

SIREN SPEAKS

about non-English speaking women
who are sex workers in Australia



AN HIV/AIDS EDUCATION AND PREVENTION PROJECT

Prostitutes' Collective of Victoria

Siren Speaks Information Resource Kit

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This information resource kit arises from documentation of the Sexual health Information Resources and Education for Non english speaking background sex workers (SIREN) Project.

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what's behind this kit

these values

The SIREN Project was auspiced by the Prostitutes Collective of Victoria which has as its major aim:

To lobby for a legal and administrative framework which does not discriminate against people on the grounds of their involvement in the sex industry.

*Prostitutes Collective of Victoria
Annual Report, 1993*

The SIREN Project, concerned with the needs of non-English speaking background sex workers, including immigrant, migrating and contract workers, operated in accordance with values reflected in the following statement:

Women who choose to migrate as prostitutes should not be punished or assumed to be victims of abuse. They should enjoy the same rights as other immigrants. For many women, female migration through prostitution is an escape from an economically and socially impossible situation in one country to hopes for a better situation in another.

The fact that many women find themselves in another awful situation reflects the lack of opportunities for financial independence and employment satisfaction for women, especially third world women, throughout the world. Given the increased internationalisation of industry, including prostitution, the rights and specific needs of foreign women workers must be given special attention in all countries.

... women who are transported under conditions of deceit or force should be granted choice of refugee status or return to their country of origin.

*World Charter for Prostitutes' Rights
Draft Statement from
the 2nd World Whores' Congress (1986)
by the International Committee for Prostitutes' Rights
(ICPR), Brussels*

A d u l t r e s s
A d v o u t r e s s
A m i e , A s p a s i a
B a g g a g e , B a w d , B i t c h
B r o a d , C h e r e , C h i p p y
C o c c o t t e
C o n c u b i n e , C o u r t e s a n
D a m e , D e l i l a h , D e m i -
m o n d a i n e , D e m i r e p
D o x y , D r a b , F a l l e n
W o m a n , F a n c y W o m a n
F i l l e d e J o i e
F o r n i c a t r e s s , F r a i l
G r i s e t t e , H a r l o t
H a r r i d a n , H u s s y
H u s t l e r , J a d e
J e z e b e l , K e p t W o m a n
L a i s , L o r e t t e
M a c k e r a l , M e s s a l i n a
M i n x , M i s s , M i s t r e s s
M o p s y , P e t i t e
P h r y n e
P i e c e , P r o s t i t u t e s
P u t t
Q u e e n , R i g
S k i t , S l u t , S t r e e t
W a l k e r , S t r u m p e t ,
T a r t , T h a i s , T r o l l o p
T r u l l , W a i t o n , W e n c h
W h i t e S l a v e , W h o r e
W o m a n o f t h e T o w n
W o m a n o f t h e N i g h t

source unknown but thanks to Jeffrey of the PCV for passing on this 'found poem' from Roger's Thestrus

not these

what's behind this kit

Terms and Abbreviations

Beer Bars - bars or places of entertainment. In some beer bars a client pays a 'bar fine' to the management should he choose to 'take away' a person with whom he may negotiate paid sex services. Beer bars are a common contact point for international sex tourists and sex workers in countries such as Thailand and the Philippines. Women working bars can earn money in several ways: as a share of the money that clients pay to the bar to 'take away' a worker, as part of the money clients pay for the women's drinks and/or as direct payment for sexual services. Sometimes workers may be on a monthly retainer

Brothel - (also known as 'parlours' in Sydney and some other parts) an establishment where sex services are sold. Usually employs a number of sex workers 'on shift' at any one time, a receptionist or receptionist/manager who answers telephone queries, receives customers and deals with money from clients and to workers. Clients of brothels can usually walk in off the street without an appointment

Cebuano - a dialect used in the Philippines, especially in and around Cebu

Contract Worker - a worker who comes into Australia with the specific purpose of sex work and who is expected to 'repay', to an agent or other, costs associated with travel and other disbursements (sometimes including accommodation). Often these 'costs' are inflated, producing a 'contract debt' which is very high

CSW - commercial sex worker or worker in the commercial sex industry

Culture - a set of practices, traditions, behaviours and values shared by a group

Escorts - sex workers who provide a 'mobile' service to clients at hotels, homes or other pre-arranged places

Massage Parlour - may be a euphemism for brothel in some states. Can also refer to establishments which advertise 'massage' but where sex services are sometimes negotiated with a worker. The sex service is often hand relief

NESB - Non-English speaking background; person whose first language is not English

Opportunistic sex work - sex work that is solicited from bars and in social contexts, usually on a spontaneous or casual rather than regular basis

Private operation - appointment only services on the premises

Service worker, worker in the entertainment industry, Hostess, Entertainer - terms adopted by Thai or Filipino women to describe their jobs in the sex industry

Shop - common euphemism used by Thai women to describe a brothel

Siren Project - short hand for the sexual health information resources and education for non-English speaking sex workers project

SWO - sex worker organisation. Community based organisation that advocates for the fair treatment of sex workers and other workers in the commercial sex industry

Tagalog - a dialect used in the Philippines, especially in and around Manila

Tai yai - term sometimes used to describe members of Northern tribes in Thailand. Peoples so described may speak little Thai and may not read Thai

NESB women sex workers

If there is a common pattern it is in the stronger economy of the receiving country in relation to the economy of the sending country. Thus, at the moment we see Burmese, Laotian and Southern Chinese women travelling into Thailand, Nepalese into Bombay, Nigerian into Miami, Eastern bloc women into Germany, Italy and China, Russian women into Dubai and Tel Aviv, Hungarian into Brussels, Polish into Germany, Ukranian into Serbia, Moldovians into Turkey, Guatamalan and Domenican into Spain and Greece, Algerian into France, Korean and Salvadorean into the U.S., American, Australian, Thai and Filipino into Japan, Bangladeshi into Pakistan. (Time Magazine, 1993)

In Australia, there is anecdotal evidence about the organisation of Russian, Brazilian, Thai and Filipino women.

