he returned to a client's home and spent the night with them – a far cry from the money that initially involved him deeply in the street 'scene'. Ironically, while having abstained from illicit drug use for two years himself, those few males Tony witnesses on the street are attempting to make money to support drug use (although by participants' accounts, this would be extremely difficult).

For a number of individuals, regardless of gender, street sex work is seen as the only alternative to earn the money required to achieve their goals in life. These goals are varied, and the following examples are simply a few of the many that 'explain' why some individuals engage in street sex work for varied periods of time. As was noted by **Paulina (057)** and **Rose (066)** in chapter 3, many transgender sex workers work the street to support their gender transition (whether to pay the costs of stylists, make-up and hormone treatment, or to finance expensive surgical procedures such as having breast implants inserted, an 'Adam's apple' shaved³⁷ or full gender reassignment surgery). As private transgender worker **Sylvie (115)** observed:

One of the things about being a worker is sort of – changing your sex, it's very easy to go 'how the fuck am I going to make all this money?' You know, you're looking at fifteen to twenty grand just for your face, to clear that [by electrolysis]. Then you've got monthly hormone costs, and then if you decide to get breast implants... then you've got the weekly counselling or fortnightly counselling, visits to the endocrinologist to check your hormone levels and make sure they are in balance...

While the need for money may not necessarily appear to reflect the poverty of the individual workers (as opposed to attempting to develop a physical presence that fits their psychological understanding of their own gender identity), transgender individuals do face significant discrimination in the 'mainstream' job market. Lack of opportunity resulted in poverty or reliance on income support payments with a significant proportion of transgender individuals compelled to turn to sex work to make the money they require.

³⁷ The Adam's Apple is the common name given to laryngeal prominence, a feature of the human neck in the form of a lump or protrusion caused by the angle of the thyroid cartilage surrounding the larynx.

LOSS OF CHILDREN

The need to reconnect with children who have been removed and placed in care, or who have become distant figures due to issues of homelessness and accompanying transience, may be the impetus for becoming involved in – and hoping to then swiftly exit – street sex work. However, the loss of children and the implications (that one is not considered fit to parent a child dependent on others for the care and wellbeing) can devastate lives and lead many a mother (and/or father) to seek solace in the numbing qualities of drugs and alcohol. **Mercy (009)** had been on the streets for 17 of her 37 years 'on and off'. Ironically, her longest period 'off' the street (and the drugs that took her there) was the six years that followed her falling pregnant. She speaks of a stable relationship with the child's father (although her six years of motherhood were marred by constant violence at her partner's hands, including one incident in which he 'broke my nose'). The domestic violence ultimately drove Mercy from home which led to a 2-week wait for housing during which the child's father was entrusted to look after their child. In her absence, however, the child's father went to the Family Court to state that Mercy had disappeared, abandoning their child to indulge her chronic alcoholism and drug use. The court granted him 'interim custody' of their six-year-old. It marked the beginning of Mercy's descent into drug and alcohol dependence and a life in which her son is seen only on a fortnightly basis. Speaking of discovering that her then partner had manipulated her situation, Mercy stated:

54]

I'm ashamed to say it, I went to pieces on the alcohol and drugs... but I've got my own shit together, I'm not using again. I see my son every second weekend... my son's 12 now... The first year I didn't spend one day... I was just totally off my guts every day because if I ever tried to think with any clarity about what happened my brain just started [making the noise of a machine fault] my head was just going to explode... and then I ended up in jail for the first time in my life on remand for a year... silly stuff I got involved in with other people.

Many of the female participants from the St Kilda streets had children. Very few had their children living with them but it was a testament to their strength that they had continued to provide a nurturing, loving and supportive environment while working as a street-based sex worker to support a drug dependency. Despite a life characterised by continued sexual and physical violence, **Serena (011)** has spent eight of her 18 years as a street sex worker raising her daughter. They have survived together, including a two-year period of homelessness. However, the strain (and pain) of living a life her daughter is unaware of is telling:

I'm pretty resilient, once I had my daughter I toned down my drug use. My daughter doesn't know anything about drugs... nothing... She thinks I work, waitressing, she doesn't know what I do. She's... [long pause as tears well] ...that's one thing I do have to be proud of. She's so innocent and she has no idea what bad things are out there in this world. It freaks me out now when I work because, like, am I going to make it home tonight? Am I going to see her little face again? How would she be if she found out Mum wasn't around anymore?

In some cases, as **Shauna (058)** demonstrates in the following chapter, street sex work is a means to provide children with a comfortable, secure life that motivates some to engage in sex work as the only means of earning sufficient money to do so. **Danni (054)** is not drug dependent and she is proud to state that her child comes first in the decisions she makes about life – a life which has seen her spend 19 of her 47 years as a street worker:

I've only tried heroin twice. I've thrown up both times and I'm so glad I've never been addicted to heroin, because I've seen what it does to people and it's just not me. I'm a mother, first and foremost. I'm a mother and then I'm a sex worker.

Still, a majority of children had been removed from those participants who were parents. The important and formative early childhood experiences are yet to unfold for their children, but for those women who experienced childhood abuse, rape and introduction to hard drugs, the fears and the perceived irony of having children they loved and cared for to the best of their ability placed in state care haunts many.

It was the removal of her children and a rapid escalation of what had been a relatively minor heroin dependency that led 42-year-old **Simone (013)** to work the streets consistently for the last seven years. Prior to this, she had spent 10 years in a brothel. However, after a visit to hospital, nursing staff discovered her heroin use and reported her to child protection workers in DHS, leading to the removal of her children:

That is *the* reason I use drugs – there was no other reason. [Up until they were taken] my son had gone through prep to grade 5 in primary and the others were in kinder. School teachers are trained to detect abuse and in the six years my son went to school I got not one report [to DHS], but as soon as they found out about heroin, bang.

All the ladies out there who have lost kids have lost them through heroin use. I could be an alcoholic because that's acceptable. I could be all these other things... I could be a gambler, I could have an affair... but because I use dope – and my habit was under control – I was using \$100 a day so \$700 a week. I was on the pension, that was for the kids but my father was giving me \$500 a week, so I never had to work for it when I had my children. I just had my \$100 a day and that kept me happy. I'd rather have that than go out on the street... well, I didn't go out on the street when I had my kids but since they've been gone...

Simone now has access to her three children for one hour once a month. These visits are officially supervised by a child protection worker ready to report any perceived unacceptable behaviour. Similarly, **Josephine (073)**, an indigenous worker, lost her daughter before engaging in street sex work. She explains being on the street as a way of punishing herself for losing her daughter. Josephine's pain was evident in the lives and words of many workers. The anguish of the loss of one's children was communicated less in words and more in tears by research participants who related their restricted contact with their children.

Alternatively, some workers believed themselves to be 'unfit' mothers. **Lisa (030)** gave her ex-partner sole custody of their children because she believed that her heroin use and street work made her just that. Likewise **Dee's (022)** two children have been living interstate with their respective fathers for the past 8 years because: 'I'm not fit enough to call myself a fulltime mother right now'. **Zara's (088)** two children were living within her extended family because: 'I could not give my children what they deserved'. Feeling one is not good enough to be a parent was a constant theme for those workers who were parents. As Zara explained:

My kids love me. I've never hurt 'em, I've never done anything to make them hate me, in any sort of way. Because I did everything that was positive. And I put 110 percent in... the most hardest thing is, I go home empty-handed... I jumped off a bridge nearly. Because I couldn't handle it, I just wanted her to come home with me. But I know she can't. She needs her education. I'm paying for her medical bills. So if anything happens, I'm paying out a lot of money for the medical bills. That's all I could do. I love my kids, I miss them so much it's not funny.

ACCOMMODATION

Shelter is a basic human right necessary for good health and wellbeing. The absence of stable and secure housing can lead to increased risk of illness. Demographic responses show a high proportion of street-based participants living in different states of homelessness. Twenty-six-year-old **Tom (093)** was living out of a bag when we spoke to him; sleeping rough in squats or parks. A native New Zealander, Tom was ineligible for Centrelink payments. He does not have any support from his family and left home due to issues with depression. Tom has a forklift license and labouring experience, but without a car license he has found it difficult to acquire employment. A heterosexual male, he has turned to providing sex work to the limited demand on the street as his sole source of income. He estimates he is making about 'the equivalent of the dole' from sex work per week, which includes setting aside about \$150 a week for alcohol and tobacco:

I'm one of those people, like, ever since I was a little kid, I always knew I would end up under a bridge somewhere... ever since I was four, five years old. I mean I don't *like* living the way I live. I'd rather have a bit of income or a job or something. But still, I hate the whole system.

Tom's fatalistic acceptance of his separation (and marginalisation) from 'the whole system' suggests little motivation to remove himself from his vulnerable existence. This must be considered in the context of limited demand for street-based male sex workers which leads those in need to entertain notions of high-risk behaviours when the demand presents itself.

The reality is that few affordable housing options exist in the immediate area. At the same time, many workers cannot afford to be too far away from the street if they are to meet the needs that compel their involvement in street sex work. A supposedly affordable option, the rooming and boarding houses in the St Kilda area are now too expensive for those with little money to spare, costing up to \$220 a week for a basic furnished room (with shared bathroom and kitchen facilities).³⁸ Some feel they have no choice but to take this option. As **Geraldine (048)** noted:

I'm working every few days at the moment. I'm paying \$360 a fortnight to live in a boarding house.

There has been an element of profiteering as the demand for rooms has far outstripped supply. **Latisha (080)** has been living in the same boarding house for years and has seen the price rise from \$170 to \$345 a fortnight in the past two years. Occupants remain confined to this accommodation because the cost of rent leaves them unable to save to afford a better standard of accommodation. As 21-year-old **Liz (039)** illustrated, friends or even co-workers cannot be relied upon to offer shelter, emphasising the absence of support outside of the crisis services that many participants used regularly.

I'm homeless in the area.

Have you got friends who are helping put you up?

No not really... but if there's a couch available I'll crash on it.

What happens otherwise?

I just work all night long.

And find somewhere to sleep during the day?

No, just keep working until a bed will become available.

³⁸ It is practically impossible to establish a balanced and nutritious diet if one does not have the space in which to store, prepare or cook food. Obviously, it is impossible if one adds the effects of poor mental health and drug dependency to the equation.

So it must make it pretty hard to look after your health?

Yeah, it does. I get very, very tired.

Do you eat much?

I probably have one good meal a day.

The association between social inclusion and positive health outcomes has been noted at various points in this report. An important facet of models of social health is the provision of social support to assist individuals in negotiating life crises and stabilising potentially dangerous behaviours. Inclusion implies acceptance, which encourages confidence and self-esteem – key characteristics in reducing vulnerability to HIV. Only by understanding how these entrenched problems have become so symptomatic of broader social and structural inequalities can policymakers begin to address them. A focus on individual risk overlooks the very factors that lead some to continue to place themselves in such positions of risk.

MENTAL HEALTH

While many participants spoke of entering the unregulated industry to simply survive and others spoke of plans to reunite family and/or return to a more stable 'mainstream' lifestyle that would allow for a greater sense of inclusion, mental ill-health is also an issue that is disproportionately affecting street-based sex workers. Participants' experiences of such health issues rose considerably the longer they were involved in soliciting for commercial sexual transactions. For **Madeleine (079)**, years of taunts, insults and near escapes from physical violence, have taken their toll on her self-worth:

People driving past, especially the young people, you get eggs thrown at you, not like at you, but to the ground and you get water balloons on summer nights... I don't know, I don't want to be here for so long... like when they look at you and they make you feel so small.

In contrast, some workers were personally at ease in their working lives. Engaging in the negotiation and provision of sexual services was not necessarily an issue for the worker, however, the judgments of others could be crippling. This became a 'price' paid by many in exchange for the income they earned on the street. The 'mental' side to street-based sex work is something that several of our participants were acutely aware of. **Sade (024)** saw mental health as an important aspect in ensuring her ongoing wellbeing while working:

[Sex workers] get depressed and then they let [their overall health] go. You just have to keep going and all the other things will come good... I get depressed too and I think 'alright, it's time to pull yourself together', and I just keep going. I don't know how, I just know that you just have to keep going and it will come good.

A small number of workers spoke of a boost to their self-esteem when men paid them for sexual 'favours', especially if they saw themselves as undeserving or unlovable. This was certainly a minority (an interesting contrast to the experiences of many of the private workers discussed in chapter 10). Many more street-based participants described the self-loathing that accompanied subjecting themselves to the judgement, insults and, worst of all, the threat of physical and sexual assault that street-based workers risk. The psychological strain that accompanies street sex work is addressed in different ways. **Sarina (043)** noted her own inability, and that of many

other workers, to work 'straight'. This is a self-perpetuating cycle that many interviewees described as a vicious circle where drug dependence leads to the street, where they can finance their dependency but need to use drugs to work in the first instance, increasing their dependence and reliance on that very aspect of their lives that is causing such trauma.

Everybody, I suppose, uses something [to numb their reality], because after a while you need something... I know it sounds like a cop out. I like using methadone, because it makes me feel good. I really like having that instead of using [heroin].

Did you use heroin before sex work?

I used to do sex work [before I was using heroin] but I still had to have something; I was an alcoholic before I used drugs.

Some participants contended that they became more at 'ease' with these aspects of their work as time went by. **Marina (018)** stated that while she used to 'feel' the stares of motorists and 'sex tourists', it's possible that she no longer cares. It is perhaps telling that when discussing this aspect of her work, Marina talks of thinking of her future in five-day periods:

I maybe don't care anymore, [I've made] a decision to think: 'Fuck what everybody else thinks! You don't know me, you don't know what I'm like.' A lot of people who don't know I work think that I'm just a normal everyday person and, frankly, I think I am. How many thousands and thousands of years have people been doing this? How many thousands of years have [sex workers] been persecuted? ...I don't know whether I don't care anymore or I can just not be bothered thinking about it... I have a plan [ahead] five days... max. If I can survive the next five days, I can do well.

In contrast, **Lisa (030)** sought to switch off and assume another personality, a well-documented strategy (e.g. Brewis & Linstead 2000) that sees workers deliberately construct another personality under a 'working name' which is discarded after they leave the environs of their work life.

I just find that with [sex work], not that it's easy... I just find that I can detach pretty easily. I don't have any baggage, like I wasn't abused as a kid, I don't have any issues with consenting adults having sex... that's all it really is... you go to the pub and meet someone and bed them... this way I get paid.

As Lisa noted, it is far from easy to detach from the lived experiences of seeking to survive by means of illicit street-based sex work. **Bridget (065)** clearly illustrated this difficulty noting, at one point, that she is good at blocking out the street-working experience but the next, dismissing it as 'disgusting' and reflecting on relationships:

Does it mess with your head?

No, because I'm a good blocker, so I don't ever think about it... [However], if I sat there, like times like this, when you're asking me, I can't believe I'm doing it. It's just fucking disgusting and it's wrong.

What's wrong about it?

Because how can someone put up sex so easily and how can you put a price on it? Who put a \$100 price tag on something that's meant to be so [intimate]? I've never treated sex as something that's supposed to be wonderful, but I look at my friend who has only had sex with one guy and I think 'that is so lovely, that is so beautiful'... to think that I could have had something like that.

This raises the issue of the impact on the health of workers' personal relationships, remembering that the support and love of others is so important in maintaining a sense of wellbeing. Of the 89 street-based workers we spoke to in St Kilda, 19 (21.3%) had not had a personal (non-commercial) relationship in the last 12 months. Nearly half, 42, had maintained a steady single-partner relationship, while another 12 had only had two non-commercial sexual partners. Only four participants had more than six sexual partners in the preceding 12 months. Despite the apparent ability of many to maintain a relationship, a number of participants spoke of shame and difficulty marring their ability to enjoy a trusting and loving relationship. **Danielle (070)** spoke poignantly of her partner who accompanies her on her work and keeps watch in the interests of her security:

Just to see that many guys coming into my life and just knowing what I was doing. I love my partner, and I know he loves me. But to have to look at him, and look him in the eye after I've gone and rooted some other bloke, it hurts me more to think of what he's going through than what I'm going through. I can deal with it myself, I know what's there. But to think that he's outside, for half an hour or an hour, and he doesn't know what's going on, I think it's a bit harder for him. At least I know what I'm doing, I'm ok, I'm safe, every second he's worried... and I feel dirty going back to him, I'll constantly make sure I shower and everything before I go back and see him. It's just the thought that I'm with other guys when I'm in a relationship...

It is important to note that poor mental health and associated wellbeing greatly restrict the ability of workers to exit the street-based sex trade. All too often it only serves to further entrench the worker.

EXPLOITATION

In the context of Danielle's struggle to reconcile her relationship with her work, it is important to note that there can be a fine line between a partner providing security for a loved one and a partner who actively seeks to exploit a woman. A number of interviewees told of being introduced to heroin by former or current partners. In some cases, this was a process initiated by a man seizing an opportunity to exploit vulnerable young women that has led to not only drug dependency but also a loss of self-respect and dignity. For the relative security of a male who offers protection and sometimes shelter, the women, in return, agree to sex work as a means of earning sufficient income to pay not only for their own needs but for the drugs of the men whose actions may have led them to this very precarious existence. Once in this position, it can become very difficult to extricate themselves from what turns from an outwardly respectful and caring relationship to one characterised by abuse and exploitation.

Nadine (083) was just 24 years old and had only been working as a street sex worker in St Kilda for six months when we spoke. Although Nadine had been an occasional user of amphetamines and self-described 'abuser' of codeine contained in pharmacy products, her boyfriend convinced her that she would like heroin. She became dependent on heroin – which she had only been using for 10 months – almost by design of her partner of 12 months:

Before we knew it I'd picked up a habit and his habit had come back again. Now we're living on the streets in the car and I'm prostituting to support the habit... for him and I. [I don't get] no thanks for it, no nothing. If I get anything at all out of him, its 'you're such a whore for doing this' [and] 'how do you think it makes me feel to know that some guy's got his cock inside my missus'.

This man had effectively come to dominate Nadine's life – the two of them and his three dogs, living in Nadine's sole possession, her car. This was one of few occasions we felt compelled to ask RhED staff about potential intervention in a participant's circumstances, such was our

concern for this young woman. Her fear of this man was palpable. His apparent disgust at what his partner was doing to support their needs belied his role in keeping her on the street; it was clear that were she not to work, she would be subjected to further abuse. This was not a relationship in a conventional sense of a commitment based on mutual love and respect. It was, rather, a relationship based on the ever-present threat of violence that kept Nadine a prisoner in her own car and on the streets. The reality is illustrated in stark terms by Nadine who, despite the continued abuse, would not abandon him while he had no other form of shelter (a consideration that one doubts would be reciprocated):

I don't want to be with him. I've been trying to leave him for about six months now. But it's not that easy. Especially living on the street you know. What do I do? Open the door and tell him and his dogs to get out? Just leave them there on the street on the corner? It's not in me to do that. If I had him set up in a house, like if he and I got a place together, and then I packed my stuff and left... and went back to staying in my car by myself, I would feel a lot better leaving knowing that he's got a roof over his head and all the rest of it. But I couldn't just leave him on the street. But he's also threatened violence and he's made it very clear that leaving him's not going to be an easy option. I think the only way I'll be able to get away from him is if he returns to jail and I can take off without him.

Asked how she responded to this situation and being abused for doing what she was forced to do to earn all the money that supported them, Nadine replied:

Nothing. Because after he's finished with his words, I've got nothing to say. What *do* I say? When he's hanging out and he wants some drugs, it's 'go fuckin' work', you know, 'I want my drugs!' I'll say to him, you know because I'm out there all day, every day, I get probably an hour all up, not working, I'm on my feet in bloody heels, I've got arthritis in my hips and my lower back, I'm living in my car so I'm not getting a good night's sleep. I'm on my feet all day you know, all that kind of shit... and I'll say to him 'can't you do something to get some money?'... and he goes 'well the only thing I can do is burgs, what you want me to break the law to get money?'. And I say 'well why do I have to break the fuckin' law to get money?' What I'm doing is illegal too you know. He's got a criminal record, he's been in and out of prison his whole life. I don't. I'm clean. Every time we meet someone he goes 'Oh Nadine doesn't have a criminal record, you know she's clean and I want to keep it that way'. If he's so dead set on keeping my record clear then why is he pushing me out there you know? Eventually, between the heroin and prostitution, I'm going to get a record somewhere.

The couple's homelessness further compromised Nadine's ability to move on and address her drug dependency and related issues. Both she and her partner had been staying at his mother's place. However, they were accused of stealing from his mother and, significantly behind in rental money owed to his mother, they were told they were no longer welcome. Her partner's dogs – and his unwillingness to separate from them – meant emergency accommodation was not a prospect, while Nadine received no support from her own family, noting that 'my brother's given up on me' and, while she speaks to her mother occasionally:

The conversation's always got to be about heroin. She seems to forget that I'm still her daughter and I'm still the same person. I'm still here you know? To her now I'm just a heroin addict. And so [she says] 'how fucked off your head are you today? How much have you spent on heroin today?' It doesn't matter how many times I say to her 'Mum, I'm still here'.

It is heartbreaking to read how one of the most valuable supports in addressing the drug use – the love, assistance and encouragement of family – has been lost. It is these very support structures that would provide Nadine with an opportunity to address a relatively short-term drug dependency and remove herself from the abusive and exploitative relationship that has her working on the street.

This is just one of many examples of workers supporting two drug dependencies: their own, and that of their partner whose reasoning typically mirrors that of a predator. The threat of violence betrays the reality of the circumstances in which these young, vulnerable women find themselves. Violence (of both a sexual and physical nature) appears to be a regular occurrence on the streets of St Kilda. This impacts heavily on the health and wellbeing of the workers, depriving them of strength, confidence and esteem and leading to ever-increasing self-medication and entrenchment in the street sex scene.

VIOLENCE, RAPE AND THE STREET

The simple fact remains: there is nothing intrinsically dangerous about the exchange of money for sexual services. It is the illegality of the activity that leads to workers standing in the isolation and darkness of residential streets at night. It is an occupation that places those on the street at risk of sexual and physical violence, in addition to the exploitative relationships that disempower women (and in some cases, male and transgender workers) and perpetuate the behaviours that may lead to serious health consequences.³⁹

Over the course of the 89 interviews with the street workers in St Kilda, 25 pages were filled with short excerpts from interviews that address participants' experiences of violence and rape. The end result of such assaults is ongoing trauma, self-medication and, as an incredibly distressing and ironic consequence, greater entrenchment in that same environment that places them at risk of further assault. In this context, the violence that is an ever-present part of the street scene is an aspect of great relevance to the subject matter in this report. However, it is not a subject to dwell on for an extended period. This is not to disregard the experiences of workers, as their accounts make clear the need for policy reform of an immediate nature until the broader social determinants that entrench the street-based sex trade can be addressed in sufficient depth. It is perhaps best to convey one person's experience in greater depth to illustrate the cruelty which is unleashed against the most vulnerable members of our community.

Thirty-one-year-old **Serena (011)** has been on St Kilda's streets since fleeing the sexual abuse of both family and foster homes at the age of 13. She has suffered repeated assaults in those years.

I was 15. He'd been around all night this guy, just driving around and around and around. I kept saying 'no', my intuition said, 'don't go' and I've always been strong with that. I wouldn't just go with anyone, even if I needed \$30 or something like that. I wouldn't do it for 30. I said, 'no, no, no, you're going to have to find someone else because I'm not going with you.' So he kept driving around and around and around – this is for fucking hours – and the whole time I'm out there and I was 15, 16 or something like that. At the end of the night... he's driven back by and my being so tired, I was so fucking tired... I've got in the car, I lived in Prahran and I needed a lift... He's driven up Fitzroy [St]. [This was] before the Grand Prix was [located at Albert Park and the area at which the race is now run was] all bushland, [and] he's turned off that way. I'm like, 'no, no, you've gone the wrong way. You need to go that way.' As soon as I said that, the central locking went on and before I knew it, I was in one of those parklands [voice in tremors], [with] nothing around...

...nothing. No-one could hear me scream. No-one heard anything... and he raped me so severely... I got out of the car, no clothes on and I'm running for my life but there's nowhere to run, the field was open and I've turned around and I've just seen these headlights coming at me and he hit me with the car and I was out cold. When I come to, I tried to sort of lift my head up and then I just saw this fist come – 'bang' – and that was it, I don't remember anything for hours. I was lying there naked, he took my clothes, took my money.

³⁹ It should be noted the scarcity of male street-based workers has greatly reduced violence against the individuals involved, although those that remain are still susceptible to the taunts and, on occasion, physical threats of passing carloads of intoxicated and/or homophobic young men. Meanwhile transgender workers, in acknowledging the threat of violence, spoke of having a good relationship with police and less fear of unexpected assault. Further, the far lesser tendency of these workers to work under the debilitating influence of drugs and alcohol leaves them less vulnerable to assault as do a number of strategies such as using hired hotel rooms, often in conjunction with other workers. Mostly for the sake of space, however, the report will concentrate on the experiences of female workers in the following section.

About three or four hours later I woke up. I was frozen. I went onto the road and just tried to hail down anyone. It was a taxi driver who pulled up, an old guy, he had a blanket in the back, he put it over me. I had the numberplate written on my arm because I had got it much, much earlier in the night. I couldn't talk because my face was so swollen, my eyes were shut by that stage but the taxi driver understood what I was saying, 'I need to get the number [to the police] and the taxi driver was saying [to the police] 'No, I want you to check this numberplate while I'm standing here with this girl, she's only a teenager, she's a child.' It came back as stolen numberplates from a truck... the coppers didn't do anything, didn't even take a photo of me, nothing.

I thought I was going to die that night, I thought he was going to kill me. I saw him about a year ago, he drove past and as soon as he made eye contact with me, I knew, and the fear that went through me... it was like everything that happened that night.

The power that is exercised by men is used to place workers – often desperate for money – in vulnerable positions and expose them to far greater risk of HIV and other STIs, as is addressed at length in the following chapter. However, this power is also used to exercise misogynistic urges. The manner in which Serena describes subsequent assaults makes it clear that a number of men visit the St Kilda street sex circuit with the intent of finding and assaulting women, as the following indicates:

We were in the park and agreed on the price – \$100 sex and oral, St Kilda Botanical Gardens 'cause it's a close walk. I was in my stilettos... at night, you've gotta [frock up]. It's a competition, especially with the girls who are doing jobs for next to nothing, packets of cigarettes and stuff. So I went with him, he pulled a meat cleaver on me. I thought he was going to kill me, he was so angry, he hated women. He called me 'a dirty fucking prostitute slut' and [said] I *will* do whatever he tells me. Never saw him before and, you know, he looked so clean cut. It's always the clean cut ones I have the problems with... something was looking over me that night, the security car came around and shone the lights right on us and he's fled [over] the fence.

What makes the situation far worse for Serena is that, such is her desperation and fragile mental health after 18 years of this treatment, she wants to be off the street as soon as possible. She is not alone in this desire. Serena is, by her own admission, one of a reportedly increasing number of sex workers who are actively robbing clients of wallets and mobile phones while in the middle of providing a sexual service. Other girls have taken money from clients and swiftly exited their vehicles and run off without providing a service. This has led to a number of angry men returning to the streets to seek retribution for the robbery, something Serena has experienced firsthand. However, it has not stopped her seeking to steal from clients.

In the end, I would start robbing a lot of them. I wait until their pants are down and if I can I'll get them out the car and make sure I always watch where they put their wallet, always, so that while I'm giving them oral, I'll grab their wallet and I just get up and run... their pants are around their ankles. I make sure their car's parked where you can't drive you can only run. I know my way around St Kilda like the back of my hand...

That started getting very dangerous because I got picked up by this bloke one night and agreed on a price and... they've only got one face to remember... I don't even look at their face, I look at the colour of the money, that's it. I was very badly raped again, to the point where I was bleeding. He had central locking which is the fucking *worst*, that central locking shit... [You hear the car lock], then it's silent, dead silence, but the silence is so loud you could cut it with a knife. You know you're fucked. All that goes through your head is how am I going to get out of this? How am I going to get out of this? The one that picked me up, I had robbed him before and I didn't know him from a bar of soap. I've told him he

has to take me to my destination – ra-ra-ra – and he did and then the central locking goes on and I knew I was fucked. Before the central locking went on, he saw me put my hand on the door handle, like, I just knew, the energy in the car had changed, you feel it change. He said, ‘do you remember me?’ I said, ‘No, should I?’ and he goes ‘Yeah, yeah, you should, ‘cause you robbed me’ and that’s when the central locking went on. He took me down past, all the way down past Tennyson St, all the way down and there’s a football field. He took me around the back of the toilets and he kicked the living fucking shit out of me after he’d raped me. There was nothing I could do, I was already in the car, I had to do the job and that’s when he’s got me out of the car and given me the flogging of my life – well I got a worse flogging when I was 16 – I ended up having to make my own way back [to St Kilda].

There is little sympathy from other workers for those workers ‘ripping off’ customers. In contrast, there is a growing anger at what it is doing to the availability of work, with increasing numbers of men unprepared to risk driving to St Kilda for fear of being robbed or not receiving the services they are paying for. Two members of an online forum on sex services (a facility discussed at later in this report) spoke of their reluctance to continue doing so due to the increased likelihood of being robbed or ‘unsatisfied’:

I used to like driving around St Kilda for SW as you can bargain prices. However, I just think it's too risky.

1. Police
2. Almost all of them take drugs.
3. They are too cunning and bad attitude compared to AMPs⁴⁰, RnT⁴¹ shops and brothels.
4. Qualities of girls are not good anymore. We have better choices at rnts amp brothels with similar costs.

(9 December, 2009)

Remember to keep an eye on your wallet, beware of girls who may develop an exit plan half way through a job. Never pay money before you reach the destination sex will take place, watch out for the ones who operate with pimps or partners. Easy to get ripped here if you are not street wise (3 April, 2010).

Some of those who have been robbed will return to the area and take out their anger indiscriminately. Consequently, the majority of participants argued that those who are horrifically beaten brought such actions on themselves. **Maria (016)**, a worker who has endured being raped by a client, explained her perspective in the following terms:

You can’t go around taking wallets and phones. [The blame for assaults is] half and half, so many girls are doing rips... It’s half and half and somebody is going to end up dead. The girls are getting worse and the guys are getting worse and there’s so many nights I’ve gone home without a cent... You have to consider that a lot of the girls actually, you know, contributed to that [assault] happening, getting busted pickpocketing. That’s a sad factor but it’s true. That’s going to piss a lot of guys off... I just wish the girls would all stick together, stick to the proper prices, stick to the condoms and you know, we’d get rid of guys wanting it without [condoms], they’d get the message.

Mel (033) attributes a decline in the number of clients to the workers committing ‘robs’ to make the necessary money to ‘get on’ and avoid withdrawal without stopping to consider the potential consequences. Many workers noted that after a number of robberies, the ‘decent’ clients will no longer risk their wallets when their pants are around their ankles and prefer the relative safety and security of a brothel. This makes it so much harder for workers to survive and meet their needs on the street, leading to ever-longer hours and further entrenchment in the street scene. Mel had spent eight years away from the street sex circuit before the disintegration of her marriage,

⁴⁰ AMPs = Asian Massage Parlours.

⁴¹ RnT = ‘Rub and tug’ shops is the colloquial term used for massage services – typically employing Asian migrant women – where sexual services, from ‘hand relief’ to full penetrative sex, are offered as ‘extras’ by workers for additional payment.

her relapse into heroin use and subsequent return to the street. She discussed the changes she noticed after her stint away from the street:

We used to have a really good group of girls working down here and it was always busy but that changed and a lot of those girls disappeared. A lot of the girls down here now, when clients are paying bloody good money, I'm talking like \$250-\$300, and they're running off on them with the money. There are only so many times a client's going to come down here before they go 'bugger this, I'm going to go to a brothel... a lot of the clients down here will pay you the money you ask for if they want to see it. It's only the scumbags that'll go to girls that will do sex for \$50 without a condom, blah, blah, blah ... you've got those guys but I wouldn't want to see them anyway. But a lot of the good customers, they're not here anymore, I've been good to these customers, so when they come down I see the same people over the four years, that's where I've been lucky. I've always been good to them.

The declining numbers of clients has not necessarily led to diminishing numbers of workers. It has, however, increased competition and led to desperate workers undercutting established prices and doing 'cheap' jobs. **Annabel (042)** describes the changes she has witnessed over the course of her 11-year involvement in the street-based trade in St Kilda:

Back in the late 90s and early 2000s you'd have five girls on every corner in Grey Street and everyone would make their money, no dramas. No one was cheap, it was fifty [for oral] and a hundred [for sex] and if you did something cheap, you got your nose broken. But now, we're in the minority. I yelled at a girl today because I knew that she was going to do a fifty-dollar sex job. She said 'it's none of your fuckin business'.

What happened?

We just know these guys [looking for cheap jobs]. This is what these new girls don't realise. We've watched these guys drive around for 10 years, we know what they want. And you see the girl jump in the car [and you think] 'you little thing', you know.

