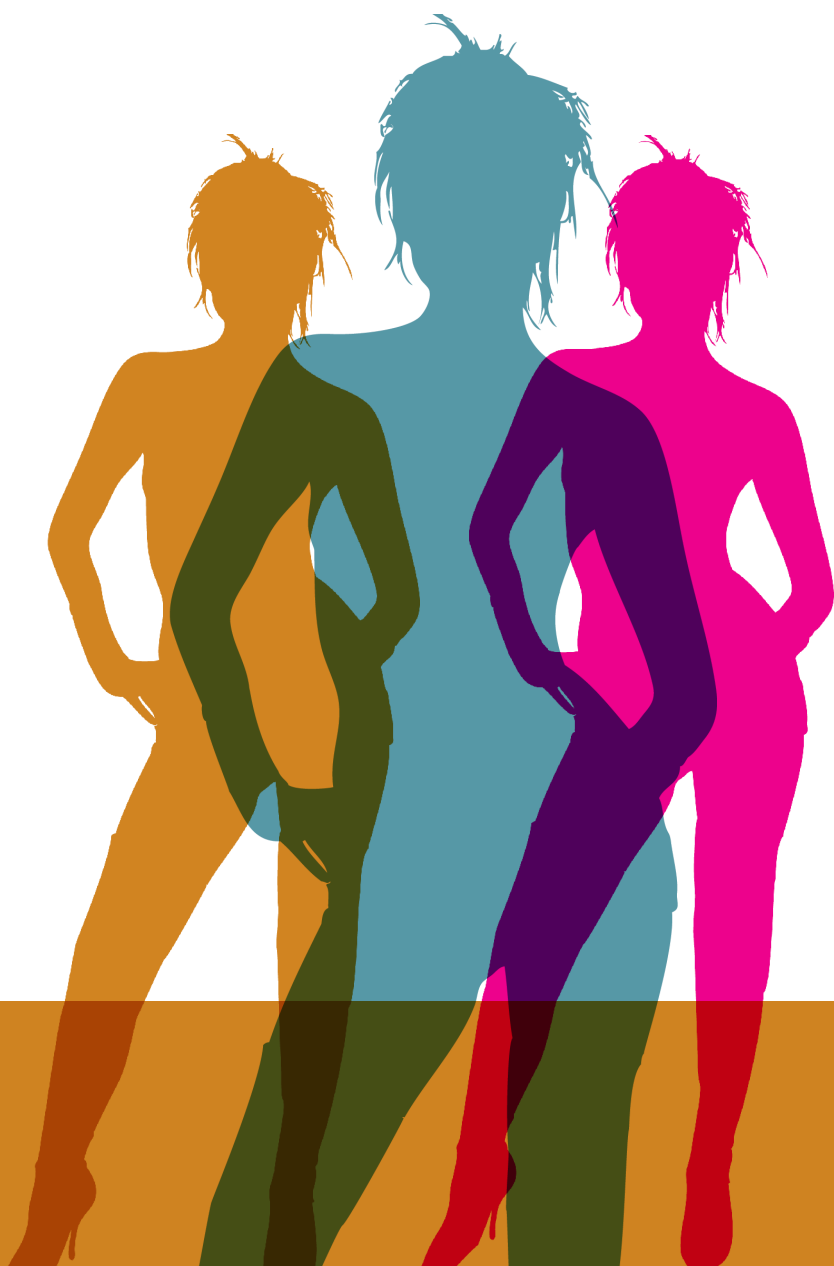


MIGRANT AND MULTICULTURAL SEX WORKER

REPORT 2012



26th March 2013

Inner South Community Health Service is pleased to release the Migrant and Multicultural Sex Worker report.

This needs analysis, conducted in 2012, identifies the key health and wellbeing needs of multicultural sex workers in Victoria.

The findings will be of interest to a wide range of stakeholders, including:

- Health and community agencies,
- Multicultural services,
- Women's health agencies,
- Peak bodies,
- Research institutes
- Government,
- Sex Work organisations, and
- Sex Workers themselves.

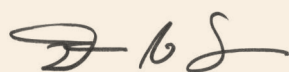
In the coming months, Inner South Community Health Service will be hosting a series of events, with the aim of:

- Enhancing understanding of the needs of migrant and multicultural sex workers in Victoria,
- Sharing and testing our findings,
- Supporting informed, evidence based debate,
- Facilitating collaboration across and within sectors to better meet the identified needs,
- Fostering debate around appropriate, relevant future developments in Victoria.

Details of opportunities to participate will be released in coming weeks.

We thank you for your interest and look forward to your participation.

Regards



Damian Ferrie
Chief Executive Officer
Inner South Community Health Service

Executive summary

The Resourcing Health and Education program for the Sex Industry (RhED), a state wide program located with the Inner South Community Health Service (ISCHS), aims to improve the health and wellbeing of sex workers across Victoria. RhED provides health promotion and harm minimisation services to Victorian sex workers.

It is estimated that 50 per cent of sex workers in the legal and regulated industry are from multicultural backgrounds, specifically Thai, Korean and Chinese (RhED Brothel Outreach data base 2012). It is difficult to estimate the numbers in the illegal and unregulated sex industry, however anecdotal evidence suggests that an even higher number of culturally and linguistically diverse (CALD) sex workers operate in illegal brothels and massage parlours in Victoria.¹

RhED completed a service review in 2010 and a key recommendation was for RhED to undertake research on the needs of CALD sex workers working in Victoria. Consequently, RhED employed an external project worker to research the key health and wellbeing needs of multicultural sex workers and provide recommendations to RhED and ISCHS, to enable the delivery of a more strategic and effective service to this diverse group of sex workers.

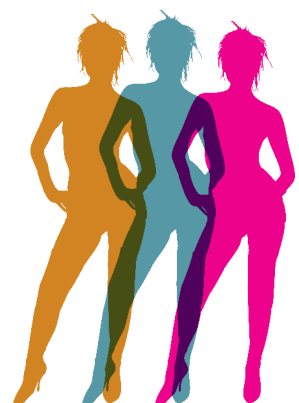
The researcher conducted 34 visits to CALD brothels and conducted surveys with 94 multicultural sex workers about their health information needs. Of the completed surveys, 21 were completed by Thai workers, 28 by Korean workers and 45 by Chinese workers. The researcher interviewed key Victorian stakeholders and reviewed relevant Victorian, Australian and international literature.

Although this report concentrates on the needs of Thai, Korean and Chinese sex workers, the findings and many of the recommendations may be relevant when seeking to increase engagement with, and the delivery of services to, sex workers from other diverse language and cultural groups.

¹ Source: International Sex Guide.

Key Findings:

- 1 The most significant issues for multicultural workers was their shame, experience of stigma and fear of being reported due to their work. These feelings impacted on workers in a range of ways:
 - social isolation and on-going stress
 - fear of repercussions to themselves or family from authorities in their country of origin
 - narrow choice of clients, and
 - negatively impacted on workers ability to advocate for their rights.
- 2 Workers want access to a range of translated relevant materials on health, safety and legal issues.
- 3 There is a language barrier between Thai, Korean and Chinese sex workers and current RhED workers who are predominantly English speaking. This negatively impacts on their engagement with RhED workers and the delivery of relevant and accessible health information and support services.



Key Recommendations

The recommendations have been grouped in the following themes:

1. Accessing multicultural sex workers
2. Strengthening engagement with multicultural sex workers
3. Building trust
4. Communication
5. Resource development
6. Advocacy
7. Stakeholders

1. Accessing multicultural sex workers

RECOMMENDATION 1

Continue the partnership with the Melbourne Sexual Health Centre to deliver STI testing.

RECOMMENDATION 2

Seek funding to enable the delivery of assertive outreach services outside business hours and to sex workers in the illegal sector.

2. Strengthening engagement with multicultural sex workers

RECOMMENDATION 3

Develop and distribute information in a range of formats and relevant languages which describes RhED's role, services, non government status and its commitment to ensuring client privacy.

3. Building Trust

RECOMMENDATION 4

Support the RhED worker with responsibility for the CALD portfolio to undertake basic language training in the three most relevant community languages.

4. Communication

RECOMMENDATION 5

Increase participation of multicultural sex workers in the RhED program via community participation and/or employment opportunities.

RECOMMENDATION 6

Offer training and relevant resources to the Victorian Interpreting and Translating Service (VITS).

RECOMMENDATION 7

Employ bi-lingual sex workers to 'double check' all relevant translated materials for cultural relevance and sensitivity.

RECOMMENDATION 8

Monitor and evaluate all RhED multicultural program initiatives and strategies.

5. Resource development

RECOMMENDATION 9

Audit existing RhED educational resources and materials for cultural relevance and accuracy.

RECOMMENDATION 10

Seek additional funding for the development, translation and distribution of health education materials for multicultural sex workers.
Consult broadly with key stakeholders when developing and distributing new resources.

RECOMMENDATION 11

Develop and upload relevant resources in community languages on the ISCHS and RhED websites.
Use health literacy principles when re-developing the RhED website and all public resources.

6. Advocacy

RECOMMENDATION 12

Continue to contribute to emerging policy debates at all levels of government in relation to issues impacting on multicultural sex workers.

7. Stakeholders

RECOMMENDATION 13

Continue to develop and improve formal and informal working relationships with key current and new stakeholders.