There are a number of Russian illegals - with very little English. They are brought out here and half their wages are taken by the 'agent' or person who brings them out. They are part of a 'stable' that gets driven around by a Yugoslav man. (Italian sex worker interviewee)

A few years ago, there was a group of Brazilians driven around by a minder - they were clearly here under contract arrangements. (English sex worker interviewee)

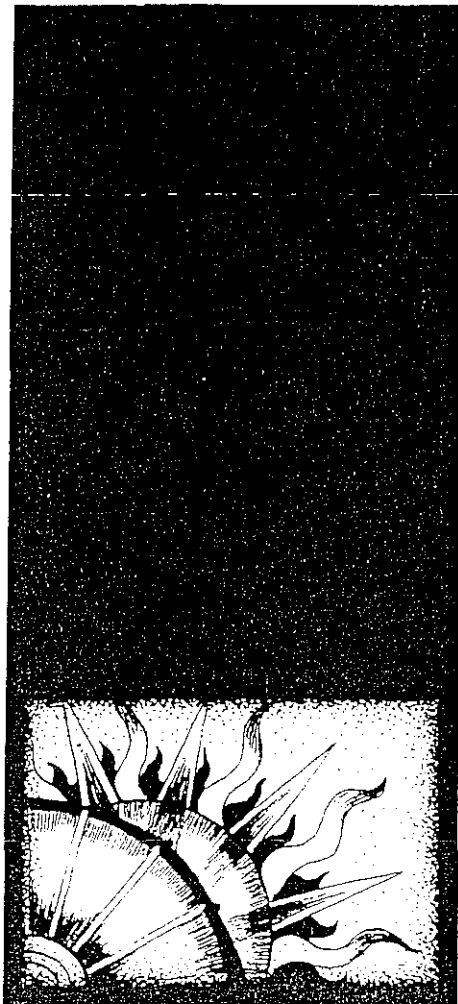
I haven't been in the business for long - but a couple of weeks ago this bloke, a local, approached me and asked me if I wanted to take girls from the Philippines on contract. He said the deal was that he could guarantee that the girl could work here legally for two years, visas, passports the lot - everything legal and he'd organise all that side of things - the only cost to me would be \$1400 - \$1500 for the air fare. The girl pays \$10,000. He showed me photos of every one of them, with details of their address, history and everything. I didn't want to get involved, too much hassle and it's like white slave trading or something - mind you, none of them were lookers - you'd want better looking birds than that .. (Brothel owner, Melbourne)

In other cases women who are not 'organised' as such may overstay visitor's or student visas in order to work in the sex industry.

It is more likely however that they work in the sex industry because they have overstayed their visa or have not yet achieved residency status. For example, Chinese speaking women from Mainland China are reported to have entered the sex industry as a means of survival while awaiting the processing of applications for refugee status following the 'Tiananmen Square massacre'.

There are quite a few Chinese and Chinese Malay women working - often on extended or expired student visas - they are really hard to reach because they mostly work in illegal establishments run by owners within their own ethnic community. Their services are advertised only in the ethnic press. (Community worker, Sydney)

..this (Russian) girl was so terrified when the police came in one time - even though they were there to do us a favour and take care of a troublemaking client. I couldn't make her understand that they were different to the police back home. She just went white when they arrived..... After all the months of working together, I really didn't know much about her - just a strong sense that something was wrong. But she never let anything slip - she thought we'd phone immigration. Eventually I raised my concerns with the manager - I was really worried about her health. The very next day, she disappeared. (Sex worker, Melbourne, interviewee)



NESB women sex workers

women with legal status to work

There may be a small number of women 'travellers' or tourists to Australia who choose to work casually as sex workers to support their travel costs, for example Dutch, German or Scandinavian women. This work may or may not be illegal depending on the terms of their entry visa.

A few women coming from overseas may secure residency as a partner of an Australian man, with every intention of working in the sex industry in Australia.

I have worked in my own country for many many years before I came here, and I have worked as a working girl here for many years since then. I divorced my husband as soon as I could - it was only an arrangement we had, anyway. (sex worker interviewee)

However most overseas born women who have travelled here as "brides" do so with the expectation that their lives and those of their families will improve. Commonly they have been severely disappointed and some have gone back into jobs in the sex industry or have become sex workers for the first time.

I thought I had put all that behind me. For me, all my life, I saw marrying a white as part of 'the dream'. I trusted him - and it was o.k. for the first six months or so. As soon as the debts became real his attitudes changed - he started abusing me and part of that was him saying over and over "you've done it before, why can't you do it again?" We did end up splitting up, but it was long after I started in this job again. Now, it's just what I do - I have to for me and my family, but not for him. (sex worker interviewee)

I do this for us, for me and him. We want to start a business back in my home country, and this is the only way. He is happy for me to do this work. I did not do it in Thailand but I will do it here because we need the money for our futures. (sex worker interviewee)

At first we both agreed that I should do this - we had a small business in (another State) and it was going broke. And we were trying to buy a house for the kids. All this on top of sending money home for my Mum. So we decided that I should do this work for a while to try to keep the business going. At first he was really happy about the money, then he got funny about it - he changed, he couldn't cope. The joke is that now we have split up he is trying to get custody of the kids by saying I am a prostitute. (sex worker interviewee)

There is a suggestion that increasing numbers of women from Eastern Europe and Russia are entering Australia as 'mail order brides' (See for example, classified advertisements in Newspapers such as 'The Truth').

There is more specific documentation on the numbers of Filipino women who come to Australia in order to marry. (16,000 according to Jackson and Flores cited in Philippines Issues; 69.2% of all Filipinos in Australia are women, the highest proportion for any birthplace according to the National NESB Women's Health Strategy and 65.4% of them are aged 15 - 39). A number of them suffer detriment from these marriages. A considerable number find themselves isolated in outlying areas and country towns. (The Australia wide dispersal of Filipino women is greater than for any other group of NESB women immigrants - Women and Language Services, 1992, p 38). They are frequently denied access to joint finances and/or their own money, an enormous difficulty for Filipinas who traditionally 'hold the purse-strings'.

I found out why he would never let me see the bank book - part of the pension money was supposed to be for me, but he never told me that. (Filipina sex worker interviewee)

Filipino women who arrived as 'mail-order brides' are too commonly abused by violent partners. (18 Filipino women and their children have been killed or disappeared in Australia in the past six years, Sunday Age, July 4, 1993) The divorce rate is high for Filipino women, and so is the need to raise income for their own support and for the support of dependents 'back home':

you need dollars to support a family, not pesos

NESB women sex workers

As with many other NESB women, these are women least likely to achieve jobs in other industries in Australia. 1990 Labour Force data show that the highest unemployment rates for immigrant women were among recent arrivals, particularly the NESB recently arrived. Unemployment rates for NESB women who speak English not well, or not at all exceed 70% in their first year of residence. (Labour Market and Employment Characteristics of Immigrant Women in Australia, ABS, 1992)

When NESB women do become employed they achieve lower rates of 'occupational attainment' (the jobs they can get are not the ones that they want) than do Australian born women or immigrants from English speaking backgrounds. (Labour Market and Employment Characteristics of Immigrant women in Australia, ABS, 1992).