Mandy (051) believes many of the new girls working the streets won't listen to advice from the older girls. The nature of drug dependency has led to what she refers to as 'tunnel vision' in which there is nothing but money in their sights creating a dog-eat-dog situation in which violence, theft and self-interest predominate.

The dangers inherent in street sex work are an indictment on those responsible for policy to protect such vulnerable members of society. They lead lives in which sex work is one of the experiences that make each of them just who they are, just as any other occupation influences the identity, but does not make the identity of the person in it. It is only once policymakers see those involved in sex work as the members of a community that has placed them at serious disadvantage at great cost to their wellbeing that we might start to address some of the dangers associated with the unregulated sex industry.



**HIV prevalence and
high-risk behaviours
on the street**

HIV PREVALENCE AND HIGH-RISK BEHAVIOURS ON THE STREET

As part of this research, self-administered oral swabs were collected from 100 street-based sex workers between 6 August, 2009 and 16 July, 2010. These samples were sent to the National Serology Reference Laboratory in Melbourne to test for HIV.⁴² This chapter notes the absence of HIV among street sex workers as verified by this testing. However, it also addresses the high-risk sexual behaviours of a number of street-based sex workers. Participants of many years experience were uniform in their opinion that these behaviours had increased in recent years. In speaking with these participants it was apparent that this behaviour is rarely engaged in without an element of coercion or manipulation on the part of clients who use money to exert a greater degree of control over negotiations with sex workers.

PREVALENCE OF HIV AMONG STREET-BASED SEX WORKERS

66]

Of the 100 samples provided to the National Serology Laboratory, one tested positive for HIV. This belonged to **Brittany (026)** who is aged in her 40s, although her lifestyle and health have visibly aged her beyond these years. She was the least active street-based sex worker we met. Income support payments were her main source of income but she supplemented this on rare occasions by providing services to regulars she had originally met when actively working the street. This amounted to seeing less than five clients in the 12 months prior to our meeting. Further, condoms were used at all times. Brittany was one of the very few workers who insisted that clients not ask for condoms to be dispensed with, nor would she agree to the provision of services without them. Brittany eventually removed herself from the street following an assault in which she was subjected to sustained and repeated vaginal and anal rape. In a further illustration of the compulsive nature of drug dependency, in this case, with a dependency costing \$1000 per day, Brittany did not leave the street immediately after this assault but only after the intervention and support of a number of services (she had, for example, been provided with transitional housing). Drug dependency and the manner in which it is prioritised over one's safety is central to this chapter. As analysed below, drug dependency is increasingly shaping this market.

The results of the HIV tests are very positive from a public health perspective. Statistics compiled by the MSHC also reveal that sex workers are 10 times less likely than non-sex workers to contract such STIs as chlamydia (Fairley & Fehler 2008; Lee et al. 2005; Donovan & Harcourt 1996). Despite sex workers being tested at 10 times the rate of non-sex workers, they are individuals who are, often, extremely knowledgeable about the risks of STIs and the means by which to avoid them.

The absence of HIV among the street-sex working participants and the STI rates compiled by the MSHC are further supported by studies that show: 'not one case of HIV seropositivity has been demonstrated to be the result of commercial sex in Australia' (Brewis & Linstead 2000, 89; Australian Government 2005). Sex workers' ability to maintain good sexual health is essential to their continued ability to earn money in the unregulated industry. Consequently, it was not surprising to find that the majority of street sex workers had a comprehensive understanding of sexual health, including the risks posed by STIs and the means by which to protect against them (e.g. Johnston et al. 2010; Lee et al. 2005).

⁴² See Appendix 2.



While the continued absence of HIV is an apt reflection of workers knowledge, it is disturbing to find considerable and concerning evidence of increasing (and increasingly) high-risk sex practices engaged in by street sex workers. What reasons exist for this if many sex workers possess a developed knowledge of sexual health? It is, without doubt, a result of the demands of clients in conjunction with a reduced overall demand and resulting competition among workers. Without the existence of men demanding inexpensive sexual services, a street market would not exist. On the same basis, engagement in high-risk sexual activities would not occur were they not demanded by those whose money is the means of survival for many of those individuals on the street. Of some comfort is the fact that the incidence and potential transmission of HIV is conditional upon further factors. Existing prevalence of HIV within the population involved (clients and workers in the street sex trade) is one factor. Research in New Zealand, for example, found that while male sex workers were *more* likely to engage in unsafe sexual practices in comparison to non-sex-working 'men who have sex with other men', there was *no* difference in HIV rates between the two groups due to the environment in which the sex workers operated:

The most important of the contextual factors appears to be the small pool of infection. This, in turn, is related to a liberal political environment, an extensive IV drug culture, an attitude of inclusiveness, public HIV education and a national health system (Weinberg et al. 2001: 283-4).

Similar conditions exist in Australia where public health strategies – including ready access to sterile injecting equipment and condoms, along with an extensive HIV public education campaign that dates from the emergence of the virus - have contributed to lower rates of infection in this country. In comparison, countries with a zero tolerance attitude towards injecting drug use and sex work, such as the United States, have far higher rates of HIV prevalence among sex workers (Yoast et al. 2001). Consequently, at present, the risk that engagement in high-risk sexual activities will lead to transmission of HIV, at least from worker to client, is minimal at best.

Although the prevalence of HIV in the general population of Australia remains low, a strong – and by all participants' accounts – increasing demand for unprotected sexual services suggests at least a proportion of those men engaging St Kilda's street sex workers in commercial transactions are more likely to be a potential source of STI transmission. Online forums provide some insight to the views of men who engage in all manner of commercial sexual services (from legal brothels to illicit massage services and, on occasion, engagement with street sex workers). One specific forum encourages members to share their experiences while rating the services (appearance and attitude) of the females providing these services. The nature of these experiences suggest that street sex work attracts those seeking sexual services who are unlikely to have their demands met in legal and regulated sexual establishments.

K__ was back again after several months away in Qld. and NSW. She certainly has cleaned up her act. One of those rare girls that does not mind bbbj⁴³ and swallowing with her regular customers. Probably rated at a 4 to 5. She is quite petite with a tight body (13 June, 2002).

I think its a good idea gettign [sic] out of the car and approaching a WL.⁴⁴ Thats what we did, and wern't [sic] hassled. I can't remember the womans name, but she has huge tits, and blonde hair. real stunner. Works out of the Motel in greeves st, (I think that's the name of the street). She charges \$50 for oral, and \$100 for sex and u can cum twice (19 June, 2002).⁴⁵

Men who seek services from street sex workers appear to exercise disproportionate power over subsequent negotiations with workers, a situation that does not exist to anywhere near the same extent in legal brothels. In this respect, the illicit nature of the street sex market compromises the ability of workers to negotiate sexual transactions to ensure that subsequent sexual services do not pose a risk to the health of the parties involved.

⁴³BBBJ = 'Bare back blow job' is an acronym for unprotected oral sex on the relevant online forum.

⁴⁴WL = Working Lady (sex worker).

⁴⁵These example are reproduced as written.

HIGH-RISK SEXUAL DEMANDS OF 'CLIENTS'

The majority of street-based workers engaged in this research reported increasing numbers of men seeking unprotected sexual services. In doing so, these men may be exposing sex workers – and the future partners of these workers (whether commercial or personal) – to STIs. The 'posts' of members of the aforementioned online forum make clear the risks that certain patrons of the unregulated industry expose themselves and future sexual partners to. One wrote of having engaged in unprotected sexual activities with a worker who was confirmed by 'a reliable source' to have been working while infected with an STI. While a 'little freaked out' the man in question seemed inclined to regard his potential infection as an inconvenient hazard of his experiences in the unregulated sex industry. Demonstrating the lack of sexual health knowledge evident among many users of these forums – all of whom claimed to actively frequent establishments in the unregulated sex industry – the man in question had not taken any steps to determine if he had contracted an STI:

[She had] an STD. But to be fair, it was not absolutely clear from the information I was told which one it was, so I was making certain assumptions about which one it was, which may not be right.

In any event, [the worker] has now left ____ Road and the [massage parlour] near Box Hill in the space of a week. If there is any truth to the health issue, then I am a little freaked out for my own health now because I was partaking in DATY⁴⁶, BBBJ⁴⁷ and FS⁴⁸ (9 September, 2010).

Further, many of these men have evidence of existing STIs when they are actively seeking unprotected sexual services. Asked if she was ever approached by clients with visible STIs, **Paige (019)** gave an insight into the frequency and numbers of such clients:

A few times a week... the amount of times you see a guy and, they're clearly just so diseased, it's becoming more and more common, it's ridiculous. I've just noticed, visually, you can see it, just around, like, the hole [at the end of the penis], it's all swollen...

And a lot of STIs give off a smell.

Fucking oath! I've had to turn down heaps of jobs lately, just because I can't. They're, like, 'I don't want you to do it without a condom'... it's not the fact that I have values, it's the fact that they're so fucking diseased... I say, 'look, you can clearly see you got fucking herpes or something' and they still deny it. It's like, 'hold on, you know there's no way I'm going to do it, so...' you know ... they still try to trick you into doing it. They wave money in your face and offer you an extra \$20 even though you've established they've got herpes. It's, like, [exasperated] fuck man.

In contrast to clients' lack of knowledge, some street-based workers find themselves providing advice to infected clients. The sexual health knowledge of workers is addressed below. At this point, it is timely to provide an example of the manner in which some workers will only engage with clients after they have conducted a physical examination of their genitals. **Tracey (31)** provided a detailed explanation of how she ensures, to the best of her ability, that clients are free of infection, as well as the means by which she and a number of other workers act – in an informal sense – as sexual health educators:

With gonorrhoea, what I usually do [is] squeeze [the penis and] push up [the shaft] to see if there's any discharge coming out with my clients. [Although it disappears after a male has urinated], it reappears, after you've urinated, it reappears half an hour later.

With the warts, one client, when he pulled down his pants, it was just [like] 'no way I'm not going near you'. Because I've seen like one or two warts on penises before, but you don't

⁴⁶ DATY = 'Dining at the Y' (performing oral sex on the worker).

⁴⁷ BBBJ = 'Bare-back blow job' (unprotected oral sex performed by worker on customer).

⁴⁸ FS = 'Full sex'.

freak out if you see one or two, [you just say] 'go and deal with it'. But this guy, he had his whole knob... it literally looked like, you know, when you go to the supermarket and buy cauliflower, the whole knob actually just looked like a cauliflower. I said to him 'that's a bad case of warts, and I don't think you can get them burnt off because [they've been there] too long, and if you burn them off, they're gonna grow back anyway'. Because I do know that if you don't get to them at a certain time, they just keep coming back.

Tracey suggested it would be a mistake to generalise about the sexual health knowledge of street workers. Arguing that 'some girls down there are too stupid to know what's in front of them'. The circumstances referred to below provide an insight into the different levels of knowledge and the willingness (or ability) to work according to self-imposed rules. While workers like Tracey and **Cheryl (064)** went to certain lengths to examine clients before engaging in sexual services, both acknowledge the presence of women who do engage in dangerous practices:

I check all my boys out thoroughly, to make sure [there are no STI's]. Now sometimes when I'm in the car with 'em, I can't do that. I use my pen light to investigate... because you never know. I check for sores, cuts, abrasions, anything that shouldn't be there. And if they have any of those symptoms, I won't touch 'em... I'll say 'sorry I can't touch you'.

Only stupid women do [unprotected sex]... Any one of 'em... AIDS, gonorrhoea, it's a life sentence... because once it goes away and it's been treated, you can get bloody reinfected again. It doesn't have to be the same partner, it can be a different bloke.

As this chapter makes clear, particularly given the imbalance of power that influences 'negotiations' between sex worker and client, it is the latter whose demands present the greatest risk that STIs, including HIV, will become an aspect of the street-sex work scene in St Kilda and other unregulated markets. As their stories indicate, the street-based workers also comprise the most vulnerable sector of the unregulated sex industry, further increasing their risk if compelled to participate in high-risk sexual activity. Despite, or perhaps because of, reduced demand, street-based workers are increasingly compelled to 'negotiate' with clients who seek unprotected sexual services.

The workers were asked, via survey, to note the services that they were prepared to negotiate with clients. As is seen in the table below, all but two workers were prepared to engage in oral sex and all but two women provided penetrative vaginal sex. In addition to the five male and seven transgender workers, 11 women were prepared to engage in anal sex for the required amount of money.

Table 7.1: Which services do you provide?

| | No. | % | % of Cases |
|--------------------------------|-----|--------|------------|
| Massage | 46 | 12.2% | 53.2% |
| Oral | 87 | 23.0% | 98.9% |
| Penetrative Vaginal Sex | 73 | 19.3% | 83.0% |
| Penetrative Anal Sex | 23 | 6.1% | 26.1% |
| Fantasy (inc. B&D) | 44 | 11.6% | 50.0% |
| Spanish* | 22 | 5.8% | 25.0% |
| Hand Relief | 77 | 20.4% | 87.5% |
| Other | 6 | 1.6% | 6.8% |
| Total^ | 378 | 100.0% | 429.5% |

* 'Spanish' refers to stimulation of the penis between a woman's breasts. ^ Those workers who nominated 'other' included 'fisting';⁴⁹ 'kissing'; 'party talk/dance, body slides, client watching me play with myself and golden showers';⁵⁰ 'Golden showers, general showers and overnight company'; 'just time talking' and 'other services that were dependent on clients request and my consent'.

While these services do not represent any practices that would not take place in the bedroom of any other sexually-active member of the community, what makes the engagement in such a wide range of services a concern, is when those individuals who provide them are unable to do so safely (i.e. free from risk of contracting STIs). As Table 7.2 demonstrates, protection was used by all those participants who answered the relevant question (two workers left the survey question unanswered).

Table 7.2: What protection do you use?

| | No. | % of Cases |
|----------------|-----|------------|
| Condoms | 88 | 98.9% |
| Dams | 8 | 9.1% |
| Gloves | 17 | 19.3% |
| Other | 2 | 2.3% |
| Missing | 1 | 1.1% |
| Total | 115 | 130.7% |

However, it is the frequency and commitment to using protection that presented concerns, particularly when considering the demand for unprotected services. The street-based workers interviewed for SHANTUSI reveal the overwhelming demand for unprotected sexual services. This chapter highlights that current circumstances on the street are such that those paying street-based workers are placing workers at risk of STIs and, through them, raising broader public health issues.

Table 7.3 Do clients ever ask you not to use a condom?

| | Number | Percent |
|--------------|--------|---------|
| Yes | 87 | 97.8 |
| No* | 2 | 2.2 |
| Total | 89 | 100 |

* The two workers who answered in the negative were the worker who had been diagnosed as HIV positive, and a 28-year-old woman.

The extent of client demand for unprotected sexual services is disturbing, not least because, as suggested above, those demanding such services may have limited contact with health professionals and, consequently, little knowledge of the dangers of unprotected sexual activity. There has been very little, if any, research conducted with clients of illicit street-based sex workers in Australia. However, the experiences communicated by workers provide considerable anecdotal evidence that many clients ignore the risks of unprotected sexual activity, particularly in regard to transmitting STIs. Street workers of considerable experience could not comprehend the current level of demand for unprotected services or the disregard of sexual health. **Paige (019)** typified workers' incredulity when she talked of mugs' constant demands for unprotected sex:

⁴⁹ Inserting a fist in the sexual partner's vagina or anus.

⁵⁰ Golden showers refers to sexual activity in the form of urinating on a client (at their request).

It just amazes me, some of them. I'll say, 'You'd want to fuck a prostitute, a girl who spends all day fucking other men and you want to fuck her without a condom? Are you fucking stupid?' A lot of them will say, 'No, I don't want to, it's not that I want to fuck you without a condom, I was just asking if you did it.' Some of them try to barter with you – offer you more [money for unprotected sex]. Some of them will even try to rip a condom off while they're doing it or say, 'let's do it from behind' – and pull [the condom] off.

...Some of them try to convince you that they've never come down here before, they only sleep with their wife, there's no way they could possibly have AIDS and they try to con you into it and then I say to them, 'well, how do you know I don't? I'm a prostitute'. You flip it around on them and they still don't care, they try and convince you...

Such experiences are far from isolated, as illustrated by the following workers whose thoughts as to the intelligence of clients borders on derision:

The guys ask me 'don't use a condom, because I'm clean', I'm like 'how do you know I'm clean? How do you know I'm not riddled with diseases?' and you say that to them and they go 'oh, but look at you [and you *look* clean]'. It's got nothing to do with the way I look. It just shits me. **(Bridget 065)**

[Mugs] don't care about [workers] being clean... they think with their dick. [Unprotected jobs] started with just oral, you know. I'm like, 'do you think you can't catch something from oral? And if you think that that girl has only done [an unprotected service] with you, you're a fucking idiot. She's done it with a hundred other blokes as well.' **(Grace 044)**

A consistent report by street-based workers was that demand for unprotected services had increased greatly in recent years. **Gemma (028)**, a worker of many years experience, noted that condoms were rarely used prior to the emergence of HIV. However, the much-publicised emergence of the virus was sufficient to ensure compliance with workers' demands that condoms be used in sexual transactions. However, after only a few years, patrons of the sex industry 'started getting lazy [and] us girls started having to push them to wear the condoms, insisting it's not a choice.' By late-2009, Gemma stated that workers' insistence was no longer sufficient. A number of street-based workers noted that to do so in the current street sex market would be to lose a prospective client to another worker. Gemma estimated that 'about 96, 97 per cent [of workers] aren't using condoms continuously'. **Mercy (009)** underscored the high demand for unprotected sex at the time of the research:

Back in the old days, maybe one out of 10 [clients] would ask [for unprotected services] and now, these days, it's nine out of 10.

Requests for unprotected services form a disproportionate demand for street workers. Consequently, when so many workers are so desperate for money to meet their needs, the power in many sexual negotiations rests firmly with the client. It must be emphasised, however, that the majority of street-based workers who admit to high-risk sexual behaviours engage in such services with marked reluctance. As 38-year-old **Sandy (045)** observed, if a worker is struggling to meet the demands of a drug dependency, they will need to agree to provide unprotected sexual services and, in particular, the unprotected oral sex that is now seen as 'an expectation' of clients in St Kilda:

It's just become an expectation from mugs. [Workers] say 'oh I don't do that' – Bullshit! If you're going to make money out there... it's very difficult to make the sort of money [needed] for a habit. If you want to pull in quite a few hundred dollars, you're not [going to be] making that without doing [unprotected oral]. Not sex, I'm talking about oral... and we're not talking about a handful of people, [it's] *the majority*.

Many workers spoke of having regulars who provided a relatively stable income – and even of some who might be relied upon to provide a financial advance if a worker was in desperate need of money. However, Gemma warned of a tendency for regulars to win a worker’s trust and agreement to participate in unprotected sexual intercourse on the basis of the client’s supposed clean bill of sexual health.⁵¹ As she noted, the reality of the street is that *their* ‘regular’ may be having sex with several *other* workers at the same time.

Kelly (010) refuses to accept clients’ demands for unprotected services. However, to underscore the pressure that clients bring to bear on workers, this means Kelly misses out on several ‘jobs’ that would shorten her time on the street by several hours each day. This is no small issue. Standing exposed to all elements of weather, vulnerable to the threat of physical and sexual assault and robbery throughout lonely hours in relatively isolated streets can only weaken the resolve to maintain self-imposed boundaries that dictate those ‘jobs’ they will engage in. Kelly provides a vivid insight into the temptation that weighs on workers when heroin withdrawal may lead a worker to consider proposals that would not be entertained if they were not so desperate:

[The clients] just have that expectation that [that’s the way] it is. They’re kind of shocked when you do insist, ‘you’ve got to use a condom’... I’m too sacred to get an STD but there are some days when you do think, ‘fuck, I’m so desperate to get money’, you’re hanging out and think, ‘fuck, if someone came along and offered me \$100 for a head job unprotected’, it does cross your mind... there are some days I think could I, should I?

THE RELUCTANT ACCEPTANCE

Throughout the course of conversations with participants, we spoke with several who acknowledged engaging in high-risk sexual behaviours. Of those who agreed to requests for unprotected services, only one did so by *choice* (if choice is making a decision between two viable options). Many street-based sex workers refused to place themselves at risk of STIs. However, a greater proportion was sufficiently desperate for money to meet the demands of the client who was prepared to pay for said services. Of the 89 street-based sex workers surveyed in St Kilda, 39 (or 43.8%) acknowledged providing unprotected sexual services, as illustrated by Table 7.4 below:

Table 7.4: Do you ever make the choice not to use condoms while providing sexual services?

| | No. | % |
|----------------|-----|-------|
| Yes | 39 | 43.8 |
| No | 49 | 55.1 |
| Total | 88 | 98.9 |
| Missing | 1 | 1.1 |
| | 89 | 100.0 |

Those street-based workers who do not always use condoms when providing sexual services may be higher than the approximate 44% who answered that they had done so in completed surveys. The wording of the question may have led to some confusion. If the matter was a genuine ‘choice’, then, in almost all cases, it was apparent a worker would choose not to provide any sexual services without protection against the potential risk of STIs. Such

⁵¹ The acceptance of unprotected sex with regulars was a theme that consistently emerged.

were workers' circumstances, however, that they 'chose' to do so to make the money their personal situation dictated. Further, on numerous occasions during honest conversation about work practices and the pressures that accompanied street-based sex work, some workers acknowledged that, despite answering the survey in the negative, they had provided unprotected services on infrequent occasions. Twenty-three-year-old **Sonya (002)** made clear on her survey that she did not choose to engage in unprotected sex work. However, during the course of an interview acknowledged she had done so – due to a combination of being 'junk sick', unable to get a 'safe' job and the client's willingness to pay more money for the service.

Those who did respond in the affirmative to the respective survey question were provided space to write their reasons for making 'the choice' to provide sexual services without a condom. Eleven participants simply stated that they did so for money – whether it was more being offered or because, as six workers stated separate to money, the client would simply go to another worker if they refused his demands. Eight workers spoke of doing so when desperate as a consequence of impending drug withdrawal, one writing that she complied with demands for unprotected sex, 'If I've been standing outside for a while and no jobs and I'm hanging out'. Three participants stated that regulars would not use condoms and a number stated they only provided unprotected oral sex because 'It's very difficult to get oral jobs with condoms and that is the majority of the work.' Many of those workers who acknowledged 'choosing' not to use condoms when providing sexual services, but did not write a reason in the space provided, specified, during subsequent interviews, that they only did so for oral sex and insisted on the use of condoms for penetrative vaginal and/or anal sex. Unfortunately, the fact such distinctions only arose in interviews (and a small number of surveys) means we do not have reliable data as to which services were provided without condoms and with what frequency by those workers who acknowledged doing so. However, the honesty of participants does provide an insight into risky sexual practices within the street-based trade. **Mercy (009)** acknowledged providing unprotected oral sex. However, she was only prepared to do so if she could negotiate a greater payment from the client concerned:

I charge extra for it. 70.

Are you concerned about STIs?

Not at the time, unless they've got big weeping calluses, stuff like that.

How often do you give unprotected oral?

Lately? Once a day.

Mercy's admission that she is not concerned about STIs 'at the time' provides an illustration of how circumstances can lead to long-term health interests being subordinated to immediate needs. **Caroline (078)** spoke about beginning work with a number of rules about what she was and was not prepared to do as a sex worker, and how these rules eroded as her 'needs' became more pronounced. An individual's drug dependency effectively becomes an unseen participant in negotiations with clients. As Caroline related:

I had one instance in particular where a client didn't want to wear a condom, I was really sick; I was hanging like an absolute dog. You know, you have all these morals to start off with, but slowly they sort of decrease as your needs change.

Unlike some other workers, **Margot (005)** did not expect any additional money to engage in unprotected oral sex. She saw any attempt to negotiate with a client as the potential loss of a customer and more time standing on the street without being able to meet the needs of her drug dependency. As she stated, 'some [clients will] offer more money [but] generally not... because they'll find someone who will [provide unprotected oral sex for the standard price]'. She elaborated:

Have you ever been in a position where you've accepted a proposition of unprotected sex because you've been hanging out [for heroin]?

Yeah, I have... not, sex. I've never done sex without a condom. I have done oral if I've been standing out there for a while, there's been no jobs and I'm hanging. If someone stops [and propositions me] I'll definitely... if someone stops and asks for oral I'll generally say no but if I'm hanging, just to quickly get a 50, do an oral, go and [buy heroin] and then I'll be fine. Yeah, I have to.

Desperation can effectively nullify a worker's ability to negotiate with clients. **Tegan (027)** noted increased pressure on the street-based sex workers due to a perceived lessening in client demand. In this environment, workers were not only prepared to engage in such activities but were increasingly robbing or 'undercutting' standard prices as addressed previously.

Marina (018), an experienced worker of 39 years of age, was explicit in tying engagement in risky sexual behaviour to drug dependency and the compulsion to meet the needs of that dependency.

Any worker that's a heroin addict that tells [you] they haven't done a head job or even sex without a condom is a liar. Because... you look sick [from withdrawal] and they [the mugs] know you're sick and they'll exploit anything they can get. I know a lot of guys that are pretty cool and don't treat me like shit but a lot of guys will pay you the money and because they've paid you the money they think they own you, yeah... I have [provided unprotected services before] before.

What were the circumstances – desperate for money and a quiet night?

Definitely. [It has] just been absolutely mega desperate. It's been 10 hours since I've scored [bought some heroin]. I'm sweating, my nose is running. I can't even stand up and I'm sitting on the gutter and some guy will pull over, see I'm sitting on the gutter... and I'll just go 'fuck it! [I'll do what he asks].' I haven't done it for a while – as I've got older, I've been able to plan ahead a few days.

It is in these circumstances that some workers will engage in unprotected penetrative sex. A number of workers who did so explained that the competition for clients meant they had to offer services that other workers may have refused to engage in. **Mandy (051)**, a worker aged in her 50s, described personal circumstances in which she cannot afford a motel room to service clients and cannot take them to her home where her school-age children live. She was adamant when she insisted that to refuse offers of unprotected jobs would amount to no work at all.

For some workers, the financial return was all the reason needed to risk long-term sexual health by providing unsafe sexual services. The ability to make the equivalent of a full week's wages in a night on the street was a rationale used to meet demands for high-risk sexual services. Sex work is **Anna's (046)** primary source of income. Such is the extent of demand for unprotected services that Anna sees providing them as necessary to make an income. She did acknowledge her approach is somewhat blasé: 'Out of sight, out of mind sort of thing. If you're not seeing it, you're not concerned.' However, she also acknowledged that her age is a factor in her decision.

Yeah I have [done unprotected jobs], I definitely have... it's not that the pressure's been so great but that the money's been so inviting.

So you haven't been hanging out?

No, they're offering you more money to do a service without the condom and at times I'll knock it back [unprotected penetrative sex]. I'll do oral without. I don't brag about it to the other girls even though they may do it themselves... but say they don't. It's my business and I wouldn't get the work I do at my age if I didn't.

In a very few cases, there was a disturbingly blasé attitude towards sexual health. **Julianne (085)** actually declared that she didn't mind if a client *wanted* to use a condom, so accepting was she of providing unprotected services. Her views, elaborated upon below, were the most extreme we encountered when discussing the potential risks of engaging in high-risk sexual activities.

I don't care about it for some reason. Most clients, or most people, don't like it with a condom. And look, if they *do* want one that's fine, I'll definitely use it. You can probably catch something, can you? Yeah... but for some reason, I don't let that bother me because I'm dealing with a guy who's looking after himself. That's the way I look at it. I can sense it, I mean I might be wrong, I could have some STD's but I don't think I do. But most guys I get a feeling, like I wouldn't go down on someone that I didn't fully trust. But I know that's risky saying that, because I don't know for sure.

THE THREAT OF SEXUALLY TRANSMISSIBLE INFECTIONS

As might be expected in light of Julianne's comments above, while there was an absence of HIV among those sex workers who participated in the SHANTUSI project and were still actively working on the street, a number spoke of having contracted STIs as a consequence of unprotected oral sex.⁵² **Josephine (073)** noted in a matter of fact way:

On some occasions I've had unprotected sex, and I have caught an STI out of it, herpes. Sometimes it comes and sometimes it doesn't.

Although only 28 years of age, **Jess (037)** had been working on St Kilda's streets for a decade when she participated in the SHANTUSI project. Her willingness to provide unprotected oral sex was explained in the same terms of vulnerability as other workers (i.e. a desperate need for money, a scarcity of clients or client interest, and the previous loss of jobs due to her former insistence that a condom be used). This had resulted in Jess contracting gonorrhoea (which she subsequently passed to her partner). **Jake (035)**, a male street-based worker has contracted several cases of gonorrhoea. He stressed that he will only provide oral sex without protection and insists on condom use for penetrative anal sex. He also reiterated the dubious nature of 'choice' to put oneself at such risk, noting he was only predisposed to accept propositions for unprotected services when desperate, particularly if the client is willing to pay extra for the service.

Yes, [I've contracted] gonorrhoea... not frequently. I always try to get them to use a condom but if... you know... if it's just them and I really need the money. It's not HIV, it goes away with a pill. It's kind of in your throat... but, it's not something you really need to suffer [from].

For those workers who have had past experiences of STIs, checking clients thoroughly was of considerable importance. However, it was, again, of secondary importance to money. **Teri (056)**, an intelligent woman of 40 years, has had terrible experiences with STIs, including a case of advanced genital warts that led to invasive surgery to remove of a part of her cervix (which then led to further complications). Although working since 1994, she finds vaginal sex difficult because of previous surgery. Given her past experiences, Teri is very careful, informed and alert as to the issues presented by STIs and the need to take measures to prevent their transmission. Ultimately, however, even for Teri, the need for money was of greater priority than sexual health:

[In terms of checking clients for STIs] you can't see a lot of stuff in a dark car. And when you start to check they'll get pissed off and you won't get your money. At the end of the day it's about getting that money. So what do you do, it's about the money or the risk... and as you get older you're not young and pretty, not the new thing on the block and you have to work that little bit harder. You can get pubic lice, head lice, body lice. You can't wrap yourself in glad wrap [so it's a risk that you're compelled to take].

⁵² Unprotected oral sex leaves the recipient at risk of contracting herpes, gonorrhoea and syphilis.

While more than 90% of street-based workers had been tested for sexually transmissible diseases, there was a wide level of variation in the frequency and regularity with which workers were tested. Those workers that provided answers as to the frequency of testing ranged from having never been tested to being tested every month.⁵³

Table 7.5: Have you ever been tested for an STI?

| | Number | % |
|--------------|--------|------|
| Yes | 87 | 92.1 |
| No | 7 | 7.9 |
| Total | 89 | 100 |

As indicated in Table 7.6 below, 48 of the 82 participants tested⁵⁴ for STIs had their mouths swabbed as part of a process to check for the gonorrhoea.

Table 7.6: If yes, has your mouth been swabbed?

| | No. | % |
|----------------|-----|-------|
| Yes | 48 | 53.9 |
| No | 37 | 41.6 |
| Total | 85 | 95.5 |
| Missing | 4 | 4.5 |
| Total | 89 | 100.0 |

Approximately 53% (47) of the 89 street-based participants in St Kilda acknowledged receiving treatment for STIs. The relative ease with which an individual can be treated for most STIs may be a factor that contributes to the rate of unprotected sex. **Liz (039)** contracted chlamydia after agreeing to provide unprotected penetrative sex. Although this may present complications if not treated, the manner in which it is dismissed as a temporary affliction suggests the potential loss of earning ability and possible complications may need further emphasis.

Was it a simple matter of getting rid of it [chlamydia]?

Yep... just a shot in the bum.

Ironically, the greater proportion of street sex workers who reported contracting STIs had done so in non-commercial (i.e. private) sexual encounters. Time and again, workers would relate cases of STIs that had been contracted from current or past partners. **Danni (054)** noted her ability to avoid contracting an STI while working the streets (as compared to engaging in non-commercial sexual relations). However, given her tendency to rarely use condoms, this is perhaps more indicative of luck than any strategy to minimise risk:

I've never caught anything down here [on the street]... I've caught one STI, genital warts, and that was with unprotected sex that wasn't even a client, just another friggin' homeless person... that's how I got that. There's been years and years and years of no condom work here... and not one STI.

⁵³ See Appendix 3 for the frequency of STI testing as listed on participants' surveys.

⁵⁴ Although only 82 participants acknowledged being tested for STIs, 85 participants answered the survey question in relation to having their mouths swabbed. It is assumed these participants answered in the negative, having already indicated that they had not been tested for STIs.

Lisha (068), a transgender street worker, has received treatment for numerous STIs; all infections were contracted from private partners. This response was indicative of two important factors. Firstly, sex workers' use of condoms is seen as a work practice and is used to demarcate a non-commercial partner from a client by not using contraceptives or condoms with the former. This has been supported by past research with street-based workers (e.g. Pyett & Warr 1997). It is also suggestive of the continued widespread use of condoms when engaging in penetrative sex with clients.