RECOMMENDATION 14

Develop a list of organisations offering health and welfare services for multicultural sex workers.
Provide relevant resources and secondary consultation when appropriate.

RECOMMENDATION 15

Continue to build positive working relationships and provide information, resources and support to brothel owners and managers.



Acknowledgements

RhED would like to acknowledge and thank all the workers who participated in the survey and client interviews and generously shared their thoughts, experiences and ideas.

Thank you to brothel managers and owners who invited us into their work places and supported the research. Thanks to all the other research participants including the Melbourne Sexual Health Centre; SWOP; Scarlet Alliance; Centre for Culture, Ethnicity and Health; Project Respect and Victoria Police.

Thanks also to all RhED staff who have been very welcoming, specifically Gabby Skelsey and Sandra Gibson for sharing their expertise and knowledge. Thanks to Lee FitzRoy for her constructive feedback and to Sue White for her positive and flexible approach.

I would like to say a special thank you to Mardi Kennedy who has been my co-worker in this project and provided great support, expertise and company along the way. She has been a joy to work with.

Robyn Szechtman, Project Worker

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1 Introduction

Innner South Community Health Service (ISCHS) is a major provider of health and community services across metropolitan Melbourne and Victoria. ISCHS works effectively as part of the local service system, developing innovative and responsive services to meet community needs.

Resourcing Health and Education Program (RhED)

As a program of ISCHS, RhED aims to improve the health and wellbeing of sex workers across Victoria, via the following objectives:

- i. To provide relevant health promotion and support services to improve the health and wellbeing and minimise risk to sex workers
- ii. To use a community participation model to ensure the responsiveness of RhED to the needs of sex workers
- iii. To advocate for systemic changes to improve the health and wellbeing of sex workers, and
- iv. To develop and strengthen key partnerships that support RhED to achieve positive health and wellbeing outcomes for sex workers (RhED 2012a).

RhED operates from a harm minimisation approach and provides practical and realistic health information and support to a diverse client group. Multicultural sex workers make up a large percentage of the sex worker population in Victoria (RhED statistics 2012b). As the leading statewide service for the sex industry, it is vital for RhED to deliver appropriate and accessible services to multicultural sex workers.

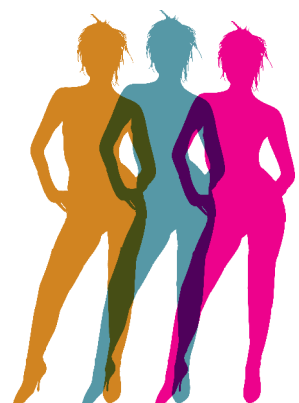
A service review of the RhED program in 2010 recommended the creation of individual portfolios for each RhED Health Education and Support workers, one of which is the portfolio for Culturally and Linguistically Diverse (CALD) sex workers. The review also highlighted the need to research the needs of CALD workers as a key strategy to enable RhED to provide a more strategic and effective service to this group.

Prior to commencing the research, RhED identified a lack of relevant translated information, material and resources available to CALD sex workers. Consequently, CALD workers may be more vulnerable to exploitation and violations of their legal, industrial and human rights. RhED is also aware that existing translated information from RhED and other sources, primarily focuses on clinical information on sexually transmitted infections (STIs) as compared to information on broad topic areas including for example: emotional wellbeing and workers' legal rights. This anomaly appears to reflect old assumptions that multicultural sex workers are possible carriers of disease (Monash 2009; Jeffries and Perkins 2011; Kim 2012), thus need clinical information to keep themselves and their clients 'disease free'. This compares to other social, legal and health information provided to English speaking sex workers.

Consequently, RhED employed a project worker to conduct research to identify the key health and wellbeing needs of multicultural sex workers.

It is estimated that multicultural sex workers make up 50 percent of the workers in the 102 legal brothels operating in Victoria (RhED outreach workers). A review of the RhED brothel data base indicates that 49 brothels are CALD or CALD majority and 52 are Anglo (however some still employ CALD workers) (RhED 2012b).

The majority of multicultural sex workers in Victoria are of Asian background, in particular Thai, Korean and Chinese (RhED 2012b). While there are similarities in terms of their health and well being needs when working in the sex industry, each nationality has different cultural values that may affect how mainstream services engage with sex workers and provide effective services. Although this report focuses on the needs of Thai, Korean and Chinese sex workers, the findings and many of the recommendations may be relevant for RhED when seeking to increase engagement with, and improve the delivery of services to, sex workers from other diverse language and cultural groups.



2

Research methodology

The research methodology included a review of relevant literature and analysis of current service delivery models. This review included information on both the regulated and unregulated parts of the sex work industry, with a particular focus on brothels. This focus is due to the reality that the majority of workers work in brothels and while it is difficult to estimate the number of workers working from the street, it is suggested that less than 10 percent of sex workers work as street based workers. It is also suggested that the majority of multicultural workers work in brothels while the majority of female street based sex workers working in St Kilda are Anglo-Saxon.

RhED workers have suggested that any multicultural workers doing street based sex work in St Kilda are mainly trans*. There is some anecdotal evidence that there is increased cultural diversity amongst street based sex workers in other regions in Melbourne, for example Dandenong.

In addition to the information obtained through the literature review, primary information was provided by sex workers and key stakeholders. The information was gained through:

- interviews with multicultural sex workers (See Section 2.1)
- the completion of a survey (See Section 2.2)
- interviews and meetings with representatives from sex worker organisations, sexual and multicultural health services, Victoria Police, government departments, brothel owners and/or managers and non government organisations (NGOs).

The project worker and RhED worker visited 34 of the 45 legal Victorian brothels known to be specifically Asian or which had a high number of Asian sex workers. Workers sought to engage with migrant and multicultural sex workers, brothel managers and owners.

Anecdotal evidence gathered from sex industry insiders and a review of websites catering to clients, suggest that there is a high number of multicultural sex workers working in illegal brothels and massage parlours (Monash University 2009; International Sex Guide 2012). Due to a range of complex issues, RhED workers were unable to meet with CALD workers working in the illegal and unregulated industry. Consequently, the needs and experiences of these sex workers are not included in the research findings.

The limitations of the research methodology are discussed further in Section 1.3.

2.1 Interviews with multicultural sex workers

As a consequence of the language barriers between current RhED workers and multicultural sex workers, it was difficult to obtain more detailed information about workers' experiences and overall needs. If the participant had strong English language skills, she was able to discuss these more fully with the RhED worker. However this resulted in more information primarily being gained from women who had greater proficiency in the English language.

The RhED team developed a number of strategies to address this methodological issue. First, the use of an interpreter may have assisted however due to the shame and stigma associated with the sex industry and the possibility that an interpreter may breach confidentiality, many sex workers would not talk to a RhED worker when accompanied by the bi-lingual nurse or interpreter (Melbourne Sexual Health Centre 2012; RhED 2012b). In addition, RhED workers have had previous experiences whereby mainstream interpreters have answered on behalf of a worker. Often these answers have appeared to reflect the interpreters personal views as to how a sex worker should adhere to cultural norms. In addition RhED has previously been unable to engage Korean interpreters for the purpose of brothel outreach, due to cultural beliefs in relation to sex work.

RhED developed an alternative strategy which included the employment of bi-lingual sex workers to assist in the research process. Previous research had documented the success of using peers for research (Pell, Dabhadatta, Harcourt, Tribe and O'Connor 2006; Scarlett Alliance 2012a; Prostitutes Collective of Victoria [PCV] 1996).

RhED developed a position description, advertised the positions and recruited and trained three bi-lingual community interpreters – Thai, Korean and Mandarin speaking. However, a key learning for RhED was that this process took three months. In addition, RhED also learnt that the term 'peer worker' did not translate well for multicultural sex workers due to their feelings of shame and fear that they may be exposed within their own communities. The bi-lingual workers also expressed a lack of confidence in their ability to communicate well, even when they demonstrated strong English skills.

2.2 Survey

As a further strategy to gather information from sex workers, a 'tick box' survey was designed and translated into Korean, Thai and Chinese (simplified) languages. No identifying or personal information was collected. Due to the tick boxes, the collation of survey results did not require translation. The survey included questions in relation to workers health and wellbeing needs.

The survey was distributed by RhED outreach workers and also by staff from the Melbourne Sexual Health Centre (MSHC). RhED outreach staff reported that nearly every worker they approached completed the survey. Workers received a free pen for completing the survey. RhED staff also provided participants with information about RhED services.

In total 94 surveys were completed by sex workers from three language groups: 21 Thai; 28 Korean; and 45 Chinese speaking sex workers.

2.3 Limitations of the research methodology

There are a number of limitations of the research methodology which impacted on the research process and information collected.

First, the difficulty in engaging with multicultural sex workers due to the language and cultural differences between Thai, Korean and Chinese workers and RhED workers. This was exacerbated by the reality that many workers may be working in Victoria for a short time and may often travel between their home country, Victoria and other Australian states.

Second, the seven month time frame for the completion of the project was challenging as there were a number of tasks that took more time than expected. For example the additional time required to translate and check the accuracy of the translated surveys. In addition, RhED underestimated the amount of time required to recruit and train peer community interpreters, specifically Thai, Korean and Chinese sex workers. In addition, it would have been useful to have had a longer to test out the use of the iPad for the survey and try different engagement strategies.

