



# SHANTUSI

## SURVEYING HIV AND NEED IN THE UNREGULATED SEX INDUSTRY

### Executive Summary

An Inner South Community Health Service  
/ RMIT University collaboration

This project was funded by Victorian Department of Health.

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# EXECUTIVE SUMMARY

## INTRODUCTION

The scope of the illegal sex industry in Victoria is difficult to accurately define. The street-based sex trade is an obvious exception, given that participants rely on their visibility to solicit potential 'clients'. This visibility means street-based workers are subject to stigma and are judged in accordance with stereotypes and generalisations. Far less visible are the migrant women who provide sexual services in illegal brothels and massage services. Similarly, little is known about unregulated 'private' workers who advertise to potential clients via the internet. Given the hidden and transient nature of many people involved in the sex industry, little is known about the size, practices and activities that define it.

The SHANTUSI (Surveying HIV and Need in the Unregulated Sex Industry) project sought an insight into the nature of the unregulated sex industry to inform policymakers of potential health issues and high-risk sexual activities. Only by understanding the motivations and activities of those involved in the industry – along with the sexual health knowledge and protective measures taken by workers – can policy responses be formed (in conjunction with key stakeholders) to minimise potential harms from high-risk behaviours and activities. To this end, the SHANTUSI project also measured the prevalence of HIV among workers to see if a health issue already exists. As is clear throughout this report, interventions based on law enforcement and/or stringent regulation force illicit activity underground, beyond the reach of much-needed health, support and educational resources. Policy initiatives must be collaborative – working with sex worker services and sex workers themselves to provide the best outcomes for workers and the broader community alike.

## METHODOLOGY

### 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. The latter two figures proved unrealistic for reasons discussed below.

#### *Street sex workers*

Over a 12-month period, 100 street-based sex workers were recruited as participants in the SHANTUSI study. Engaging street-based sex workers as participants was a relatively straightforward process. Inner South Community Health Service RhED program (Resourcing Health and Education) has well-established links with many 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. On Friday evenings, RhED runs 'Hustling 2 Health' (H2H) – a program that operates from a framework of peer support and education. Established (and trusting) relationships between RhED staff and street-based sex workers as well as peer involvement in recruitment, allowed for the mutually respectful recruitment process for the project.

#### *Migrant sex workers*

Migrant sex workers were the most challenging research population to recruit. Initial attempts involved placing advertisements at a range of community services that might be frequented by migrant women. The absence of a single response indicated how difficult this population would be to access. Eventually, we turned to a number of online forums used by men who share their experiences and evaluate the services provided at the brothels they frequent, both legal and unlicensed. Surveillance of these web forums became the primary means of locating establishments in suburban locations in which migrant women were being paid for sexual services. Ostensibly, these establishments were advertising massage services or were, in fact, licensed massage services where employees provided 'extras' (sexual services for an agreed

fee in addition to the massage organised and paid for at reception). We presented at more than 20 such premises to explain the project and attempt to recruit participants. Twenty-one migrant workers were recruited in this way, although all denied providing sexual services and limited their participation to partial completion of surveys.

### ***Private (online) sex workers***

Engaging with sex workers who use the internet to advertise their services also presented a challenge for the RhED workers assisting with recruitment for the project. RhED had not previously developed any systematic engagement with private sex workers who advertise online. Furthermore, the \$50 incentive payment for participation in the project represented a meagre sum to people who earn hundreds of dollars per hour as sex workers. As a result, we were reliant on the goodwill and a sense of responsibility of those private workers who did assist us. Assertive promotion of the study was required to bring potential participants' attention to the study. One promotion strategy was to compile a list of mobile phone numbers from online escort listings. 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 was explained, as well as what participation in the research would involve. The involvement of RhED was noted, as was the ability to participate either on-site at RhED offices in St Kilda or at a location more convenient for the participant. Following this process, 24 private sex workers who used the internet to engage clients were recruited.

Passive promotion strategies were also used 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.

### ***The Research Process***

Participants completed research in three parts. They answered surveys that collected demographic data as well as details about the frequency and nature of the sex work they engaged in, and their levels of sexual health knowledge. Participants self-administered an oral swab to acquire a saliva sample for HIV testing. A saliva test is a very simple but reliable HIV test for research purposes. The specimens were stored in a refrigerated unit on-site at RhED before being delivered to the National Serology Reference Laboratory (NRL) where they were processed and frozen for testing at a later date.

Finally, participants were involved in a semi-structured interview that allowed in-depth discussion of 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.

Interview transcripts were analysed for content and the identification of emerging themes. Participants were assured of anonymity and confidentiality and were assigned pseudonyms. All were compensated \$50 for their time, a standard and accepted research practice.

## 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 west<sup>1</sup>.
- 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.

The key findings are reported in significant depth and presented with detailed evidence and research in the full report. At the time of printing, law enforcement operations against illegal migrant sex workers and the clients of street-based sex workers are receiving publicity – and private workers report a sudden and unprecedented level of online surveillance to ensure compliance with regulations – these findings should engender informed and empathetic policy interventions, as opposed to initiatives that may push those involved further underground and beyond the assistance of health and support services. Given the reports of high-risk behaviour by members of all participant populations in the SHANTUSI study, this is imperative.

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<sup>1</sup> 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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