THE REFUSAL TO PROVIDE UNPROTECTED SERVICES

It is far from the case that all street-based workers (including those with substantial drug dependencies) will agree to provide unprotected services. Indeed, it must be emphatically stated that over half of those 89 St Kilda street-based participants did not provide any form of unprotected service. **Dena (006)**, a transgender worker, refused all approaches from mugs demanding unprotected services. This was in spite of a sizeable and extremely costly heroin dependency. As Dena observed:

[Unprotected sex is] in very high demand, it's ridiculous. It's because so many girls have become desperate and so many guys have started asking for either oral – predominantly oral – but they ask for sex without a condom. So many girls have become so desperate to get the jobs; they resort to doing that... I will stand there and I will reject customers all night and it kills me because I see other girls jumping in cars that I have said no to. That's life.

Her own refusal to do so is framed in the following stark but explicit terms:

The risk of catching something from oral is slim, but there's still a chance. You know, it's like, I'm 32-years-old, I want to live a long and healthy life... I won't allow myself to get sick. I'd rather have my self-esteem intact and my purse empty.

It was those workers who were able to conceptualise a future life, and a contented one at that, who were able to refuse the constant demands and pressure to provide unprotected services. Thirty-four-year-old **Lorena (012)** was one of the two female workers who refused to provide oral sex – protected or not – given that, even when using condoms, 'there are too many diseases that can be transmitted:

It's bad enough be in the predicament [as a street-based sex worker] without doing a physical examination, saying 'show me this, that, lift your balls up etc.' I don't do it – only sex – sexual penetration, with a condom, not a problem.

Others, such as **Bess (021)**, despite 'sleeping rough' at the time of her interview, could not 'stomach' the idea of engaging in unprotected oral sex, indicating a readiness to turn to criminal activity as a preferable alternative to making the money she needed to survive. **Presh (014)** was similarly disposed, despite clients' attempts to persuade her otherwise:

I'm pretty staunch when it comes to that. I won't do it, I don't care. The way I see it, if they're asking me, they're asking all the other girls, *everyone's* going to end up with something. That's why I say I could never do that. It's bad enough I'm doing what I'm doing, if I didn't use a rubber I think I'd kill myself.

Heather (059) had spent approximately 4 years working on the street, despite being only 21. She attributes her ability to successfully refuse clients' offers of unprotected jobs to her infrequent drug use (and, consequently, less desperate financial need) and her healthy and youthful

appearance attracting propositions from clients who will agree to use condoms so as to engage in sexual activity. This is not an option for those whose appearance is betrayed by years of chronic drug dependence, working on the street and experiencing long term homelessness.

Shauna (058) will not engage in unprotected sex and follows a stringent 'cleaning' regime after every engagement with a customer. She attributed her need to be clean to sexual abuse she was subject to as a young girl in her family home. She spoke of being left feeling 'dirty' and that, to this day, she does not wash so much as spend time 'scrubbing the shit out of myself' in the shower. Her commitment is reflected in the following cleansing routine she completes after each engagement.

First, straight away I wash my hands if a sink's available. Otherwise, I get the baby wipes out and swab each finger and then do under each fingernail. I also make sure I don't have any chips in my nails in case it breaks the condom. And then [what] I do with the baby wipes [is] put antiseptic cream on [them] and [clean myself] down there. I wipe the crap out of myself. But I make sure I don't go over one spot twice. And not from front to back, I use separate wipes for those. And not through ten pairs of jeans [or] for a million dollars, [clients] do not touch me down there, that is that – three warnings and then you're out.

Shauna has never contracted an STI. However, she is aware of their presence on the street having been approached by clients suffering from the effects of such, including 'one guy [who] had a block of cauliflowers on him'.⁵⁵ In this context, her strategies extend beyond the use of condoms. Where possible, she will avoid skin-on-skin contact ('When they want a hand job, I'll still do it with a condom') and engage in trick sex⁵⁶ most of the time and, for oral sex, wrap a t-shirt around the base of the client's penis to avoid that part of the uncovered penis coming into contact with her skin.

Shauna certainly acknowledged that she loses clients from time to time as a result of her own – non-negotiable – demands. In any case, she said, 'I really don't like them touching me full stop'. Shauna's attitude is mirrored by **Si (144)** who observes other workers engaging in dangerous practices but avoids skin-on-skin contact herself:

It's getting really bad at the moment because girls are doing it [unprotected jobs]... there might be one out of five of us that won't... you don't know what diseases are going around, so you've got to protect yourself over it... I will not do a job unless he's got a condom on. Even for my oral jobs. And [for those who perform cunnilingus] on myself I use dams⁵⁷, I don't do contact [with] skin.

Dee (022) shared what changes she had observed in the street trade following an interim period of incarceration that punctuated her own sex working career:

The only thing that's changed are the girls. They're doing, basically, every oral job that a client stops for, it's expected, with no condom. And a lot of the girls are saying they're doing it with condoms whereas before they'd be saying, 'Nah, no way!' They probably *would* have been doing it, but would have said 'no, no.' Clients are expecting both for 60, 50... which makes it harder for me to get work.

Are girls undercutting prices?

Definitely, which means it's harder for me to get work and it's really fucking annoying because I feel like I'm the only one in my little rowing boat saying come on girls, just use a fucking condom for one, and we'll all get paid and we'll all get work, just stand your ground – basic economics but they don't know that. It's dog eat dog, all for themselves, as soon as

⁵⁵ Participants' comments regarding such infections seem to indicate an apparent prevalence of advanced cases of genital warts among clients of street-based sex workers.

⁵⁶ A small number of female and transgender participants spoke of engaging in trick sex which involves stimulating the mug to orgasm by rubbing their heavily lubricated penis between their thighs or even a fist to make clients think they have penetrated the worker without actually being allowed to do so.

⁵⁷ A dam is a very thin latex protective sheet that is placed over the vagina or anus to protect an individual performing cunnilingus or analingus from any STIs that may be present.

they get their money, it's go and score. You'll probably hear that from girls whom have been down here a long time. I'm seeing it a lot down here with the newer girls before I went to jail. It's rife, it is crazy.

So you refuse point blank?

I'll kick their door in or I'll just take their money off them.

As Dee is clearly aware, a united front of sex workers insisting on condoms for all services and refusing to accept a dollar less than established prices would mean that those seeking a relatively inexpensive alternative to brothels and escort agency-based sex workers would be forced to meet the conditions established by workers. This would maintain a common standard and improve workers' conditions as a direct consequence. A further advance would be a public health intervention to address the levels of ignorance in clients' sexual health knowledge. At the moment, it is the workers themselves who provide this valuable intervention, given their unique access to men who appear to have limited information about HIV and STIs. Further, many clients view workers as 'experts', asking questions they may not broach with others (such as their family GP). Despite the fact that their mental health and wellbeing is affected by discrimination and marginalisation, as street sex workers, they are able to talk openly about sex. Commercial sex is one of the most negotiated of sexual exchanges. This creates conditions for explicit conversations around boundaries in a manner that cannot be underestimated as it creates a non-judgemental environment for learning about the issues of approaching sex in a healthy and risk-free manner (Mawulisa & Robinson 2003).

AWARENESS AND ATTITUDES TOWARDS UNPROTECTED SEX

Despite the willingness of a number of workers to engage in high-risk behaviours that leave them vulnerable to sexually transmitted infections, it is clear from the apparent absence of HIV among street-based sex workers that their knowledge and sexual health awareness has served the sex industry well. As noted previously, there are lower rates of STIs among some sectors of the sex work industry compared with other cohorts within the general population. At the same time, a small number of workers we met did acknowledge providing unprotected services due to a lack of awareness of the risks they were exposing themselves to. It was only upon receiving culturally-appropriate, sensitive and explicit information that workers were empowered to continue working but with the knowledge to protect themselves from the risk of STIs.

Sex worker organisations provide easy access to publications which contain simple descriptions and photographs of various STIs as well as information on different sexual services and the risks associated with them. The most recent publication included the relevant information translated into Mandarin, Korean and Thai for migrant workers.⁵⁸ Such resources are typically accessed through services such as the MSHC and RhED. All participants in the SHANTUSI project received copies of the most recent publication, with many workers commenting on the format and easy to understand presentation. The value of such information is clear when talking to workers such as **Zoe (007)** who, despite having worked for close to a decade on the streets of St Kilda, had 'just recently' learned about the potential of exposure to herpes and gonorrhoea during unprotected oral sex.

Until just recently I thought you couldn't get any STIs except for cold sores, you know, so I'd check everything. I always check [for physical signs of an STI] and if they look clean [I'd provide the service] but I didn't think without seeing it that there could be something

⁵⁸ Scarlet Alliance (Australian Sex Workers Association) 2009 *STI Handbook: A reference guide for sex workers to sexually transmissible infections*. This publication measures 15 cm x 10 cm and is bound in a plain red cover, allowing it to be carried to work and be read and referred to discreetly.

because some people have had [physical symptoms] and I've said 'no, I can't do it' or 'put a condom on' and then I've seen it [the STI] underneath [the condom]... I haven't done it without [a condom] and [caught] anything yet... luckily.

The pattern of providing unprotected oral sex until becoming aware of the dangers posed by STIs was also reflected by the experiences of **Paige (019)** who, when asked if she provided any unprotected oral services (despite indicating that she did not work unprotected on her survey), stated:

Before I knew how many diseases you could contract, then I did [provide unprotected oral sex], yeah, but not often. Then when I started coming in here a lot [RhED at 10 Inkerman Street], I became a lot more educated about how many diseases you could catch and how easy it is... A lot of the girls are really uneducated though, really uneducated.

In contrast, the number of workers insisting on at least visually inspecting clients' genitals is evidence of awareness of the threat posed by STIs. This can be taken to quite an extent as illustrated by **Lisha (068)**, a transgender worker, and her use of a miner's torch to carry out such inspections at night:

I've had a couple of clients where I'm like 'oh what's that, I think you need to get that checked'... cause I'm real picky. If there's a rash [I say] 'what is it?!'... I've worn one of those elastic torch things so you're in the car, just doing quick oral jobs, you know, it's just a joke... the girls are cracking up laughing.

Although evidence from the interviews and surveys indicated a high level of sexual health knowledge among participants, there were examples that illustrated that this knowledge did not always translate to practice. Despite the difficulties associated with identifying STIs, **Lisa (030)** stated she did unprotected oral with those clients she either knew or was prepared to trust. The dubious basis of trust was revealed by her claims that:

You can tell, from the moment people pull their pants down, what sort of person they are.

Wendy (050), an older worker, deliberately sought the patronage of older clients (preferably aged 60 and older). Through this strategy Wendy sought to avoid sexual intercourse where possible and restrict her services to the provision of oral sex. However, she was still willing to engage in unprotected oral sex if the client 'seems a clean type, a family man who is more paranoid than me'.

When it came to demonstrating actual knowledge about the effectiveness of condoms as protection against STIs and the degree to which STIs could be cured, street-based workers displayed a high level of knowledge. More than 80% correctly identified condoms as able to protect a worker from some STIs. STIs might still be passed on by a client given a condom as condoms only protect the greater length of the shaft of the penis, meaning skin connection with the base of the penis or testicles may lead to infection. Nonetheless, use of a condom does greatly reduce the risk of contracting an STI from an infected client.

Table 7.7: Which of the following is true?

| | Number | % |
|---|--------|-------|
| Condoms protect me from all STIs | 13 | 14.6 |
| Condoms protect me from some STIs | 71 | 79.8 |
| Condoms don't protect me from STIs | 5 | 5.6 |
| Total | 89 | 100.0 |

Some 91% of survey respondents correctly answered that some STIs are curable. The general permanence of herpes was most commonly noted by research participants. Similarly, there was a tendency articulated by many respondents to view HIV as an STI given the propensity for it to be transmitted during sexual activity.

Table 7.8: Which of the following is true?

| | Number | % |
|-----------------------|--------|-------|
| All STIs are curable | 8 | 9.0 |
| Some STIs are curable | 81 | 91.0 |
| Total | 89 | 100.0 |

HIV KNOWLEDGE

Asked whether they had ever been tested for HIV, the majority of street-based workers acknowledged being tested, although it was somewhat concerning that 12 workers had never been tested for HIV (particularly given the availability of a sexual health nurse from the MSHC at RhED.

Table: 7.9: Have you ever been tested for HIV?

| | Number | % |
|-------|--------|-------|
| Yes | 77 | 86.5 |
| No | 12 | 13.5 |
| Total | 89 | 100.0 |

Although there was considerable variation among the 77 workers who had been tested between regular three-month HIV tests on the part of some workers and infrequent and sporadic tests,⁵⁹ not one of the 100 street-based workers acknowledged receiving any treatment for HIV infection, including the worker who tested positive via saliva swabs (and who was no longer actively working on the street). When questioned on basic knowledge regarding the risk of transmission of HIV, the 89 workers demonstrated a high level of knowledge in the surveys provided.

Table 7.10: HIV can be transmitted through unprotected vaginal/anal sex. True or false?

| | Number | % |
|------------|--------|-------|
| True | 86 | 96.6 |
| False | 1 | 1.1 |
| Don't Know | 2 | 2.2 |
| Total | 89 | 100.0 |

In the following two tables, there was an element of confusion given the technical, yet remote, possibility for an individual to transmit HIV via a long, passionate kiss or through sharing a drink if both parties had bleeding sores in their mouths. In reality, it is a very unlikely prospect.

⁵⁹This frequency is listed in Appendix 3.

However, participants were not provided with additional information given the objective of the following questions was to ascertain their understanding of HIV and the potential means of its transmission, as well as what impact contracting HIV might have on an individual's life.

Table 7.11: HIV can be transmitted through kissing. True or false?

| | Number | % |
|-------------------|--------|-------|
| True | 15 | 16.9 |
| False | 67 | 75.3 |
| Don't Know | 7 | 7.0 |
| Total | 89 | 100.0 |

Table 7.12: HIV can be transmitted through sharing drinks?

| | Number | % |
|-------------------|--------|-------|
| True | 6 | 6.7 |
| False | 75 | 84.3 |
| Don't Know | 8 | 9.0 |
| Total | 89 | 100.0 |

Given the drug histories that a majority of the street-based participants brought to their work experience, it is unsurprising that 99% of survey respondents were aware of the risks inherent in sharing injecting equipment.

Table 7.13: HIV can be transmitted through sharing injecting equipment. True or false?

| | Number | % |
|-------------------|--------|-------|
| True | 89 | 98.9 |
| Don't Know | 1 | 1.1 |
| Total | 89 | 100.0 |

There was less certainty about just what the contraction of HIV meant for quality of life. While a majority of survey participants acknowledged that HIV was not an infection that could be cured, there was awareness among approximately 89% of respondents that anti-retroviral treatments were available to prevent the development of AIDS. Furthermore, 77% of respondents believed that treatment— in combination with a nutritious diet and lifestyle change – could allow those with HIV to live long and healthy lives.

Table 7.14: HIV can be cured. True or false?

| | Number | % |
|-------------------|--------|-------|
| True | 3 | 3.4 |
| False | 71 | 79.8 |
| Don't Know | 15 | 16.9 |
| Total | 89 | 100.0 |

Table 7.15: HIV can be treated. True or false?

| | Number | % |
|-------------------|--------|-------|
| True | 79 | 88.8 |
| False | 4 | 4.5 |
| Don't Know | 6 | 6.7 |
| Total | 89 | 100.0 |

Table 7.16: People with HIV can live long, healthy lives. True or false?

| | Number | % |
|-------------------|--------|------|
| True | 86 | 77.0 |
| False | 1 | 8.0 |
| Don't Know | 2 | 14.0 |
| Total | 89 | 100 |

In contrast to the above, only nine of the 85 respondents who answered the question were aware of the existence of post-exposure prophylaxis (PEP) – a course of medication that reduces the risk of an individual who has been exposed to HIV. Four of these nine individuals were male or transgender, reflecting the fact that information regarding PEP is targeted towards the homosexual male community as the most ‘at risk’ population.

The sexual health knowledge of street-based sex workers is high; several acknowledged this was through information provided by RhED and subsequent exposure to appropriate educational materials. As a consequence, the levels of sexual health knowledge were unsurprising. Further, each participant had already participated in a brief sexual health intervention prior to being interviewed and surveyed, refreshing existing sexual health knowledge prior to completing the survey.

Of greater concern was the lack of protection used in private sexual relationships. As noted earlier, the absence of contraception is used to demarcate a private encounter from a commercial sexual encounter. A few workers had passed on STIs to partners after contracting them at work, which is to be expected given the increasing engagement in unprotected sexual services with clients. However, they also claimed that they were also more likely to contract STIs in their private relationships. The most sexually-active participants were male and transgender respectively. In this context, the 57% of participants in private relationships who did not use any form of protection provided an alarming figure.

Table 7.17: What protection do you use in private sexual relations?

| | No. | % |
|-----------------|-----|------|
| None | 51 | 57.3 |
| Condoms | 21 | 23.6 |
| Missing* | 17 | 19.1 |
| Total | 89 | 100 |

* ‘Missing’ respondents were those participants who had not been in a private sexual relationship during the previous 12 months

The St Kilda street-sex market, as has been shown, is an entrenched market that is resistant to attempts to disrupt or shift the activities concerned to another area. This is due to a concentration of individualistic responses that focus on sex workers as individuals breaking the law or disrupting the peace and affecting the amenity of the local St Kilda community. However, it is the structural determinants that have led – and entwined the lives of many of these individuals with - that street market. It is not until a holistic policy response which draws on models of population health is explored that this issue may begin to be addressed. Many workers had a marked desire to be included in a 'mainstream' society of which they are equal and contributing members, and many more wish to leave their drug dependency and the street behind. Until issues such as social exclusion, ill health, homelessness and entrenched violence are addressed, they have little hope of doing so. The influence of structural determinants on the lives of many disadvantaged persons means that dependent drug use and, consequently, the willingness to exchange sex for money or other material gain is not confined to Victoria's only established street-based sex market in St Kilda. Indeed, smaller opportunistic street sex markets outside of St Kilda are finally being acknowledged in areas where a drug trade is present. The next chapter discusses one such market.

DREAM LOVE PEACE
FAITH CHERISH SING
COURAGE TRUST HOPE
BELIEVE GENEROSITY
FORTUNE HAPPINESS
WEALTH WISDOM GOOD
SUPERNATURAL NEW
EQUILIBRIUM GROWTH

An emergent street sex
scene: Footscray CBD

Phòng trống rộng rãi sạch sẽ, che

to gần ga bus và trên cao tốc số 410 & 408
đặt thích hợp cho bạn với hoặc người độc thân

Liên hệ: Cô Oanh (012 188 603 or 0413 8 250

AN EMERGENT STREET SEX SCENE: FOOTSCRAY CBD

The exchange of sex for the means to survive has been an ever-present aspect of the socio-economic inequality and patriarchal dominance that have characterised Australia from the days of colonisation to the present.⁶⁰ There remain myriad – if shamefully resolvable – issues that compel individuals (overwhelmingly women) to use their bodies in exchange for the resources they need to survive. In this respect, while St Kilda has the only widely-recognised street sex market in the Victoria, the negotiation of commercial sexual transactions in public spaces has never been isolated to one suburb.

There is little known about the existence of commercial street-based sex markets in Melbourne outside of the entrenched St Kilda trade. However, anecdotal evidence suggests that sex work of a more opportunistic nature exists in close proximity to other public areas where heroin can be bought, further linking street-based sex work with drug dependency. In late November 2008, the *Herald Sun* reported concerns held by the Office of Police Integrity (OPI) regarding the potential ethical risks implicit in police officers interacting with sex workers. This followed reports from St Kilda street-based workers about officers intimidating workers or demanding sexual favours in return for turning a blind eye to illicit activities. However, a restaffing of St Kilda police station, following allegations (and proven cases) of corruption in 2008⁶¹, has since encouraged what workers overwhelmingly reported as a positive relationship with local police. This does not put a stop to potential abuses of power, such as the actions of one transit police officer suspended in November 2009 after several attempts to extort money from street-based sex workers in St Kilda (Shand 2009). In response to such reports, the manager of the OPI Corruption and Education Unit recommended appointing police liaison officers in regions where street sex work was present. Along with St Kilda, the manager, Heidi Ravenscroft, identified the CBD, Richmond and Footscray (Moor 2008). This led to a report in the *Footscray*, *Yarraville*, *Braybrook Star* in which then Footscray Police Inspector Ian Geddes denied claims that the area was home to street sex work, although this denial was less than emphatic:

We have no knowledge of this whatsoever. We haven't seen it, we haven't heard about it and we've had no complaints from the community... Over the years there's been the occasional person who's been found to be working the streets but it's not a systematic problem like they have in St Kilda (Nolan 2008).

Ravenscroft acknowledged she did not have an accurate understanding of the size and nature of the industry in the named areas. 'As to how big a problem is it,' she noted, 'that may be up to the Footscray community to comment' (Nolan 2008). At a subsequent ANEX⁶² Conference, members of the Footscray community offered specific comment on this emerging issue. At the conference, held in Melbourne in October 2009, staff from the Footscray-based health service Health Works presented a paper entitled 'Sex 4 Swap' in which they noted an emerging street sex scene in the area as early as 2007. The sex work they witnessed was 'informal, isolated and varied in frequency'.⁶³ It was also conducted by known injecting drug users. Staff identified the need for proactive prioritisation of workers' needs to allow said workers to overcome the obstacles of discrimination and marginalisation and access health services and sexual health information. The ANEX conference paper represented the

⁶⁰ For a fascinating insight into early sex work in early colonial Australia, see Sian Rees (2002) *The Floating Brothel: The extraordinary true story of an Eighteenth-Century ship and its cargo of female convicts*, which details the 1789 voyage and subsequent life in Botany Bay of 237 female convicts sent from Britain for the purpose of providing sexual services to the men there. Initially, the women received 'favours' in return for providing 'relief', for their accompanying sailors.

⁶¹ See for example, McKenzie 2008a; McKenzie 2008b; Silvester 2008; McKenzie & Silvester 2008; McKenzie 2008c.

⁶² The Association for Prevention and Harm Reduction Programs Australia.

⁶³ ANEX, 2009, *Australian Drugs Conference, Drugs in Hard Times*, 1-2 October 2009, Conference Program, 25.



only empirical evidence of street-based sex work in Footscray at that time.⁶⁴ The informal and isolated character of the trade has prompted interpersonal dynamics and negotiations between street-based sex workers and clients in Footscray that differ considerably from those that characterise the street trade in St Kilda. In St Kilda, women can be found openly working on the streets at any time of day. It is their visibility that attracts trade. In contrast, the nature of street sex work in Footscray is surreptitious and secretive. Our limited awareness of this situation – and of anecdotal evidence of opportunistic sex work occurring in other areas of Melbourne, including Dandenong and Fitzroy – was the impetus for our efforts to better understand the dynamics of opportunistic street-sex work as a potentially expanding area of the unregulated sex industry.

The use of drugs – and particularly heroin – by all but two of the 11 participants recruited in Footscray again raised the issue of compulsion that leaves those with a dependency vulnerable to high-risk sexual behaviours. It is the availability of drugs via street networks that provides the common connection in those areas of opportunistic sex work (DPEC 2000). The presence of a street drug trade in Footscray is underscored by the frequent presence of Victoria Police’s only surveillance van in Footscray mall. Police Inspector Geddes stated the van is used across the state ‘but predominantly in Footscray’ – testament to police awareness of continued drug activity in the area and attempts to dissuade such illicit activity (Capone 2010).⁶⁵ Although hidden, the presence of an active drug market attracts dependent and occasional users.⁶⁶ While illicit drugs remain distributed by criminal syndicates (free of such regulations as pricing controls), a legitimate income will be unlikely to meet the needs of a dependency. Consequently, as noted above and succinctly confirmed by **Chantal (113)** below, those able to meet their needs via the sale of sexual services will do so:

A lot of people are surprised that [street sex work happens in Footscray]. They don’t realise there are girls here who do it. And I go ‘mate, if there’s drugs, and drug-addicted girls, there’ll be hookers around’, because they’ll be hanging out and they’ll do anything to get a taste. Which sucks, but it’s life I suppose.

PARTICIPANTS

In our efforts to understand the emergence and potential public health threat posed by an opportunistic street-based sex trade, we contacted staff at Health Works (Western Region Health Centre) who recruited 11 women who self-identified as street sex workers, and with whom we subsequently met to discuss their ‘working lives’. The women in question procured clients when the (comparatively) infrequent opportunity arose in Footscray’s CBD and, in particular, the mall that bisects the commercial precinct. Participants were interviewed on two separate days in early February 2010. A general demographic profile of the participants is provided below. None of the 11 participants had witnessed the presence of male or transgender sex workers in the area. They ranged in age from 22 to 43, although they were generally younger than the St Kilda cohort with all but three participants aged 30 or under, with an average age of 29.4 years.

The fact that the Footscray sex trade cannot be relied upon to provide an income with the frequency of the street in St Kilda was reflected even within the small sample we spoke to

⁶⁴A small number of media reports have drawn attention to a small street sex scene operating in central Footscray for over more than a decade – typically in passing and in articles that have focused on the street trade in St Kilda. None have offered any evidence for reports of a street sex trade in Footscray. In 2000, Rachel Hodder, for the *Herald Sun*, wrote about street-based sex work under the banner, ‘Shame on our streets.’ Her report noted that this ‘shame’ was infiltrating areas such as the Melbourne CBD and Footscray. Another media report from 2002 (Tinkler and Hodgson) alleged that ‘children’ were selling sex in Footscray and highlighted the development of small street sex trades in other drug ‘hotspots’, such as Springvale and Dandenong. A 2004 Child Wise report, *Speaking for Themselves: Voices of young people involved in commercial sexual activity, included Footscray* in their research area along with St Kilda and the CBD. One of the 30 young participants was living in Footscray when interviewed. However, the researchers concentrated on young people located in the Melbourne CBD and St Kilda for methodological reasons outlined in the report.

⁶⁵The van in question has five surveillance cameras mounted on its roof, offering a 360 degree view of the surrounds.

⁶⁶This is not to suggest a return to the years of 1995-2000 when a visible street trade in heroin brought the focus of state-wide and local media onto Footscray, which was subsequently dubbed the ‘heroin capital’ of Victoria (if not Australia) in numerous media reports (see for e.g. Rowe 2003). Although a drug trade is present, it is not the visible and thriving trade once used as the basis of tabloid articles that drew on caricatures and stereotypes to portray Footscray as a drug slum dominated by migrant ‘others’.

in Footscray. Asked to specify their primary or main source of income, only four of the 11 participants nominated earnings through sex work as their primary source of income (or 36% compared to more than 70% in St Kilda). Nearly half of the participants drew their main income from income support payments while student allowance or employment were each cited as the primary source of income for two participants.

Table 8.1: What is your primary source of income?

| | No. | % |
|----------------------------|-----|-------|
| Employment | 1 | 9.1 |
| Centrelink Benefits | 5 | 45.5 |
| Student | 1 | 9.1 |
| Sex Work | 4 | 36.4 |
| Total | 11 | 100.0 |

Seven of the 11 participants added a secondary means of income, with just three of these participants citing sex work in addition to an alternative primary source noted above. Consequently, of the 11 participants recruited in Footscray, four did not engage in sex work as either a primary or secondary source of income. This reiterated the findings of the 'Sex4Swap' presentation in respect of the isolated and varied incidence of sex work among those involved in the Footscray area.

Table 8.2: What is your next main source of income?

| | No. | % |
|----------------------------|-----|-------|
| Centrelink Benefits | 4 | 36.4 |
| Sex Work | 3 | 27.3 |
| Total | 7 | 63.6 |
| No further response | 4 | 36.4 |
| Total | 11 | 100.0 |

The relatively infrequent nature of the Footscray sex trade was further reflected by the numbers of clients seen by participants in Footscray. While our street-based research cohort in St Kilda was characterised by women who consistently saw large numbers of clients (reflecting periods of around-the-clock street sex work), the relatively low numbers of clients seen in Footscray highlights the largely opportunistic basis of street work in which the chance an unexpected opportunity to make money through a commercial sexual liaison would be negotiated. While two participants estimated seeing, respectively, 100-200 and 200-500 clients, three of those interviewed had seen five or less paying clients in the previous 12 months.

Table 8.3: Approx. how many clients have you seen over the past 12 months?

| | No. | % |
|----------------|-----|-------|
| 1-5 | 3 | 27.3 |
| 10-30 | 2 | 18.2 |
| 30-50 | 4 | 36.4 |
| 100-200 | 1 | 9.1 |
| 200-500 | 1 | 9.1 |
| Total | 11 | 100.0 |

The participants in Footscray lived lives of relative stability as seen in their ability to live on income support payments *and* in comparatively secure accommodation. This contrasted with the disproportionate number of street-based workers living in insecure accommodation or 'sleeping rough' in St Kilda. Only one of the 11 participants in Footscray was 'sleeping rough'. In comparison, nine of the 11 were in secure accommodation in the form of private rental (four participants) or public housing (five).

Table 8.4: Where do you currently live?

| | No. | % |
|---------------------------------|-----|-------|
| Private Rental | 4 | 36.4 |
| Public Housing | 5 | 45.5 |
| Rooming / Boarding House | 1 | 9.1 |
| No Fixed Address | 1 | 9.1 |
| Total | 11 | 100.0 |

As noted in this report, many sex workers make a conscious decision to pay for drugs by engaging in sex work in preference to 'crime'.⁶⁷ **Penny (104)** was explicit when explaining a preference to 'put [herself] at risk' despite the cost to her personal life:

I'd rather do [sex work], instead of going out burgling, you know, homes, where people work – and work and work – for their belongings. What, for someone to come and take it? I'd rather put myself at risk than [go] hurting other people. But the only thing that does come along with this scene is because I've had a partner for nine years, and now... we used to make love, yeah? But now, it's like a job to me.

Penny found the money overrode her fears of the potential dangers associated with street-based sex work. She talks of how she has gradually become more entrenched in the trade, building a roster of regular clients who visited her 'in-house' each day:

The first six months ... every time I got into the car, I thought 'I can't do it', you know? So I probably did it about once a month for the first three months, and then I kept on, you know, a couple of times a month, then the last six months, I think it's because I was lucky enough to find decent people [as clients]. You know what I mean? That don't cause you trouble [during a visit] and then they go home and if I see them on the street, they don't come [up] to me, and if I see them, I don't come to them. But because you know, I've met at least ten of 'em, they're regulars, I'd say in the last six months, it has gone to every day. And sometimes it will go to like four times a day.

In contrast, **Fiona (112)** was involved in sex work to support herself as a student and single mother needing to meet the costs of living.

What made you start working, a year and a half ago or so?

Um, childcare bills, rent, electricity and gas bill. I can't afford it by myself. My daughter's dad doesn't pay child support, so I'm doing everything by myself... I know that that's not an excuse to go out and do everything, but it's the only way I can do something at the moment until I can find work. I'm studying at the moment, just at the Footscray campus there.

Fiona's experience speaks to a disadvantage experienced by those compelled to survive on parenting payments, unless income is supplemented via the 'underground economy'. While Fiona was one of two participants not actively using drugs, all were involved in sex work for

⁶⁷ Although soliciting for the purposes of engaging in sex work outside of licensed brothels remains a criminal offence in Victoria, many street-based workers draw a clear distinction between *earning* money by working the street as opposed to depriving others of personal property or engaging in other acquisitive crimes.

economic reasons. It is when the reason for pursuing sex work is economic *necessity* that workers become vulnerable to engaging in dangerous behaviours. Although some participants lived in secure accommodation and enjoyed stable relationships (factors that may lessen exposure to high-risk behaviours and, consequently, HIV), listening to the importance that drugs played in the lives of some highlighted a vulnerability through this particular avenue:

I used to deal down here [in Footscray], and I wouldn't buy [the heroin I was selling]. Nah, they're puny [deals]. What's the point of going [and] sucking off 10 people and then coming down here and giving some asshole your money? ...I've been [sex working] in St Kilda and I'll have money on me, I'd be hangin' out, and I'll catch the tram back in[to] the city and then a train back out to Sydenham because I know I'm going to get a better deal (Chantal).

THE STRUCTURE OF THE STREET SEX TRADE IN FOOTSCRAY

Participants' descriptions of the street sex trade in Footscray lack uniformity, confirming the isolated and informal nature of the market. The availability of street sex workers in Footscray appears largely confined to the commercial hub of the suburb. Opinion as to how long it has been possible for women to solicit (or men to procure) commercial sex transactions is far from uniform. A number of women interviewed offered personal perspectives about when street sex work first emerged in Footscray's CBD. While **Alexandra (103)** thought it had been around for just 'a few years', **Juliana (105)** recalled women working the streets at least as far back as the aforementioned, if unsubstantiated, media reports:

Back when I was using heroin, back in 2000, 2001 and 2002, hanging around Footscray, you had a few people that would walk around and stand there... often out of desperation... but now it's getting more common, yeah, a lot more common here... Well I just don't think it's as known here, like the regulars know I guess, like the people who [are around here all the time].