Third, a bi-lingual worker from the Melbourne Sexual Health Centre (MSHC) accompanied the RhED workers on one outreach visit. Unfortunately this strategy was unsuccessful as the manager/owner was alarmed at a request for three community workers to enter the brothel.

Fourth, often the project worker didn't join the interview between the interpreter and sex worker. While this reduced the number of people in the room during the interview, it may have also limited the learning for the RhED project worker, as the interpreter provided an interpretation of the answers at the end of the interview.

Fifth, RhED noted that in early 2012 there had been an increase in the policing of the sex industry, specifically targeting multicultural sex workers (McKenzie 2011; Kim 2012). Consequently, some brothel managers and workers became more cautious about meeting with RhED staff.

Sixth, a limitation to the research methodology itself is the impact of different ideological viewpoints that may have influenced stakeholder engagement with the issues. There are two opposing views on multicultural sex workers which can be briefly summarised as the following:

- Anti-trafficking viewpoint which positions all migrant and multicultural sex workers as powerless and vulnerable victims, unable to make independent decisions and thus must be rescued from the sex industry and rehabilitated.
- Sex worker advocacy organisations, for example the Scarlet Alliance which argues that migrant sex workers are well travelled, experienced, empowered and independent (Scarlet Alliance Migration Project poster 2012).

Through this research, RhED would suggest that some multicultural sex workers may be experienced and empowered, others may experience a range of difficulties when negotiating language and cultural barriers in a new country and across a range of workplaces.

2.4 A note on terminology

The terms CALD, multicultural and migrant sex workers are sometimes used interchangeably throughout the literature and across the community sector. 'CALD' is an acronym that originated from the community and welfare sector which can be difficult for some people to understand. The terms 'migrant' and 'multicultural' tend to be used by sex worker organisations (Scarlet, SWOP and Magenta websites 2012). 'Migrant' sex worker describes workers who were born overseas and migrated to Australia. 'Multicultural' is a broad term that encompasses workers who may have been born overseas, migrated to Australia and who are also from cultural and linguistically diverse backgrounds. Given the broad scope of the RhED research, this report primarily uses 'multicultural'.

2.5 Issues of individual 'choice'

The experiences, choices and needs of multicultural sex workers working in Victoria, are influenced by their social, political, legal, cultural, familial and religious context. It was not within the scope of this study to fully explore this context, however the issue of individual 'choice' emerged as a key theme through the research, which is worthy of further discussion.

Multicultural sex workers come from diverse backgrounds and work experiences and have different reasons for choosing to come to Australia to work in the sex industry. In addition, there are a range of international and political factors that influence international migration patterns. For example the legal status of the regulated sex industry in Victoria can result in it being seen as an attractive employment destination by overseas workers.

Sex work can offer employment opportunities for people with low English proficiency or who may have experienced race, culture or language based discrimination when applying for other jobs (Monash University 2009). In addition, the sex industry can offer workers a way of earning money for their family, who may still reside in their country of origin, or enable sex workers themselves to afford to live and study in Australia.

However, it is worth briefly commenting on the current debate within the sector in relation to migrant and multicultural workers' choices to work in the legal and unregulated sex industry. There is divided opinion as to whether women are making a free and informed choice about their work and the nature of their working conditions across the industry. Some NGO's and government authorities claim that the trafficking and abuse of multicultural sex workers is common (Project Respect 2012, Norma 2011). Others, in particular sex worker organisations, report that workers chose to work in the sex industry because they experience higher pay and better working conditions than in their countries of origin. Exponents of this view agree that workers' experience of bad working conditions and exploitation, should be addressed, however they do not view these issues as similar to the illegal trafficking of women, men and children into the sex industry (Jeffreys 2009a & 2009b; Kim 2012).

3

Literature review: multicultural and migrant sex workers

3.1 Overview

This section provides a brief overview of key information about Thai, Korean and Chinese sex workers, specifically demographic data, drivers for working in the sex industry, terms and conditions they encounter in Australia, and language and cultural values that may pose barriers to them engaging with community services.

RhED workers and other sex work organisations anecdotally report that Thai workers who are residents in Australia reveal the most personal information whereas Korean workers appear to be the least likely to engage with health workers.

In general, multicultural sex workers face many of the same issues that any newly arrived group of migrants experience in Australia but with the added stigma of being a sex worker. Many have low or no English proficiency, few social connections and they may experience isolation, which is exacerbated by the need to keep their work a secret from partners, friends and family (PCV 1994). Depending on their legal status, workers may have limited access to universal health services. It is worth noting that the visa information currently provided on the Department of Immigration and Citizenship (DIAC) website is only available in English. In addition, as many multicultural sex workers work in different Australian states, the differences in sex work legislation across each state can be difficult to navigate (Scarlet Alliance 2012c). Rowe (2011) conducted research with sex workers and concluded that many multicultural sex workers' knowledge of HIV and STI's can be limited and negatively affect their ability to negotiate safer sex practices with clients.

It is useful to consider cultural and communication norms when developing engagement strategies for Asian sex workers. Korean and Chinese cultures are based on Confucian philosophies while Thailand is a predominantly Buddhist culture. Generally it is suggested that in all three countries, relationships are structured hierarchically according to generation, age and gender. For example men have a higher social status than women and there is community respect for authority figures. Saving face is important and in particular it is not considered polite to ask a Korean, invasive questions (Jackson 1999; Sheen 2010).

One of the earliest studies researching the needs of multicultural sex workers in Australia was the PCV Research Project in 1994. In 1994, the majority of workers were from South- East Asia, specifically Thailand, with Chinese speaking women forming the second largest group. The PCV research found that multicultural sex workers required a range of resources in their own language, sex worker organisations required funding; infrastructure; staff professional development; and further investment in the delivery of outreach services.

These strategies were successfully implemented across the sex worker services in Australia during the 1990's and as a result created a significant change in sex worker work conditions in Australia. These changes were measured by the Sydney Sexual Health Centre who surveyed Thai, Chinese, Malaysia and other Asian background multicultural sex workers who attended their Sydney-based sexual health clinic in 1993. A follow up survey was conducted in 2002 with one hundred and sixty five Asian background workers (Pell et al 2006).

3.2 Thai sex workers

Overall, findings from the PCV (1994) and Sydney Sexual Health (Pell et al 2006) studies indicated that Thai sex workers who come to Australia were more likely to have had more life experience, be older and have more experience in the sex industry than other multicultural sex workers, with a third having previous sex work experience (PCV, 1994). The Pell et al (2006) study found that Thai workers' level of education and English language skills had increased between 1993 and 2003. The number of women on a contract had decreased, the majority of workers appeared to be working legally and condom use at work had increased significantly. The study also noted that many Thai workers had been married to Australian or Thai men, had children and worked part time. They often became Australian residents and sent money to their families in Thailand.

When speaking to Thai workers on brothel outreach, RhED staff observed similarities in their stories. One Thai woman, Roni who has extensive experience working in various brothels across Australia, described that the majority of women who came to Australia twenty years ago, had worked in the sex industry in Thailand. In general, a contractor would arrange for them to work in Australia and they would incur a bond debt requiring repayment. Roni suggested that currently, younger women are arriving in Australia on student visas and are working in the sex industry to pay for their studies. Roni explained that there is an expectation among some Thai families that their daughters will engage in sex work to earn an income while studying in Australia.

Roni suggested that often women secure a loan to come to Australia and then move into the sex industry to earn money to support their family in Thailand. Roni said that it is not uncommon for poorer families in Thailand to place pressure on family members to work in the sex industry. In addition, Roni described how some Thai women marry Australian men and gain Australian residency. If the relationship breaks down, they may turn to sex work to support themselves and their families. Some Thai workers spoke to RhED outreach workers about their previous experience working in poorly paid jobs, which made sex work a more financially lucrative option.

Some of the Thai sex workers who spoke with RhED outreach workers were based in Sydney and travelled between Sydney, Melbourne and other states every few weeks. They also returned to Thailand for holidays on a regular basis. In general, it appeared that Thai sex workers have strong networks in Thai communities across Australia. Workers also commented that women are often referred to specific brothels by friends or acquaintances who were also working in the sex industry.

MSHC staff (2012) reported increased numbers of younger Thai women coming to work in Victoria on tourist visas who are booked to work in a particular brothel for a 3-month period. However, they noted a reduction in the numbers of clients accessing MSHC CALD clinic services; therefore, the MSHC reduced the Thai clinics from weekly to fortnightly. MSHC staff encouraged regular more experienced Thai workers to refer newer workers to the clinic.

Similar to the experience of the RhED outreach staff, MSHC staff also reported that of the sex workers who access the clinic, Thai workers are more cooperative and open to engage with; appear to have a good body of knowledge about sexually transmitted infections (STI's) and state they take few risks with their sexual health. The MSHC staff commented that when workers reported concerns regarding sexual health matters, it appeared that these were due to sexual contact with their own regular partners outside of work. MSHC staff suggested that this issue could be addressed in educational materials.