Women of NESB are also not in a good position to find out about, or to negotiate, entitlements to even minimal income support from Social Security. Amongst Philippines born women, for example the 'take up' rates of unemployment benefits is almost half that of Australian born women, even though their rates of unemployment are higher. The difference is even more striking for Malaysian born women whose take up rate for benefits is only 13.6% compared to 54.4% amongst Australian born women, when their unemployment rate is 13% compared with 6.5% amongst Australian born women. (Labour Market and Employment Characteristics of Immigrant women in Australia, ABS, 1992).

It is not surprising then that NESB women sometimes turn to "unregulated, clandestine and non-standard employment, some of which is not accurately measured by official surveys." (Alcorso and Harrison, 1993)

In short, women born in countries where English is not the first language may work in the sex industry for the overriding reason shared by English speaking background migrants and Australian born women - to generate needed income. (New South Wales Committee of Inquiry into Prostitution, 1986, pp 130 - 136)

how many are there?



Prostitution as a (sometimes) illegal and stigmatised profession raises particular methodological problems of access and data collection which have become more sharply focused with the advent of HIV and AIDS.

(Barnard, in Roberts 1992, p 141)

has anyone ever counted sex workers in Australia?

There is little hard data available about the number of workers in the commercial sex industry in Australia.

A Malaysian report covering a population similar in size to Australia argues that for every 100,000 people, 3190 prostitute-client engagements occur each week suggesting a total population of 44,000 sex workers on the basis of 1.8 prostitute-client engagements in a day (DKT Consultants, 1992, p 1).

In contrast, the Co-ordinators of seven funded services to commercial sex workers (Sex Worker Organisations or SWOs) roughly estimate that there are approximately 22,755 - 23,975 active sex workers, including women, men and transsexuals at any one time in Australia. (SIREN Project Questionnaire, 1992, see Appendix).

how many women are there working as sex workers ?

Most sex workers are women, totalling 17620 according to funded Sex Worker Organisations. (This proportion also tallies with the 76% cited by Lovejoy, Sharp et al in a survey of 388 NSW sex workers in 1992). Their estimates suggest that there are 3000 - 4000 active sex worker women in NSW at any given time, 12,000 in Victoria, 560 in S.A. and 500 in W.A., giving a total of 16560 for these four States.

For this same catchment area, however, Perkins (1991) estimates that there are approximately 5602 active female sex workers at any one time (1750 female sex workers in NSW, 3,300 in Victoria, 238 in S.A., and 314 in W.A.), taking into account the findings of various state machinery enquiries and committees and other factors.

Thus there is considerable difference in the estimations. This difference is easily understood (given the nature of the sex industry itself, and social responses to it)

On the assumption that workers in the field have an understanding of the fluctuations within the industry at a local level, a best guess may be based on SWO's impressions. However two adjustments need to be made:

- an estimated additional allowance for 1000 women in Queensland, from where no data is available except for the size of the mailing list of the local SWO (1500);
- a reduction from 12,000 women sex workers estimated by the Victorian SWO to 6,800, being twice the incidence estimated by the NSW SWO (as reflected in the proportions suggested by Perkins).

Taking these adjustments into account, and acknowledging a basis of guess, it is probably fair to estimate that there are currently about 12,400 women engaged as sex workers.

NESB women sex workers

what are the language backgrounds?

Even less is known about the language groups and/or ethnicity of sex workers in Australia.

The Co-ordinators of the seven funded SWOs were asked about their impressions of the proportion of NESB women among female sex workers in their State or Territory.

Where co-ordinators were able to specify ethnicity of women sex workers using their services non-Anglo women sex workers clustered around 11% (with the exception of the Northern Territory where approximately 46% of all users of the local SWO were of a non-English speaking background).

Ethnicity of SWO users can only provide a rough estimate of the total number of sex workers who are from NESB, but this is the best estimate we've got. On this basis it is suggested that there are about 1250 women of non-English speaking background working in the commercial sex industry in Australia at any one time, about 10% of all female sex workers. (NESB women make up 12% of the total population of Australian women.)

The main language groups of NESB sex workers in Australia (ranked from the largest in number) as per SWO reports are: Thai, Chinese-speaking, Filipino, Spanish-speaking, Greek, Italian, Japanese, and Russian

Other researchers also report the existence of women sex workers from Thailand, Malaysia, mainland China, the Philippines, Singapore, Hong Kong, Laos, Vietnam, Korea, Japan (Brockett and Murray, 1992), Pacific Islands (Lovejoy et al 1992), and Burma (Brockett 1992).

In five of fifty-three workplaces (10%) surveyed by Osborne-Firth et al in N.S.W. (1992, Table 3.1) NESB sex workers made up all or most workers and these were mostly South-East Asian, and mostly Thai.

The prevalence of Thai women as the most common NESB group is consistent across all states/territories, (an exception being South Australia where an unfunded SWO supported the view that Thai and Filipina women were the most common, but the opinion of the funded SWO did not).

In States where there is a large Chinese speaking community, Chinese speaking women were nominated as the second most common NESB group, particularly in NSW where more than half Australia's migrants from China and Hong Kong have settled. (ABS, 1991 Census)

where does the counting happen ?

Counting is most likely to happen where it is possible or accessible. For most SWOs or researchers, this means being in contact with urban based, establishment based workers. Access varies with the level of co-operation from the management of these establishments and whether or not establishments are 'hidden' within ethnic communities.

does the count change over time ?

Changes in industry structures means changes in commercial sex worker populations, their visibility and their make-up; in W.A. in 1994 it is estimated that there are four times the number of Asian sex workers compared with 1992, due to recent policy changes toward non-containment of sex services.

Changes in client demand impact on the number of sex workers, (and their welfare). In example, overall numbers of sex workers as well as NES proportions vary markedly with seasonal fluctuations in the tourist industry in the Northern Territory.

Political and economic changes inside the countries of origin can also affect immigration patterns and the urgency with which women may need to raise money. The ethnicity of sex workers fluctuates with migration patterns over time.

who gets left out of the count ?

All sex workers are hard to count.

Women of non-English speaking backgrounds are even harder to count.