Similarly, there were conflicting reports as to whether the numbers of sex workers had increased or declined in recent years. Estimates of how long women have been selling sex in central Footscray ranged from five, to 10, to 'at least 20' years (Alexandra). It could be stated positively, however, that a comparatively small number of women were soliciting commercial sex in Footscray on any given day compared to St Kilda. Further, while the St Kilda trade thrives at night, the Footscray street sex trade is solely a daytime trade.

[There's] nothing at night. It's dead. Dead as a nail.

There's just nobody for business?

Don't know – [it's just] the way it is, you know, I don't know, it's strange. (**Diana 109**)

Most of those interviewed, including Fiona, acknowledged that 'there's not much work here' and without regulars, she might only see a client or two on any given day. A number of those interviewed in Footscray also worked in St Kilda to supplement their income.

[I work] Footscray during the day, sometimes maybe three times a week. I'm down here every day, but you can't make any more than 50 to 70 dollars a day from the guys down here. In St Kilda you can set your own price. Yep, and I do the morning shift from say midnight til about seven in the morning [in St Kilda] on Grey Street. (**Lillian 111**)

There was a striking difference in the manner in which workers interact with clients in Footscray as compared to St Kilda. In Footscray, workers do not dress provocatively but blend in with those on the street to avoid attracting the attention of police. They are part of - and hidden among - a broader group of people who frequent Footscray for various purposes. A nearby pharmacotherapy service prescribes opioid maintenance treatment to several hundred clients bringing many individuals associated with illicit drugs into the area. Evidence of the chaos that defines a drug market confirms reports of the continued street drug market operating in and around Footscray. In this environment, the lack of revealing attire usually associated with sex workers, makes those who sell sex all the less visible. As **Marianne (102)** noted:

Here you can just walk around and people will come and approach you as you're walking, you don't have to stand in a certain place and hope that someone's going to come past.

Unlike St Kilda, clients in Footscray are generally on foot. The mall is a car-free zone and many clients are typically locals who frequent coffee shops and cafes during daytime hours. In this respect, the absence of drivers pulling alongside the kerb to negotiate with a street worker allows for negotiations to be conducted with the appearance of a seemingly innocent conversation. Such 'conversations' are generally initiated by clients as Marianne relates:

Just sitting having coffee... I've been propositioned

That seems to be the way the scene works. Generally guys come up and proposition girls?

Yeah, it's not like St Kilda where people stand on the corner... From the other girls that I know that do it more often, it's the older gentlemen who get around and just ask them. I know like two or three girls that actually do it daily or more often... yeah, that's how it rolls down here (**Leoni 105**).

Marianne explained how a covert approach may be used without attracting notice:

It's just like a nod sometimes, you know, or it's just a look. So you know, 'cause you work, you know that look... So you follow 'em, get in their car, yeah? And that's the way I do it. And [they] take you places, pick a place, I normally pick me own place, [a] time and place they don't know, [where] they can't rob me, like if they hurt me, I'm close to somebody that I know... it's not safe, a hundred per cent, you know, but still...

Participants in Footscray suggested that sex workers were able to acquire infrequent work through word of mouth passed on by 'clients'. Similarly, workers expanded networks of clients by asking other workers to provide their contact details to potential clients. As such, the Footscray street trade relied upon the sharing of knowledge within a small subset of the community as opposed to visible solicitation.

It's a lot different from St Kilda. You know, you don't get girls hanging around on the corners or whatever. The girls [who work are] actually known by the guys. (Angelina)

Such an approach can lead to confusion, if not embarrassment, particularly if the object of attention is not 'working' in the profession assumed. Participants spoke of a lack of expected standards of subtlety and etiquette. Clearly, the absence of clear indicators of soliciting for sex work - alongside knowledge that women are soliciting in the area - allow for the possibility confusion and offence.

I've even had a guy in a wheelchair, he's a bit disabled. He's even come up and asked me. I was really shocked, because he goes 'are you a prostitute?' I go 'I beg your pardon?', and he goes 'are you a working girl?' I said, 'I don't like the way you're asking me things, can you please leave me alone?' It was pretty rude. And like, he didn't know that I was a working girl

or anything, he just thought he'd take the chance to come up and ask me. But you don't ask a working girl like that! You don't say 'are you a prostitute?' You say 'are you a working girl', or 'do you mind if I talk to you?' (Fiona)

Extensive experience, such as that of Angelina and Marianne, may allow workers to avoid awkward street propositions. Both of these women were more likely to be contacted by regulars via mobile on a weekly basis. This aspect of the insulated sex trade in Footscray allowed for a degree of convenience. As Table 8.5 shows, more than half of our (small) sample was contacted via mobile phone, an alternative that was seen as far preferable to soliciting on streets corners for hours on end:

If I had to stand on the corner in St Kilda, or, whatever, all the time, all day, every day, and every night, I'd probably go off my head, you know what I mean? I wouldn't be able to do it like that. (Penny)

Table 8.5: Where do you meet clients?

| | No. | % | % Cases |
|---------------------|-----|--------|---------|
| Street | 9 | 47.4% | 81.8% |
| Brothel | 2 | 10.5% | 18.2% |
| Mobile Phone | 6 | 31.6% | 54.5% |
| Other | 2 | 10.5% | 18.2% |
| | 19 | 100.0% | 172.7% |

The visibility associated with St Kilda's street-based sex trade was something participants in Footscray sought to avoid. Although nine of the 11 interviewees met clients on the street, negotiations were conducted in a subtle fashion so as to avoid any unwanted attention. The two participants who nominated 'other' had broadened their client base by having other girls pass contact details onto men who would pay for their services. The relatively insulated nature of the Footscray 'scene' was something workers were keen to protect; being *known* in the local community as a sex worker was something they were eager to avoid.

Most people don't know about me either and that's the way I'd rather keep it. I don't want people walking down the street calling me a slut. [I] try to keep it discreet [although] it doesn't work that way. (Lillian)

Indeed, if workers activities were to become the subject of public knowledge, there is little doubt they would attract the attention of authorities. The reasons for the resilience of the St Kilda trade include its entrenched nature and size. Police do not have the resources to constantly focus on street sex work when their responsibilities, obligations and limited resources mean they must prioritise and respond to more serious criminal activity. In contrast, Police Command responsible for law enforcement in Footscray - let alone political, business and residential representatives - would not allow a *new* street sex market to attract public attention or establish itself. Drawing attention to such activities is to risk the full force of the law.

SERVICE PRICES AND CLIENTS IN FOOTSCRAY

The prices of sexual services in Footscray were on par with St Kilda. This was not surprising given that at least three workers in our small sample worked in both markets. The established nature of the St Kilda market provides the basis for setting prices in emergent and opportunistic markets such as in Footscray. Still, a common negotiating 'tactic' of clients was to claim they paid less for the same services in St Kilda. The workers were typically blunt when such tactics were employed:

Blokes are coming over and [saying], 'you could get this at St Kilda for \$50'. I'll go 'well go over to fucking St Kilda then [and get a job for] \$50, because by the time you pay for your petrol, there's 60, alright... and I know god damn well the girls, would not be doing it for 50. I wouldn't be surprised if the girls from St Kilda come over here and get upset with the girls here doing it so cheap... I don't go under 50 [for sex], I must admit, and I don't believe that's too low. (Diana)

As in St Kilda, reports of workers undercutting established prices in Footscray were common. Further, as in St Kilda, workers in Footscray who might negotiate prices below established rates were also suspected of providing unprotected sexual services. Penny echoed the conflicting thoughts of a number of workers, lamenting the impact this had upon *her* ability to earn money as well as a concern for a fellow worker and her long term health and survival:

I'm really worried about her, because... she's doing [full sex for] \$20, she's charging them \$20! She's been getting a lot of beltings for it, but she's still doing it for \$20. The reason she's getting belted for it, is because it's [supposed to be] \$100... and it's undercutting other people, do you know what I mean? A lot of people have come up to me and said 'I'd rather pay \$100, or 200, or whatever it is, instead of [less]... she's a very dirty girl.

The undercutting of prices is to the detriment of all others seeking to meet their needs via sex work. As expressed so well by Dee (022) in St Kilda, the absence of a unified 'workforce' meant workers lack the means to ensure clients meet established prices and are compelled to use condoms. Maintaining standards in the work environment is dependent on unity. This should not be seen as a condoning of sex work, but as reducing the potential public health risk given the street-based trade will continue regardless of efforts to eliminate it. A desperate worker will negotiate sex for 10 or 20 dollars less than established prices if this is all that is needed to 'get on'. In this respect, heroin remains a third partner in commercial sex negotiations.

Some girls, if they've already got \$30 on them and they want to 'get on' [buy heroin], they need that extra \$20,⁶⁸ so they'll go and do a job just for that \$20. A lot of them have been punched up too for doing that, because it's making work a lot harder for us, and we're getting offered less and less money per time, you know? It's hard [to get by]. (Fiona)

As in St Kilda, it is the worker who wants the clients' money and the worker's immediate need to avoid withdrawal may be more compelling than any long-term health concerns, given the client's ability to take his business elsewhere. Quite simply, the consumer's quest for cheaper services makes undercutting of prices inevitable.

The clients of street-based sex workers in Footscray were identified by those women we spoke with as locals and spoken of in derogatory terms, such as 'predators' (**Becca 114**), 'dirty old men' (Juliana) or 'old arseholes' (Chantal). The impression given by research participants was of prospective clients consisting of men who are otherwise a permanent fixture outside the commercial district's coffee shops:

⁶⁸The minimum 'deal' of heroin sold by some dealers is \$50.

I wouldn't exactly call them customers down here; they're just all your local wogs that just sit down the street. Some of them are painters and plasterers, if they grab your number, they do. There's at least 10 that I see down here, that'll ring [me]. There's about five or six... that'll just grab me off the street. (Lillian)

Lillian noted a disregard, even disdain, that many of the clients had for women they were paying (as well as lacking the required hygiene that has seen showers become an established and compulsory ritual for any client who intends to have any physical contact with a worker in the regulated sex industry). There are no such luxuries afforded street-based workers.

The guys are pigs, they're filthy. Half the ones down here don't shower. They smell, they don't want to pay you first. There's a bit of an argument for that, they'll even take you into a bush on the side of the road [for sex], half of them are real pigs... (Lillian)

HIGH-RISK SEXUAL BEHAVIOURS IN FOOTSCRAY

While differences in the structure and operation of the street sex trade in Footscray and St Kilda are relatively apparent, the reasons for soliciting are the same. Consequently, client demands and ignorance of sexual health mean workers remain vulnerable to HIV and STIs in smaller markets such as Footscray. In simple terms, clients engaging workers in Footscray are just as keen to have oral sex performed on them – if not sexually penetrate a worker – without a condom.

Table 8.6: Do clients ever ask that you not use condoms?

| | No. | % |
|--------------|-----|-------|
| No | 9 | 18.8 |
| Yes | 2 | 18.2 |
| Total | 11 | 100.0 |

The incidence of clients asking for unprotected sexual services was not at odds with that recorded in St Kilda (although the relatively small sample size should of course be noted). Penny saw demands for unprotected services as a relatively recent phenomenon, and one posed by regular clients who feel familiar enough with her to ask:

The last six months [it] has been the regulars, but I do come across some other people, but because I'm very fussy, if they've got all yucks [sic] around their mouths, or if they're not clean or whatever, I don't do it. Doesn't matter how desperate I am for money. I won't do it, because my safety's first. I do come across people who that ask me, but that's just like the one-off one, you know what I mean?

Penny's boundaries – she won't 'do it' if a client has a visible infection – raises concerns as to what her response might be if the client was carrying an 'invisible' STI. In contrast, Fiona linked propositioning of unprotected sexual services with 'dirty old men' and attempts to degrade workers:

It's more – I'm not being rude – but the dirty old men down here, it's like they want you to feel bad about yourself, you know what I mean? They don't care about you at all, they just treat you as if you're just a bit of meat. Yeah, it doesn't hurt them to offer \$30 you know what I mean? They don't think of you, they just think of themselves and how quick they're gonna get themselves off. (Fiona)

Despite demand, only two workers admitted to providing unprotected services, justifying their 'choice' to do so because 'sometimes [the job is] quicker' or because it earned them extra money. Even given the size of the research cohort, this is a notably lesser proportion than those prepared to acknowledge providing unprotected services in St Kilda. It is possible that being questioned about illicit, and intimate, activities – particularly for the first time – may have prompted responses that interviewees thought researchers 'expected' to hear (i.e. that condoms are used for each and every job). This should not be considered anomalous, with this writer having been told by a street-based worker in earlier research of 'playing the game' (i.e. swearing to outreach workers that condoms are used in every engagement while knowing that the money needed could not be earned if they were to insist on such). In contrast, street-based workers in St Kilda have previously been asked to participate in research. Prior participation was evident in their relaxed and frank manner, talking of experiences on the street without fear of their anonymity or confidentiality being breached. Issues of confidentiality may have been a greater concern for those without experience in research participation, particularly when asked to speak openly about an activity several interviewees sought to keep hidden – particularly in Footscray – given fears of potential stigma and marginalisation. Nonetheless, use of condoms aside, answers to survey questions closely matched those recorded in St Kilda.

Table 8.7: What sexual services do you provide?

| | No. | % |
|--------------------------------|-----|-------|
| Massage | 3 | 27.3% |
| Oral | 10 | 90.9% |
| Penetrative Vaginal Sex | 10 | 90.9% |
| Fantasy (inc. B&D) | 3 | 27.3% |
| Spanish | 1 | 9.1% |
| Hand Relief | 9 | 81.8% |
| | 36 | |

All 11 participants used condoms during work engagements. The 10 workers who provided vaginal intercourse all reported using condoms. Only seven of the 10 participants providing oral sex reported doing so with a condom, casting further doubt on the actual use of condoms to the degree reported. One worker reportedly used dams and another used gloves in the course of work.

Outside of work, a majority of those workers recruited in Footscray were in stable relationships, with seven of 11 participants having a single non-commercial sexual partner in the 12 months prior to being interviewed. One participant could not consider entering a relationship while working, while the remaining three participants estimated engaging in sexual relationships with three, six and 15 individuals respectively. All participants in relationships engaged in a range of sexual practices. However, while the nature of workers' private and personal sexual relationships are outside the concerns of this report, the fact that four of those in relationships reported not using condoms in these relationships may present an area of concern for the same reasons raised in respect of street-based workers in St Kilda.

SEXUAL HEALTH TESTING

Again, as in St Kilda, the frequency with which participants in Footscray submitted for HIV testing varied markedly. All 11 reported being tested for HIV. Testing of saliva samples confirmed the absence of HIV in the small sample of Footscray workers. Further, nine of the 11 participants had been previously tested for STIs (with four having had their mouths swabbed as part of the testing process).

Only three participants had received treatment for an STI. If participants were working within the regulated sector there is little doubt all would have had to submit to regular HIV and STI testing. Those workers who had crossed from legal brothels to illicit street work reported allowing the frequency of their testing regimes to diminish. Marianne, for example, underwent regular tests when required by brothel management. However, after leaving the legal sector, she left behind this routine:

They used to *make* me do that every month. We used to have the health lady come in [to the brothel] every month. Every month, all the girls used to have to get it done, and [the results would] come back to the lady that owned the brothel, so it was all clean... That's why I stayed there, because I did get checked for HIV, there was panic buttons, you know, everything was safe.

As regards sexual health tests, the regularity of other STI testing was less so than HIV testing. Only one worker reported quarterly tests and another reported being tested every six months. The remainder of responses were either not stated or were somewhat vague, including 'as often as [I] can', and 'quite a few [times]'.

NEED

Despite differences between the structure and operations of the street sex scenes in Footscray and St Kilda, Footscray workers shared similar drug experiences to with their St Kilda counterparts. However, accommodation and support networks appeared stronger among this (very small) sample. One complaint was that police did not appear to acknowledge street sex work in Footscray (as reflected in statements of senior personnel) with the consequence that workers perceived their turning a blind eye to clients harassing workers.

I don't think they give a fuck really. I think they just want to get the drug dealers. Because I've actually gone up to the police before and said, you know 'this guy's coming around' – cause there's a few guys that come around and just harass you, and ask you the stupidest shit, and you just feel like slapping them in the head, do you know what I mean? I've gone to the police and said 'these guys are looking for girls, and they're propositioning myself and people I know, can you, you know [do something about it?]''. And nothing. I don't think it's a priority for them at the moment. (Leoni)

SEXUAL HEALTH KNOWLEDGE

Six of the 11 respondents displayed an excellent knowledge of sexual health and HIV transmission as communicated via survey responses. However, the small size of the sample in Footscray prevents any significant insight into the level of knowledge within this small, opportunistic market or a comparison of answers with those of the St Kilda cohort.

This chapter is one of few sources of data on the street-based sex trade in Footscray. Depending on their personal circumstances, workers were as vulnerable to client manipulation as in St Kilda. However, the awareness of these circumstances among staff at services such as Health Works demonstrated a willingness in the health sector to engage with those involved so as to ensure they are not further marginalised. This is far more than could be said for migrant workers who have come to Australia to seek a better standard of life.



Migrant workers in the
unregulated sex industry

MIGRANT WORKERS IN THE UNREGULATED SEX INDUSTRY

The issue of 'migrant sex work' is often portrayed as involving criminal syndicates that exploit women's impoverished circumstances to sell them into sexual servitude. There are doubtless circumstances – as well as evidence – to support the charge that women are brought to developed countries, such as Australia, on 'contracts' that misrepresent the nature of the work (and working conditions) they agree to, in exchange for a passport and passage to, what they believe will be, a better quality of life. Some of these 'contract workers' soon find themselves trapped working in premises owned by their 'employers' and forced to submit to an ongoing and arduous provision of sexual services, ostensibly to pay the 'debt' accrued in the course of passage to their new 'home'.

There are no doubt victims of criminal trafficking in Australia who work in exploitative conditions as sex workers. However, an extensive inquiry into organised sex trafficking by the Victorian Parliamentary Drugs and Crime Prevention Committee (DCPC 2010) found that evidence of trafficking was largely based on limited research and anecdotal reports of sex trafficking. Still, sufficient information existed for the DCPC to report that the illicit trade in women for sexual purposes presented an increasing concern in Melbourne's sex industry. However, the expert testimony and evidence available to the DCPC led the inquiry to support the observation that 'few cases investigated by the AFP involve women kidnapped from their countries of origin, held at gunpoint and chained to beds when not servicing customers' (David 2008 in DCPC 2010, 4). This reflects a divide between a perception that widespread and exploitative trafficking exists and a belief that the extent and nature of such activities has been exaggerated by the tabloid media.

The DCPC noted the deeply-polarised debate on migrant sex workers that has raged along ideological lines. A division exists between those who have a clear ideological standpoint that all sex work (or prostitution) is an entrenched form of violence against women and that, consequently, the illicit, cross-border movement of women for the purposes of commercial sexual activity is undertaken to exploit and further oppress the female gender. The counterview is that sex work is legitimate work that should be recompensed and regulated like any other industry, and that a majority of women, including migrant women, choose to work in this industry. Agustin (2007) argues that generalising about migrants in any profession ignores the unique individual personalities of each worker and asks, justifiably, why might a migrant – particularly a migrant with limited employment opportunities in a new country – not prefer to make money via sex when the only available alternatives provide considerably less money for considerably longer hours. This report is not the place to debate such divided convictions.

What the SHANTUSI study seeks to do is offer an insight – albeit a limited one – into migrant involvement in the unregulated sex industry in Victoria. In the interests of placing the following chapter in the context of the aforementioned ideological debate, it is important to reiterate that RhED acknowledges the consensual nature of many migrant women's work in the sex industry – just as it remains motivated in its primary objective of reducing the harms and improving the wellbeing of all individuals in the sex industry, regardless of gender, nationality or legal status. RhED is supportive of the stance articulated by Scarlet Alliance, the national sex worker association, and its call for reforms to protect the human rights, safety and wellbeing of migrant sex workers through appropriate support (Drugs and Crime Prevention Committee 2010). This is pertinent given a key finding of our research with migrant women was an urgent need for sexual health promotion and support to protect the wellbeing of these women and reduce the potential



broader public health impact. At present, involvement in illegal sex work – typically after having arrived in Australia on a student or tourist visa – potentially leads to incarceration in detention centres prior to deportation and, often, re-engagement in considerably more dangerous environments in workers' home countries (Jeffreys 2009). As a consequence, those workers we engaged in this research were fearful of their involvement in illicit activities being uncovered

Many of the migrant women working in the Australian sex industry have come from countries such as China and South Korea where sex work of any kind is illegal. An inability to access information about the industry in Australia perpetuates a widespread belief that sex work is similarly illegal and, upon arrival in Australia, those involved disappear underground into unregulated industries and beyond the reach of authorities and health care providers. Scarlet Alliance has taken the lead in arguing for a change in the predominant response of Australian authorities, including the deportation of migrant sex workers with invalid visas, in favour of the provision of easily accessible information about the rights and responsibilities of those engaged in the legal Australian sex industry. The call for the adoption of a visa framework to make working visas available to those who voluntarily migrate to work in the Australian sex industry would undoubtedly improve conditions for migrant women. Ignorance about the nature of the Australian sex industry acts as a barrier to legitimate work. For example, although South Korean sex workers can legally enter Australia, a lack of awareness of this option, and the perception that sex work is illegal in Australia, results in people opting for contracts rather than entering independently through working visas. In countries that do not have working visa options, including Thailand and China, Scarlet Alliance calls for a visa framework appropriate for workers in these countries to apply to travel to Australia as independent sex workers (Jeffreys 2009). This is not to allow for the untempered expansion of the migrant sex industry, but to protect the health of migrants involved in a secretive, underground industry (along with that of their clients).

While the risk of deportation remains a very real threat for migrant women involved in the illicit sex industry, these workers will refuse to engage in open and honest discussion with health services and government authorities (or researchers). The hostility of the existing institutional response was emphasised by a press release on 25 November, 2009, from Tony Robinson, the then Victorian Minister for Consumer Affairs, titled 'New Laws to Stamp out Illegal Brothels'. The release announced the forthcoming Consumer Affairs Legislation Amendment Bill (2009) that would expand the powers of inspectors employed by Consumer Affairs Victoria (CAV) to 'crack down' on illegal brothels. The proposed legislation was focused largely on compelling clients to provide incriminating information under threat of financial penalty.

Our proposed new laws will allow CAV inspectors to question people entering and leaving premises suspected of being illegal brothels for evidence which can be used to obtain court orders to shut illegal venues down. People refusing to answer questions and assist with enquiries risk being fined more than \$1000 (Robinson 2009).

This represented a tightening of enforcement efforts against the unregulated brothels operating across the state following moves by the Brumby Labor Government in 2008 to expand the definitions of 'brothel' and 'escort agency' to include premises offering sexual services (covering what are, ostensibly, massage services in which sexual services are also offered). Prior to this change, sexual services had to be provided before enforcement action could be taken. In further moves to facilitate action against the unregulated brothel industry, magistrates were empowered to consider circumstantial evidence when allowing warrants that led to raids and the subsequent closure of these brothels. Following subsequent investigations, a police operation closed eight illegal brothels, primarily in the City of Yarra (Grace 2010).⁶⁹ While unwilling to make direct links to trafficking or illegal immigration, Victoria Police Inspector Bernie Edwards acknowledged the involvement of an 'Asian element' in the 'illegal network' (Sexton 2010, 3). Further, his language was consistent with public perceptions of sexual slavery:

⁶⁹ This included a licensed massage service with prominent advertising established in a small shopfront within a short strip of shops.

The closure of several illegal brothels is indicative of Victoria Police's commitment to the liberation of any woman forced into working in illegal brothels. Several families have unfortunately been subjected to living next to these premises (Buttler, 2010).

The Baillieu-led Liberal Party was elected to government in November 2010. This only led to a further focus on law enforcement as the response to the circumstances of migrant women seeking to survive via the sex industry. On January 31, 2011, *The Age* reported that CAV would relinquish control for enforcing laws against illegal brothels to Victoria Police. Explaining a desire to streamline operations and make Victoria Police the body responsible for investigating and prosecuting 'illegal brothels', new Minister for Consumer Affairs, Michael O'Brien, clarified the delegation of responsibility in a statement that brought the spectre of sex trafficking in line with public perception of migrant involvement in the unregulated sex trade:

We take the view that illegal brothels pose real risks, not only in relation to potential infiltration of criminal elements into the sex trade but also with issues such as human trafficking. We're going to make Victoria Police the lead agency in dealing with these matters, and we want them to take a more active approach into shutting these places down (Tomazin 2011, 5).

Televised raids in which plainclothes police wearing vests stormed 'illegal brothels' or, in one case, a licensed massage facility in which employees provided 'extras' for additional payment, provided grist for the mill of tabloid networks. Such initiatives exacerbated fear among those involved, pushing them beyond reach of health services and potentially valuable means of information. The very nature of illegal sex work will always make gathering data difficult. However, the threat of deportation in the event of detection by law enforcement makes attempts to discuss involvement in the unregulated sex industry with migrant women impossible. To expect a \$50 inducement to elicit testimony of migrants' workers experiences of this industry is fanciful. Only once their work and residential status are recognised as legal will migrant women have the confidence to share their experiences without fear of repercussions. As this chapter makes clear, an urgent need exists for public health interventions given evidence of high-risk sexual activity (and frequent reports of STIs among migrant sex workers tested at the MSHC).⁷⁰

Information collected by brothel outreach workers at RhED suggests that while Chinese, Thai and Korean workers are disproportionately represented among migrant sex workers in Australia, Chinese women are disproportionately concentrated in the *unregulated industry*. Accessing further information to support this conclusion was not easy. Attempts to ascertain sexual health knowledge and need were compromised by the current focus on a law enforcement response to migrant women involved in illegal sex work. This need not be the case. The illicit activities of injecting drug users do not prevent public health authorities from initiating harm reduction responses (such as the provision of sterile injecting equipment to contain the potential spread of blood-borne viruses including HIV). Actions to minimise potential harm need not be construed as an endorsement of the activity. Rather, it is prioritising the health and safety of those involved over law enforcement. Such an approach has been absent from responses to migrant sex work in the unregulated industry. Further, the lack of knowledge of services such as RhED, meant that despite having migrant workers' best interests at heart, RhED outreach workers were not seen as impartial and neutral but a potential threat.⁷¹ In addition, having a researcher as interviewer (or questioner) invested the role with a degree power. While this did not reflect the sympathies of the interviewer, it did reflect government policy. Although a number of potential participants were aware of the need for shared knowledge and saw the benefits of increased sexual health knowledge (reflected by the number of those who accepted multilingual sexual health booklets), the potential consequence of their illegal activity becoming known meant that any potential for benefit for the wider migrant community was outweighed by personal fears.

⁷⁰ Personal correspondence – Ms Rosey Cummings – Head clinical nurse (MSHC).

⁷¹ This is understandable given that SHANTUSI is research funded by a State department within a government that responds to knowledge of migrant workers engaging in illicit sex work in breach of visa conditions via law enforcement.

At times, the threat of inquiry led to the inadvertent confirmation that illegal sexual activity was taking place on certain premises. At a popular, licensed, shopfront massage service in the inner-western suburbs of Melbourne, the female manager did not even look at the survey content, but responded to our introduction as people interested in workers' health issues by insisting that all her workers were 'tested' for STIs at a local general practitioner. There was also the possibility that those women approached may have found survey questions culturally insensitive. Aspects of sexuality that are talked about freely in Western society did prove embarrassing and encouraged an evasive response, particularly from Chinese women we managed to engage in the research. At the same time, many workers are not unaware of sexual health and safe sex practices. Some, for example, engaged with services at their own undertaking (as evidenced by attendance at CALD clinics at MSHC).

Under existing circumstances, the expectation that migrant sex workers in the unregulated industry would engage with researchers with whom they had no prior relationship was naïve in the extreme. Even staff at the MSHC CALD clinics refrain from discussing the nature and/or legality of their clients' working lives on the basis that to do so could deter this vulnerable population from continuing to present for STI testing.⁷² Consequently, their reluctance to be associated with any research that might deter clients' use of the service was understandable. Davies (2001) writes of the difficulties of engaging migrant sex workers in research and suggests the only effective means of doing so is for workers to be engaged by those advocating on their behalf. An advocate seeking to address the social realities and actions of workers' lives – while remaining sensitive to any cultural considerations – would represent the best means of entering into a mutually respectful dialogue with migrant sex workers. The cultural isolation, fears about their legal status and, sometimes, their dependence upon others for basic necessities mean that many migrant sex workers – and particularly those on 'contracts' – do not have the knowledge or access to sexual health services to protect themselves against participating in, or being subjected to, high-risk sexual behaviours.

There is, for example, a need to consider the potential alienation of the migrant women we sought to interview. They may have few friends and no family in Australia. They may be living in crowded conditions in relative poverty. Migrant sex workers may be constrained by the lack of opportunities for alternative employment in Australia. Certainly, while current law allows no flexibility in dealing with migrant sex workers and the priorities (detainment and deportation) are unsympathetic to the group in question, there remains little chance of engaging with these workers. We have to ask ourselves, 'What is the gain for workers cooperating with the project compared to the potential costs?' Consequently, workers may, justifiably, be suspicious about researchers' claims of impartiality and neutrality. Instead, the interviewer is observed as a (potentially) powerful figure with substantial authority. In short, any engagement with migrant sex workers is dependent upon having the best interests of workers specifically (and obviously) at the core of the research. Advocacy of the type offered by Scarlet Alliance in pursuing a working visa response to illegal migrant sex workers is the means by which this group may be engaged in future. More importantly, they may be engaged in a way that sees a willingness to share information which will allow required services and multilingual information to be delivered to vulnerable and high-risk populations. As a pointer to future research in this area, Davies (2001) provides a valuable overview of the current environment:

The feminisation of migration and the increasing numbers of sex work migrants including many trafficked women has led to major challenges for service providers. The cultural divide between host culture service providers and the sex work migrant has left many agencies remote and inaccessible.

So how did we access migrant sex workers and what did we learn in doing so? The addresses of premises in which illicit commercial sexual activities were taking place were identified via

⁷² Personal correspondence – Ms Rosey Cummings – Head clinical nurse (MSHC).

online 'sex forums', where members exchange information about their experience of sexual services provided in both legal and unregulated premises. There is a high level of patronage of Asian staffed massage services by the users of these forums. Asian massage services were known as 'rub and tugs' (a massage followed by the worker masturbating the client to orgasm). Participants on forums are aware of the potential for information about illegal activities to lead to the identification and closure of favoured premises. This leads many forum members to post oblique 'clues' as to their location (e.g. referring to the last four digits of a phone number for a certain massage service advertised in a local newspaper). Others were less guarded and posted clearly identifiable details for certain premises. Some forums contained 'private members' sections to provide an extra layer of protection for those members' messaging more explicit details about establishments. Nonetheless, careful monitoring of forum entries and piecing together 'clues' and references allowed us to identify 23 premises in which members reported (and others corroborated) paying for sexual services of a varied (and often high-risk) nature. Readers should be forewarned that these reports – reprinted in part to illustrate the activities occurring – could be particularly offensive and revolve wholly around the forum member's personal sexual gratification. We apologise for any distress the 'contributions' of these men, who refer to themselves as 'mongers', may cause. However, they offer one of few windows into the reality borne by migrant sex workers in the unregulated sex industry. They also provide an insight into high-risk behaviours that occur, perhaps in part, because of the absence of culturally-targeted health and support services that might provide means to reduce the vulnerability to HIV and STI infection.

Having identified premises through 'members' forums, on 26 February, 2010, two RhED outreach workers and this writer, visited the first of several establishments throughout Melbourne. What follows is a record of the visits that took place over the following months, coupled with the postings of forum members that illustrate the activities occurring behind shopfronts and in what appear to be residential homes in unremarkable suburban streets. It was initially thought that approaches from two female employees of RhED would be the best means of ascertaining whether workers might participate in a survey to gauge sexual health knowledge.

FIELD RESEARCH

Our first destination was a nondescript weatherboard house in the City of Yarra, a property that would not attract attention as anything other than a residential dwelling. The front of the residence was shrouded by garden foliage, blinds were closed at every window and a satellite dish sat on the roof. This house was advertised as offering 'massage therapy' in Leader newspapers every day from the hours of 10am – 9pm. At the time, 'reports' from aforementioned web forums suggested it was one of the most frequented illegal brothels staffed by Chinese workers.

On 11 January, 2010, a frequent patron of this establishment provided the following 'evaluation' of one employee of this establishment. What is notable is his identification of a specific worker as a Chinese student. There are numerous reports of students, both domestic and international, turning to sex work to support their studies or simply to pay fees up-front and avoid the significant debt that accrues over years of tertiary education (e.g. Reilly 2008; Dai 2008; Kostas 2006). However, there are also migrant sex workers who enter the country on student visas and are enrolled at tertiary institutions across the state, but whose primary reason for being in the country is to earn money via sex work.