Case studies

Helena first came to Australia as a student and returned after marrying an Australian. While working in a Thai restaurant she saw an advertisement for a job providing massage, which would pay \$60 an hour. This salary was 'much better than working as a waitress' (Interview with RhED worker, 24 April 2012). Helena then began working in brothels and explained although she hates the work and it's 'killing my soul', it enables her to earn additional funds to support her family in Thailand. Her husband wanted her to stop working in the sex industry. Helena commented that 'he didn't understand that I could separate work from home'. They later divorced. Helena is currently 29 years old and calculates that by working in the sex industry for the next four years, she can achieve her financial goals. She is then planning to stop working in the industry.

Another Thai worker described how she was working to purchase a farm for her family in Thailand which she hopes will generate an ongoing income for her family and assist other members of her village (Interview with RhED worker, 26 March, 2012).

3.3 Chinese sex workers

The most recent study on Chinese sex workers in Australia was led by the Scarlet Alliance in 2006 in partnership with other Australian sex worker organisations. 43 migrant sex workers of Chinese language background and 29 Chinese sex workers with an English language background, participated in the study. The research explored issues around condom use and the type of work conditions that Chinese sex workers experienced in Australia. Participants were asked about their information sources, work experience and their view of the criminal justice systems and laws in Australia (Jeffreys & Perkins 2011). The results revealed that Chinese workers were on average 30 years of age or older, came from major capital cities in China with their own visa and their journey to Australia was the first time they had travelled out of China. Approximately 33% of respondents had been sex workers in China and the most common reasons for coming to Australia to work in the sex industry were due to family problems and an expectation they would earn a higher income.

In the years between the Sydney Sexual Health Survey conducted in 1993 and 2002 (Pell et al, 2006), there was a 20% increase in the numbers of Chinese sex workers accessing tertiary education in Australia. Pell et al (2006) estimated that approximately 10% of Chinese sex workers participated in some form of tertiary study in Australia.

The Scarlet Alliance study (2006) reported that more than 50% of the Chinese sex worker participants paid '\$9,000 or more' to come to Australia which included the cost of legal documents, for example visas and other papers. Participants in this study were not in debt contract arrangements at the time of the study. They described a range of reasons why they came to Australia including recommendations from others; had visited Australia previously; and because the work environment was better than in China due to safer conditions and the ability to earn more money. While working in Australia, workers reported that they were satisfied with the amount of money they earned, were aware of their rights and had a positive view of the criminal justice system here. The Scarlet Alliance study suggested that Chinese workers were more likely to contact the police about a sexual assault incident than other multicultural sex workers (2006).

44% of survey participants reported that they split their earnings with the owner of the premises and 33% worked privately. 66% worked more than eight hours a day and most had clients from Anglo-Saxon backgrounds. 75% reported that they earn more money in Australia than working in the sex industry in China (Jeffreys and Perkins 2011).

The DIAC (2012) suggested that many Chinese sex workers arrive in Australia on student visas. A student visa allows a worker to work up to 20 hours per week while studying. It has been suggested that some sex workers may use this type of visa, along with a working visa, to gain entry to Australia. The Australian National Audit Office (ANAO) noted that an attempt to prevent temporary residents from working in the sex industry did not progress due to the legal status of sex work in Australia (ANAO 2006).

The Monash University study also identified a slight increase in approved brothel manager applications for male international Chinese students (Monash University 2009). The MSHC nurses reported that often young Chinese women attending their clinic were at university and likely to be studying a Bachelor degree at university in comparison to Thai workers.

MSHC staff suggested that Chinese workers were cautious about their health but may take particular risks if there is a financial benefit and also if they don't fully understand the possible consequences of unsafe sexual practices. However MSHC staff also reported that workers were very open to changing their behaviour based on specific advice and information. MSHC workers reported and the Scarlet Alliance (2006) confirmed that the rate of STI's among Chinese sex workers was very low (MSHC 2012).

One manager of a brothel claimed that many of the multicultural sex workers had not told their partners about their sex work, and as a result, would refuse to provide a service to men of their own nationality or that of their partner's, for fear that they may be exposed (RhED worker, interview 25 June 2012).

Chinese sex workers were generally welcoming to English speaking RhED workers when visiting brothels, however the language barrier posed some challenges for engagement and the delivery of appropriate health services. RhED workers also offered small gifts such as sponges, which provided workers with the opportunity to talk about their use and other health issues and practices. Other sex worker organisations have confirmed that the provision of small useful gifts is a good method of engagement (SWOP 2012).

Case studies

Queenie* worked as a nurse in China and explained that she became a sex worker in Australia after having to overcome her own conceptions of 'them' and also herself as 'being dirty and diseased'. Queenie said she was 'rigorous' about using condoms and appreciated the money she made from sex work as it allowed her to work part time and look after her son. Queenie has a long term Anglo-Saxon boyfriend who understands that 'her work was just a job and that she only enjoyed sex with him'. Queenie speaks English well and requested reading materials in Chinese (simplified) (RhED worker, Interview 20 March 2012).

Ling*, another Chinese worker in her forties, explained that she had returned to sex work after a three-year break because she needed to earn a large sum of money to move from Melbourne to Sydney for family reasons. Ling said that she can't get another job that 'pays good money' but that she is 'unhappy' and 'scared all the time' because if something happens to her it will affect her son (RhED worker, Interview 8 May 2012).

² Please note that workers were not asked if they were from North or South Korea.

3.4 Korean Sex Workers

Researchers have documented that Korean sex workers are one of the hardest cultural and linguistic groups to engage with and that there is little research about their experiences in Australia. The most recent study was conducted by Jang, Jung and Dalton at the University of Technology Sydney in 2009. Jang et al interviewed 21 Korean women who were working in the entertainment and sex industry, focusing on their experiences of working in Australia. Ten participants worked in brothels whilst the other participants worked in karaoke bars, room salons (hostess bars) and massage parlors. The study also included information from 13 government and non – government departments (Jang et al 2009).

The majority of the ten Korean women interviewed for the RhED study were on working holiday visas which allowed them to work up to 20 hours per week. Workers confirmed that they were in Australia voluntarily and were motivated by economic necessity and/or other similar reasons as identified by other multicultural sex workers. For example: to support family members, save money to start their own business, receive a better income than when working in Korea, pay off debts, travel, study and life experience. Of the 10 participants, 50% identified that they were working in the sex industry to finance their studies.

The increased number of Korean sex workers coming to Australia may also be due to the criminalisation of sex work in Korea in 2004 (informal feedback from RhED outreach workers and other sex work organisations). Sex workers in Korea have reported that police perpetrate physical assaults against sex workers during police raids (Turnbull 2012). As a consequence, some Korean business operators have sought out new locations, including Australia, and have brought in specific work practices as well as women workers from Korea (Jang et al 2009). In the interviews with RhED staff, participants disclosed that Korean employers often withheld their earnings and/or dictated their working conditions. Half the women interviewed described that they were deceived about their working conditions and were working longer hours and receiving less money than originally promised. Jang et al (2009) also identified these issues, however suggested that they were more evident among women working in the entertainment area than in the sex industry.

It was suggested that Korean sex workers were more likely than any other group of multicultural sex workers to be on an agreed business contract whereby a ‘middle-man’ would organise visas, accommodation and workplaces.

According to the Sex Workers Outreach Project (SWOP) NSW Multicultural Project, condom use is not common in Korea and sex workers find it difficult to successfully negotiate the use of condoms with clients (Jeffreys 2009). Although Korean sex workers still have a lower rate of STI's than the general Australian population, they have a higher rate of throat gonorrhoea than Thai or Chinese workers and according to MSHC staff, appear to take the most risks with their health (MSHC 2012). Korean workers often disclose unsafe oral sexual practice at work. MSHC staff recommended targeting Korean sex workers with translated materials on the importance of safe sexual practices including for example: using condoms for oral sex.

The MSHC also reported that they have noted groups of overseas women carrying suitcases (directly from the airport) come to the Centre, seeking a doctor's certificate (which provides proof of attendance for STI testing required by law). The women disclose they have just arrived in Australia, are sometimes accompanied by a male or female who assists them in the process, and often all the women in the group provide the same address and contact phone number. Staff from the MSHC Korean Clinic confirmed that Korean workers regularly share the same address and mobile phone, and are often accompanied by a 'friend' who wishes to translate for them (MSHC 2012).

A major barrier to RhED workers engaging with Korean sex workers is workers fear of anyone they believe may be an official who may pass their details to the South Korean Government, which could result in criminal charges on their return to Korea. At a workshop jointly facilitated by Project Respect and the Salim Centre on 'Korean women in the Australian Sex industry' in July 2012, workers from the Salim Centre suggested that this was a key reason why Korean sex workers are wary of outreach services.

Tabakoff (2012) reported that the South Korea government is seeking to prosecute Korean nationals who work in the sex industry in Australia or are involved in sex trafficking. If prosecutions are successful, sentences can include compulsory return to Korea and up to ten years imprisonment. Workers may also be forced to participate in counselling and 'emergency rescuing' provided by government funded organisations, to 'socially reintegrate' sex workers back into society (Dasi Hamkke Centre Website 2012).

Victoria Police and Immigration officers conducted a number of visits to legal brothels in 2012. Korean sex workers attending MSHC clinics told staff that brothel visits from the Australian Federal Police and other external support organisations makes them 'fearful' and they are asked to show Passports, certificates, and questioned why they have a different name to the name on the sexual health certificate (MSHC 2012).