Women least likely to be counted include Filipino women working as 'opportunistic' sex workers in the North-West of Western Australia, Thai or Filipino transient workers in Kalgoorlie or Newman, Thai women moving from Sydney to Melbourne 'for a few weeks', Chinese speaking or Thai or Vietnamese women working in Asian owned 'massage parlours' operating outside the formal sex industry in Victoria, students working informally in a Hall of Residence at a University, occasional 'escort' workers, and illegal immigrants. Organised 'contract' workers are not likely to be counted.

**we have a saying back home;
when prices go up, panties go down!**

NESB women sex workers

what do sex worker organisations think NESB sex workers need ?

When the co-ordinators of sex worker organisations were asked about their perceptions of need, legal advice was most commonly ranked highest or second highest, followed by immigration, HIV/AIDS and industrial issues.

A further 25 volunteers and workers in sex worker organisations were asked for their impressions about resources that are needed to provide a relevant and accessible service to NESB sex workers. Amongst this group 37 ideas were nominated. Thirty three of these ideas related to the need for information resources, access to sympathetic interpreting and translation services, and cross-cultural awareness training for staff and volunteers in sex worker organisations.

With respect to the preferred content of a single new information resource, sexual health/safe sex was nominated by 14 respondents, with negotiation skills/assertiveness or 'empowerment' nominated by a further five. With the inclusion of a suggestion that a new resource should cover "How to be a successful hooker in Australia", 20/25 responses suggested that any new information resource should be empowering and should acknowledge all of the issues affecting a woman sex worker.

Thai was nominated as the preferred language of a new resource by 19 of the 20 respondents who specified a language.

Similarly 19 of 23 responses designated Thai as the language group most in need of sexual health and/or other work related information in their own language, followed by Filipino (1), 'Koori' (1), Vietnamese (1) and Spanish speaking (1).

HIV | AIDS | STDs

incidence of HIV/AIDS/STDs amongst NESB Communities

Up to 1992, the proportion of NESB people amongst people with AIDS was 8.9%, lower than the proportion of NESB people amongst the Australian population. However, for 22% of cases country of birth was unknown. In states or data collection centres where country of birth details are more fully provided, indications are that the proportion of AIDS cases from a NES background are similar to the proportion of the population who are from a non-English speaking background. (Centre for the Study of STDs, 1993)

Although HIV is notifiable in all states and territories, ethnicity is not uniformly reported on in HIV data.

STDs are notifiable in states and territories, but there is variation in the diseases which are notifiable as well as the diagnostic criteria used in disease definition. There is variation between the states in the reporting of a measure of ethnicity on STD notifications. (Centre for the Study of STDs, 1993)

incidence of HIV/AIDS/STDs amongst NESB Women

A small number of NESB women in Australia are reported to have AIDS (17), almost half of whom are in N.S.W. (Department of Human Services and Health spokesperson, National Women and AIDS Seminar Workshop on NESB Women and HIV/AIDS, Melbourne, 1993)

Since ethnicity data is not uniformly collected no profile of HIV infection rates among NESB women in Australia is available.

incidence of HIV/AIDS/STDs amongst Women Sex Workers

Rates of HIV/AIDS infection amongst sex workers in Australia are very low with few reported cases in recent years. (Compared with HIV + rates amongst some groups of women sex workers in Ghana (up to 90%), Bombay (33%) and some regions in Thailand (44%).

In example, amongst the 6390 people tested for HIV at six sexual health centres in Australia between 1 April 1993 and 30 June 1993, 386 were women sex workers, none of whom were found to have HIV infection. (Australian HIV Surveillance, October 1993)

incidence of HIV/AIDS/STDs amongst NESB Women Sex Workers

No data is available on HIV infection rates amongst NESB Women sex workers across Australia. In Sydney two Thai women were reported as HIV+ prior to 1990. (Brockett and Murray, 1992).

Higher rates of HIV infection have been observed amongst sex workers who had previously had gonococcal or chlamydial infections (Associate Professor Marie Laga, Institute of Tropical Medicine, Antwerp, speaking at the 5th National HIV/AIDS Conference, Sydney, 1992). Gonorrhoea amongst women in Sydney has doubled in the last three years (Professor John Dwyer, Keynote Address to World Vision Australia Conference, 1993). In 12 months to 30 June 1993 non-Australian born sex workers represented 36% of gonococcal infections among all women, compared with 6% represented by Australian born sex workers. More than three quarters of women sex workers with gonorrhoea infections were overseas born. (Australian HIV Surveillance Report, October 1993). The Sydney Sexual Health Centre found that of 18 cases of Gonorrhoea amongst sex workers presenting to them in a six month period to 9/4/92, all were amongst other than Australian-born with 11 of these being amongst S.E. Asians. (Brockett and Murray, 1992, p. 9)

NESB women sex workers

so what's the fuss about NESB communities and AIDS?

The Multicultural HIV/AIDS Education & Support Project cites the following as contributing factors for HIV/AIDS risks for people from NES backgrounds in Australia (Summary Report May 1993, p. 18):

- Ø limited knowledge of the HIV and methods of transmission,
- Ø limited knowledge of safe sex and safe drug use methods,
- Ø cultural attitudes towards sex, marriage, and ability to negotiate safe sex practices,
- Ø poor or no command of the English language,
- Ø little or no social support structures,
- Ø isolation,
- Ø cultural barriers,
- Ø limited access to mainstream HIV/AIDS services,
- Ø religious beliefs,
- Ø socio-economic factors,
- Ø migration/settlement issues,
- Ø discrimination,
- Ø denial,
- Ø problems in identifying as a member of an at risk population such as men who have sex with men.

In most general terms some of these descriptors could be rewritten to reflect the fact that the most strident 'contributing factor' to NESB people's HIV (or any other) risk is in mainstream society's failure to interact appropriately with minority cultures and communities. It is the barriers that arise from this failure that constitute a risk to people of NESB.

Thus, for instance, 'poor or no command of the English language' becomes 'the failure of programs and funders to offer resources and services in languages other than English' (particularly given that more than one in five overseas born women "speak English poorly" according to the National NESB Women's Health Strategy, 1991, p 6). Other contributing factors can be restated in terms of ethno centric cultural values and perceptions. Religious beliefs, for example, do not separate NESB communities from others with respect to HIV/AIDS. Religions of NESB people do not ask them to die from AIDS. Interpreted sanctions against condom use are more likely to impact on an Irish/Australian Catholic than they are on a Tibetan Buddhist. Problems in identifying as a member of an at risk population may be less an attribute of a national or ethnic culture, and more an unintended artefact of HIV/AIDS prevention strategies which 'target' groups as though they are homogenous communities. In these respects, our services and strategies have failed to interact effectively with non-English speaking background people.