Popped in on Friday to see 'A'⁷³ for the third time over the past couple of months. For those who haven't seen my reviews, 'A' is a slim Chinese student, with not an announce [sic]

⁷³All workers have been assigned pseudonyms.

of fat, long hair and lovely face. 'A's' body is white, smooth and she likes to shave down below. She has a very beautiful, tight puss and a handful of breasts.

She gives a great BBBJ⁷⁴ and loves DATY⁷⁵ and FS⁷⁶. Normal price is \$70, and I give her \$50 on top. She will not disappoint you and also good to have a conversation [sic] with. For those wanting to know, I have not asked her for CIM⁷⁷ or COF⁷⁸, but to my surprise last week she allowed some DFK.⁷⁹

This particular member contributed posts on subsequent visits to the one establishment. Obviously, we did not rely on the reports of just one 'contributor' as sufficient evidence of illegal activity and visited those that were the subject of numerous reports.⁸⁰ On 7 February, 2010, one individual provided his experience at this facility with the same worker. This offered an insight into the manner in which forum participants rely on the postings of others to frequent these establishments with confidence:

Following up on a report here, I dropped into _____ to meet 'A'. Nice figure, nice looking.

When the two RhED workers knocked at the entrance, a Chinese woman answered the door and conversed in an open manner. While she appeared to accept their assurances of confidentiality, they were refused entry, with the woman insisting she be allowed to speak to her 'boss' before any research was conducted. She did accept explanatory information about the project in Mandarin and contact numbers were provided for after she spoke to her 'boss'. No phone call was received in what became a pattern repeated many times throughout the course of field research. The visit did, however, have a tangible benefit. Following further explanation about the health concerns at the core of the research and the availability of multilingual health books outlying identification, risks and treatment of various STIs, the woman asked for, and received, three of these resources, (providing an unintended indicator of the activities occurring inside).⁸¹

The second establishment we visited was in a commercial shopping strip on a main thoroughfare in the City of Yarra. It advertised an 'oriental massage' service in local newspapers, 7 days per week from 10am - 9pm. This was clearly identified via online forums with relatively clear directions to the location. The premises consisted of a two-story terrace sandwiched between cafes. The absence of advertising or signage regarding the nature of the business did not detract from business given reports on online forums. Two outreach workers entered as a Chinese woman appeared at the top of stairs leading to the second floor, hastily throwing on a dressing gown while protesting that she was the cleaner of the premises. She responded to the outreach workers explanation for their visit by stating that the owner and receptionist were out. The outreach workers left an explanatory statement detailing the purposes of the research in Mandarin and another multilingual STI-information book with the 'cleaner'.

Our third visit was to a legitimate and licensed Thai reflexology service operating on a commercial strip in the City of Yarra. On this occasion, after the outreach workers engaged with two young women working on the premises, one agreed to fill in a survey. However, after being provided with the information (a consent form, explanatory statement and a copy of the survey in Thai) and reading the subject matter, the worker stated: 'I don't think we can do this... we are non-sexual, just massage'. Indeed, reports of forum members suggested that a number of workers turned down their demands for 'extras' while other workers provided 'hand jobs', but

⁷⁴ BBBJ refers, literally, to bare-back blow-job –unprotected oral sex (i.e. without a condom).

⁷⁵ DATY refers to 'Dining at the Y' – performing oral sex on a woman.

⁷⁶ Full sex

⁷⁷ CIM – 'Cum in mouth'

⁷⁸ COF – 'Cum on Face'

⁷⁹ DFK refers to 'Deep French Kissing'.

⁸⁰ Although a second posting has been quoted here, the repetitive and offensive nature of the postings of forum members informed the decision to only present one for each establishment visited thereafter.

⁸¹ This establishment was closed in a series of coordinated raids by the Victoria Police on a number of illegal brothels in the City of Yarra (see McKenzie & Beck 2011)

in a manner that may have dissuaded these clients from returning and making further offensive 'offers', as the following experience shows:

Had some time to spare on Thursday arvo so decided to take a punt at _____. What a waste of time. Paid the excessive \$70 fee at the front desk for an hour massage. Went to the room and in comes a 2/10⁸², 30-year-old Chinese lady, OK proportions but looked like my Labrador.

The one-hour massage was good to be honest, but problems arose when it came to the tug time. She wanted \$60 for the tug. I said get fucked, not worth it. She said all customers pay \$60, and what would I pay? I said suckers only would pay \$60, and I would pay no more than \$20. After some unpleasant bargaining I agreed to \$30, which she wasn't happy with, but agreed.

Well the tug session was torture by handjob. She oiled up the ole fella and proceeded to treat it like a piece of dough! Squeezing, pulling, twisting and scratching my cock with so much anger in her that I went soft. She was really pissed off with the \$30 deal. In the end the pain was that bad I told her to stop. She didn't give a shit.

I wiped myself off and got dressed, threw the \$30 for her on the floor and told her she had best find another job before someone knocks her out. I didn't bother complaining to management, as I doubt they would give a shit. (26 June, 2010)

We then drove to another run-down establishment in an adjoining suburb with Chinese characters on the shopfront window and an English sign advertising 'Comfortable Relaxation 7 days' (an ad in the local press specified the same service). The shopfront window was covered with plain, now yellowing, paper that had been taped up, leaving only the top of the high windows exposed. Again, the absence of a 'boss' was provided as the reason for an unwillingness to participate in the research. However, the premises was busy. During the three minutes parked by the kerb, two males were observed entering the premises and another leaving.

The final establishment visited on this first day was another that – to the untrained eye – appeared to be an average suburban residence in the inner north. The outreach workers spoke with a Chinese male who opened the door. He subsequently fetched a female worker due to language difficulties. A 10-minute conversation ensued the project and its purpose was well explained (during which an Anglo male surreptitiously exited a gate in the side fence). Despite the young Chinese woman understanding the purpose of the visit and the need to gauge both sexual health knowledge and prevalence of high-risk practices in unregulated establishments, her concerns regarding the potential consequences of the establishment's location becoming known outweighed any willingness to participate and entry was not permitted.

Following this first day, our central concern was the obvious inability to speak with migrant workers employed at those services identified as the site of illegal sex work. The outreach workers who approached the premises reported that those they spoke to appeared intimidated. Despite the fact that consent forms were translated into Mandarin, Korean and Thai, the official appearance of these forms - stamped with official logos and an explanatory statement that outlined the purpose of the research in academic terms - is an unavoidable aspect of conducting ethical research. Further, the repeated references to sex work and HIV prevalence in the illegal sex industry were potentially offensive to cultural sensibilities. Consequently, a less formal and more sensitive approach was designed. Talking openly about sex might be accepted in Western culture, but in China it is a very private aspect of life. We had been so concerned with how to locate premises where we might engage with migrant workers that insufficient thought had gone into how to actually engage with the workers. This oversight was a direct consequence of not engaging with those RhED staff members best placed to inform the design

⁸²The degrading rating 'out of 10' of forum members on one particular site provides further insight into that subset of users of these services who wish to publicise their experiences.

of the research. From this point on, a very experienced RhED brothel outreach worker who had not played any role in the initial design of SHANTUSI research materials was invited to play a far more active role in the design of materials and the manner in which we approached migrant-run establishments. We subsequently removed survey questions that asked about engagement in explicit sexual services and instead concentrated on questions designed to measure sexual health knowledge. A short introduction was written in Mandarin to explain that we were conducting surveys to ascertain health knowledge. It was also explained that the research would serve to provide better-designed and culturally-sensitive information to benefit workers. If this went some way to placing potential participants at ease, we would introduce and explain the need for informed consent and acquire such before pursuing the research in any formal sense. On 16 March, 2010, we set out to the inner-western suburb of Footscray where we had identified a number of establishments being frequented by members of the aforementioned web forum for sexual services.

There were immediate results. The first premise was another seemingly residential abode: a dilapidated building without a fence located at the intersection of two busy main roads. There was with no advertising of any nature. However, it was frequented by a number of men who shared their experiences online. The following examples of their reported experiences at this venue illustrate their mindset and apparent need to denigrate the women they paid to spend time with them:

Corner of N ____ and M ____ street. New joint in front of [service station].

There are two girls working last week. One Indian and Malaysian. I had Indian girl 'R'. She has a pretty smile very good attitude. Late 30ish. Largish. Don't know how to massage at all. 100 for full service.⁸³ 60 for nude massage.

Any Experience with other ladies in this joint? (15 December, 2009)

House on the corner, FS is on the menu ask for 'D'. Good body but has a set of choppers like Phar Lap. Another younger girl, slightly chubby also up for FS and BBBJ. \$70 Nude + \$20 for BJ. (24 February, 2010)

The door was answered to the outreach workers by an Asian woman who was extremely courteous. She read the introductory letter (in Mandarin) and asked if we could return in 20 minutes (for reasons not given). Problems arose when the RhEd worker, now accompanied by this writer to conduct the research, returned to the house. So as not to crowd the woman, the second outreach worker remained in the car. The woman they had spoken to earlier remained friendly and willing to complete the survey, the presence of a second person had no notable impact on her demeanour. However, when our participant was presented with the survey – which did retain a number of questions addressing sexual engagement with clients – she hesitated and then stated that the survey was not of relevance to her (or others who worked at the premises).⁸⁴

In a bid to salvage something after having been invited into this non-descript house, we stressed that the woman only need respond to questions that related to her work as a masseuse. She subsequently began to fill out the demographic information and stated that she would also complete the section on sexual health knowledge. At this point, the front doorbell rang and a male was led into one of three rooms (each equipped with massage beds) that led off from the passage, while we remained in the kitchen. At this point, she reiterated her belief that she was not a suitable participant for a survey so focused on sexual exchanges. We took our leave after providing phone numbers to call if she reconsidered or other workers were interested in assisting. We did not hear from the young woman again nor did we hear from any of the dozens of people with whom we left business cards.

⁸³ Full service: sexual intercourse.

⁸⁴ We did not present workers with reports from mongers who had frequented their service as they were not only deeply offensive in their descriptions of the women, but also because their illicit nature would most likely prompt denials regardless of the accurate physical descriptions of locations and those workers within them.

Our seventh visit was to a single-fronted weatherboard house on a busy road. This establishment was advertised in Leader Group newspapers and online as providing relaxation massage although there was no advertising on or around the premises. The distinct lack of advertising in the immediate vicinity of many supposed massage services that would otherwise pass as family homes, coupled with the discreet nature of their advertisement in the 'massage' sections of local newspapers, raises questions about the nature of the business, particularly the obvious desire not to draw attention to a supposed commercial, legal business.

An older Chinese woman answered the door to the RhED worker and asked her to return in 45 minutes. When we returned, we were shown to a back room where two women reclined on a mattress on the floor. The walls were adorned with acupuncture posters indicating pressure points and the Golden Cat (a Feng-Shui symbol)⁸⁵ – both of which we discovered were a ubiquitous presence in the 'businesses' we managed to access. We were introduced to two Chinese women, both 35 years old, by the older woman who was serving as the 'manager' of the facility. We were given a very courteous greeting. Surveys were completed by the manager and younger girls (at the manager's insistence). It was again communicated very clearly by all three women that sex was definitely not offered on their premises and that they were all engaged in the provision of remedial massage. Again, we responded that only relevant questions be answered and, as a consequence, they only completed those sections of the survey that addressed demographics and HIV knowledge.

Following the second day in the field, we realised the need to remove further survey material. Culturally insensitive questions about one's own sexual practices were removed. The question, 'How many customers have you provided sexual services to?' was changed to 'How many customers have you provided services to?' From this point on, only one RhED worker and this researcher visited massage establishments. This decision was informed by the belief that the less people present, the less intimidating we might be. Further, my university identification, combined with the outreach worker's identification, provided a sense of validity to the research objectives specified in our introductory materials.

On the 18 May, we visited a large, licensed massage service within one of the large arcades in Melbourne's CBD. A young English-speaking male was working at the reception area and agreed to assist as much as was possible. As we sat awaiting opportunities to explain the project and have surveys completed by workers, it was clear that a considerable proportion of customers were accessing this service for legitimate massage services, requesting that special attention be paid to sore muscles or sports injuries. However, reports via the online forum indicated that:

Genuine Place [i.e. a legitimate massage service], Most girls do very good massage. My favourites are 'B', 'A', 'J' (HJ⁸⁶ \$20, okay massage comparing to others), 'J', 'D' (HJ \$10, White, good hard massage).

Some do the bit of touch in crouch [sic] area. Some do HJ. I tried about 10 girls from here about 3 did HJ for extra (15 December, 2009)

On 25 May, we drove to our ninth identified massage service and knocked at the door of another suburban dwelling, in the City of Stonnington. The door was answered by a deferential and polite young Chinese woman. A number of rooms that led off the passage had their doors closed and were bearing a sign asking clients not to request sexual services as these would not be provided. Evidence on online forums suggested otherwise:

It was my second visit to _____ Rd yesterday - first time 'C', yesterday, I can't for the life of me remember her name, but in both instances it was a very pleasant - full on teasing (No

⁸⁵The 'Golden Cat of Abundance and Protection'. On one side, the Cat is smiling and holding its left paw up which represents good fortune and attracts money. On the other side, the Cat is frowning and is holding a broom in its paw. This side symbolises protection and the broom is used to sweep away troubles.

⁸⁶HJ = Hand job.

lame massage - straight to the groping, reaching under, arse play etc etc), from minute one. (May 2010)

Gave ____ a run couple of weeks ago. Actually quite a professional set up going on. Nice looking Asian. Prob late 20s. Great massage, great HJ, with BBBJ offered also. Didn't even have to ask. Now that's service! Will be back there real soon. Really can't beat an Asian for a good service. (May 2010)

Despite our host's friendly nature, she insisted that if we left our number, she would pass on the information to the 'boss' and then call us back. This soon became evident as the preferred means of removing our unwanted presence from premises.

We drove to another suburban house nearby. A Chinese man (approx. 40 years of age) opened the door and read the letter before insisting that 'Only students [live] here'. This may well have been the case. Young women who come to Australia to make money as sex workers often enter the country as an international student, only to soon engage in sex work. Despite the man's protests, our all too brief spiel made it obvious that we knew the place was used as a massage 'parlour' (for want of a better term). Further, the house had been identified in an advertisement in a Leader Newspaper as:

This obviously did not fit with the gentleman's insistence that we were at the door of student lodgings. Other members of sex forums note the service was advertised in the *Herald Sun*. The 'therapy' included sexual services at what was effectively an illegal brothel, with young women described by 'clients' in a degrading manner.

It became clear that a number of the women referred to by those who frequented online sex forums worked at different establishments on different occasions with the consent of management or owners (the distinction between the two remained unknown). This was because, as members pointed out, a small number of individuals controlled and operated a number of unlicensed establishments.

In any case, our failure to engage with any of the 'students' in the establishment described above led us to our next destination in the inner-northern suburbs bordering the CBD and an establishment advertising 7-day 'Exotic Massage' in *The Melbourne Leader*. Premises were accessed via an open doorway in the middle of a shopping strip with stairs leading up to a bare room simply furnished with a couch, a cheap cabinet housing a DVD and TV playing a Chinese film. The room was occupied by an older Chinese woman shelling pumpkin seeds, and a younger woman in her 30s.

XXX Therapy
_____ Rd
From 10am - 9pm,
7 days

Although the older woman appeared apprehensive when we arrived, she relaxed after her companion, reclining under a pile of blankets on the couch, recognised the RhEd worker from an outreach visit to another illegal brothel some years earlier. Despite their shared history and

our assurances of anonymity and confidentiality, she claimed not to understand the survey (despite it being translated). A farcical situation ensued in which the RhED worker read the questions and the woman, insisted the survey didn't apply to her as she provided 'only sports massage, only sports massage'. We subsequently paid \$50 for the completion of two or three survey questions and left. It should be stated that while there was little of worth in terms of research answers, the insight we gained into the nature of the underground migrant sex trade was rapidly evolving. We paid to be allowed a valuable 20 minutes in the 'reception' of an illegal brothel and gained rare insight into what appeared to be relative squalor but what was, in fact, an easily transportable set-up. No attempt was made at these premises to present even the façade of a legitimate massage business, but there was also no evidence of the purpose for which these premises were actually being used. If local by-laws officers came knocking, the whole operation could in the back of a van within 10 minutes, leaving no evidence of ever having existed. In the meantime, it provided the services demanded by its clients:

Eager to please said the add [sic]. A rare younger girl (mid twenties) serviced me. Massage and Tug on offer with nude. Will go back to see the younger girl even if she doesn't do FS. (24 February, 2010)

\$70 for 30 Min Naked [massage]. Meet by girl about 30 years old with glasses, not 10 mins into massage and extras were offered. FS & massage all up cost \$90 will go again but this is the wrong end of town for me. (May 2010)

The need to relocate – quickly – was an occupational hazard for managers of illegal brothels. On one outing, we visited what had been, according to enthusiastic postings on sex forums, one of the busier establishments and one renowned for the broad range of sexual services offered (many that did not involve condoms or any form of protection against STIs). When we arrived at the attractive red-brick residential home in a wealthy, inner south-eastern suburb, positioned directly opposite a railway station for ease of access, we found a 'For Lease' sign in the front garden. There was no evidence of the sexual activity that had previously paid the lease on this unassuming house.

This transience was confirmed by our visit to another establishment in the City of Darebin. Only recently on the online forum, a client had posted:

Went here last Sunday, Chinese woman with glasses about mid forties. No FS but her pussy was wet as. Will go again. Note there is another massage place across the road _____ from here which looks like a non RnT place.

Less than a week later, newspapers covered the windows of the shopfront and an inspection at the rear revealed the absence of a back entrance. The services written about at this particular location were already being provided elsewhere.

Our next stop was about 10 minutes drive away at a licensed shopfront massage service (listed under different names in the Yellow Pages and local print media respectively). We arrived and pressed the intercom and were afforded entry to a warm reception area. The young Chinese woman behind the desk introduced herself as the manager (and, later, also as a student). One worker was also present. They, at least, were prepared to acknowledge that clients were always asking for 'extras' and, refreshingly, after skirting around the issue, actually asked if there was a category for hand jobs on the surveys, two of which were subsequently filled out by the manager and the worker. Certainly, clients had reported receiving such 'happy endings' at these premises:

\$50 for 30 Min ... Started off promising with young girl at reception. Once directed to my room was then greeted by an older women close to mid 40. HJ and touching allowed.

Although we were invited back when more employees would be present, our promising start ended in frustration. Having returned at the arranged time the following week, a young Chinese woman opened the door, with a phone at one ear and told us she had no knowledge of any research and that, 'no', she could not take part and we could not enter the premises. There was no sign of the 'manager' we had spoken to previously.

We drove into the CBD in an attempt to locate two establishments that had featured in recent reports online. We found ourselves outside private apartments. It seems that, among the many Asian students living in the CBD, a number provide massage with 'extras' to varying degrees:

Apartment building on ____ Street in CBD: The protocol is basically ringing a particular apartment number and they buzz you in with no questions etc - in 5 visits I have paid a range of \$80 to \$140 for one hour nude massage, every time a different girl.

Most are solid 6/10 Asian students with some quite chatty and fun, others complete waste of time with rush and cold hand jobs. (24 April, 2010)

Following the frustration of the previous day, we set out again on 4 June, this time to arrive in the City of Manningham, to a shopfront advertising massage services. The three young women (in their 20s) comprised of two Chinese and one of Thai background. It was, however, a Chinese man in his late 30s or early 40s who was clearly in charge. The workers were polite but after reading over survey, stated they couldn't fill out surveys without speaking to the 'boss'. Despite the apparent desire to fill out the surveys for some easily-earned cash, there was a palpable feeling this was not advisable. The online forum suggested that a client might receive a hand job, in a manner that might discourage future requests:

I only went a while ago, maybe they could have improved services.

In summary, it's only a mechanical HJ, and a below-par massage.

I would only go bk if they have good massage even if the HJ is mechanical, OR if they have lame massages but more options on offer. (28 February, 2010)

We returned to the CBD and managed to locate a licensed and expensively furnished massage service we had failed to locate on previous occasions. A number of staff were on the premises, consisting primarily of Korean, Chinese and Thai women. With the encouragement of the manager, surveys were filled in by two employees. Notably, one of the women who did so had earlier filled out a survey while in an unlicensed residential establishment in the western suburbs. Despite numerous reports to the contrary by various men who actively sought out and engaged this woman in sexual services of a risky nature, her survey responses were consistent with the constant denial of managers and workers at all facilities. Despite all reports to the contrary, 'A' stated that she worked strictly as a masseuse and provided no sexual services.

The manager of the establishment, an immaculately presented Chinese woman in her 50s, provided us with a tour of the well-maintained service. This incorporated a spacious, solitary change room with lockers and showers,⁸⁷ a sauna, steam rooms and a darkened lounge with a TV and large, black leather recliners for the purposes of relaxing post massage. The solitary change room and the masculine style of the lounge encouraged the assumption that this business deliberately targeted male customers. Some rooms had double beds or two single massage beds ... 'for couples'. The manager was quite open in sharing stories of clients coming to her establishment demanding sexually explicit services. The reports from several of the online men suggest that this service can be very 'accommodating' to customer enquiries:

⁸⁷ There was only one change room on the premises. Although shower cubicles had doors that allowed privacy while showering, the change room was open-plan with bench style seats and hooks, as one might see in the change room of a public swimming pool. Given these facilities, one would assume that few if any women avail themselves to the services at this facility.

I normally see 'S' in contrary to other members' comment about her, I find her very accommodating [sic]. She gives wicked hard massage especially if you like back walking and the reach to the sack is one of the best executed move (to my knowledge) which made me come back for more. I now see her occasionally outside of the establishment for both massage and extra activities.

Other than her, there are 'L' and 'J' ... all three are good friends. 'L' is the chubby one with excellent hard massage and skilfully [sic] done BBBJ, I don't actually know if she does any more than that as I've never asked for more. 'J' is a cutie with another good massage but she's not so skillfull [sic] as the other two in other regards.

If you don't mind chubby girl, try 'L' a few times and be good to her and I'm pretty sure that she'll offer you cash strapped asian students *for overnight*.⁸⁸ (27 April, 2010)

The day after the above man shared his news of Asian students' availability for a night's company, significant interest had been aroused:

Your comment about 'L' offering cash strapped students for overnight caught my attention. I would be most interested in exploring this. If you can provide some more info such as costs and how well we need to know 'L' to discuss this etc would be most appreciated. Cheers. You can PM⁸⁹ me if that is possible and you prefer.

In respect of services on the premises, it seems most of those who frequented both this establishment – at least those who shared their experiences on web forums – were only able to acquire 'hand jobs' on the premises.

We next visited the western suburbs on 8 June, 2010. Our first stop provided a further example of the transient nature of the unregulated massage industry. An establishment known as 'Sky Blue Massage' was now an unoccupied suburban weatherboard. A 'For Lease' sign stood among overgrown grass in the front yard. Enquiries at the beauty salon next door provided no information about how long the residence had been empty or who the decamped tenant(s) were.

Subsequently, we drove to a legitimate shopfront massage parlour in the same suburb. This was immediately identifiable by its bright lights, a neon 'open' sign and colourful exterior announcing its presence like many other Asian businesses in this region. We engaged with the manager while watched closely by two young Asian girls whose casual but deferential presence indicated their status as employees. We explained our purpose and the girls appeared willing to complete our survey in return for \$50. Online reports from 'customers' suggested services were offered at this established which extended beyond the usual 'rub and tug' expected in a number of Asian massage services. Further, the manager may play a direct role in providing services or in encouraging workers to provide them:

I am a repeat customer here so the mumasung⁹⁰ [sic] looks after me sometimes. I was presented with a new girl called 'C', not the same as another 'C' in _____. Anyway she is no more than 5 mins into the massage and clothes off for a fee and other services offered. Finished up \$80 BJ and cat bath⁹¹. (May 2010)

The abuse of migrant workers by 'customers' aware of the compromised circumstances of those within the businesses is a feature of the underground industry that deserves to be brought to public attention. The lack of respect shown to those who work in these facilities can border on abuse. Of course, the illegal nature of the services in which they engage – and the consequences that may follow if they are found to be working in the country in breach of visa conditions – are such that they prohibit complaints (if not legal charges) against 'customers' who abuse the workers.

⁸⁸ Author's emphasis.

⁸⁹ PM = Private message, a protected area of the online forum in which identifying details of clients of illicit establishments may be shared.

⁹⁰ Mama san – Manager (Papa san if a male)

⁹¹ Cat bath – having one's body licked.

I had 'L' last week, started with a massage and then asked for extras and she said that she did not do. I gradually worked my hand up her skirt and felt up her pussy and was amused to find her panties gradually getting wet. I pushed in two fingers with no objection inside and felt up her clit which she seemed to enjoy. I then offered a further \$50 for sex which she took and I jumped on board and pounded the shit out of her for 10 minutes or so bare back [without a condom]. She said 'no inside' but I thought fuck it and dumped my load as deep as I could. Cheap fuck for 90 bucks. Will return for sure. (12 September, 2010)

The nature of sex work in the unregulated industry can be a horrific experience – this much is apparent from the regular assaults and rape that are a constant threat to street sex workers. Although a small number would hesitate to do, a street-based worker can at least expect to have charges of rape and assault pursued by police – once a very unlikely prospect in St Kilda in the not-so-distant past. In contrast, an illegal migrant sex worker may lodge charges in respect of assault and rape but they may also find themselves in a detention centre awaiting deportation, emphasising the degree to which silence must be maintained and activities hidden from the authorities.

After driving west, we entered a small shopfront housing two rooms for the provision of massage services. An older woman was working as manager with a single younger woman present to provide services as requested. The younger woman initially did not appear to want to engage with us but, after I left the premises, the RhEd worker engaged her in a conversation, to the point where, when I returned some 20 minutes later, both women had completed surveys. Again, only a small number of questions were completed and answers were evasive at best (they did not acknowledge any illicit activities detailed by patrons of the establishment online). Discussions with the women at this establishment, and reports from men who had patronised the service and described reticence on the part of some workers to provide 'extras', is indicative of an industry in which generalisations cannot be made. It seemed to be a worker's decision as to whether or not they chose to supplement their 'massage' income by providing 'extras'. It may be that only a number of those who work at such establishments choose to do so. In these circumstances, managers may turn a blind eye in the knowledge that a happy customer will return. As one outreach worker observed, given the competition that exists between the numerous licensed and unlicensed massage services it is hard to imagine many surviving financially, let alone making a regular profit.

Our last day of field research, 30 June, 2010, began in the north west at another shopfront. This particular establishment was professionally appointed with clear advertising. A woman in her 40s spoke to us in the reception area. She told us she was the oldest worker at the site and that the establishment specialised in sports massage. As we talked in the comfortable waiting room, we were informed that massages were provided (and booked) by men and women and often just for a particular problematic and painful ailment such as a sore shoulder or neck. Nonetheless, the visible discomfort of the manager led us to take our leave.

We drove a short distance to another shopfront set back from the street with a car park separating the two. We were again given assurances that only sports massage was allowed on the premises after the woman we spoke to glanced through the survey in Mandarin.⁹² The manager insisted that the survey was not relevant for her business. Ironically, the next time we saw this shopfront was on TV a news report as approximately a dozen police entered the establishment while a reporter dramatically informed viewers that an illicit brothel was in the process of being raided. The extent of the operation was described in this report in which nearby shop tenants were interviewed.⁹³

⁹² Throughout the course of engaging with workers and management at 23 separate establishments, in all but two exceptions (one Korean, one Thai) all surveys requested were in Mandarin.

⁹³ See: <http://video.heraldsun.com.au/1686836352/Police-swoop-on-massage-parlour> for a video of the Herald Sun report posted on 7 December 2010.

The final 'massage' service we visited in the hope of engaging with migrant sex workers was as close to an illegal brothel as any other we had visited. A photocopied piece of A4 paper advertising 'massage' was pasted to the shop window that had previously housed a doctor's surgery. Two young Asian women in their late-20s or early 30s talked as they lounged behind a large desk as we entered. A young Chinese woman was sent to attend to us. We explained what we were attempting to do and after securing the permission of an older woman, she agreed to complete a survey. The interest of the two women behind the desk was only aroused after they observed their young colleague pocket \$50 for completing the survey and made their way over to complete some of the survey questions. However, for the first time in this field research, nobody insisted upon restricting their services to therapeutic massage. The only pretence to the establishment's operation as a massage service was the aforementioned single sheet of photocopied paper in the window. Still, when we had an opportunity to peruse the survey responses in detail, it was disappointing to observe the majority of questions – including the age of one worker – was left blank.

THE WORKERS

Of the 21 female migrant women workers we engaged, 19 provided their age, which ranged from 20-50 years with an even spread of workers from the early 20s to the age of 40. Only four participants were aged over 40. The average age of the 19 workers who provided their age was 34.5 years. Older women tended to take on 'managerial roles' although on line reports make clear the provision of sexual services by management staff at certain establishments. The 60% of migrant workers who indicated that 'occasional work' was their primary source of income provided an indicator of the relative lack of job security – a position that could potentially leave them vulnerable to exploitation by employers. Further, any opportunity to supplement the limited income of occasional work may influence involvement of migrant workers in the provision of sexual services in return for payment. Visa conditions (many migrant sex workers come to Australia on student or holiday visas) do not allow for more than 20 hours of paid work per week, meaning that any more hours worked must be paid via the black economy.

Table 9.1: What best describes your main source of income?

| | No. | % | % Cases |
|------------------------------|-----|-------|---------|
| Employed | 3 | 14.3 | 15.0 |
| Occasional Work | 12 | 57.1 | 60.0 |
| Student | 3 | 14.3 | 15.0 |
| Home Duties / Partner | 2 | 9.5 | 10.0 |
| Total | 20 | 95.2 | 100.0 |
| Unanswered | 1 | 4.8 | |
| Total | 21 | 100.0 | |

Approximately half of those migrant workers surveyed were living in secure accommodation while a majority of the remaining workers lived in 'rooming' or 'boarding houses' (which *may* have been interpreted as a form of communal living in a rental property owned by the owners of the establishments at which they were employed). Four participants were accommodated by parents or friends.

Table 9.2: What best describes your accommodation?

| | No. | % | Valid % |
|---------------------------------|-----|-------|---------|
| Private Owner | 2 | 9.5 | 10.0 |
| Private Rental | 8 | 38.1 | 40.0 |
| Parents / Friends | 4 | 19.0 | 20.0 |
| Rooming / Boarding House | 6 | 28.6 | 30.0 |
| Total | 20 | 95.2 | 100.0 |
| Unanswered | 1 | 4.8 | |
| Total | 21 | 100.0 | |

As Table 9.3 reveals, newspapers (particularly local Leader Group newspapers) are the main source of advertising for the massage industry although a number of professional and licensed establishments post advertisements on the internet (and in telephone directories). Further, two surveyed participants had regulars contact them by mobile phone.

Table 9.3: Where do you meet clients?

| | No. | % | % of cases |
|---------------------------------|-----|--------|------------|
| Mobile Phone | 2 | 11.8% | 13.3% |
| Newspaper Advertisements | 12 | 70.6% | 80.0% |
| Internet | 3 | 17.6% | 20.0% |
| Total | 17 | 100.0% | 113.3% |

The following table shows the reticence to engage with the survey. Initially, this question read: How many clients have you provided sexual services to in the last 12 months? Despite instructions to the Mandarin translator to remove the word 'sexual' it was left in the survey. Consequently, only three of 21 participants answered this question – one acknowledging seeing 5-10 'massage' clients over a year and the other two nominating 100-200 clients. Although participants were unwilling to acknowledge providing sexual services – known as 'extras' – to those clients demanding such services, six of the 21 participants acknowledged clients having asked them for such services. In the context of the frequent and corroborated reports of sexual services by 'clients' of each site we visited, the fact that 10 of the 21 workers willing to participate in surveys indicated that, 'no, clients did not ask for sexual services', may have been more an attempt to deflect attention from these activities than reflect their experiences on the premises. Notably, five workers did not even answer the relevant question.

Table 9.4: Do clients ask you to provide sexual services?

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| Yes | 6 | 28.6 | 37.5 |
| No | 10 | 47.6 | 62.5 |
| Total | 16 | 76.2 | 100.0 |
| Unanswered | 5 | 23.8 | |
| Total | 21 | 100.0 | |

Our attempts to engage with migrant workers gave us an insight into the degree to which migrant workers in the unregulated industry seek to avoid public attention, and the consequent obstacles that prevent researchers and outreach services from engaging these workers in health and educational initiatives. There is a clear need to change the existing prioritisation of law enforcement and deportation as the response to migrants who have overstayed or are working in breach of their visa conditions to a response that explores the assistance needed by marginalised and vulnerable people who have sought out a better future for themselves and their families. Only once migrant workers are aware of empathy in government responses to their role in the unregulated sex industry might education and interventions to address potentially devastating public health issues be fully implemented.