4

Political, social and cultural factors that may impact on the well-being of multicultural sex workers

4.1 The Victorian Sex industry

Clients / Customers

'In Melbourne people might say you have yellow fever or call it an Asian fetish or fantasy. Even though people poke fun, it's very much accepted for local men to be attracted to Asian women. Asians are so much cheaper and common that it is often hard to go pass them' (Melbourne Brothels Guide 2012).

There is a high demand by both Asian and Anglo clients for Asian sex workers as confirmed by a review of customer comments on relevant websites completed for this research including the online 'Melbourne Brothels Guide' and the 'International Sex Guide'. The Melbourne Brothels Guide suggests that there is a high demand for Chinese women by members of the large Chinese community in Melbourne. There is a suggestion that the high level of demand for Thai sex workers in Melbourne has been attributed to the number of Anglo-Saxon men who have purchased sexual services from workers in Thailand. Clients have provided positive reviews of Korean workers, specifically commenting on their politeness and submissive behaviour (Melbourne Brothel Review website).

Another consumer website suggests that Asian sex workers 'are the best women for the job' when a client is seeking 'submissive sex'. The website attributes this to 'Asian tradition', where women 'should submit to their husbands and partners' (Australian Escort Services website 2012).

A consequence of this stereotypical view of Asian sex workers is the perception that they will be malleable to client demands specifically for example, providing unsafe sexual services (PCV 1994). This view is promoted on websites such as The International Sex Guide (2012) and in some mainstream media.

A NSW based sex worker advocacy group has created a website which reproduces media articles about sex workers and the industry (see <http://nothing-about-us-without-us.com/tag/brothel-busters>). For example the article titled 'Low prices fuel exotic sex trade', describes a rise in Asian sex workers offering unprotected sexual services. It has been suggested that some Asian workers feel pressured to provide unsafe sexual services as a deliberate strategy to keep their jobs in a competitive industry (Marriner 2012; Tabakoff 2012).

RhED workers report frequent complaints from Anglo and Thai sex workers regarding 'Chinese workers' offering sexual services without condoms and the resulting rise in their popularity with clients. Sex workers practicing safe sex have commented that they are unable to compete with other workers providing unsafe sex.

'Girls who practice unsafe sex wreak things for the other girls as clients learn of it and start to have expectations and ask for the girls they know will do it'
(Thai worker, interview with RhED worker, May 2012).

This example illustrates the reality that multicultural sex workers are not a homogenous group. As the above quote illustrates, there can be competition between workers from different cultures within the sex work community.

Managers / Owners

Managers and their attitudes to safer sex practices and their interpersonal skills play an important role in determining the work conditions and types of services offered at a brothel.

Anecdotal reports from RhED workers and data recorded by Monash University (2009), suggest that in general brothel managers/owners find Asian workers 'more focused' and 'business orientated' than Anglo-Saxon sex workers. Managers/owners also perceived Asian workers as 'more reliable' and 'easier to manage' than Anglo-Saxon women (Monash University 2009). It has been noted that as many multicultural workers are in Australia for a short period of time and are seeking to maximize their income, they are often willing to work longer shifts over more days (Jeffreys 2009). Managers/owners also believe that Asian workers will 'not talk' to authorities. In addition, as many Asian workers have low English proficiency, it was suggested that they may be less likely to advocate for their health, human or industrial rights with an English speaking manager. Consequently, some managers/owners have commented that, in general, they would prefer to hire Asian workers over Anglo-Saxon workers.

As one Thai worker explained to RhED workers:

'Some places don't supply condoms at all – often unsafe practices are supported by management who know certain girls are doing it. Although women will complain to management about certain girls, they are ignored' (Interview with RhED worker, May 2012).

RhED workers have noticed there has been an increase in a number of brothels, previously owned by Anglo-Saxon business people, bought by Asian business people. RhED workers also noted that often the transfer of ownership may also result in a brothel owner/manager rostering only Asian sex workers.

During 2012, RhED noted that 57% of managers who greeted RhED workers during brothel outreach, were Chinese. 35% were female and 22% were male (RhED database 2012b). RhED staff noted that many of the Chinese managers appeared to be under thirty years of age. In Chinese culture, the age of a manager can be a significant factor in terms of perceptions of authority.

Conversations with some Chinese managers had revealed that they were working in the sex industry because they had been unable to find employment in the areas they were qualified for. Kim*, a young female Chinese international student, described how she was introduced to her current job as a brothel manager, through friends. Kim also noted that her employment enabled her to continue to study in Victoria. Kim said that she received basic 'on the job' training re: rostering and administrative tasks, but not in relation to areas that she found challenging. A key example for Kim was negotiating with clients in relation to what sexual services will be provided. As a consequence, Kim leaves the sex worker to negotiate this with her/his client, which may be difficult for a multicultural worker with limited English language skills. Kim described how she chose to work day time shifts, as she was 'frightened' and would feel 'out of her depth' working late shifts and needing to respond to clients who may be both intoxicated and/or aggressive. Kim commented that training in areas such as STI's, conflict resolution and responding to aggressive clients who are under the influence of drugs or other substances, would be beneficial to herself and possibly other brothel managers (Interview with RhED worker, 6 June 2012).

Jill*, an experienced Anglo-Saxon brothel manager, expressed her concerns for the personal safety of some Asian workers. Jill suggested that some workers may tolerate abusive behaviour from clients, for example verbal, physical or sexual assaults, threats, requests for unsafe sex or refusal to pay, which she attributed to workers not knowing their rights. In addition Jill suggested that some workers may comply with such requests in order to please clients and managers and also to ensure future bookings and/or shifts (Interview with RhED worker, 8 May 2012).

In summary, to ensure better and safer working conditions for multicultural sex workers, it is suggested that both the client market and brothel owners /managers are educated about safer sex practices, the rights of workers and the mechanics of good sex (PCV 1994; MSHC 2012).

4.2 Government legislation and regulation

There are a number of laws which govern the sex industry in Victoria. Key examples include the Sex Work Act 1994, Sex Work Regulations 2006 and Public Health and Wellbeing Act 2008. Other Victorian legislation relating to sex work includes the Crimes Act 1958, the Summary Offences Act 1996 and various other Commonwealth laws relating to sexual slavery, immigration and trafficking.

Of specific relevance for this paper is the Sex Work and Other Acts Amendment Act 2011 which amends existing police powers in relation to criminal activity in the legal and illegal sex industry. Minister O'Brien commented that this change would 'properly balance the responsibilities of law enforcement agencies and licensing authorities' (cited in Tomazin 2011). Local government continues to prosecute breaches of local planning regulations and Consumer Affairs Victoria continues to oversee brothel licensing and registered sex workers.

A recent initiative of Victoria Police has been the creation of the Victorian Police Sex Industry Coordination Unit (SICU). The role of the SICU is to investigate unlicensed brothels and act on criminal activity including for example: underage people working in the sex industry, people who have been trafficked and are working in the sex industry, unsafe sexual practices and drugs and alcohol on brothel premises (SICU 2012).

A number of managers and owners expressed concerns in relation to the increased role of Victoria Police investigating the illegal sex industry and possible opportunities for corrupt activities (Meetings with RhED outreach workers). They also suggested that the new SICU unit may be ineffective due to the small number of staff in the unit and the large number of illegal brothels.

4.3 Trafficking

When discussing multicultural sex workers and government legislation and regulation, a key question that is often discussed is the trafficking of multicultural workers into the sex industry. ISCHS provided a submission to the Commonwealth inquiry into trafficking being undertaken by the Joint Standing Committee on Foreign Affairs, Defense and Trade (ISCHS 2012) and key extracts are included below.

ISCHS suggested that responses to human trafficking must be evidence based and informed by the wellbeing and rights of those affected. The preservation of rights including safety, informed consent and ethical and culturally appropriate services are integral to the effectiveness of any approaches to people trafficked (Working Group of the National Roundtable on People Trafficking to assist Non-Government organisations working with trafficked people 2008). ISCHS argued that working with the sex industry in order to address the issue of trafficking for the purposes of sex work will enable a more holistic, equitable and empowering response for all involved. ISCHS also suggested that current intergovernmental and international strategies in relation to dealing with trafficking for the purposes of sex work do not sufficiently take into account the experiences of individuals in the sex industry. ISCHS concluded with the view that ensuring the cooperation and trust of the entire sex industry will enable effective approaches to preventing and responding to trafficking for the purposes of sex work.

One of the inherent issues relating to trafficking for the purposes of sex work relates to the lack of choice available to international sex workers seeking to work in the industry. Sex workers who want to work in Australia face barriers to migration (such as visa legislation and perceived discrimination), factors that encourage sex workers to enter into unfeasible “contract” arrangements. The lack of working visa arrangements available for multicultural sex workers who wish to work in Australia brings about situations where few options exist other than to go through migration contractors, who may have varying degrees of respect for the workers’ rights. A central issue to consider is the reality that a worker’s access to the information to enable them to make information choices about their work, may be compromised by the people who enabled their migration and work in Australia (David 2008). Furthermore, when detected and deported, multicultural sex workers are at increased risk of violence and infection, (sexually and otherwise transmitted, including HIV) where occupational health and safety (OH&S) standards may not be as rigorous as they are in Australia (Scarlet Alliance 2004).