Additionally for women, HIV/AIDS education interventions have not been able to accommodate the 'cultural impacts' of what women know, feel, experience and are compromised by in sexual decision making within the context of universal economic disadvantage. Male dominated HIV/AIDS services have failed to interact effectively with women.

Mainstream society has failed to find a reasonable and rational response to the existence of commercial sex workers. Traditionally prostitutes have been used to justify the notion of good women in relation to them. The 'damned whores and god's police' dichotomy has been so thoroughly referenced by social researchers that progressive thought is vigilant against furthering it. In our desire to avoid the same error, however, some of us assign women who are sex workers to the category of 'professional businesswoman', assumed to be in control of her own destiny and clearly capable of making sound business decisions (the most basic of which should be to provide sex services that are 'safe'). In itself, this perception denies the reality that a sex worker most commonly has less control over a sex service transaction compared to other stakeholders (e.g. client, employer, pimp, financial dependents, workers, broader industry dictates etc). Regardless of the ideological base to our perceptions - commercial sex workers or prostituted women, self-directing or victim - commercial sex workers are still regarded as 'other' and, too frequently, are regarded as an homogenous group. Mainstream services have failed to interact effectively with, and with acknowledgment of, the diversity of sex workers.

Prostitutes as a 'group' are commonly regarded as the 'spreaders' of disease. Alternatively prostitutes are assigned a specific role in the prevention of HIV/AIDS - to protect and educate men. The juxtaposition of AIDS and prostitution is so strong that most Sex Worker Organisations are now funded through HIV/AIDS money, not community advocacy, support or development money. The total life quality and wellbeing of prostitutes is of less concern than the longevity of clients. Human services have failed to acknowledge the real needs of prostitutes and their advocates.

Finally, barriers arise for people who are not residents of Australia but who face risks of HIV/AIDS in Australia. There are now between 80,000 and 82,000 illegal visa overstayers in Australia (Sunday Age, 27/6/93), some of whom will be working as sex workers. Women who work illegally, stay illegally, make money illegally are, as Brockett (1992) has termed, a 'new underclass' in the commercial sex industry, a free market industry that has competition and poor labour protections as its trademarks. Already at risk of being regarded as an homogenous 'other' ('trafficked women') these women are also at risk of being homogenously regarded as the new vectors of disease. By failing to develop a clear and progressive national approach to the issue of illegal international sex workers we have established a barrier to their safety from HIV/AIDS

NESB women sex workers

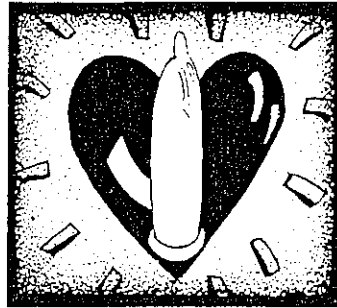
interventions

Although few interventions have been directed specifically at commercial sex workers of a non-English speaking background, a small number of projects may have impacted on them less directly. For a full description see the forthcoming report on national STD/HIV/AIDS Education and Prevention and NESB Communities currently being prepared for the Department of Human Services & Health by the Centre for STD Research (1993/94). To avoid duplication, no attempt is made here to map projects, except for the following brief comments:

A small number of ongoing projects have targetted NESB communities generally and may catch women sex workers among their users. The most fully developed of them is the **Multicultural HIV/AIDS Education and Support Project** (funded by NSW AIDS Bureau) which employs some 52 bilingual/bicultural workers from a number of language groups (including Thai and Cantonese) on a sessional basis.

In various states locally focussed, short term, or one-off projects have targetted particular language groups which may or may not include female sex workers, their clients, or partners of clients. For example, the Commonwealth funded **Women Talking About AIDS Project** (Vic., 1992) targetted Spanish speaking, Vietnamese and Arabic speaking women's communities and produced comprehensive information resources in English and Arabic about sexual health and decision making.

An **Ethnic Youth Information Network** auspiced project targetted young men of Cambodian, Vietnamese and Laotian backgrounds, but did not exclude young women. (Victoria, 1992/93. funded by Department of Human Services & Health).



(Commonwealth funding, 1992/93)

At the start of the SIREN Project only one sex worker organisation (**Sex Workers' Outreach Project** in NSW) employed a part time bicultural peer educator who resigned in 1993. By early 1994 there was progress in negotiations between funding bodies and SWOs in the Northern Territory and Western Australia for new projects. Queensland achieved funding to employ a part time NESB access worker and New South Wales was seeking funded support for an ongoing worker.

Streetwise Youth Rights Comics in New South Wales conducted a research project to support and govern the production of **Round the Parlours**, a comic book with sexual health messages specifically for Thai and Chinese speaking sex workers.

The Sex Workers' Outreach Project (SWOP), NSW, produced a video in Thai and in Chinese for women sex workers, with a focus on negotiation skills for safe sex and client inspection.

Most progress in terms of direct services for sexual health care, particularly for Asian women, has been achieved through the **Multicultural HIV/AIDS Health Promotion Project** based in Sydney and Parramatta Sexual Health Centres. In 1992 an Anglo background, Thai speaking health promotion worker from that project liaised with a Thai peer educator from SWOP to co-ordinate outreach visits to worksites employing Thai women. Active collaboration between the two organisations effectively meant the creation of a dual strategy - toward sexual health at a clinical level and toward broader welfare at a community development level. In 1992 Thai women using the services of the Multicultural Health Promotion Officer might access linkages amongst the Sexual Health Centres' regular Thai-specific women's clinic, the general sex worker support services of SWOP, the Multicultural HIV/AIDS Education and Support Project, a Sydney based Thai Women's Welfare Association, language specific versions of 'Round the Parlours' and videos, and a Thai speaking worker at the Everywoman's Clinic.

In Victoria, in contrast, no in house services were available for Asian women sex workers other than the occasional use of interpreters at Melbourne Sexual Health Centre or the ad hoc supply of a Thai speaking volunteer at the Prostitutes' Collective of Victoria.

THAI women sex workers

HIV/AIDS status of Thai women working as sex workers

Sydney Sexual Health Centre has seen three HIV positive Thai women sex workers in the two years prior to April 1993. Of these two were 'contract' workers. (Linda Brockett, address to SIREN Project Cross-cultural training program to Sex Worker Organisations, April, 1993).