While supervising completion of surveys, participants were encouraged to fill in those sections that addressed sexual health knowledge. Since there was nothing in answering the questions that might implicate them in illegal activity, their answers might provide a window into a distinct lack of knowledge. Only eight of the 21 workers surveyed, for example, acknowledged having been tested for an HIV or an STI.

Table 9.5: Have you ever been tested for HIV?

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| Yes | 8 | 38.1 | 44.4 |
| No | 10 | 47.6 | 56.6 |
| Total | 18 | 85.7 | 100.0 |
| Unanswered | 3 | 14.3 | |
| Total | 21 | 100.0 | |

Table 9.6: Have you ever been tested for an STI?

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| Yes | 8 | 38.1 | 42.1 |
| No | 11 | 52.4 | 57.9 |
| Total | 19 | 90.5 | 100.0 |
| Unanswered | 2 | 9.5 | |
| Total | 21 | 100.0 | |

Of those who had been tested for STIs, only two were also tested using oral swabs. This was a concern given the high rates of unprotected oral sex reportedly taking place in massage facilities. A further concern was the lack of sexual knowledge demonstrated by responses to the following true/false statements.

Table 9.7: HIV can be transmitted through vaginal/anal sex. True or false?

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| True | 13 | 61.9 | 68.4 |
| False | 4 | 19.0 | 21.1 |
| Don't Know | 2 | 9.5 | 10.5 |
| Total | 19 | 90.5 | 100.0 |
| Unanswered | 2 | 9.5 | |
| Total | 21 | 100.0 | |

Table 9.8: HIV can be transmitted through kissing. True or false?

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| True | 3 | 14.3 | 15.0 |
| False | 10 | 47.6 | 50.0 |
| Don't Know | 7 | 33.3 | 35.0 |
| Total | 20 | 95.2 | 100.0 |
| Unanswered | 1 | 4.8 | |
| Total | 21 | 100.0 | |

It was encouraging that not one participant believed HIV could be transmitted by sharing a drink with an HIV positive individual (although seven indicated they did not know whether such a statement was correct or not).

Table 9.9: HIV can be transmitted through sharing drinks. True or false?

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| False | 16 | 76.2 | 84.2 |
| Don't Know | 3 | 14.3 | 15.8 |
| Total | 19 | 90.5 | 100.0 |
| Unanswered | 2 | 9.5 | |
| Total | 21 | 100.0 | |

Table 9.10: HIV can be transmitted through sharing injecting equipment. True or false?

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| True | 17 | 81.0 | 89.5 |
| False | 2 | 9.5 | 10.5 |
| Total | 19 | 90.5 | 100.0 |
| Unanswered | 2 | 9.5 | |
| Total | 21 | 100.0 | |

Although no participants agreed with the proposition that HIV could be cured, only 13 of 21 felt confident enough to provide a definite answer to the question. Perhaps the data in Table 9.12 is more troubling, with just nine respondents recognising the availability of effective treatments to reduce the chances of HIV developing into AIDS.

Table 9.11: HIV can be cured. True or false?

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| False | 13 | 61.9 | 68.4 |
| Don't Know | 6 | 28.6 | 31.6 |
| Total | 19 | 90.5 | 100.0 |
| Unanswered | 2 | 9.5 | |
| Total | 21 | 100.0 | |

Table 9.12: HIV can be treated. True or false?

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| True | 9 | 42.9 | 45.0 |
| False | 6 | 28.6 | 30.0 |
| Don't Know | 5 | 23.8 | 25.0 |
| Total | 20 | 95.2 | 100.0 |
| Unanswered | 1 | 4.8 | |
| Total | 21 | 100.0 | |

A lack of knowledge regarding treatment was reflected by a sole participant acknowledging the possibility of a person with HIV living a long and healthy life.

Table 9.13: People with HIV can live long and healthy lives. True or false

| | No. | % | % Valid |
|-------------------|-----|-------|---------|
| True | 1 | 4.8 | 5.3 |
| False | 13 | 61.9 | 68.4 |
| Don't Know | 5 | 23.8 | 26.3 |
| Total | 19 | 90.5 | 100.0 |
| Unanswered | 2 | 9.5 | |
| Total | 21 | 100.0 | |

As regards the efficacy of condoms as protection against STIs, 21 participants answered the question and 75% of these correctly identified condoms as providing *some* measure of protection. Only three participants did not believe in condoms' protective qualities.

Table: 9.14: Tick the following you believe to be correct:

| | No. | % | % Valid |
|--|-----|-------|---------|
| Condoms can protect me from all STIs | 2 | 9.5 | 10.0 |
| Condoms can protect me from some STIs | 15 | 71.4 | 75.0 |
| Condoms don't protect me from STIs | 3 | 14.3 | 15.0 |
| Total | 20 | 95.2 | 100.0 |
| Unanswered | 1 | 4.8 | |
| Total | 21 | 100.0 | |

A similar level of knowledge was displayed in respect to STI treatment. No participant argued that all STIs were curable and, while one worker indicated she believed that no STIs were curable, 18 of the survey participants correctly identified that some STIs could be cured with appropriate medical treatment.

Table 9.15: Tick the following you believe to be correct:

| | No. | % | % Valid |
|------------------------------|-----|-------|---------|
| Some STIs are curable | 18 | 85.7 | 94.7 |
| No STIs are curable | 1 | 4.8 | 5.3 |
| Total | 19 | 90.5 | 100.0 |
| Unanswered | 2 | 9.5 | |
| Total | 21 | 100.0 | |

The differences in the extent of knowledge between HIV and STIs may be indicative of migrant workers contracting and receiving treatment for the latter. Certainly, demand for services at the MSHC – where multilingual educational materials are easily accessible – is sufficient to hold weekly clinics for Thai workers and bi-weekly clinics for Chinese and Korean workers. Given such access, the general lack of sexual knowledge among that small sample of migrant workers we managed to access – in combination with clients' reports of engaging workers in risky sexual activities – suggests the need for a wider public health response. In addition, there is an opportunity for services such as MSHC, the Migrant Centre for Women's Health, Medical One @ QV and the South Eastern Alcohol and Drug Service (SEADS) to utilise their contact with members of the local migrant community for subtle distribution of information and educational sexual health materials. This would help to ensure misperceptions and lack of knowledge are addressed in the community as a whole without potentially identifying and isolating those who are sex workers. The formation of relationships between these services and those most in need of the information and treatment options they provide may go some way to addressing the lack of support that impacts upon health and wellbeing, and increases vulnerability to both HIV and STIs.

TENDENCY
TOWARDS
SADNESS
... KEEP



Working 'privately'
without regulation





WORKING 'PRIVATELY' WITHOUT REGULATION

Private sex workers do not sell their services via their visible presence on a street corner, nor by seeking work at a brothel or other established service where management take a proportion of their earnings in return for attracting potential clients and providing a space in which to service clients. Rather, private sex workers advertise their availability in the print media and, as is increasingly common, via online forums and personalised websites. Private sex workers – whether operating in accordance with the regulations of the *Sex Work Act* of Victoria or in breach of these regulations – conduct working lives that contrast markedly with those of street-based and migrant sex workers. The point of difference is largely based on the autonomy a private worker can exercise over sexual encounters. For some street-based sex workers, complex and interlinked structural determinants and their outcomes – poor mental health and drug dependence, for example – allow clients an opportunity to wield a disproportionate, and sometimes abusive, amount of power over sexual transactions. Similarly, the generally illegal immigration status of many migrant sex workers compromises their ability to seek access to services which provide the knowledge to protect both their sexual health and general wellbeing. These vulnerabilities were not shared by those SHANTUSI participants who earned significant amounts of money as private and self-employed sex workers. The private workers we met throughout the course of our research negotiated the nature and cost of sexual transactions from a position of greater equality, if not a position of greater power.

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It is difficult to talk of private sex workers as a research 'population'. While all workers in the unregulated sex industry are differentiated by unique personalities and the experiences that brought them to the sex trade, both street-based and migrant sex workers can be identified as belonging to an identifiable 'group' by commonalities in their work environment. In contrast, private workers' diversity applies to the services they choose to provide and the environment they choose to work in. As discussed in chapter 7, it is the sexual demands of those men whose money sustains the sex industry that goes a long way to determining its shape. These demands are so broad that for any sexual service one might think taboo, there is a private sex worker willing to fulfil that demand in exchange for a negotiated payment. As the website of one of our participants specified to potential customers:

My most well-honed skill, without a doubt, is being able to find the "heat" in a person's fantasy. So long as you're ready and willing to go to that place, I'll take you there without hesitation or judgement... I have a soft spot for more unusual, seemingly absurd or obscure tastes. If you're worried that no one will ever understand, or that no one will even consider accommodating your sexual proclivities, try me. Chances are that I can find a way to make it happen.

In respect of the breadth of demand in the private sector of the unregulated sex industry, gender is integral in determining the services offered and the manner in which they are provided. It is important to differentiate issues that affect private sex workers of all genders. It is client demand that is responsible for the comparatively few (at the time of writing) transgender workers and male sex workers on the street. Migrant sex workers - or those offering sexual services from massage services and illegal brothels - are exclusively women. This is not to argue that there is no demand for those seeking the sexual companionship of a male of specific ethnicity. Rather, those so inclined – if unable to find a desired worker in one of the two legal brothels employing male and transgender workers in Melbourne – would be required to pay a private worker who, if in keeping with advertising restrictions imposed upon them, may state their country of origin *but* not their ethnicity. While still outnumbered by their female counterparts, the extent of demand

is such in the private sex 'market' to support a large number of transgender and male-to-male sex workers. This allows for further analysis of the potential influence of gender on engagement in high-risk sexual activity. In keeping with the aims of the report, attention will be paid to engagement in unsafe sexual practices as well as to sexual health knowledge and frequency of testing regimes and, in doing so, identifying any related needs of this particular group.

Twenty-four private sex workers were recruited for the research through a variety of means. As specified in the brief methodological section in the introductory section of this report, private workers proved as difficult a research population to access as migrant workers, albeit for very different reasons. While the fears of individuals working in breach of visas provided an understandable reticence to talk, the lack of incentive for private workers was not envisaged. This was another oversight that serves to inform future research into the sex industry. When a worker is engaged as a private sex worker and charging 'outcall' rates of \$30 per hour for services that are primarily provided at night, the offer of \$50 to take time out of their day – particularly if also working within the 'mainstream' workforce, as many private sex workers do – to discuss the intimate details of your commercial sexual activities, let alone fill in a survey about your private sex life *and* self-administer an oral swab for HIV testing purposes was not a great incentive. With this difficulty in mind, it is worth noting that we attracted participants who were genuinely interested in issues related to the sex industry, were comfortable in their place within that industry and sought to contribute in the interests of conferring a greater sense of legitimacy on their work in the hope of enabling workers to go about their profession without the current levels of intervention by government and public health authorities. It is the refusal of so many workers to comply with the regulations in relation to testing requirements, advertising restrictions and where one can service clients that leads to so many private, yet registered, sex workers effectively working in breach of the obligations.

Of the 24 participants recruited to represent private sex workers, there were 10 female, eight male and six transgender workers.

Table 10.1: What gender do you identify as?

| | No. | % | % Valid |
|--------------------|-----|-------|---------|
| Male | 8 | 33.3 | 33.3 |
| Female | 10 | 41.7 | 75.0 |
| Transgender | 6 | 25.0 | 100.0 |
| Total | 24 | 100.0 | |

Although aged 21 through to 51 year (with a mean age of 31.4 years), more than half (54.2%) were aged 30 years and less and only three (12.5%) were aged over 40.

ENTRY INTO THE PRIVATE SEX TRADE

A brief comparison emphasises the differences between the factors that led individuals into the sex industry as private workers and those who work in far more vulnerable positions in the unregulated sex industry. While the latter face structural determinants that marginalise them and isolate them in a life of poverty and disadvantage that, with the passing of time, becomes increasingly difficult to extricate themselves from, for many private workers, sex work offers a potential career or a short-term means of making money. In this respect, the decision to engage in sex work is motivated by individual factors unique to each person's circumstances. Still, discernable trends did become apparent, particularly when examined in a gendered context. In stark contrast to the reasons of street-based research participants, only one private worker spoke of a drug dependency as a causal factor in their entry into sex work. This male worker, 28-year-old **Bailey (094)**, had also worked on the street when unable to finance his heroin

dependency through private work alone. However, when we met in late December 2009, Bailey, although no longer drug dependent, continued working solely in a private capacity due to the incentive of the money involved – further underscoring the separation of drugs from private sex work. Although by no means the only reason, ‘monetary rewards [or] financial rewards’ tended to be a primary motive for private workers of all genders, according to **Francesca (122)**. Table 10.2 below records participants’ primary source of income. Sex work was the main source of income for a majority (66.7%) of workers. A quarter of this (admittedly small) sample cited employment outside the sex industry as their primary source of income.

Table 10.2: What is your main source of income?

| | No. | % | % Cases |
|---------------------------------------|-----|-------|---------|
| Employed | 4 | 16.7 | 16.7 |
| Casual / Occasional employment | 2 | 8.3 | 25.0 |
| Centrelink | 1 | 4.2 | 29.2 |
| Home duties / Partner | 1 | 4.2 | 33.3 |
| Sex Work | 16 | 66.7 | 100.0 |
| Total | 24 | 100.0 | |

The access that private workers spoke of having opportunities in the ‘mainstream’ job market clearly demonstrated a level of security not shared by others engaged in this research. The ability to provide for a reasonable standard of living via mainstream employment demonstrates the deliberate choice via which many private workers entered the sex industry, as opposed to many street-based and migrant workers who could not perceive of any other way of earning a sufficient income to meet their needs. These needs were demonstrated by what participants spent money on. While the needs of drug dependency accounted for the earnings of a majority of street-based workers interviewed, and the cost of living if not ‘payment contracts’ of migrant workers compelled them to engage in illegal sexual activity, the nature of private workers’ spending is partially illustrated by their living conditions. As Table 10.3 makes clear, the majority of private workers lived in secure accommodation (83.3%).

The nature of the private rental that different workers occupied is also worthy of consideration. Those private workers interviewed at home lived in fashionable apartments in ‘desirable’ locations surrounded by the latest accessories and expensive furnishings. **Brian (029)**, a young male worker, spoke of considering buying the converted split-level warehouse he was currently renting, a space tastefully decorated and appointed with quality furnishings, an array of artworks and the latest of electrical appliances. However, he was concerned that this purchase would consume the greater amount of his ‘extra’ money earned through his part-time involvement in the sex industry, a source of a substantial but nonetheless secondary income to that earned in property development. Despite the fact that Brian had saved enough money via working as a private sex worker to purchase an expensive piece of real estate on the fringe of the Melbourne CBD, he referred to escorting as ‘just extra income’ that is used ‘to go to nice places’.

Table 10.3: Where do you currently live?

| | No. | % | Cumulative % |
|-----------------------------|-----|-------|--------------|
| Private owner | 5 | 20.8 | 20.8 |
| Private rental | 15 | 62.5 | 83.3 |
| Transitional housing | 2 | 8.3 | 91.7 |
| Parents / Friends | 2 | 8.3 | 100.0 |
| Total | 24 | 100.0 | |

Such luxuries are affordable for those private sex workers who charge by the hour and who are able to charge high rates of payment. This contrasts sharply with the market of the street, where workers are paid to provide a specific service for what is supposedly a set price but which is all too often undercut for reasons already discussed elsewhere. For example, a street-based worker might hope to get a client to pay \$50 for oral sex or \$70-80 for penetrative sex, while Brian demands \$250-\$400 per hour of clients (the price range reflecting the range of services he is prepared to provide). Far from having to negotiate with potential clients and reluctantly agreeing to provide services for a lower price, Brian determines which of approximately 100 potential engagements a month (or several enquiries each day) he will accept. He does so on the basis of his *own* needs.

I quite enjoy doing what I do, and a lot of people don't understand that. There's a lot of attitude towards it and stereotyping of what a sex worker is. I've never associated myself [with those stereotypes] at all, I never did drugs or lived on the street at all, I had a very good upbringing, educated, went to uni. I do it as a sexual fantasy, I enjoy doing it.

The amount of money demanded of clients by Brian – and the lifestyle he is able to afford as a consequence – is not an extraordinary example. The prices **Sylvie (115)**, a transsexual worker, lists for outcalls on her website range from \$300 per hour to \$6,500 for a 48-hour booking. Sylvie spoke of using 'slightly higher' rates as a means of attracting a certain type of client and justified her prices insofar as 'getting what you pay for'. Sylvie had engaged in considerable research of the industry to determine what was being provided and what demands might be going unmet. She spent the many hours waiting for bookings during periods of brothel work, designing her website to attract a niche market.

I advertise as being passive only.⁹⁴ Because I don't like being active with guys anyway, I made a conscious decision... I knew the niche market I wanted. I spent two months last year on my laptop, writing out the text for my website... even though I've got a large penis, I don't advertise the size of that, because I'm passive only, for gentlemen. So the niche demographic that I've been targeting, and has actually been responding, is the ones who don't really care about the size of your penis... they're probably in the sixty to eighty to a hundred thousand plus income bracket.

When we spoke to Sylvia, she had purchased her own home where she lived with her partner and child. Sex work was providing an income of approximately \$1200-\$1400 per week which only meant the need to provide service to two or three clients each week (given that most bookings exceed two hours).

Dean (097), another private male worker, works part time as a personal assistant to a lawyer. He has his own ABN and pays tax on his sex work earnings which are estimated at a minimum of \$1500 a week and an upper level of \$3000 based on meeting one client a day. **Sally (100)**, charges clients a basic rate of \$200 per hour, although 'basic kinky' sex is \$250. Sally explains how she, like a number of the private workers, treats money as an investment as opposed to a means by which to take care of an immediate need.

I've got a very good market. It's a niche market, but it's expandable, and I'm now employing someone full time, [he] comes every day, to answer the phone, and emails, and all those little things.

A good day would be eight clients. But then again it's hard to predict. Last night I had six... I work seven days a week, day and night. I turn 51 today, and I've got to get in, and make my money, and make up for the fact that I left the marriage with no assets [see *below*]. I've got a good accountant who's worked with working ladies, and [I've got] a self-managed super fund, so [I'm] doing it all fairly legally.

⁹⁴ Being the recipient of anal sex.

Although money was a shared motivating factor for private workers' involvement in sex work, the reasons for turning to sex work for money varied between genders. Nine of the 10 women who participated in the study as private workers identified sex work as their main source of income. Of the female private workers interviewed, several spoke of failed relationships as the impetus for their engagement in sex work. Sally was left penniless after the break-up of a long-term marriage. She eventually made a decision to start life anew, leaving her husband in the family house in which they resided, along with her career as a schoolteacher in a rural community. The cost of Sally's decision was a \$50,000 debt that rapidly accumulated as she built a new life. Her response to was to act on her 'burning desire' to achieve a long-held fantasy of becoming a (self-described) 'BDSM⁹⁵ whore'. Consequently, she began what has remained a very personally fulfilling career that she incorporates wholly into her lifestyle:

I'd always been masturbating during that time [I was married], always to spanking fantasies – myself being spanked by older men. So I had this rather creative idea that I was going to become a BDSM whore, part-time. It was rather crazy because I'd never been spanked in my life, even though I had this incredible fantasy life.

Similarly, when **Bettina's (116)** long-term marriage deteriorated, she was left facing financial ruin. Her first act of commercial sex was an act of desperation – when she propositioned a man she had been briefly dating, on the basis that he would pay her for sex. A period of shame followed, a time during which she saw herself as hitting 'rock bottom'. Despite this, or perhaps given the fact that she knew her first client to some degree, Bettina quickly developed an entrepreneurial outlook, once she realised she could capitalise off of her physical assets.

I thought, 'I'm giving it away for nothing, I could work on this', and especially seeing everyone keeps telling me 'my god, how big are your boobs, you must have the biggest boobs, and you should do something with your boobs, and boobs, boobs, boobs!' So, yeah, that's where it sort of started.

Of course, men were not the sole influence for females' initiation as private sex workers.

Charlize (047), a 43-year-old travelling escort, entered the industry after a car accident in which she suffered a severe ankle injury and her ability to maintain work in an office environment was significantly compromised. On reflecting upon her decision to enter the sex industry, this strongly spoken and direct woman declares that she didn't really think twice about her initial involvement. Following an initial period of research, Charlize now operates in rural and regional areas where there are large bases of single, working men stationed for extended periods of time (e.g. mining towns and areas where seasonal work is common), earning sufficient money to live comfortably. Although all private workers were, at least in part, involved in sex work because of the large sums of money to be made, there were various motivations to involve oneself in an industry that poses risks, but in which the risks were perceived as being worth the lucrative financial return. **Philippa's (145)** reasons for needing for 'serious coin' were both personal and professional. Earning an average of \$3000-4000 per week (on the basis of charging clients \$400-\$600 per hour or \$1000 for a three hours) has enabled her to send money home each week to support an ill family member, as well as achieve the financial independence to train as a professional athlete aiming to compete at the Olympics that a job in a mainstream occupation would not. Like the justification for 'higher' prices cited by Sylvie, Philippa sought out a specific clientele of wealthy clients attracted by the quality of the service offered. Further, she stressed her own professional approach to sex work, an approach that had taken her with clients' as far as Hong Kong and all around Australia. Philippa put her work experience in the following terms:

The way I've chosen to do this industry I've tried to aim for the higher level of market, with businessmen who are married and they're careful. They tend to want oral with condoms

⁹⁵BDSM – Bondage, Discipline and Sadoomasochism. In BDSM, body control and the use of pain and pleasure, either physical or psychological, arouses the client. The client may choose to be the dominant character or the submissive (as was the case for Sally).

on, they want sex with condoms, because they've got to go home and be with their wife and kids and they don't want their secret life to come out. That's what most of them are paranoid about. That's why I do the internet thing [as a discreet means of meeting clients as well as filtering out time-wasters].

I charge a lot. So you kind of sift out all those idiots, like I notice a difference between working in brothels, I used to work in brothels, I did... two years in brothels which is quite a high class brothel, but even then, the clients... [were] not very respectful. And if you've got a bloke that's willing to pay good money, and get [a good service]. I want to run a business like you'd run any other business – professionally. If you want professional, you have to pay for it. I'm not out there to rip anybody of, I give a really good service, never had any complaints, all my clients are repeat, I've got clients that I've been seeing for over two years now. Like more than a handful, regular every week for two years. [Also] when you're doing the private thing, you don't get the guys on the drugs, you don't. In twelve months, I've never ever been with a client that's on drugs, whereas in [the brothel] ... everyone's off their guts, whether it's alcohol, or drugs. You know and you're working, for an hour, and it's hard work, and you really feel like you're a sex worker, whereas with the internet working, I don't feel like a sex worker. I dress in classy clothes, I rock up to a hotel or their house, I'm not dressed like a [sex worker], I'm dressed like a businesswoman, and I want to be discreet for them and for myself.

One manner in which male workers differed from their female counterparts in the private industry was that a number of those interviewed spoke of involvement in sex work on a comparatively irregular basis. In a number of cases, interviewees spoke of not 'officially' sex working, but stressed the ability to operate in an opportunistic fashion, using gay dating websites, such as www.gaydar.com.au, to strike up a friendship with a (typically) older, less attractive male before offering to take their relationship to a sexual level in return for financial compensation. In contrast to the women interviewed, only two of eight males interviewed saw sex work as their primary source of income. Three of the four individuals who identified full-time employment as their primary source of income were drawn from the eight male workers interviewed. **Bailey (094)** and **Sebastian (095)** both used 'regular profiles' on Gaydar, as opposed to a 'commercial profile'. This identified them as 'regular' members on the gay networking site and able to therefore circumvent the requirement to adopt a sex worker identity. The decision to use a 'regular profile' was not an obstacle to approaches for commercial sex (or even propositioning others).

[It] is more of a cold call situation. You start a conversation with somebody that you know is a lot older... and you just say you'd like to make some extra cash. And you start from there. (Bailey, 094)

Although Brian was less perturbed than somewhat bemused at the inaccuracies of sex worker stereotypes, it was obvious these did have an impact on some workers. In some cases, it appeared important to interviewees to dissociate themselves with stereotypes of drug use as a causal factor in their involvement at the initiation of the interview. **Adrian (038)**, a male worker who has worked for an escort agency but also advertises via the internet, was representative of a number of workers who wanted it to be known – adamantly – that despite involvement in sex work encompassing some 15 years ('on and off'):

Every time has been for financial [reasons]. Just to pay the basic bills, I've never done it for drugs or anything like that.

Adrian's involvement in sex work usually reflected periods of his life when between jobs. Past work in office environments and call centres provided a sufficient income to meet his needs. However, when neither of these, nor any other form of 'mainstream' work was available, sex work served as a practical means that allowed him the flexibility needed to pursue his personal

goals in the entertainment industry (just as sex work allows Philippa to pursue her goals in sport).

Only two of the private male sex workers we spoke to saw sex work as their primary source of income, although others could easily do so given the capacity of workers such as Dean. Dean is able to earn up to \$3000 a week, particularly when travelling interstate and finding popularity as 'fresh meat', as he put it. Utilising this strategy was common among all private workers and Dean had spent time in Adelaide, Brisbane, Perth, Sydney and Melbourne.

When you go interstate is that a matter of advertising beforehand? Letting people know you're going to be interstate and then hiring a hotel room?

I just did a trip to Brisbane so I advertise two weeks prior. But um with the Brisbane regulations I had to change a few things in my ad because it's quietly censored in Brisbane, the police have a firm grip on it in Brisbane, so.

How does work in Melbourne compare to other cities?

Work in Melbourne, it's ok. There's not a lot of boys out there doing [work] privately, so I tend to get a lot more work, so I'm obviously one of the better ones. But when you go interstate you do get a lot of work, because you're fresh meat. So, you know, from my experience working in brothels and different types of organisations, the clients are going to go to every single place, they're not going to be loyal to one person. So being fresh meat in a new town is definitely beneficial. That's why I only travel on and off, I don't base myself in one state.

The motivations for some transgender individuals to commence a career in sex work can differ significantly to those outlined above. While money certainly plays an instrumental role in the decision-making process, it is important to note the economic marginalisation and resultant hardship experienced by a proportion of the transgender population. **Francesca's (122)** attraction to 'monetary rewards' rested on translating these rewards into investment in a property portfolio to provide security in her retirement years. A number of transgender workers – both on the street and in private practice - emphasised what they perceived as the finite life of the sex worker, due to the diminishing demand they assumed would accompany the physical evidence of passing years. Some other participants placed an emphasis on the need to invest their money made from sex work into their bodies – another way of prolonging their earning power or, more importantly, developing a physical appearance with which one could identify with psychologically.

For me I'm only in this line of work for like my body maintenance. Because it's quite pricey. **(Yvette, 108)**

The stated motivation of **Susan (101)**, a transgender worker who has spent five years engaged in private sex work, was the need to save enough money for gender reassignment surgery. Susan had spent considerable time working in aged care. When her boyfriend recently left, she was personally devastated and struggled to find re-employment in the aged care sector, an environment in which, incidentally, she never endured problems encountered in other workplaces (e.g. discrimination from co-workers and/or customers) as a result of her gender, save for a few misplaced pronouns.

While several transgender participants such as Susan, Francesca and **Vivienne (081)** had previous experience in other fields of employment (including fashion retail and hospitality), most experienced difficulty in attempting to access mainstream employment, an experienced reported elsewhere (Perkins et al. 1994b, Harcourt et al. 2001, Sausa et al. 2007)).

I think it's hard for transgender [people]. It's hard for us to get a normal job... I worked in fashion retail, but I couldn't work long. Every time you work for three or four months, and

then the boss – it's not [that you get] fired, but [they] just say 'oh we have enough people'. I didn't have the proof that it was discrimination, but I think it was. (Vivienne)

For some transgender individuals, sex work can offer an alternative to fields of employment that could potentially result in the experience of discrimination, while supporting an apparently high cost of living. It must, however, be said that our small sample and the objectives of this research prevent us making generalisations as to the ability of transgender persons accessing employment in the 'mainstream' sector.

The reasons listed by those male, female and transgender individuals for *choosing* to earn money as private sex workers are as varied as one might expect within any group of individuals, regardless of gender and, as noted in the introduction of this report, money remains the most identifiable cause of engagement in employment, although the amounts available were certainly far more attractive and influential in the decision to become a private, individually-employed and autonomous worker.

ADVERTISING AND ENTERTAINING

The manner in which private workers advertise their services presents a significant difference when compared to other sectors of the unregulated industry. Whether their preferred forum for advertising services is via websites or in printed publications, adherence (or lack thereof) to sex work regulations is an issue that affects all. This is a pertinent point at which to explain the classification of that cohort of private workers belonging to the unregulated industry. As explained in the introduction, there are numerous regulations with which private workers must comply. Regardless of whether they choose to do so or not, the relevant authorities in the State of Victoria have neither the resources nor the infrastructure to ensure and enforce compliance with these regulations.⁹⁶ Consequently, they are effectively 'unregulated' regardless of their compliance or otherwise with the aforementioned regulations. There is of course a difference with self-regulation and enforced compliance and the latter is impossible to ensure without being present when services are negotiated and provided from worker to client. Table 10.4 below specifies the different mediums used by the 24 private workers for the purpose of soliciting clients:

Table 10.4: How do you meet clients?

| | No. | % | % Cases |
|---------------------------------|-----|--------|---------|
| Street | 5 | 8.6% | 20.8% |
| Brothel | 6 | 10.3% | 25.0% |
| Mobile Phone | 13 | 22.4% | 54.2% |
| Newspaper Advertisements | 11 | 19.0% | 45.8% |
| Internet | 22 | 37.9% | 91.7% |
| Other | 1 | 1.7% | 4.2% |
| Total | 58 | 100.0% | 241.7% |

Although some private workers continued to occasionally frequent brothels or solicit for opportunistic work on the street, the internet was the primary means of advertising used by those surveyed. Further, the print media, along with regulars actively seeking the services of workers' via phone contact, continued to be relatively common means of engaging with clients.

⁹⁶ At the time of writing, anecdotal reports suggested that certain workers within the a Victorian Government department were engaging in a more active surveillance of private workers' websites. On Rentboy Australia, for example, all Victorian profiles were taken down and restored once they complied with regulations stipulating that only head shots could be used to advertise sexual services. In the wake of this sudden interest, a number of concerned phone calls were made to the employee at RhED who has responsibility for the interests of male and transgender workers on a State level.

Popular websites for female and transgender workers included www.cracker.com.au, although according to **Tori (099)**, among others, this site could often attract unwanted harassment and endless irritation from potential clients and 'timewasters'.

The only harassment I ever got was from Cracker... I don't know how [but] they send you nasty [messages] like 'you ugly slut' - all this type of stuff - like [a potential client saying] 'you've got to be fucking joking', things like that. It's like you're the one who's wasting *their* time... it doesn't worry me. That's the only site that I've had problems [with]. The ads in the paper [are a] waste of money. And when you don't have money coming in, that seventy bucks [to pay to place an advertisement in the print media] is a big amount.

Philippa and **Sylvie (115)** both agreed that Cracker typically attracted a different type of clientele than the websites they each maintained. To avoid the time-consuming distractions noted above, and as an inadvertent means of complying with regulations that prohibit advertisements that expose any of a worker's body below their shoulders, **Francesca (122)** advertises without a photo on her profile. A number of workers do so to maintain anonymity. Francesca explains her mode of advertising as follows:

No nudity. I don't even put my photo. I don't want my friends to go and click and see. It's embarrassing. I'd rather be anonymous. I get fewer clients but I get more genuine clients. I mean when you have a photo, you get genuine clients, but you also get wankers, or idiots, and timewasters... I'm more inclined to service a professional, because they always treat you better.

Print advertising was thought by Tori to be 'a waste of time', due to its comparatively high cost (which Vivienne estimated as up to \$200 per week) and the lack of response from genuine clients.

In contrast to private female workers, male and transgender workers (with the exception of **Susan**) reported being less likely to use dating websites to solicit clients. www.rentboyaustralia.com and www.gaydar.com were thought to be the most lucrative sites for private male workers by a number of those interviewed. **Steve (117)** considered this to be due to the status of www.rentboyaustralia.com as a sex worker specific site (as opposed to a site for dating or social networking).

Private workers demonstrated clear attempts to comply with existing regulations governing private sex work by acquiring a PCA [Sex Work Act] number and paying taxes. However, they were willing to draw attention to legal 'loopholes' that allow them to bypass some of the conditions placed on photographs. Loopholes exist in current laws due to the lack of uniformity across Australia in respect to advertising regulations for sex workers. For example, workers are able to place photographs online that are clearly in breach of PCA regulations but that cannot be accessed unless the 'user' specifies that they are from a state that allows such advertising. Those who choose to exploit such loopholes risk little given the lack of any monitoring by the regulatory body.