5

Overview: health issues for multicultural sex workers

5.1 Recent research

In the late 1980s, Australian brothels, in particular brothels in Sydney, experienced an influx of women sex workers from east and Southeast Asian countries. Rates of STI's amongst multicultural sex workers were high and research suggested that this was due to women not using condoms with their clients (Donovan, Harcourt, Egger, Watchirs Smith, Schneider, Kaldor, Chen, Fairley and Tabrizi 2012). Studies in the 1990s concentrating on Sydney brothel workers found that multicultural sex workers were significantly more likely to be symptomatic than sex workers from an English speaking background (Kakar, Biggs, Chung, Sawleshwarkar, Mindel, Lagios and Hillman 2009, Pyett and Warr 2007). Over the past ten years, condom use amongst multicultural sex workers has increased significantly and the notable difference in STI rates between English speaking and multicultural sex workers has reduced (Pell et al 2007).

A 2009 study of data over three years from the MSHC found that female sex workers had low rates of STI compared with all clients of the clinic (Samaranayake, Chen, Hocking, Bradshaw, Cumming and Fairley 2009). A recent report (Donovan et al 2012) on the health of sex workers in NSW concluded that condom use by Asian sex workers is now similar to non-Asian sex workers and the prevalence of sexually transmissible infections amongst sex workers is at an 'historic low'. In addition, the incidence of gonorrhea for brothel-based workers in Sydney had fallen from 440 per 100 woman in 1980–1981 to 0.24 per 100 women in 2004–2006. Donovan et al (2012) suggested that the reduction was due to peer education and support services provided to sex workers.

Thai workers recorded the lowest STI rates amongst multicultural workers. Korean workers had a higher rate of throat gonorrhoea and in Chinese women, had slightly higher rates of trichomoniasis and vaginal gonorrhoea. The report recommends ongoing education and support for multicultural sex workers in relation to safer sex practices.

5.2 Multicultural sex workers in the illegal industry

There is a limited amount of quantitative evidence which makes it difficult to estimate the number of illegal brothels in Victoria. There are differences between estimates of numbers. Chen, Donovan, Harcourt, Morton, Moss, Wallis, Cook, Batras, Groves, Tabrizi, Garland and Fairley (2010) estimated that there are between thirteen and 70 unlicensed brothels in Victoria and suggested that the number is much smaller than generally believed. However, Monash University (2009) reported that it is possible that illegal activity in brothels is more widespread and the number of illegal brothels is higher than generally estimated.

Estimates may also be hampered by the different definitions of 'illegal' sex work. The Chen et al (2010) study recorded brothels that did not have a legal license. Monash University (2009) included organized networks of illegal brothels, the provision of hand relief in massage parlors, unregistered escort agencies, unregistered private workers and breaches in license conditions.

Anecdotal reports from RhED workers and a review of the Monash University (2009) study suggests that there are connections between the legal and illegal sectors of the sex industry. For example, owners of legal brothels may also operate illegal brothels, while workers and managers may move between the legal and illegal sectors.

STI rates amongst women who work in the unregulated sex industry are estimated to be higher than those in the regulated sector (Seib, Debattista, Fischer, Dunne and Najman 2008). This is attributed to the reality that unlicensed brothels may be more likely to support unsafe sex practices and there are no external pressures for workers to have STI tests (Chen et al 2010; Monash University 2009).

Some workers have reported that clients negotiate directly with managers of illegal brothels about the services provided, including for example sex without condoms (Monash University 2009). Consequently, there are higher numbers of workers in the illegal sector engaging in unsafe sex. It has been identified that although the working conditions may not be as safe as the legal sectors, workers have described that often they receive higher financial rewards (Pyett and Warr 1999). This is attributed in part to the high number of clients seeking unprotected sex with workers in the illegal industry (Monash University 2009).

Due to the higher risk of exploitation and STIs for workers in illegal brothels, some sex organisations, for example SWOP in Sydney, provide outreach visits to illegal brothels (SWOP 2012). RhED is funded to support sex workers, some of whom may work in both the legal and regulated sex industry, however there are questions for RhED as to whether it could respond to the health and support needs of multicultural workers working illegally in Victoria.

6

Survey Findings

Overall, 94 surveys were completed. Chinese sex workers formed the largest group of respondents (48%), Korean (30%) and Thai (22%). 27 of the surveys were administered by staff from the MSHC in their language specific clinics. Sixteen of these were from the Chinese, eight from the Korean and three from the Thai Clinic. Seven Chinese managers also participated in the survey.

Although there were a greater number of surveys completed by Chinese workers and managers, this does not necessarily reflect the general demographics within the multicultural sex worker community. The return rate for Chinese workers was boosted by the efforts of the MSHC Sexual Health Nurse and the number of Chinese managers who chose to participate. It does however illustrate the effectiveness of partnering with the MSHC when accessing and engaging with multicultural sex workers.

Question 1:

When reading information, what language do you prefer?

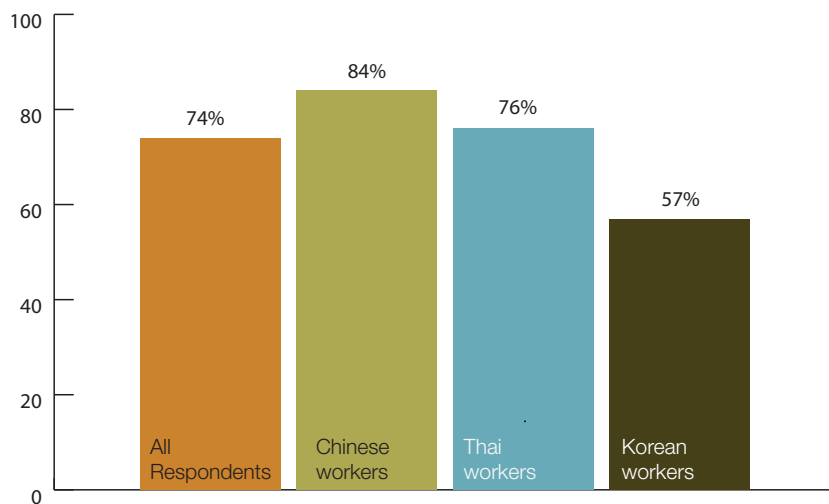
The majority of respondents (96%) requested written materials in their own language, including participants who were proficient in English. Only four multicultural sex workers preferred to read materials in English and these participants were educated in Australia.

Finding

This outcome demonstrates the importance of providing translated material in Thai, Korean and simplified Chinese as they are currently the most prevalent language and cultural groups in the multicultural sex work community. It would be useful to translate materials into other community languages as new language and cultural groups emerge.

Question 2:

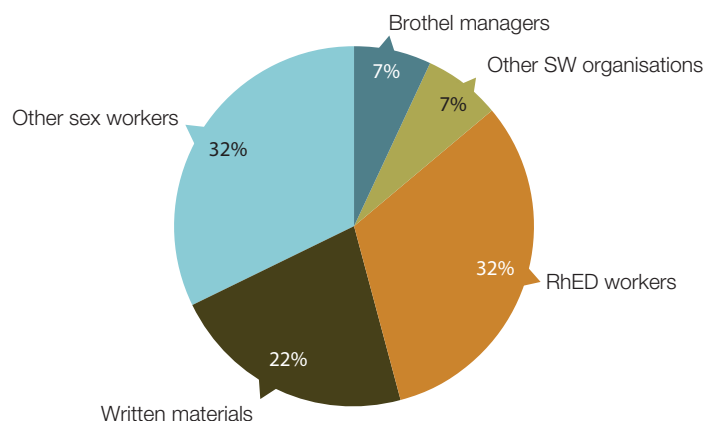
Have you heard about RhED before?



The majority of respondents had heard about RhED (74%), with Chinese workers (84%) being the most familiar, followed by Thai (76%) and Korean (57%). All the Chinese managers had heard of RhED. Korean workers had the least amount of knowledge.

Question 3:

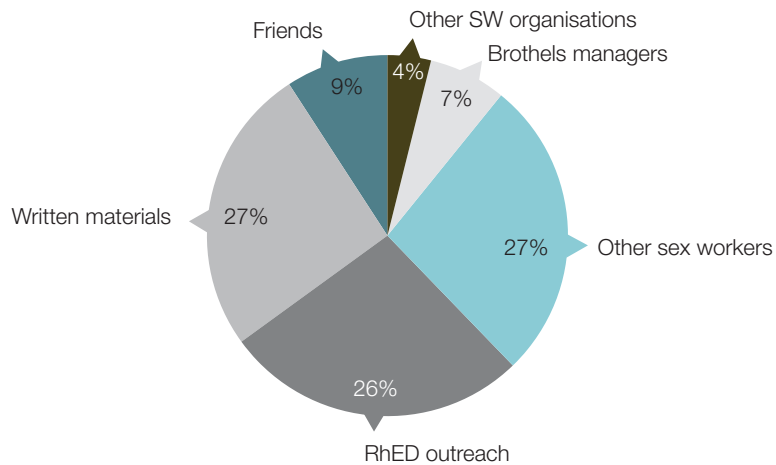
Where did you hear about RhED?