Researchers in Sydney in 1992 conclude that there are three criteria indicating a higher risk for HIV infection among Thai women;

- Ø less knowledge about HIV prevention (7% 'correct' score compared with 30% amongst other adult women sex workers) and
- Ø a greater proportion practicing unsafe sex (29% compared with 7% amongst other adult women sex workers),
- Ø the acquisition of HIV/AIDS information from different sources to Australian women (i.e. not from STD centres or their outreach programs). (Perkins et al, 1992) (The Australian, November 24, 1992)

HIV/AIDS knowledge of Thai women working as sex workers

A small scale survey of Thai women's HIV/AIDS knowledge was conducted as part of the process of developing the SIREN Project information resources in 1993.

Nineteen Thai women were interviewed using a traditional Knowledge, Attitudes Practices & Beliefs Questionnaire. 9 of the women were working as sex workers in Melbourne at the time of the survey, 5 in Sydney and 5 in New Zealand. (11 of the women were interviewed in Thai, 8 were interviewed in English.) Six of the women stated their age as between 20 and 24, four as between 25 and 29, six as between 30 and 39 and three said they were 40 years or older. Nine of the women said they were originally from the North or North-East of Thailand, 8 from the Central Plains area and 2 from the South of Thailand.

Seven of the women said they had worked as prostitutes in Thailand, twelve said they had not.

The women were not asked if they were currently under contract; nor were they asked how long they had been in the country. It was felt that these two questions may deter 'illegals' from participating. The women interviewed in Melbourne were unlikely to be under 'contract' since they were willing to be interviewed, sometimes in English, at their workplace or at the SIREN project office. They tended to be older and more experienced in the industry. Women in New Zealand tended to have less experience in the industry (4 out of the 5 had worked in the industry for less than four months) and may or may not have been contract workers. Amongst all the women 8 had less than one year's experience in the commercial sex industry, 5 had 1 - 3 years, 5 had 4 - 6 years and one had more than 10 years experience.

All of the women had heard of AIDS and knew that it was a communicable and life threatening disease. Brockett and Murray (1992) also found that 61 of 80 Asian women they interviewed in Sydney had good or some understanding of HIV/AIDS. A study of 2940 commercial sex workers in Songkla (Thailand) also showed that Thai sex workers in Thailand have a good awareness of AIDS with 93% understanding that AIDS is communicable and life threatening (Chandeying et al, 1992).

All of the women worried about or were afraid of AIDS and all but two of the women thought that they might be at risk of AIDS themselves. Ten of the nineteen women said that they had looked for information about AIDS.

All of the women knew that HIV/AIDS can be transmitted through unprotected anal or oral sex with an infected man, by using a contaminated needle or syringe during injecting drug use, and through vertical transmission from mother to child. Eighteen of the nineteen women knew that HIV/AIDS can be transmitted during unprotected vaginal sex with an infected man. (A very new worker was unsure). In short, the women were very aware of AIDS and had very good knowledge of how HIV/AIDS is transmitted.

However, women did not understand how HIV/AIDS is not transmitted. Although only a minority of women believed you could get HIV/AIDS from hugging or holding hands, most of the women believed you could get AIDS from mosquitoes (17/19 or 89%), food or utensils (15/19 or 78%), toilets (14/15 or 74%), and through the air (13/19 or 68%).

Given the nature of their work, the most significant failure of their HIV/AIDS education was in the fact that seven of the nineteen women (37%) believed (or were not sure) that you can tell a person who has HIV by the way they look and fifteen of the nineteen women (79%) believed (or were not sure) that every person with the virus that causes AIDS must have signs and symptoms.

If a man has AIDS you can see it in his teeth. (Thai sex worker, interviewee)

A man who has AIDS is very thin, he looks sick, has very big eyes and is very tired. You can tell straight away. (Thai sex worker, interviewee)

The greatest confusion for most of the Thai women is that HIV should look like AIDS. (Thai community worker)

what puts them at risk?

chasing dreams



Many of the Thai women working in prostitution in Australia have a dream in common: "I want to start my own life", "I want to have a house", "The money will allow me to have a good family life", "...just enough for a little shop to make a little business".

In Western terms the only thing that is remarkable about the dream is the commonplace pitch of the ambition. The ambition is not for a Porsche, the 'good life' is not that of a millionaire, the 'little business' is not an empire.

The dreams have been nurtured by the rate of 'development' in Thailand which is saturated with advertisements portraying 'the good life' of the middle class. For the families of these women, 'development' has also robbed traditional income generating activities and social support systems. Rural women, particularly, are offered few employment opportunities. For the women who are daughters and sisters, the financial load of the 'duty of care' toward their immediate and extended family is very heavy indeed.

(Development) has had a devastating impact in social, environmental and cultural spheres, bringing about widespread increases in economic and social disparities, rapid depletion of natural resources in rural areas, and the wholesale disintegration and degradation of rural society with its traditional qualities of economic and environmental self-sustainability, family and community cohesion, and an in-built social welfare system. It has led to the loss of ability among rural communities to survive on agricultural income alone, accumulation of rural debt, physical and cultural disintegration of the family and community, and the forced migration of young men and women to the urban centres and foreign lands to sell their labour for much needed earnings (Jon Ungphakorn in Berer, 1993, p 56)

The only labour that pays for many Thai women is the sale of sex services, and for women, travelling overseas to sell their labour is seen as an 'opportunity'. To put this sense of opportunity into perspective, it should be noted that the average per capita income of people living in the NorthEast of Thailand, from where many of the sex workers come and their families remain, is approximately \$A250 per year. (A. Whittaker, 1993, p.3)

The dream of providing a 'good family life' motivates women into sex work in the first place. But it can also have devastating effects on women's ability to protect themselves - the drive toward 'opportunity' can put them in situations where they are in danger of HIV infection.

THAI women sex workers

the illicit nature of work

An unknown number of Thai women enter Australia as illegal international sex workers. Their management often directly contravenes international conventions as well as local laws prohibiting the trafficking of women for purposes of prostitution.

Most will have been recruited by 'agents' in Thailand, and may have heard the story of a sister or acquaintance who had previously taken up work opportunities in Japan, Taiwan, Australia, Hong Kong, Macao, Cyprus, Singapore or New Zealand.

The decision to travel may be hers alone (where no money is paid directly by the recruiter to her family) but the context for it is almost always driven by economic circumstance.