There's loopholes and I use them... with Victoria's regulations and interstate. Interstate, Sydney don't have any regulations on photos, like you can have full body... nudity. So basically when you create [your personal] site you've got a Melbourne gallery, and you've got your interstate. Just little things like that, that helps. (Philippa 145)

You've never had any hassles from people regulating the industry?

No, because my website is legally Victorian compliant. I actually have a disclaimer at the start of it, at the entry page, that says 'under eighteens [not allowed]' for the image galleries. I actually have a [explanatory statement saying] 'Victorian visitors, legally I can only show head and shoulders, interstate and international visitors click here'... but from what I've read of the Act, the actual legislation ... governing the advertising, as long as you contain a warning, saying that you know... you're not in Victoria, it's ok. (**Sylvie 115**)

It is important to note some private workers' ability to 'screen' or select clients via their chosen means of advertising. This greatly influences workers' experiences, particularly in the context of sexual health (not to mention physical and mental wellbeing). It certainly contrasts with the erosion of the street-based worker's personal working rules due to desperation. Many private workers spoke of their ability to screen calls and internet enquiries as *the* key advantage of internet advertising, allowing them to 'suss out' potential 'dickheads' or 'timewasters', as well as turn down those requesting unprotected services:

I've got this sort of grading kind of system. The ones who just send me an email like 'hi, I've got a ten-inch Greek cock, can you handle it?' in really bad like Pidgin kind of speak, you just go 'ignore... timewaster'. Certain ones say 'oh, do you want to bareback, do you want to do bareback anal?' [They go] straight into the bin, straight into the folder for dickheads... The thing I like about being independent is that a couple of times I've actually just pulled the plug on a guy, because he just didn't sound right. (Sylvie 115)

In the same way many street-based workers reported an ability to avoid problematic or potentially violent clients, private workers reported sometimes relying on 'gut' instinct when attempting to ascertain the bona fides of an individual who has contacted them to negotiate a sexual transaction:

If I'm not feeling one hundred per cent secure with them, or if there's something that just doesn't sit right with me, or a gut feeling, I'll just go no... You get a lot of people that ask for a lot of weird stuff. (Kelsey 098)

At the very least, **Amy (107)** spoke of how being a private worker allowed control of one's working environment and how this ensured a far greater degree of safety (in comparison with a street worker climbing into a stranger's car):

I don't work from home, what I do is rotate around. I don't use hotels or motels, I use serviced apartments because car parking, reception, there's none. It's a safety mechanism. I use an apartment... and they've got the intercom system. [So] I'm able to view [the clients as they arrive]. I don't give the apartment number, I give them the block. Because some people won't turn up. I don't get angry. I have a better way of dealing with it. It can get lonely, but I just... do a lot of meditation, that helps.

Although they are in a much more secure position than street-based workers, there are still risks associated with any industry without a strong regulator and a body able to enforce these regulations:

I still leave details with my partner, and pretend to make a phone call, and talk to my driver or whoever downstairs you know. But, there's still a little bit of that kind of charade played out, it's more bluff. If the bluff was called, you know, if someone pulled a knife, I might be in a lot more trouble... but touch wood... (Sylvie 115)

Another transgender workers engaged in the private sex industry, Francesca described her safety routine as follows:

[I] never, ever accept a drink... you don't know what they put in a drink. And I'm always looking... you've got to be very alert, I always like to be very safe... If they call me on a private number, I won't take the booking. I need to see a mobile number, whether it is a prepaid card or an account, because you can always trace [it]. But if it's a private number it's very difficult to trace, not even the police could trace [it]. I like to call them back to confirm that it's the number, or a private line preferably if I'm going to a house. Sometimes I'll have a driver with me, sometimes I go by myself [but] I'll always tell them that 'look, there's somebody waiting for me in the car, so, you know, 'we'd better stick to the time'... you make it known that there's somebody waiting for you so that they're not inclined to

do anything. If anything happens, make noise. You know, pick something [up], throw at a window so that people are aware something's going on, neighbours can hear, and then they'd be very worried about their own privacy as well. But so far if I smell something, you know, instinct! [*snaps fingers*]. You smell something, you just walk away. I'd rather not earn the money, just walk away. Give them back their money, just walk away. My life is more [important], it's bigger than money.

STI AND HIV RISK AMONG PRIVATE WORKERS

Table 10.5 illustrates the volume of clients seen by private workers who participated in the SHANTUSI study. Given the constant engagement in sexual activity with a variety of individuals, a sound knowledge of sexual health and safe sex practices is obviously pivotal in limiting potentially negative health outcomes. Ten of 24 workers estimated having 500+ clients over the past year, and a further nine saw 100-500.

Table 10.5: How many clients have you seen over the past 12 months?

| | Number | % |
|----------------|--------|-------|
| 1-5 | 1 | 4.2 |
| 5-10 | 1 | 4.2 |
| 10-30 | 2 | 8.3 |
| 30-50 | 1 | 4.2 |
| 100-200 | 6 | 25.0 |
| 200-500 | 3 | 12.5 |
| 500+ | 10 | 41.7 |
| Total | 24 | 100.0 |

Despite their control over negotiations, 70.8% of workers reported having been asked to provide sexual services without use of a condom. Although this is less of a demand than that confronted by street-based workers, it remains alarming high. Despite a demonstrated understanding of the transmission and treatment of HIV and STIs as evidenced in the survey responses, seven of the 24 private workers engaged in sexual activity without the use of condoms (when requested). There was little difference determined by the gender of workers.

Table 10.6: Do you ever make the 'choice' not to use a condom when providing sexual services?

| What gender do you identify as? | Yes | No | Total |
|---------------------------------|-----|----|-------|
| Male | 2 | 6 | 8 |
| Female | 3 | 7 | 10 |
| Transgender | 2 | 4 | 6 |
| Total | 7 | 17 | 24 |

A level of complacency among male workers in regards to oral sex appeared to reflect a general dislike of using condoms for oral sex within the gay community. Adrian explained changing attitudes over time:

Fifteen years ago, we did more often use condoms for oral sex. That's really gone now, well for me anyway. But you know 15 years ago, I would have used [HIV] for an excuse, but people still have that fear and that mentality about oral sex giving you HIV, which I think has disappeared a bit.

It's pretty rare for people to use condoms for oral sex now?

Yep, I have found... but I haven't come across any problems with people not wanting to use condoms for anal sex. I have had people, you know, clients that are HIV positive and they have asked me to have unprotected sex like a couple, but, that's just in my industry... I haven't done the jobs, I've declined them. (Adrian)

Nonetheless, certain male workers, such as **Liam (062)** took a very cautious approach to sex work in the interests of ensuring his household – shared with a number of transgender sex workers – remained free of BBVs and STIs. He claims his advocacy of safe sex has lost him numerous clients, despite his need for money. This issue arose on several occasions and demonstrates the manner in which clients continue to shape industry outcomes even when workers have greater autonomy – an inevitable consequence as demand will determine supply in any marketplace.

Despite the levels of unprotected oral sex provided by private workers (and male-to-male workers in particular), all male workers were vigilant in using condoms with every engagement involving penetrative anal sex. Similarly, a clear majority of female participants identifying as private workers refused services without use of condoms. The use of condoms was typically negotiated upon the initial contact with a client as an integral part of the 'screening' process discussed above. As Tori and **Milena (091)**, respectively, stated:

Most of them want unprotected [sex] and stuff like that, and I won't do it.

Every second sort of person that I speak to [wants unprotected sex]. They want to have sex without a condom... or oral.

As implied by Milena, it is unprotected oral jobs that are typically requested by the clients of private workers. Further, those private workers we spoke with saw unprotected sex to be more than just a risk to their sexual health, but rather to their life. As Francesca explained:

Do you get pressure from clients to engage in services without a condom?

Oh yes. All the time... but you never do it. Because your life is more precious.

Even if it was a regular... there's no way you would do unprotected oral for a regular?

No. I don't trust them.

Some workers exhibited a degree of complacency about their use of condoms for oral sex, perhaps further indicating expectations of unprotected oral sex.

And are you one of those workers who will use protection for oral, at all times, as well as the penetrative sex?

Most of the time.

So what is the reason for the other times? Are they regulars?

I don't know. I'm not really sure. I'd have to think about that one.

As a rough guess, what percentage of the time would you use condoms?

Most of the time. (Sebastian 095)

Sylvie felt clients seeking sexual services over the internet were more likely to ask for unprotected sexual services, while Bettina considered them to be more 'respectful' and 'not the ones who push for safe sex'.

It's interesting because the... higher up you go with the price demographic, in terms of their income, the less they really give a shit about condoms or whatever... If they're a regular, and I know that they're having regular STI checks, then I don't insist always on condoms with oral. But in terms of bareback anal, I don't care if it's five million bucks, some risks are just [not worth it]. (Sylvie)

Sally (100), as noted above, specialised in 'kinky sexual activity', including allowing unprotected sex (and clients to 'cum inside') – for a price. It is surprising to note, given the extent to which she engages in unprotected oral, vaginal and anal sex, that she rarely contracts an STI. However, while the sexual practices she engages in might be thought to leave her especially vulnerable to STIs, Sally maintains a regular regime of sexual health tests at a St Kilda clinic. Consequently, she is constantly updated on, and aware of, her sexual health status. Still, despite the relative frequency of her clinic visits, the practices she engages in - unprotected sex through to orgasm for monetary favours underscored Sally's reckless attitude towards potential infection:

I do unprotected oral. And I haven't caught anything in two years. I thought it's primarily because I've only advertised in the *Leader* [Group newspapers], up until recently. My clients were middle-class professionals who are very aware of their sexual health, so they chose to wear condoms. Very few would have what I call 'raw sex', which is fuck without a condom, withdraw and then I swallow, I make extra money on that.

Have you ever been concerned – I mean, after the raw sex – do you go and have a check-up soon after that?

No, I just carry on with the monthly checks... they're pulling out before they cum. There's only been one instance of someone who's cum inside, and that wasn't planned to happen [but it did]. Yeah, but he had the money to pay, I charge an extra 125, to cum inside. But really there's one or two people in two years who've done that. Plus the guy who put in the deposit for this unit, I let him cum inside once a week and that's the special deal. (Sally)

A number of workers relayed their routine for assessing the sexual health of clients before the sexual encounter. For instance, Philippa's approach is subtle, choosing to massage clients' genitals while actually checking for visible STIs:

I'm pretty smart with sort of looking at a bloke's area, I don't make them feel inferior, like some of the girls get down there with a torch and lift the balls up, and do all this sort of stuff. I don't do that. You know basically when I'm giving them a massage and they roll over I start just quietly checking without them knowing I'm doing it.

Francesca was more direct in her approach. Upon seeing any evidence of an STI, she would bring it to the client's attention – a relatively frequent occurrence:

I just see red dots around the penis and all that so I don't want to go there. I just said 'go and seek help'. Usually they'll deny it [they say] 'there's nothing wrong with me'.

HIV prevalence

None of the private workers who participated in the study and provided oral swab samples for testing at the national Serology Laboratory tested positive for HIV.

STI prevalence

Previous incidences of STI's were relatively common among the sample, with 13 of the 24 participants reporting past treatment for an STI. As was the case with street-based participants, private workers were more likely to contract STIs through sex with private, non-commercial sex partners than through contact with clients.

I actually got chlamydia twice [before working], which was good, in a way, because it educated me on it, and I went straight back into *redhotpie*⁹⁷, and I've gone 'ok listen, you all need to go and get checked, even [those who have had] oral without a condom [with me] because you have to notify the people that you've been with. I'm like, 'OK, I'll just send a mass email out, can you please get checked'. (Bettina 116)

Much like those members of the street-working sample who had contracted STIs through private relationships, private workers such as Bettina and Milena contracted chlamydia while engaging in unprotected vaginal sex with non-commercial partners. Neither had experienced an STI as a result of sex work. Two female participants reported contracting chlamydia from non-commercial partners.

Well, honestly I slept with someone about three or four weeks ago without a condom on and I got chlamydia.

A client?

No... this guy, was like so nicely cut and showered three times in two hours at my house and made out that he was clean as. And then said to me 'I feel comfortable sleeping with you without a condom' and I said, 'yeah, well I feel comfortable too'. I've told him, I rang him – I was good enough to ring him and say 'look I feel that... you've given me chlamydia'... and he was like 'what's wrong, what's wrong have you got HIV or AIDS or something?' and I'm like, 'no, I have chlamydia, and I thought I'd tell you because I'm a working girl and I've never, ever had an STD through that, and then all of a sudden I sleep with you and I get something'. I went to the doctors today and my doctor was like 'are you being very careful?' and I said 'yes bloody oath I am, I'm not even kissing them anymore!' (Milena 091)

In both instances, the women were quick to notify previous sexual partners of their infections. Despite utilising safe sex practices, Philippa was unlucky enough to catch herpes.

I hadn't had unprotected sex in over six months. So I was devastated, that really rocked my world, in a big way. That was when I found out that condoms don't protect you. I did not know... but like my doctor said to me, they [herpes] don't even have to be covered, and there just has to be maybe one, just starting up, and it's just tapping on you. She said herpes are so contagious, they might as well sneeze on you and you can catch it. I didn't know that, I didn't know any of this... she said herpes and warts is mainly on the balls... so yeah... I was a bit shitty about the fact that God had let me down. That's how I learned that condoms don't protect you [100%]. So now basically I've educated all my friends. I hammer them about it. (Philippa 145)

Two of the private male workers interviewed reported contracting gonorrhoea in their sexual history. Steve (117) was unsure as to whether this was a result of work, shrugging off his response with 'who knows where it came from?' Steve believes there is a greater likelihood of sexually-active men in the gay scene (at clubs and sex-on-premises venues) being less likely to use condoms and, subsequently, transmit STIs, in contrast to the generally safer practices and comparatively infrequent contact between male workers and their clients.

⁹⁷ 'redhotpie' is the name of an online Australian 'adult dating and social networking' site

Clients are getting it [sex] every now and again [in comparison to younger guys], and most sex workers when they're with clients are very diligent on using condoms and stuff. So the clients probably don't have the STIs. (Steve 117)

Transgender worker Lisha (068) reported being treated for numerous STIs. Again, however, these unspecified infections were a result of engaging in unprotected sexual activity with private partners as opposed to paying clients.

HIV and STI testing

The majority of workers in this study were tested for HIV and STIs at least monthly, with two workers having never been tested for HIV. Approximately 87% of private workers surveyed had been tested for an STI. Although six participants did not indicate the frequency of their STI testing, those who did reported a regime ranging from monthly (37.5%) to quarterly STI checks (12.5%). Participants were more likely to attend HIV testing quarterly (37.5%) or every six months (12.5%), with only one participant (**Max 121**) opting for a blood test every month at the MSHC. This service was commonly used by sex workers who spoke favourably of the judgement-free professionalism of the centre staff as well as the anonymity of the process. Such was the appreciation of the confidentiality and convenience of services offered by the MSHC, that some workers, such as Max, took leave from employment to be tested each month. The only complaint heard about the service was the lengthy waiting times, an inevitability given that respecting clients' anonymity does not lend itself to taking their personal details for appointments. Most participants were aware of this aspect of the service and sought to avoid long waiting periods by arriving at certain times.

Tori considers having to be regularly tested to a good thing, not only for herself, but for the industry as a whole:

A lot of girls, even in the parlours, are just dodgy. And they don't have their tests, and it makes it worse for the rest of us. Because there are so many STI's that you can get and not know that you've got. Or that a client may have [something], you can't tell... There's a lot of private workers, I don't know a percentage, that aren't using protection. Which is why it makes it not as busy for people like me [because clients will elect to see a worker who will accept a proposition for unprotected sexual services]. I'd rather not make money than risk being with someone [without protection]. I had one calling me constantly the other day [saying] 'I'll pay you anything' and I said 'no, because you could have been with some girl that's done that for you, and she's done it to a thousand other blokes, so I don't even know what you have'. He goes 'oh ok, then I'll wear it'. I said 'well I'm still not going near you. Because, now, even if you wear protection, you could have anything. There's no way I'm going to take that chance'... and the other girls will probably hate me for saying it, but I think we should have to provide proof to some type of governing body, that we have had [tests done] every month. I think we should have to provide proof that we're clean, whether it be private workers, escort agencies, or parlour workers, not just that we've had a test done, [because] the girls can forge [that] so easy anyway [but proof of the test results].

As noted above, two participants had never been tested for HIV. These participants did not share the sexual health knowledge of their fellow workers. Yvette had never had any form of sexual health test before, and was afraid of the process:

I don't know how you can get into getting STI testing... 'cause I've heard it hurts as well.

Such moments allowed the research staff to serve as a point of referral to recommend the free and confidential services of RhED or the MSHC. Although Philippa received regular testing for

STIs and was reasonably knowledgeable in terms of prevention of these, her complacency with HIV testing was of concern, particularly in light of her recent infection with herpes, as discussed earlier.

Why are you not concerned about HIV?

You just don't seem to hear about it I guess. And when you're going for a test you're only going for a swab, it's not like you're going every time to get a blood test to check for HIV and Hep, so you don't tend to ask about it I guess. Everything else I'm really aware of.

Almost half the sample of private workers knew of the existence of PEP. This reflects the findings of the men who took part in the 2007 Melbourne Gay Community Periodic Survey (52.9%) (Frankland et al. 2007) suggesting that levels of HIV prevention education may be as high among male or transgender workers as among other men who have sex with men.

As noted at the outset of this chapter, the demand across the unregulated sex industry is reflected by the broad variety of sexual services that can be paid for. The breadth of activities and manner of engagements that provide for sexual stimulation among some members of the community include activities that are not high-risk due to the absence of protection, but because the very nature of the activity results in bloodletting. In such cases, the potential dangers posed by blood-borne viruses such as HIV are countered by the professionalism of those sex workers specialising in such services. **Robyn (133)**, a 24-year-old woman with an extensive history in sex work, had found her calling as a dominatrix, a position in which she continued to be mentored following completion of an apprenticeship. The following is an excerpt from a very revealing interview that shone a light onto sadomasochism:

In terms of sexual health and bleeding... I know I'm probably asking the obvious, but what safety measures do you employ?

Well I did an apprenticeship for one year. I had one particular mistress, who's one of my best friends, mentoring me and she's been in the industry for 15 years and taught me a lot about just safe practices with needle play, and all sorts of things like that. What to do if you get a needle stick injury...

Is there much blood shed?

In some sessions, yes. Like, I do a lot of genital piercing, like just temporary play piercing, and in some heavy corporal [punishment] sessions, like particularly if I'm doing heavy canings, a client might bleed then as well.

What's the procedure in that case?

If a client wants to bleed during a session... with caning, if they specifically request to be beaten until they bleed, I get them to buy their own cane. So they bring it in, I use it just on them. They keep it. There are a lot of clients who understand the issues with it and actually bring in their own canes every time; they're pretty good about it. I even have one client who brings in a certificate every time he sees me, just to tell me he gets tested for stuff.

Do you have to actually educate many clients? About the potential dangers, when explaining you have to bring your own cane, do you get many people saying 'why'?

No, no, they're usually pretty understanding about it. And I think that if you accidentally get blood on a piece of equipment that belongs to the house, the standard procedure is that we clean it with bleach, and we leave it in the sun for a couple of weeks.

Does the level of skill that's used necessitate apprenticeships?

Yeah, absolutely. I think it's really, really important and I feel really lucky where I work because I've had some really good quality training than [would be supplied] at some of the other [bondage & discipline] houses... I spend a shit load of time giving as much as I can to my apprentices now.

Is it the only area of the sex industry that has apprenticeships?

Formally, yeah. I guess informal skill sharing happens all the time, but as far as I know...

Have there ever been any occasions with needle stick injuries?

I remember when I was an apprentice, and I was doing one session with my mentor, I had, we had needles up this guy's cock, and I was just like giving hand relief to the head of his dick, and I thought that maybe I'd gotten a needle stick injury, but I hadn't, so that was the only time I thought maybe.

How long was it before you realised that you hadn't?

Um, like a few seconds. Just this moment going (gasp) and then going 'oh, it's ok' (laughs)... there's no hole in the glove, it's ok.

So gloves are used?

Absolutely. I use gloves all the time.

THE QUESTION OF NEED

In comparison to migrant workers or those standing on the streets of St Kilda or hovering in hope of some opportunistic money in Footscray's CBD, private workers needs do not revolve around such basic needs that draw upon such broader structural determinants as homelessness, a lack of nutrition, poverty and, in many cases, the related need to meet the demands of drug dependency. At the same time, the ability – or otherwise – to separate the using of one's body for commercial sex from the intimate relations with partners could potentially raise issues of physical and mental wellbeing for all sex workers, regardless of how well paid they may be. Similarly, the continued moral condemnation that sex work draws in some quarters, alongside widespread acceptance of stereotypes of those involved in the sex industry, continues to marginalise and stigmatise vulnerable workers, despite the claims of those who speak with pride of their involvement in the sex industry.

Isolation

Bettina, for example, found herself isolated from other sex workers. This could be quite disempowering given that, for many of workers interviewed, their main source of support was their network of others in the industry. Although Bettina had enjoyed the socialising and gossip among workers that had been a part of working in a brothel, as a private worker she found herself increasingly losing contact with former workmates. She had, however, recently regained contact with other sex workers as well as a means of occasionally socialising with them:

I miss the camaraderie with the girls, you know, you sit around and you bitch... but with [the] *Fun in Australia* [website] what I've been doing is, once every now and again, we have a girly get together drink, usually at the ___ pub, and we all get together... different girls in different facets of the industry; receptionists, strippers, transgender, private workers, parlour workers, and we sit there, and we bitch. It's great... we've got our 'Ugly Mugs' as well, and our timewasters [that we tell each other about and keep files on].

The latter observation also provides an insight into the protective nature of networks that serve to warn other workers of potentially dangerous clients and those who are simply seeking to waste workers' time for their own titillation by making long phone calls to private escorts and seeking to have services described in detail without any intention of paying for these services.

Just as Bettina had found a means of addressing her increasing isolation through online resources, so Kelsey spoke of overcoming his sense of isolation through online resources that not only allowed a source of contact with clients, but between workers of particular genders and interests. In his initial stages as a sex worker, it was the 'virtual community' of sex workers prepared to disclose information that he found most helpful (as opposed to responses that sought to dissuade competition for clients which all participants with experience in brothels reported encountering).

Is it easy to find information about sex work on the internet?

Not really, a lot of it's blurred, unless you come into a place like this [RhED], it's a lot easier. But when you're new you're quite shy I guess.

So did you try to find other workers to help you through that?

They're generally quite good on the internet I would say. Like, as soon as I put my [profile] up, I got a message from quite a few of them saying 'if you ever need anything, or need to talk to anyone [about] something that's wrong, talk to us.' So I find on the Gaydar site they're very [supportive], they do actually talk quite a lot among themselves.

So there is a support network?

If there's anyone that people think you should watch out for, they'll say, things like that.

Of course, there is a measure of competitiveness among sex workers – whether among brothel workers competing for limited bookings, among street-based sex workers competing for the first client to circle the block, or among private workers seeking to earn the money of wealthy clients. Transgender worker Francesca spoke of deliberate strategies to exclude other workers which may have more to do with a worker's personality and a prioritisation of money over the support that they may one day need from others in the industry.

When you started, were there workers you were able to turn to, for advice, and ask how to go about working?

You never trust them. That's my perspective. You can be friends, but because you are in the same industry, doing this sort of business, you get more clients, and she gets more clients, there's jealousy. I don't like all that, so I tend to keep a lot to myself. [It's] very competitive, they will do anything to steal your client, they'll do anything to get what they want, basically. I like to stay away from that scene, you know you got to be very clever... with the sex workers, even in a brothel, I have worked in brothels, you can't trust them. You can't trust anybody. They'll steal the booking off you, they'll badmouth you to clients, you know [what should happen is] all you do is go in, do the shift, get your money and get out. And then you lead your own life. You have to know when to cut off, otherwise it becomes very unhealthy.

In contrast, Steve spoke of the dangers of spending too much time engaged in contact solely with other sex workers. He talked about the potential dangers of restricting oneself to or immersing oneself within a specific sector of the industry, particularly if, as a sexually-active gay man, he found his involvement in sex work (and the contacts he subsequently made and lifestyle financed by the large amounts of disposable income earnable) had an impact on his wellbeing.

Now, I'm a lot more conscious in my dealings with things ... I went away to straighten up. I was taking too many drugs and I went away up to [Northern NSW]... to just calm down and find who I was... 'cause all I was doing here was clubbing, fucking and taking drugs. That's fabulous for a short amount of time, like for a while, and then you think 'fuck, is that all this gay community has to offer me? Is that all there is for a gay man in Melbourne? Just fucking and taking drugs?' I really needed to get away, break my friendship circle, go put myself in a completely new environment so I didn't have any contacts... I've come back a completely different person.

Despite such concerns expressed above, each private sex worker participant had the resources – both tangibly and psychologically – to redress their potential isolation or take steps to address the any damage to their wellbeing. This was in sharp contrast to the desperation so common among the street-based sex workers we spoke to. In fact, workers of each gender (including Brian, Sally, Sylvie and many other private sex workers) spoke of how much they enjoyed their work and its flexible and lucrative nature. This was noted by a number of workers who, as parents, were able to work two-three nights per week at times when their children were safely at home with their partner, or in one worker's case, her parents. They were able to share in that greater part of their children's lives that so many parents sacrifice to meet the demands of their employment. A number of male and transgender workers spoke specifically about their personal enjoyment of sex and how being paid to have sex with other men was a 'perfect' job. When asked about the main advantages of working as an independent, private worker, Sylvie immediately drew on the autonomy she enjoyed:

I get to control [my working life]... I think most prostitutes are control freaks. Like when I was doing intros at [a brothel], if I didn't like the guy, if he was smelly, if he was like rude, you know, if the inner bell was going, intuition [was telling you not to accept the job] you could try and throw the intro⁹⁸. But the prick would normally book you anyway. And... you can [only] sort of say, 'no, I don't want that client' a couple of times before they say 'look, we don't want you working here', you know? So the main advantage for me being independent is I can control the clients to a greater degree. I can screen them out, purely [via] SMS or email... Other advantages? I suppose... would be independence, screening [clients... and] I love sex, I love what I do, I sleep well at night, I have a very supportive partner who doesn't mind what I do, and she encourages it, like for me, because she sort of sees it as a further blossoming of me, in terms of my sort of [sexual identity] I've sort of had to repress so much over the years, before going 'fuck it, I will start hormone treatment' [to begin transitioning].

Regulations

Most complaints from private workers related to what they perceive as a need for a loosening of restrictions and regulations that govern the manner in which they are able to solicit clients as sex workers. To work as a private escort in Victoria individuals are expected to comply with the following regulations.

1. They must register as a private worker, after which the Business Licensing Authority will issue them with a PCA number. This means that they are effectively exempt from prosecution under the *Sex Work Act 1994*. Once registered, a worker may begin advertising.
2. They must not work from their residence (unless they are exempted and have a PCE number).
3. Advertising must accord with strict regulations. The *Sex Work Act 1994*, (s.17) restricts sex work advertisements.

⁹⁸Brothels often use a closed-circuit television system to observe potential clients in the waiting room before workers 'introduce' themselves to a client. The workers will typically introduce themselves one by one to individual clients. They tell the potential client(s) about any 'specialities and the type of service they offer'. Workers will typically try to 'win' the booking by appealing to the client's demands and desires. However, there are clients (perhaps appearing intoxicated, aggressive, unhygienic or otherwise) who a worker will try not to appeal to. This would lead to such an occasion as 'throwing the intro, as Sylvie described.

An advertisement must not:

- Describe sexual services;
- Advertise on radio or television;
- Offer any inducement to sex work;
- Use the words 'massage', 'masseur' or 'remedial'.

Other restrictions specify that:

- Photographs are only used in advertisements in accepted mediums (e.g. online, newspaper classifieds) and are restricted to head and shoulders;
 - The size of a print advertisement can't exceed 18 cm x 13 cm. The total dimensions of two ads placed in one publication cannot exceed 18 cm x 13 cm.
 - An ad must not refer to race, colour or ethnicity of a sex worker, their health status or medical testing.
4. STI tests are mandated by the *Sex Work Act 1994*. Workers must have medical certificates confirming that they have undertaken swab tests for STIs every month⁹⁹ and a blood test for blood-borne viruses (BBVs) every three months.

The last requirement raises issues frequently addressed by sex worker advocates. They argue that the industry is so diverse that moves to decriminalise and/or legalise sectors within it set standards of conformity that are unfairly onerous and serve to unjustifiably increase surveillance of workers via testing obligations (Murray 1996). Nonetheless, while registered brothels may check that their workers comply with the requirement for a monthly testing regime, there are no means of ensuring that all private workers, registered or otherwise, meet the regulations required by law. For all intents and purposes, private workers in the Victorian sex industry are unregulated. In the absence of a regulatory body with constant oversight, even those workers who seek to comply are ultimately *self*-regulating. If, alternately, there was a crackdown on those maintaining websites or posting advertisements in breach of regulations, the removal of the 'offending' websites would be accompanied by the possibility that negotiations between workers and clients would be pushed from such public spheres into less safe arenas. The regulation on advertising of sexual services is, given the nature of the demand for particular services, restrictive to say the least. Prohibiting workers from describing the service they provide – and limiting photographs of the worker to a shot of their head and shoulders – leaves out the information desired by many of those demanding sexual services. Given such factors, it is unsurprising that the simple perusal of classified websites, as well as those maintained by private workers, identifies a considerable number in breach of existing regulations. This is obviously done as a means of gaining an advantage over competition.

Take the example offered by one private male escort who participated in the SHANTUSI project. Dean has worked 'on and off' in Victoria for three years, occasionally choosing to work interstate. He moved into private escorting after realising that more money could be made working independently than allowing brothel management to continue to organise his schedules and bookings. Dean has a PCA number and advertises his services on the internet (primarily through gay-interest sites with classifieds sections such as gaydar.com.au, which he estimates provides approximately 90% of his work). He also posts advertisements in the *Leader Group* newspapers which provide the remaining 10% of his client group. The following exchange exemplifies the complexities of the regulations that govern private sex workers in Victoria and illustrates why workers seek out loopholes (as noted previously by Philippa and reiterated here by Dean) to circumvent the restrictive nature of regulations imposed on a trade that relies on visual allure for much of its appeal:

⁹⁹Section 3 of the *Sex Work Act 1994* describes the following diseases and conditions as sexually transmissible infections: chlamydia; chancroid; donovanosis; genital and anal herpes (where lesions are visible); genital and anal warts (where warts are visible); gonorrhoea; infectious syphilis. Section 3 also provides that HIV, as defined by section 3 of the *Health Act 1958*, is also a sexually transmissible disease.

Do you have to watch the language that you use in newspaper advertisements?

Yeah, they're very strict with their ads. I only put a four-line ad in. It doesn't say very much. It has my PCA number. It says where I live and basically just male to male [sexual services]. You're not allowed to put in any regulations of how big you are [in respect of penis size] or anything like that.

Do you think you have a firm grip on what you are and aren't allowed to say?

I do. I've read the [Prostitution Control] Act of 1994 in depth... I'm actually looking at starting up my own agency. So I am quite aware of the advertising rules and regulations although they don't get enforced with private workers as much on the internet.¹⁰⁰ But when it comes to agencies and brothels, they are very much enforced... there are some new websites, like 'Iselect Escorts' and 'Cracker' [and] they actually do regulate all of their ads for Victoria, you're only allowed a head and shoulder shot, and you're not allowed to write some things in your ads. So they're doing it properly, but I think with Gaydar and other websites, Rent Boys Australia and such, they don't regulate it.

Does it make it harder to compete if you do the right thing and the competition includes all these other ads where people aren't doing the right thing?

It does. If I followed all the regulations and just put my head and shoulders on [an advertising photo] I wouldn't get as much work.

Tori also talked of the need to use full-body photographs in advertisements. All workers are conscious of the unfair competition that Dean noted and, therefore, are conscious that attempts to work within the regulations imposed by the *Sex Work Act* puts the responsible worker at a clear competitive disadvantage.

I think that we should be able to put proper photos up. Not smutty ones, but nice tasteful ones. I don't think it's fair that the girls in Adelaide or whatever might be able to have a nice body photo, where we've got head and shoulders [and] most of the girls cover up their face anyway.

Do the regulations make work harder?

I think so. You've got to go through 10 emails of photos [sent to the client before anything happens]. And then, they go 'is that actually really you?' Apparently, a lot of girls have had fake photos up. And then, they turn up, smacked off their heads or whatever.