Multicultural sex workers had heard about RhED through a range of forums: 32% via RhED workers, 22% through written materials, 32% via other sex workers, 7% through brothel managers and 7% through other sex worker organisations.

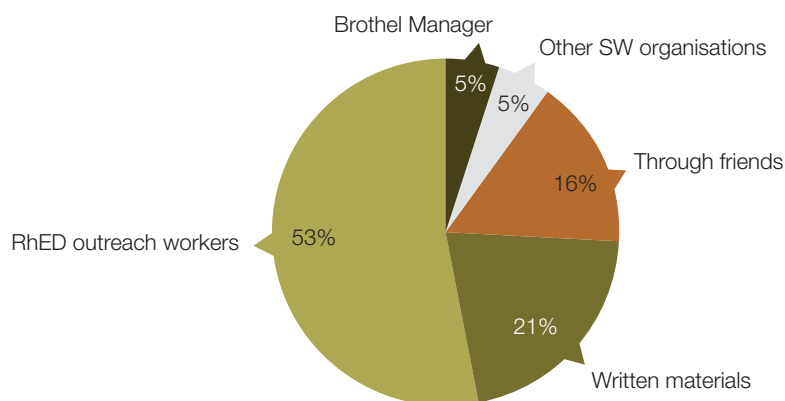
Although the separate categories of 'work colleagues' and 'friends' were used in the survey, these have been collapsed into 'other sex workers' as the distinction that exists between the two groups was lost due to translation and cultural issues.

Chinese workers



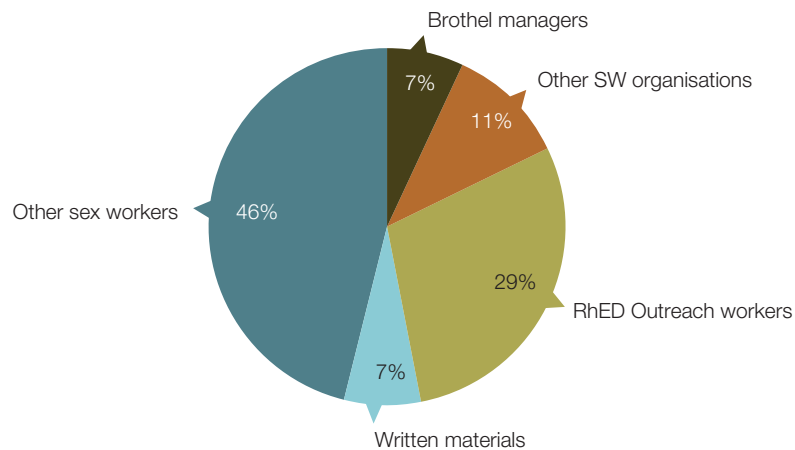
26% of Chinese workers had heard about RhED through the RhED outreach workers, 27% via written materials, 27% through other sex workers, 9% from friends, 7% from managers and 4% through other sex worker organisations.

Korean workers



53% of the nineteen Korean sex workers who participated in the survey had heard about RhED through the RhED outreach workers, 21% via written material and 16% workers had heard through their friends. 5% of workers had heard about it from a brothel manager and 5% of workers via another sex worker organization.

Thai workers



46% of Thai workers accessed information from other sex workers, 7% via managers, 29% through RhED workers, 7% through written info and 11% via other sex worker organisations.

Findings

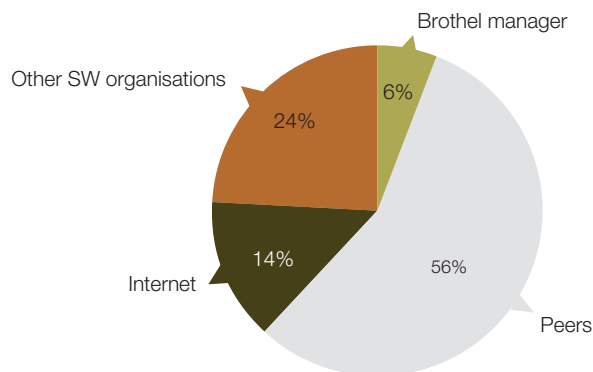
Multicultural sex workers were more likely to hear about RhED through RhED outreach visits and written materials, followed by information provided from other sex workers. Managers and other sex worker organisations were rated the lowest as a source of information about RhED.

The majority of respondents who accessed the survey via MSHC, had heard about RhED from written information and other sex workers (74%). All managers surveyed had learnt about RhED through their workers and written information.

More Koreans (53%) had heard about RhED through the outreach workers than the other two groups and Chinese workers were more likely to have read written material about RhED.

Question 4:

If you need information about work, who do you ask?



The majority of multicultural sex workers sought out work related information from their peers (56%). 24% sought out information through sex worker organisations which included sexual health clinics. Only 14% accessed information through the internet and very few sought information from their managers (6%).

60% of Chinese workers ask for information from other sex workers, 24% from sex worker organisations and 15% from the internet.

63% of Korean workers seek information from other sex workers, 13% from sex worker organisations and 13% from the internet.

52% of Thai workers seek information from other sex workers, 38% from sex worker organisations and 14% from the internet.

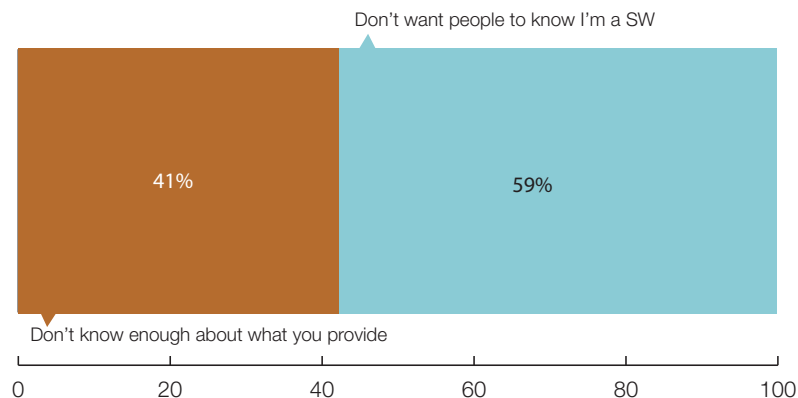
Findings:

Thai, Chinese and Korean workers mostly sought information from their peers. Of the three cultural groups, Thai workers indicated that they were more likely to seek information from a sex worker organisation. All three groups identified that the internet was the least likely source of information.

Due to the inclusion of the MSHC as a separate category that respondents could nominate as an information source, it is possible that some workers included the MSHC as a sex worker organisation.

Question 5:

Are there any reasons you would not go to a sex worker organisation like RhED? Why not contact RhED?



59% of respondents stated that they didn't contact a sex worker organisation as they didn't wish people to know that they were a sex worker. The group with the highest response was Thai (55%), followed by Korean (40%) and Chinese workers (38%).

41% of respondents said that they did not know enough about the work of an organisation like RhED or what they could provide. Of these 28% were Chinese workers, 23% Korean and 41% Thai.

Four Korean and one Chinese worker recorded that they were scared that RhED might report them to governmental authorities.

19% of respondents identified language as a barrier. Of these, 21% were Chinese workers, who were inhibited by the fact that RhED workers did not speak Chinese, followed by Korean workers 11%. Thai workers did not record this as an issue. 15% of respondents indicated that they had no need for a service like RhED.

Some respondents chose not to respond to the question. For some workers, this may have been because they had previously sought services from RhED, therefore the question was not relevant. For other, this may have been because they had no concerns about seeking services from RhED or other sex worker organisations.

Findings

The main reason respondents hadn't accessed a sex worker organisation was because they did not want people to know that they were working in the sex industry. This issue was more significant than language barriers between multicultural workers and for example, RhED workers who primarily speak English. Workers also reported that they didn't know what RhED was or how it could assist sex workers.

Question 6:

Would you contact RhED if you could speak to a worker in your own language?

Overall, 73% said Yes and 27% said No. Of these, Chinese and Thai workers (80%) were the most likely to contact RhED if the workers spoke Thai or Chinese. Korean workers were the least likely to contact RhED (57%).

Finding

The outcome above clearly identifies the challenge for general and specific community services, for example RhED, when seeking to engage with multicultural sex workers. However as discussed previously, there are other deterrents for multicultural sex workers, specifically fears as to possible breaches of confidentiality about their work in the sex industry.

Question 7:

Is it important that this worker has experience in the sex industry?

Finding

57% of Chinese sex workers and 71% of Thai workers indicated that they would prefer a RhED worker to have experience in the sex industry. There was some difficulty with the translation of this question in Korean. Therefore unfortunately it is not possible to report Korean workers' response to this question.

Question 8:

Have you seen any information in your own language from RhED?

78% of respondents had seen some information in their own language, specifically 83% of Chinese workers and 73% of Thai and Korean workers. Respondents reported that the most sighted information was the STI book produced by Scarlet Alliance (47%) followed by RhED information (24%). Thai workers (29%) were less likely to have seen the STI book than Chinese and Korean workers (52%). 14% of respondents had seen the additional STI information sheets that had been translated by RhED. Only 5% of Chinese workers had seen information about MSHC while a total of 17% of Korean and Thai workers had seen this information.