As well as the opportunity to raise income, a woman may also be looking for ways to get out of unhappy or unhealthy situations at home, learn English, or generally improve her lifestyle. Given the alternative of low or no income and poor prospects in Thailand, her decision to travel may indeed be rational and life serving.

Most (though not all) of the women are likely to have some awareness that the work will involve sex work. However, it is also likely that they have little awareness of Australian working conditions or the difficulties surrounding their ability to raise enough income to make their travel worthwhile. In this sense, considerable deceit may have influenced her assessment of how great the 'opportunity' is.

Women commonly have committed themselves to a considerable debt load in order to take up the opportunity to work inside a stronger economy.

She does this by entering into a 'contract' of debt (usually verbal) which governs a period of time in Australia (3 or 6 months for example) or a number of jobs (500 - 800 for example). By the end of the contract term she is expected to have repaid a debt which is charged against the costs of a return ticket, visa, passport, agent's fee and sometimes accommodation and other basic costs. Individual cost components are invariably inflated.

...a woman may be paying, say, 80,000 baht for an air fare that should cost, say 30,000 baht. (Thai community worker in Thailand)

she will have paid \$3000 just to the agent on top of the other costs he charges her. (Anglo community worker in New Zealand)

Once arrangements are made for her travel she may be accompanied to Australia by a resident 'boyfriend' figure who may handle all her documentation through immigration procedures.

On arrival she may be despatched to her accommodation, usually shared by other Thai women on contract.

The women will probably be taken to a place of work shortly after she arrives. Most of the workplaces employing groups of contract workers are "Asian" in style and most of the clientele are South East Asian men resident in Australia. If a woman holds a contract with just one person (a 'personal' broker/loan arrangement), she

will often be moved around from parlour to parlour, state to state and, sometimes, country to country.

Most of the brothels where the 'contract' women initially work are concentrated in inner and outer west Sydney (Brockett, address to SIREN Project Cross Cultural Training Program for Sex Worker Organisations, April 1993).

Women are often chauffeured or escorted to work and back. They rarely participate in tourist-type leisure activities during any of their time off:

One of the messages I want to get across to the women is that it's very important to relax, to take some time for yourself, to have a look around while you're in the country. (community worker, Sydney)

Their minds may also control women's access to services:

...it's important that the women go to a doctor, and not just any doctor. Their manager may select a doctor for a worker but a parlour manager is always thinking in dollars and cents - so that doctor may give (a certificate for) two days off work whereas an STD clinic or specialist may advise one week off work to fully recover. (Thai sex worker, NSW)

The criminality of the organisation around their activity precludes 'contract' workers from participating in any community development and sets the strongest barrier against accessing health and welfare services:

We never see women in here until after their contract debt is paid - they would never walk in the door. (Community Development worker, NSW)

THAI women sex workers

Significantly, women may feel absolute obligation to remain in prostitution until the debt is discharged.

As well, women may not have the necessary documentation to enable them to leave; their agent may hold passport, return airline ticket and other documentation until the debt is finally discharged.

Thus 'contract' women are isolated, with a few exceptions, from the time they arrive to the time they leave. They are highly focused on their work and the strongest feature of the way they work is their need to generate very high income very quickly. The consequence is diminished ability to negotiate work conditions.

Women who overstay their entry visas, regardless of their status as contract workers or independents are working illegally. (Thais had one of the highest rates of overstay in 1990. Sloan & Kennedy, 1992) As 'illegals' they are at risk of being employed where work conditions are at their worst:

At (a certain place) F coerces women into unsafe sex by paying them extra. He specialises in young women, Asian women - Chinese and Thai, unsafe sex and gambling (T, sex worker interviewee). He's been busted for every immigration complaint, and illegal premises - but he's still operating (Community Development Worker interviewee). He gets you working there by guaranteeing, say, \$200 - \$300 per day; he says if you don't make this from the clients he will pay you anyway. He keeps the payments up for a couple of weeks and then starts pressuring you to do unsafe sex (C, sex worker interviewee). We can't get access to the workers there - he won't let us in the door. (Community Development Worker interviewee)

I worked four shifts at (a certain place). Usually I feel good about my work but I didn't feel good about myself working there - the place was dreadful. He encourages you not to use condoms, he pushes drugs, he employs just about anyone, but there's lots of Asian women there. If you say you won't provide service without a condom you can still work there, but he won't introduce you to his best or his regular customers. You just wait around for what's left over. (M, brothel manager/sex worker interviewee)

The problem is, once she's an overstay, everything else becomes much more complicated. One woman, for example, overstayed, got pregnant, had her baby and, in fear, ran away from the hospital (with her baby). Now her problem is that she wants a birth certificate for her baby. Unless the father of the child has formal custody the child will be deported with her. (Community Development Worker, NSW)

A key feature of the work of 'overstays' is their high degree of mobility:

We'll hear a rumour that there's Thai women working in (a certain town), but when we get there, they're gone. (Community Development Worker, W.A.)

Keeping on the move is part of keeping safe from immigration related enquiries; many recently arrived women also carry a perception of prostitution as illegal, and a perception of corruption around them.

In Thailand prostitution itself is illegal, even though the setting for it is heavily promoted. This means that there is much corruption between the owners and the police and the police and individual workers. Some women may have very little control over her work - she may have to pay off a "promissary" (debt incurred on her behalf by brothel owners' payment to family) of so many baht. She may only get 2 days off a month and she may lose her pay if she is late for work. She may lose her income if she doesn't comply with health screening and there is a complex relationship between medical staff and bar owners that results in the relationship between doctors and sex workers being authority based. She learns to trust no-one. (Community development worker in Thailand,)

Working underground has significant impacts on their willingness to seek services. Transience precludes them from any community development activities.

So many Thai women come over here for three months, six months or so, make contacts and then go home - maybe they give this information to another worker who comes over here for another three months, but these women are not contactable through conventional means. (Anglo community worker, Melbourne)

Whilst sex workers, any sex workers, work illegally, they are least empowered to control their HIV risks. The broader community is unable to influence those risks. Given the Russian roulette approach to HIV prevention, failure to protect 'illegal' workers is inevitable.