When we met **Samantha (096)** in her apartment in West Melbourne, she was in the process of packing and preparing to move her belongings. A worker of Asian heritage and a qualified practitioner of the different facets of Tantric sex, Samantha had decided to move interstate because of restrictions imposed on sex workers in Victoria. It was not just the restrictions on her ability to advertise the quite specific and specialised nature of her service which motivated her move, but also the fact that the mere touching of genitals for the purposes of stimulation is considered illegal sex work in Victoria. In returning to the breadth of the definition of private sex work, and given the stringent and complex obligations required to pursue a career in such work legally, the State inevitably creates the breadth and depth of the unregulated sex industry. As Samantha observed, 'intimate touching', as part of a Tantric sex ritual, is not classified as sex 'work' in the jurisdiction to which she was intending to move.

Right now I'm not working for [a Tantric school] in Melbourne [but] because [of] the laws... touching people's genitals and stuff isn't considered illegal in a private work environment [in Sydney]. Whereas, in Melbourne, if you touch someone's genitals, it's automatically

¹⁰⁰ In the months leading to the printing and release of this report, the male and transgender worker at RhED reported a large number of calls from private male workers expressing concern that surveillance of online advertising had increased markedly and those that did not comply with regulations were being removed. Whether there will remain a permanent surveillance effort to ensure continued compliance is an issue to watch with interest.

considered sex work and you have to get a PCA number. Even though you're not doing anything, I mean you are [but] you know what I mean? It's almost driving me to sex work, rather than, you know [sticking to hand relief / Tantric sexual practices]. I think that people should have the choice, if they want to give only hand jobs, they should be able to... if they want to lap dance, they should be able to. They shouldn't necessarily have to go to a brothel and do full sex... The regulations here are almost pushing the girls [towards] straight sex work.

Despite the relatively small nature of the sample of participants recruited as private workers/ escorts engaged in the unregulated sex industry, the differences that separate this cohort from those more vulnerable participants within the unregulated sex industry is clear. The greater number of our 'private' sex working participants elect to work in the sex industry without the compulsion or desperation that is apparent in other areas of the unregulated industry.



References

REFERENCES

- ABS (Australian Bureau of Statistics) 2008, *Melbourne 2006: A social atlas*, Australian Bureau of Statistics, Belconnen;
- AFP 2010, 'South Korea catches 24,000 in 3rd prostitution crackdown of the year', *The China Post* (viewed 2 February, 2010) at: www.chinapost.com.tw/print/129685.htm;
- 'Adam' 2009, 'Grindr: Gay iPhone application of the year' on *Homorazzi.com* (Viewed 23 December 2010 at: <http://www.homorazzi.com/article/grindr-gay-iphone-app-find-men-hookups-dating-hot-men/>);
- Advisory Group (Attorney-General's Street Prostitution Advisory Group) 2002, *Final Report*, June;
- Agencies 2004, 'S. Korean police launch war on sex trade', *People's Daily Online*, 23 September (viewed 2 February, 2010) at: http://english.people.com.cn/200409/23/print20040923_158021.html;
- Agustin, L. 2007, 'The sex in "sex trafficking"', *American Sexuality Autumn*;
- Anderson, R., Garnett, G., Weiss, P. 1999, 'The dynamics and determinants of HIV in high-income countries' in *Health Canada and UNAIDS Dialogue on HIV/AIDS, Policy Dilemmas Facing Governments held in Montebello QC, 8-10 November 1999*;
- ANI 2010, 'HIV poses increasing risk to Chinese women', *DNA India* at: http://www.dnaindia.com/health/report_hiv-poses-increasing-risk-to-chinese-women_1435311-all;
- Apoola, A., Brunt, L., 2011, 'A randomised controlled study of mouth swab testing versus same day blood tests for HIV infection in young people attending a community drug service', *Drug & Alcohol Review* 30(1), 101-103;
- Banach, L. 2001 'Establishing an effective network of migrant sex workers in south east Asia' *National AIDS Bulletin September*;
- Bennett, G. 1991, 'Prostitution in Victoria: The role of government – An inner city perspective' in S. Gerull & B. Halstead (eds.), *Sex industry and public policy: proceedings of a conference held 6-8 May 1991*, Australian Institute of Criminology, Canberra, 191-198;
- Boyle, F.M., Glennon, S., Najman, J.M., Turnell, G., Western, J.S., Wood C., 1997, *The sex industry: A survey of sex workers in Queensland, Australia*, Ashgate, Aldershot;
- Brewis, J., Linstead, S., 2000, 'The worst thing is the screwing (1) Consumption and the management of identity in sex work', *Gender, work and organisation*, 7(2), 84-97;
- Buttler, M. 2010, 'Four held after investigation into people trafficking, bribery, prostitution' in *The Herald Sun* [online] 3 November at: <http://www.heraldsun.com.au/news/victoria/four-arrested-after-investigationpeople-trafficking-bribery-prostitution/story-e6frf7kx-1225947392786>;
- Capone, A. 2010, 'Camera van out of action' in *Footscray, Yarraville, Braybrook Star*, 9 March at: <http://www.starnewsgroup.com.au/star/footscray-yarraville/235/story/86434.html>, (accessed 30 November 2010);
- Case, A., Lubotsky, D., Paxson, C., 2001, *Economic Status and Health in Childhood: The origins of the gradient*, Princeton University, Princeton, New Jersey;
- Chen, M.Y., Donovan, B., Harcourt, C., Morton, A., Moss, L., Wallis, S., Cook, K., Batras, D., Groves, J., Tabrizi, S.N., Garland, S., Fairley, C.K., 2010, 'Estimating the number of illegal brothels in Melbourne' *Australian & New Zealand Journal of Public Health* 34(1), 67-71;



Commonwealth Department of Health & Ageing, 2005, *National HIV/AIDS Strategy – Revitalising Australia's Response*, Australian Government, Canberra;

Dai, L. 'Students for Sex', *Vibewire* (<http://archive.vibewire.net/Members/ldai/my-articles/students-for-sex/index.html>);

Daniel, A. 2009, 'Shaking up the views of sex work: The lived experience of one sex worker', *RED* #16, 5-6;

David, F. 2008, *Trafficking of Women for Sexual Purposes* Research & Public Policy Series No.95, Australian Institute of Criminology, Canberra;

Davies, Cultural mediation and Cultural Advocacy: Engaging with migrant sex workers Migration Research Centre, University of Sussex, Sussex;

Day, S., Ward, H., Harris, J.R., 1988, 'Prostitute women and public health', *British Medical Journal* 297, 1585;

Degenhardt, L., Hall, W., Lynskey, M., 2001, *Comorbidity between cannabis use and psychosis: Modelling some possible relationships*, Technical Report No. 121: National Drug and Alcohol Research Centre, Sydney;

Doek, J.E. 1994, 'Child abuse and neglect: Article 19 CRC', *The International Journal of Children's Rights* 2 (Special Issue: Sexual Abuse and Exploitation of Children: Practice and Implementation), 88-95;

Donovan, B., Harcourt, C., 1996, 'The female sex industry in Australia: A health promotion model', *Venereology* 9(1), 63-67;

DCPC (Drugs and Crime Prevention Committee), 2010, *Inquiry into People Trafficking for Sex Work* (Final Report), June, Parliament of Victoria, Melbourne;

DPEC (Drug Policy Expert Committee) 2000, *Drugs: Meeting the Challenge (Stage 2 Report)*, Department of Human Services, Melbourne;

Duncan, K. 1979, 'Melbourne's massage industry', *The Bulletin*, 6 February, 28;

Eastman, M. 2002, *There's a Bear in There (and he wants Swedish)* Allen & Unwin, St Leonards, NSW;

Estcourt, C.S., Marks, C., Rohrsheim, R., Johnson, A.M., Donovan, B., Mindel, A., 2000, 'HIV, sexually transmitted infections, and risk behaviours in male commercial sex workers in Sydney', *Sexually Transmissible Infections* 76, 294-298;

Fairley, K., Fehler, G., 2008, 'Why monthly regulated STI testing of sex workers should be reduced to three monthly', *RED* #14, 9-10;

Fensterstock, A. 2005, 'How you got there' in D. Egan, K. Frank & M.L. Johnson (eds.) *Flesh for Fantasy: Producing and consuming erotic dance*, Thunders Mouth Press, New York City;

Fernandez-Aleman, M. 2000, 'Comparative studies on male sex work in the era of HIV/AIDS', *The Journal of Sex Research* 37(2), 187-191;

Frances, R. 1994, 'The history of female prostitution in Australia' in R. Perkins, G. Prestage, R. Sharp & F. Lovejoy (eds.) *Sex Work and Sex Workers in Australia*, University of New South Wales, Sydney;

- Frankland, A., Zablotska, I., Prestage, G., Batrouney, C., Clift, P., Nixon, R., Kippax, S., 2007, *Melbourne Gay Community Periodic Survey: 2007*, Sydney, National Centre in HIV Social Research, Faculty of Arts and Social Sciences, The University of New South Wales. Available from <http://nchsr.arts.unsw.edu.au/pdf%20reports/Melbourne2007.pdf>;
- Goodman, L.A., Fallot, R.D., 1998, 'HIV risk behaviour in poor urban women with serious mental disorders: Association with childhood physical and sexual abuse', *American Journal of Orthopsychiatry* 68(1), 73-83;
- Grace, R. 2010, 'Arrests in brothel raids' *The Age* November 4, Online at <http://www.theage.com.au/action/printArticle?id=2024147>;
- Gregg, L., Barrowclough, G.L., Haddock, G., 2007, 'Reasons for increased substance use in psychosis', *Clinical Psychology Review* 27(4), 494-510;
- Guilford, J. 2000, *Making the Case for Social and Economic Inclusion*, Health Canada, Ottawa;
- Harcourt, C., Van Beek, I., Heslop, J., McMahon, M., Donovan, B., 2001, 'The Health and Welfare Needs of Female and Transgender Street Sex workers in New South Wales', *Australian Journal of Public Health*, 5(1), 84-90;
- Harcourt, C. 1994, 'Prostitution and public health in the era of AIDS' in R. Perkins, G. Prestage, R. Sharp & F. Lovejoy (eds.) 1994a *Sex Work and Sex Workers in Australia*, UNSW Press;
- Hayes, M., Glouberman, S., 1999, *Population Health, Sustainable Development and Policy Futures*, Canadian Policy Research Networks, Ottawa;
- Health Canada, 2002, *HIV/AIDS and Health Determinants: Lessons for Coordinating Policy and Action. A discussion paper for the Ministerial Council on AIDS*, Health Canada, Ottawa;
- Hodder, R. 2000, 'Shame on our streets', in *Herald Sun*, March 31;
- Hounsfield, V.L., Freedman, E., McNulty, A., Bourne, C., 2007, 'Transgender people attending a Sydney sexual health service over a 16-year period', *Sexual Health* 4(3)189-193;
- Jeffreys, E. 2009, VISAS FOR MIGRANT SEX WORKERS 17 JUNE, 2009 (Viewed November 2009 @ http://www.scarletalliance.org.au/media/News_Item.2009-06-17.2822);
- Kermode, M., Crofts, N., Miller, P., Speed, B., Streeton, J., 1997, 'Health indicators and risks among people experiencing homelessness in Melbourne 1995-96' *Australian & New Zealand Journal of Public Health*, 22(4), 464-470;
- Kostas, J. 'International students turning to sex work to pay fees', ABC 'AM' Program (Posted 10 November 2006);
- Krishnaraj, M. 2007, 'Understanding violence against women', *Economic & Political Weekly*, 3 November, 90-91;
- Lawrence, T. 1978, 'The pros and cons of Melbourne's massage racket', *The Bulletin*, 28 March, 18-21;
- Lee, D.M., Binger, A., Hocking, J., Fairley, C., 2005 'The incidence of sexually transmitted infections among frequently screened sex workers in a decriminalised and regulated system in Melbourne', *Sexually Transmitted Infections* 81(5), 434-436;
- Longmire, A. 1989 St Kilda: *The show goes on Vol. III* Hudson, Hawthorn;
- Lynskey, M., Hall, W., 1998 'Cohort trends in initiation to heroin use', *Drug & Alcohol Review*, 17, 293;

- Lyttle, H., Thompson, S.C., 2004, 'Maintaining sexual health in commercial sex workers in Australia: condom effectiveness, screening and management after acquiring sexually transmissible infections', *Australian and New Zealand Journal of Public Health*, 28(4), 351-359
- Masanauska, J., 1987, 'Street girls on a downward spiral', *The Age*, 2 April, 11;
- Mawulisa S., Robinson, K., 2003, 'Sex workers as educators', *HIV Australia*, 3(1);
- McConville, C. 1980, 'The location of Melbourne's prostitutes' *Historical Studies* 19(74), 86-97;
- McCoy, A. 1980, *Drug Traffic: Narcotics and Organised Crime in Australia*, Harper and Row, Sydney;
- McKeganey, N., Barnard, M., 1996, *Sex Work on the Streets: Prostitutes and Their Clients*, Open University Press: Bristol;
- McKenzie, N., Beck, M. 2011, 'The secret world of Melbourne's sex trade' *The Age*, 5 March, 1;
- McKenzie, N. 2008a, 'Police link to illegal brothel', *The Age*, 31 October, 1;
- McKenzie, N. 2008b, 'Police-crime links linger, says watchdog', *The Age*, 9 August, 11;
- McKenzie, N. 2008c, 'Police watchdog probes bayside officers', *The Age*, 7 February, 5;
- McKenzie, N., Silvester, J., 2008, 'Sights set on corruption', *The Age*, 9 February, 2;
- Medew, J. 2010, 'HIV rate rises for young gay men' *The Age*, 31 December, 7;
- Mercer, C. 1999, 'Smack Street, Melbourne' in K. van den Boogert & N. Davidoff (eds.) *Heroin Crisis*, Bookman, Melbourne;
- Mindel, A., Estcourt, C., 2001, 'Sexual health education for male sex workers', *The Lancet* 357(9263), 1148-9;
- Moor, K. 2008, 'Corrupt sex link to cops', *The Herald Sun*, 24 November, 6;
- Murdoch, L. 1980, 'St Kilda's streets of death', *The Age*, 18 February, 9;
- Murray, A. 1996, 'Can the sex worker speak?' *National AIDS Bulletin* 10(5), 13-15;
- Nader, C. 2010, 'Workers' exodus leaves children vulnerable', *The Age*, 23 December, 1;
- Nader, C. 2009, 'The fight for damaged kids', *The Age*, 28 November, 9;
- Nadon, S.M., Koverola, C., Schludermann, E.H., 1998, 'Antecedents to prostitution: Childhood victimization', *Journal of Interpersonal Violence* 13(2) 16-25;
- National Centre in HIV Epidemiology and Clinical Research Australian HIV Surveillance Report Vol 25, No 4, October 2009, accessed from [http://www.nchechr.unsw.edu.au/NCHECRweb.nsf/resources/Quart_17/\\$file/NCHECR_QSROct09.pdf](http://www.nchechr.unsw.edu.au/NCHECRweb.nsf/resources/Quart_17/$file/NCHECR_QSROct09.pdf);
- Neave, M. 1985, *Inquiry into Prostitution: Summary of Final Report*, Victorian Government Printer, October;
- Ngo, D. 1996, 'Kids in Crisis', *Police Life*, August;
- Nolan, B. 2008, 'Street Prostitution', *Footscray, Yarraville, Braybrook Star*, 2 December at: www.starnewsgroup.com.au/star/footscray.../67460.html (Accessed on 20 October 2010);
- Nussbaum, M. 1998, 'Whether from reason of prejudice: Taking money for bodily services', *The Journal of Legal Studies* 27(2), 693-724;

- Nussbaum, M. 2006, 'Whether from Reason or Prejudice': Taking money for bodily services' in J. Spector (ed), *Prostitution and Pornography: Philosophical debate about the sex industry*, Stanford University Press, New York;
- O'Brian, O., Tierney, L., 1998, 'The Irish dimension to drug use and HIV in Britain', *Journal of Drug Issues* 28(1), 167-185;
- Padian, N., Shiboski, S., Jewell, N., 1992, 'Female-to-Male Transmission of Human Immunodeficiency Virus', in *Obstetrical & Gynaecological Survey*, (47)3,170-172;
- Pedrana, A., Stooove, M., Guy, R., El-Hayek, C., Prestage, G., Wilson, K., Best, S., Hellard, M., 2008, 'Suck It and See...' *Estimating HIV prevalence and unknown HIV infection among men who have sex with men in Melbourne*, Burnet Institute, Melbourne;
- Parry, L. 2008 'HIV on the rise' *Medical Observer* [online] 22 August (Accessed February 2010 at <http://www.medicalobserver.com.au/news/hiv-on-the-rise>);
- Perkins, R., Prestage, G., Sharp, R., Lovejoy, F. (eds.), 1994a, *Sex Work and Sex Workers in Australia*, University of New South Wales, Sydney;
- Perkins, R., Griffin, A., Jakobsen, J., 1994b, *Transgender lifestyles and HIV/AIDS risk: National Transgender HIV/AIDS needs assessment project*, University of NSW, Sydney;
- Philpot, C.R., Harcourt, C.L., Edwards, J.M., 1991, 'A survey of female prostitutes at risk of HIV infection and other sexually transmissible diseases', *Genitourinary Medicine*, 67(5), 384-388;
- Press, M. 2000, *Street Sex Work Policy Review*, City of Port Phillip Community and Services Development Committee, May;
- Press, M., Szechtman, R., 2004, 'Whose place is this? Shifting policy responses to illegal street sex and drug use in St Kilda' in P. Mendes & J. Rowe (eds.), *Harm Minimisation, Zero Tolerance and Beyond*, Pearson, Sydney;
- Prestage G., McCann P.D., Hurley M., Bradley J., Down I., Brown G., 2010, *Pleasure and Sexual Health: The PASH Study, 2009*, Monograph, National Centre in HIV Epidemiology and Clinical Research, Sydney;
- Prestage, G., Sharp, R., Lovejoy, F. (eds.), 1994, *Sex Work & sex workers in Australia*, UNSW Press, Sydney;
- Pyett, P., Warr, D., 1997, 'Vulnerability on the streets: Female sex workers and HIV risk', *AIDS Care*, 9(5), 539-547;
- Queensland Health Education Council 1968, 'The Health of Man in Australian Society', *Social and Preventative Medicine* 1, 101-104;
- Reilly T. 2008, 'Students turn to sex work to help pay for university', *The Sunday Age*, 2 March;
- RhED, 2009, 'Letters to the Minister of Consumer Affairs', *RED: A magazine for the sex industry* #15, 26-27;
- Riley, R. 2010, 'How could this happen? The *Sunday Herald Sun* has discovered a dark world on our doorstep where gutter crawlers exploit vulnerable women', *Sunday Herald Sun*, 6 June, 1;
- Ritter, A. 2002, 'Naltrexone in the treatment of heroin dependence: relationship with depression and risk of overdose', *Australian & New Zealand Journal of Psychiatry* 36, 224-229;
- Robinson, T. 2009, *New Laws to Stamp out Illegal Brothels* (Press Release from the Minister for Consumer Affairs, 25 November). Archived at <http://archive.premier.vic.gov.au/component/content/article/8843.html>;

- Rosenthal, D., Moore, S., 1994, 'Homeless youths: Sexual and drug-related behaviour, sexual beliefs and HIV / AIDS risk', *AIDS Care* 6(1), 83-94;
- Rowe, J. 2010, *Living Next to Street Sex Work*, City of Port Phillip (see: http://www.portphillip.vic.gov.au/street_sex_work.htm);
- Rowe, J. 2003, 'Heroin epidemic! Drugs and moral panic in the western suburbs 1995-6', *Just Policy* 27, August, 38-45;
- Ryan, B. 2000, *Framing Gay Men's Health in a Population Health Discourse: A discussion paper*, Canadian HIV/AIDS Legal Network and Canadian AIDS Society, Montreal;
- Sausa, L.A., Keatley, J., Operario, D., 2007, 'Perceived risks and benefits of sex work among transgender women of color in San Francisco', *Archives of Sexual Behavior*, 36(6):768-777;
- Sexton, R. 2010, 'Police close illegal brothels', *The Age*, 4 November, 3;
- Shand, A. 2009, 'Officer denies sex claim', *Sunday Herald Sun*, 22 November, 13;
- Silverster, J., 2008, 'Street prostitutes given 'green light' by police', *The Age*, 12 March, 5;
- Strathdee, S.A., Patrick, D.M., Archibald, C., Ofner, M., Craib, K.J.P., Cornelisse, P.G.A., Eades, G., Schecter, M.T., Rekr, M., O'Shaughnesy, M.V., 1996, 'Social predict needle sharing behaviour among injection drug users in Vancouver', Presentation to the *XIth International Conference on AIDS held in Vancouver 7-12 July*;
- Strathdee, S. 1997, 'Social determinants related to the risk of HIV infection and progression to AIDS', *The Clarion*, 4(1), 2-4;
- Szego, J., Milburn C., 2002, 'Hulls unveils radical sex plan', *The Age*, 20 June, 6.
- Tiffin, R., Gittens, R., 2009, *How Australia Compares*, Cambridge University Press, Port Melbourne;
- Tinkler C., Hodgson, S., 2002, 'Children on sex street', 11 August (Accessed October 2010 from <http://www.cyc-net.org/features/ft-sexstreet.html>);
- Tomazin F. 2011, 'Police to lead fight against illegal sex trade' *The Age*, 31 January, 5;
- Turner, C., Russell, A., Brown, W., 2003, 'Prevalence of illicit drug use in young Australian women, patterns of use and associated risk factors', *Addiction*, vol.98 pp.1419-1426;
- Uy, J.M., Parsons J.T., Bimbi D.S., Koken J.A., Halkitis P.N. 2004, 'Gay and Bisexual Male Escorts Who Advertise on the Internet: Understanding Reasons for and Effects of Involvement in Commercial Sex', *International Journal of Men's Health* 3, 11-26;
- Ward, H., 1993, 'Prostitution and risk of HIV: female prostitutes in London', *British Medical Journal* 307, 356-8;
- Ward, J., Bell, J., Mattick, R., Hall, W., 1996, 'Methadone maintenance therapy for opioid dependence: A guide for appropriate use', *Drugs* 6(6);
- Weinberg, M., Worth, H., Williams, C., 2001, 'Men sex workers and other men who have sex with men: How do their HIV risks compare in New Zealand?', *Archives of Sexual Behaviour* 30(3) 273-286;
- Weldon, J. 2006. 'Show me the money: A sex worker reflects on research into the sex industry' Excerpts from Sex Work Matters Conference, NYC, 30 March 2006 (Reproduced in *RED: A Magazine for the Sex Industry* # 11 2007, 20-21);

World Health Organisation (WHO) 1986, *The Ottawa Charter for Health Promotion*, World Health Organisation, Geneva;

Wilson, E.C., Garofalo, R., Harris, R.D., Herrick, A., Martinez, M., Martinez, J., Belzer, M., 2009, 'Transgender Female Youth and Sex Work: HIV Risk and a Comparison of Life Factors Related to Engagement in Sex Work', *AIDS Behavior*, (13)5, 902–913;

Winter, I. 1976, *Prostitution in Australia*, Purtaboi, Sydney;

Yost, R., Williams, M.A., Deitman, S.D., Champion, H.S., 2001, 'Report of the Council on Scientific Affairs: Methadone maintenance and needle exchange programs to reduce the medical and public health consequences of drug abuse', *Journal of Addictive Diseases* 20(2), 15-40.

APPENDIX: ONE

SHANTUSI SURVEY

Date of Interview

Participant Number



SECTION 1: DEMOGRAPHICS

1.1 How old are you? _____ (years)

1.2 Are you

Male

Female

Transgender

1.3 Which of the following best describes your income?

Employed

Casual/Occasional work

Centrelink benefits

Student

Home duties / Partner

Sex Work

Other (specify) _____

1.4 In the last 3 months, what is the suburb where you have spent most time (even if homeless)?

1.5 Which best describes your current living arrangements?

Private owner

Private rental

Public housing

Transitional housing

Parents' / Friends'

Rooming / Boarding House

Refuge / Shelter

Squat

No fixed address

Other _____

SECTION 2: Work Practices

2.1 Where do you meet client or how do you contact clients? (Tick all that apply)

Street

Brothel

Mobile Phone

Newspaper Advert

Internet

Other (please specify) _____

2.1 Approximately how many clients have you provided sexual services to in the last 12 months?

1-5

5-10

10-30

30-50

50-100

100-200

200-500

Other (specify) _____

2.3 What sexual services do you provide?

1. Massage

2. Oral

3. Penetrative vaginal Sex

4. Penetrative anal sex

5. Fantasy (including B&D)

6. Spanish

7. Hand Relief

Other _____

2.3.1 For which of the above services do you use condoms? (Write number of service on line below)

2.4 What protection from STIs do you use when providing sexual services? (Tick all that apply)

Condoms

Dams

Gloves

Other (please specify) _____

2.5 Do clients ask that you not use condoms when providing sexual services?

Yes

No

2.6 Do you ever make the choice not to use condoms when providing sexual services?

Yes

No

If yes, what are the reasons for this choice _____

2.7 Approx how many private (non-commercial) sexual partners have you had sex with in the last 12 months?

2.8 What sexual practices do your partner and you engage in?

1. Massage

2. Oral

3. Penetrative vaginal Sex

4. Penetrative anal sex

5. Fantasy (including B&D)

6. Spanish

7. Hand Relief

8. Other (please specify) _____

2.9 What protection do you use when having private sexual relations? (Tick all that apply)

None

Condoms

Dams

Gloves

Other (please specify) _____

2.10 Do partners ask that you not use condoms when providing sexual services?

Yes No

2.11 Have you ever been tested for HIV?

Yes No

If yes, how often? _____

2.12 Have you ever received treatment for HIV?

Yes No

2.13 2.11 Have you ever been tested for an STI?

Yes No

If yes, how often? _____

When tested for STIs, do you have your mouth swabbed?

Yes No

2.14 Have you ever received treatment for an STI?

Yes No

SECTION 3: Sexual Knowledge

3.1 Do you know how the transmission of HIV can be prevented

If yes, please give a brief explanation _____

3.2: Are you aware of PEP (Post Exposure Prophylaxis)? If so what is your knowledge?

3.3 True / False /Don't Know

HIV can be transmitted through unprotected vaginal / anal sex

True False Don't Know

HIV can be transmitted through kissing

True False Don't Know

HIV can be transmitted through sharing drinks

True False Don't Know

HIV can be transmitted through sharing injecting equipment

True False Don't Know

HIV can be cured

True False Don't Know

HIV can be treated

True False Don't Know

People with HIV can live long and healthy lives

True False Don't Know

People of all ages can acquire HIV

True False Don't Know

3.4 Please tick the following you believe to be true

Condoms can protect me from all STIs

Condoms can protect me from some STIs

Condoms don't protect me from STIs

3.5 Please tick the following you believe to be true?

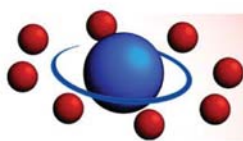
All STIs are curable

Some STIs are curable

No STIs are curable

Thank you for your time and patience

APPENDIX: TWO



NRL

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28th January, 2011

James Rowe,
Research Fellow,
Centre for Applied Social Research,
Lecturer,
School of Global Studies,
Social Science and Planning RMIT University,
Melbourne 3001.

Dear James,

Re: HIV confirmatory testing for saliva samples (Shantusi)

Please find attached the raw data both GACELISA and Western blots performed on the saliva samples collected as part of the Shantusi study. In summary 126 samples were tested and only one sample (sample 26) was repeatedly reactive on the GACELISA and confirmed anti-HIV positive by Western blot. Please do not hesitate to contact me if you require any additional information or would like to discuss the results further.

Yours sincerely,

Kim Wilson

Kim Wilson Ph.D.
Research Operations Manager,
National Serology Reference Laboratory,
4th floor, Healy Building,
41 Victoria Parade,
Fitzroy, Victoria, Australia, 3065.

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St Vincent's Institute of Medical Research under the care of St Vincent's Health
The NRL is a WHO Collaborating Centre
A.C.N. 004 705 640



APPENDIX: THREE

FREQUENCY OF HIV AND STI TESTING AS RECORDED BY PROJECT PARTICIPANTS

Private workers answers are indicated and gaps are in numbers towards the end and explained by the failure of migrant workers to respond to these sections

HIV Testing / STI Testing (respectively – how often)

- 001: 1-2 months / 1-2 months
- 002: Every 3 months / Every 2 months
- 003: 9 months / 9 months
- 004: Once or twice in the [past] two years / Every few months
- 005: 1 or 2 times a year / 1 or 2 times a year
- 006: [Not stated]
- 007: [Not stated] / Every 6 months
- 008: [Not stated]
- 009: [Not stated]
- 010: 6-12 months / 3 months
- 011: Never tested for HIV or STI**
- 012: [Not stated]
- 013: Every 6 months / 6 months
- 014: Never tested for HIV or STI**
- 015: Two years / 6-8 weeks
- 016: [Not stated]
- 017: [Not stated] / Every three months
- 018: Every 6-12 months / Sometimes every 3-6 months
- 019: [Not stated]
- 020: Once or twice / 1 or two
- 021: [Not stated]
- 022: 4 times / few times
- 023: Every 6 months / Every 6 months
- 024: Every 6 months / Every 6 months
- 025: [Not stated]
- 026: Every 12-24 months / Every 12 months
- 027: [Not stated] / Every 6 months
- 028: [Not stated]
- 029: Every 3 months / Monthly (**private**)
- 030: Once / Twice
- 031: Approx every 3 months / 2 times per year
- 032: 1 year / 3 monthly
- 033: Couple of times per year / once / twice
- 034: 4 months approx / 4 months approx
- 035: 6 monthly / 3 monthly
- 036: 6 months / 6 months
- 037: About 6 times a year / Regularly when working
- 038: Every 6 months / Every 3 months (**private**)
- 039: [Not stated]
- 040: Once a year / monthly
- 041: **Never tested for HIV** / Every 2 years for STIs
- 042: Twice / Many times over 10 years

043: [Not stated]
044: A few months ago / a few months ago
045: 6 [times?] / very [often]
046: [Not stated]
047: 3 months / [Not stated] **(private)**
048: Yearly since 25 / Every 6-12 weeks
049: 6-12 months / [Not stated]
050: ½ **dozen (Not Recently) / Rarely**
051: Maybe every 2 years – when needed / When needed
052: **Never tested for HIV** / Once a year for STIs
053: [Not stated]
054: Every two years / 1 per year
055: Never tested for HIV or STI
056: This year / This year
057: Every four months / Every two months
058: Every 3 months / 1st of every month (swabs) as well as three monthly blob test & pap smear
059: [Not stated] / Every 3-6 months
060: [Not stated] / 6-4 months
061: Yearly / 3-6 months
062: [Not stated] **(private)**
063: 6 monthly / 6 monthly
064: [Not stated] / Every 3 months
065: Once / Every 3 months
066: Twice a year / Twice a year
067: Every 2 years / **Never tested for an STI**
068: 2-3 months / 2-3 months
069: Never tested for HIV or STI
070: Every 2-3 months / Every 2-3 months
071: Quite often! Twice this year! And in the Alfred twice? / Three times this year [GPs names are listed!]
072: [Not stated]
073: Twice / Rarely
074: **Never tested for HIV** / Every 3 weeks
075: [Not stated]
076: [Not stated]
077: [Not stated]
078: [Not stated] / Once
079: Every 3 months / Every 3 months
080: Once / Every 3-6 months
081: Every 3 months / monthly **(private)**
082: Yearly / 6 months
083: [Not stated]
084: [Not stated]
085: [Not stated] / A few times
086: Biannually / Biannually
087: 3 / [Not stated]

088: 6-12 months / 3-4 times
089: 6 months / 6 months
090: Never tested for HIV or STI
091: Every 6 weeks / [Not stated] (**private**)
092: **Never tested / 3-6 times**
093: 1 a year for last 6 years / every 7 months
094: Every 6 months / Every 6 months (**private**)
095: Generally every 3 months (**private**)
096: Every 4 months / every 3 months (**private**)
097: Not stated] / Every month (**private**)
098: Regular / Regular (**private**)
099: Every 3 months / Every month (**private**)
100: Several / monthly (**private**)
101: Every 3 months / Every month (**private**)
102: 3 months ago / **No**
103: **Once / No**
104: Every 3 months / 4 times past months
105: Few times / Quite a few
106: Every 3 months / Every 3 months
107: Twice / not stated (**private**)
108: **Never tested for HIV or STI (private)**
109: Two times / [Not stated]
110: Every 6 months / [Not stated]
111: [Not stated]
112: Every 3 months / as often as can
113: [Not stated]
114: Every 6 months / Every 6 months
115: Once per year / Every month (**private**)
116: Every 3 months / every 3 month (**private**)
121: Monthly / Monthly (**private**)
122: Not stated / Never (**private**)
133: [Not stated] (**private**)
137: 3 monthly / [Not stated] (**private**)
144: 3 monthly / monthly (**private**)
145: Every 6 months / Every 1-2 months



Keep Area Clean

Keep Area Clean

AENDIS TROLLEY

d will always be protected by the creator. Bismillah