Finding

Most multicultural sex workers have been exposed to some information on STIs and other services in their own language. A more targeted approach may increase the access workers have to relevant and accurate information in their own language.

Question 9:

Are there topics you would like to see more information on?

Multicultural sex workers identified a range of topics that they would like additional information about including:

- STI's
- condom breakage and slippage
- vaginal health
- legal
- working or residency visas, and
- dealing with 'bad' clients.

Although there were no significant differences between the groups, a number of Chinese workers wanted to know more about 'how to feel happy' and also expressed interest in receiving news about the sex industry.

Four Korean workers chose not to answer this question.

Finding

This is extremely useful information for RhED when considering the health and support needs of multicultural sex workers. Previously RhED has provided information in English on vaginal health, legal rights and 'responding to "bad" clients' in the RED magazine, workshops and other information forums. Results from the last two questions indicate that Chinese, Korean and Thai sex workers are interested in reading more translated information focusing on health, safety and legal issues.

Question 10:

Accessing the internet

91% of respondents indicated they would access the internet to get information on the above topics if it was in their own language. Chinese workers had the highest response (93%), followed by Thai workers (89%) and Koreans (88%).

Question 11:

How would you like your info to be presented?

41% of respondents identified that a question and answer (Q&A) format was a useful way to provide information. This was followed by 23% who identified that they would access the website, 13% who would like short stories and 8% who would view short films.

Thai and Korean workers had a higher preference for short stories (18%) than Chinese workers. Korean workers also had more of a preference for short questions and answers than the other groups (54%).

Finding

Based on the information provided, it is possible that a Q&A format posted on the RhED website, as well as provided in a hard copy format could be the most effective means of reaching sex workers. It would be helpful if this information could be translated in a range of community languages specifically Chinese, Korean and Thai.

7

Recommendations

7.1 Accessing multicultural sex workers

The survey findings confirms that the most effective way to meet and engage with multicultural sex workers is in a safe and confidential environment where they can disclose that they are a sex worker. Key examples from this research include brothels and sexual health clinics. This is specifically relevant for Korean sex workers who described their reluctance to engage with services due to concerns about a possible breach of privacy and fear that they may face serious legal repercussions on their return to Korea.

RECOMMENDATION 1

Continue the partnership with the Melbourne Sexual Health Centre to deliver STI testing.

Assertive outreach is a crucial strategy to engage with, and provide services to multicultural sex workers. Many workers may not initiate contact with RhED workers, however they often accepted resources such as sponges and written information. To make contact with sex workers who work day and night shifts, it would be useful to provide afternoon and evening outreach and health focused workshops to workers in both legal and illegal brothels.

RECOMMENDATION 2

Seek funding to extend the delivery of assertive outreach services outside business hours.

7.2 Strengthening engagement with multicultural sex workers

Many respondents commented that they had not previously contacted RhED due to a lack of knowledge about the organisation, its role and services and links with police and government regulatory bodies.

RhED could develop a range of alternative communication strategies including the increased use of different forms of information technology and the production of short films which could be linked to the RhED website. RhED could also explore the use of playful images (eg: Hello Kitty) instead of explicit images for some written and electronic documents. These images may be more accessible for Asian readers (Empower 2012).

RECOMMENDATION 3

Develop and distribute information in a range of formats and relevant languages which describes RhED's role, services, non government status and its commitment to ensuring client privacy.

7.3 Building Trust

The majority of survey respondents indicated that their main source of information about sex work was their peers. Respondents also commented that they used sex worker organisations and health clinics less frequently. One common strategy to build trust is through worker to worker 'word of mouth' recommendations.

Key strategies for RhED also includes continuing to build professional and respectful working relationships with brothel owners, managers and multicultural workers. In relation to the Thai, Chinese and Korean communities, it may be helpful for RhED workers to be familiar with some simple phrases in each language, culturally appropriate body language and other non-verbal clues. It is useful for RhED to continue to provide sex workers with small work related items, for example sponges. In addition, continuing to allocate a RhED worker to the CALD portfolio promotes a focus on multicultural sex work communities.

RECOMMENDATION 4

Support the RhED worker with responsibility for the CALD portfolio to undertake basic language training in the three most relevant community languages.

RECOMMENDATION 5

Increase participation of multicultural sex workers in the RhED program via community participation and/or employment opportunities.

7.4 Communication

Multicultural sex workers commented on the challenges they experienced when seeking information and services from sex worker organisations, such as RhED, due to language barriers. Many multicultural workers may speak English as their second or third language and are often not confident or comfortable asking complex or sensitive questions in English. In addition, the majority of RhED workers speak English as their first language.

RECOMMENDATION 6

Offer training and relevant resources to the Victorian Interpreting and Translating Service (VITS).

RECOMMENDATION 7

Employ bi-lingual sex workers to 'double check' all relevant translated materials for cultural relevance and sensitivity.

RECOMMENDATION 8

Monitor and evaluate all RhED multicultural program initiatives and strategies.

7.5 Resource development

A key strategy to meet the health and support needs of multicultural sex workers is the development and distribution of culturally appropriate resources in a range of community languages.

MSHC staff identified some additional topics for future resource development including: managing private relationships; oral sex; using condoms; negotiating services with clients and management; employment and human rights.

RECOMMENDATION 9

Audit existing RhED educational resources and materials for cultural relevance and accuracy.

RECOMMENDATION 10

Seek additional funding for the development, translation and distribution of health education materials for multicultural sex workers.

Consult broadly with key stakeholders when developing and distributing new resources.

RECOMMENDATION 11

Develop and upload resources in community languages on the ISCHS and RhED websites.

Use health literacy principles when re-developing the RhED website and all public resources.

7.6 Advocacy

RhED is well placed to educate and advocate with government and the community on behalf of multicultural sex workers. RhED should expand its current work to include further public advocacy activities; community education and proactive engagement with mainstream and social media.

RECOMMENDATION 12

Continue to contribute to emerging policy debates at all levels of government in relation to issues impacting on multicultural sex workers.

7.7 Stakeholders

The RhED program currently engages with a broad range of stakeholders including government, community, police and members of the sex industry. These formal and informal partnerships are important for the development and delivery of RhED services and programs to members of the sex industry and should be both continued and expanded.

RECOMMENDATION 13

Continue to develop and improve formal and informal working relationships with key current and new stakeholders.

RECOMMENDATION 14

Develop a list of organisations offering health and welfare services for multicultural sex workers.
Provide relevant resources and secondary consultation when appropriate.

RECOMMENDATION 15

Continue to build positive working relationships and provide information, resources and support to brothel owners and managers.

8

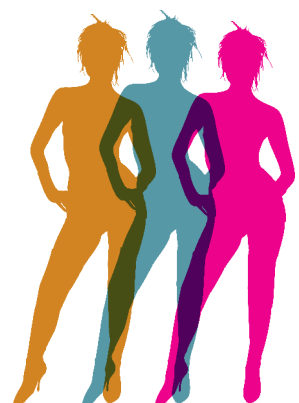
Future research and projects

This research has clearly identified the need for future research and projects in the following three areas.

First, is the engagement and education of clients in relation to worker's human rights and safe sex. This information could be provided through client networks, internet, including the RhED and ISCHS websites, social media, Sexpo and the mass media.

Second, are opportunities to empower multicultural sex workers without negatively impacting on their work relationship with brothel owners and/or managers. A key strategy could be the provision of English language classes or on-line education. This suggestion was canvassed with multicultural sex workers but received little support due to a range of factors including their transience; lack of time; concerns about a loss of privacy if meeting in a group and the possible negative impact on their income. However, there was some interest expressed in the option of on-line lessons with a focus on the sex industry or the use of short films.

Third, is the possibility of completing further research with multicultural sex workers in Australia, focusing on their migration experiences; how they manage their health needs; the level of sex education received in their country of origin; their experience in the sex industry – legal and illegal and any issues they experience in relation to practicing safer sex.



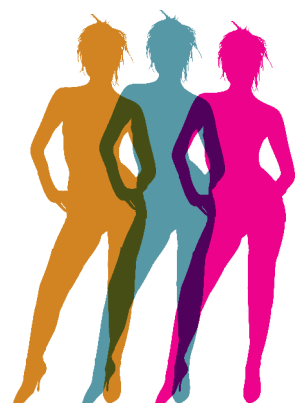
9 Conclusion

RhED is the leading state wide service charged with providing health promotion and harm minimisation services to Victorian sex workers. As it is estimated that 50% of sex workers come from diverse cultural backgrounds, it is essential for RhED to be actively engaged in delivering accessible and relevant services to multicultural sex workers. This report documents the health and wellbeing needs of Chinese, Korean and Thai sex workers, primarily working in the legal brothel industry. Sex workers from these three communities provided the majority of primary information in addition to key stakeholders. This information is supplemented by analyses of secondary sources.

Although this report concentrates on the needs of Thai, Korean and Chinese sex workers, many of the recommendations could be modified for work with sex workers from other language and cultural groups.

Key Findings:

1. The most significant issue for multicultural workers was their deep sense of 'shame' at being a sex worker.
2. Workers want access to a range of translated materials on health, safety and legal issues.
3. There is a language barrier between Thai, Korean and Chinese sex workers and current RhED workers who predominantly speak English, which negatively impacts on the delivery of relevant and accessible health information and support services.



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