Should illegal workers become HIV positive, dilemmas include:

- no contact tracing can be done, regardless of the legal obligation because of the illegality of the women's situation;
- the women have no access to support structures such as AIDS Council programs;
- there is a fear of further infections and poor health;
- as illegal 'aliens' there are dilemmas connected with decisions to return to Thailand or to continue working;
- the women can't confide in anyone for fear of being sent back home. (Brockett, SIREN Project Cross Cultural Training Program, 1993)

THAI women sex workers

isolation within the Thai community

The need to be 'hidden' as sex workers can impact on the amount and flavour of contact with the rest of the language community. Thai women sex workers experience isolation from other members of the Thai community who are not sex workers. At best, they lead 'double lives' as do many Anglo background workers. Particular difficulties for Thai women stem from the smallness of the Thai community in Australia.

Census data shows that there were only approximately four and a half thousand Thai women residents in 1986. (There has been a 319% increase in Thailand born residents in Australia between 1981 and 1991. 60.4% of Thais in Australia are women, the third highest proportion of women of any birthplace. Only 3.6% of them are in the older age group (55 years or over), the lowest rate of older women for any birthplace. (ABS and National NESB Women's Health Strategy, Table I.5)

There are few Thai specific health and welfare agencies in Australia and even fewer that are accessible to sex workers and/or 'illegals'.

A few of the women I know do have contact with (X organisation in Victoria). But primarily its for wives and their partners - it's very straight, very proper, very social. (Anglo community worker)

My only problem here in Australia is not letting other people know about the work I do. (Thai sex worker interviewee)

Please don't tell her that you've met me before - she doesn't know where I work or that I know anything about these issues. She thinks I'm still a hairdresser. (Thai sex worker interviewee)

Working here (in a brothel) is so different from the work I did in Thailand - there most of my customers were Thai - and I could always choose to say no to sex. It's more fun there - you can pick a client, go out all night with him if you want to, and you can negotiate those "tricky little nick-nacks" (extras) if you want to. It was more like having a date. Here you're just expected to have sex. (Thai sex worker)

She (Thai sex worker) has this different idea of what a service is and how long it should take - I've been trying to teach her what's involved in a 45 minute session. I've taught her to measure out the time by the clock and I've explained ... first you do the oral, not too much but enough, then you do the fuck. Then you ask him if he wants a smoke or a drink, and then you do the oral again and then you do the fuck again. It's taken her a while to cotton on. She just wants to do the fuck. (Brothel manager interviewee, speaking of non-contract worker).

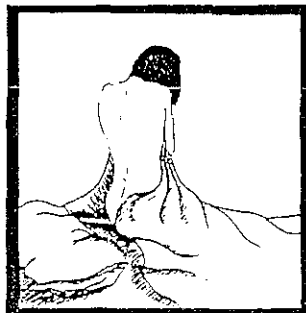
A lot of the Thai women are truly disgusted by having to do oral - I sometimes wonder how it is for them as Buddhists, with the head as the sacred part being such a strong belief. I wonder if there is a connection. (Anglo community worker)

(Commercial sex workers in Thailand) said they find oral sex repugnant. They explained that "the mouth is where the rice goes". (Sawangadee and Isarabhakdi, 1990, 4.3)

new work-new conditions

The transition to sex work in Australia can be very difficult.

Many of the women may have no previous experience as formal sex workers. (Eight of the nineteen interviewees for the SIREN PROJECT Questionnaire had less than one year's experience in the sex industry). The Sex Worker's Outreach Project in Sydney also found that most Thai sex workers do not have a long history of sex work, and that most of them arrive STD free. (interview, 1992)



Even if she has had prior experience as a sex worker in Thailand, however, there will be major adjustments to make. A bar girl in Pat Pong or Soi Cowboy gets to negotiate sex only if she chooses. Even a worker with massage parlour experience may find the going rough. She will find the brothel work highly structured, and be expected to provide service in particular ways. She may feel that she has been placed in essentially a 'closed brothel' situation, a workplace at the bottom of the hierarchy for sex workers in Thailand.

THAI women sex workers

the need to raise high income, quickly

She will also have little or no choice about clients with whom she has sex.

Many of the establishments employing Thai women, particularly contract workers, are geared to Asian clients. Some women are not without racist bias concerning clients from particular Asian ethnic groups: the notion of having to have sex with traditional enemy figures' may be abhorrent to some Thai women:

I hate them. Just walking down this street - there's are so many of them it makes me sick. I hate them. That was the worst thing about when I was first here, still on contract, having to have sex with them. All day. I never had to do that in Thailand, never. They're the worst. (Thai sex worker, interviewed in Richmond, Victoria)

As new workers or as workers under new work conditions, Thai women are likely to be least empowered in the business of negotiating behaviours that are self protecting.

Many women have a belief that they will be able to accumulate a lump sum that will furnish their dreams.

Problems arise in the actual 'costs' of achieving the lump sum.

In 1992 the debt level for contract workers was around \$20,000. By the end of 1993 there were stories of \$35,000 contracts. The women achieve no income or limited income of their own until the debt is fully repaid. Until such time as their contract debt is cleared, they may receive a fairly low weekly payment (in 1992 say \$70 per week or \$8.00 per job sometimes) or they may need to rely on tips to cover their personal expenditure on items other than essentials.

Some women manage to pay off their debt in time to make their own money before their visa expires, some women don't. In either case, women are compelled to continue in sex work under conditions that are usually not healthy.

Faced with the reality of a much smaller income than anticipated, many of these women are forced to work double shifts or sixteen hours a day, seven days a week, in an effort to rid themselves of their debts and send relief back to their families. Thus it is not whips, chains or locked rooms keeping these women tied to a ceaseless life in the commercial sex industry, but debt, poverty and a genuine fear for their safety if they return to their homelands still owing the traffickers. (Perkins, 1985, p.243)

The debt may also escalate over time:

That woman over there, the one who came in from Sydney yesterday, she told me that her debt has gone up from \$20,000 to \$30,000 since she arrived. She's under a lot of pressure, she's scared - that's why she doesn't want to talk to you. (Thai sex worker, Melbourne)

The ones on contract, usually they'll wait till they've finished their contract before sending money back home - that's when they'll have the money. But if it's urgent they may borrow the money from friends who have already finished their contract, or from the parlour manager. Either way it just means more debt. (Thai sex worker interviewee)

For women contracted to money lending 'agents' there is no power to leave the industry for as long as they are controlled by their debt obligations. Without the power to leave the industry if and when you choose, there is little basis for the kind of empowerment that helps you look after yourself.

Even without formal debt obligations to contractors the demands on women's income along the way to 'the dream' are high.

Almost all the Thai women have financial dependents and obligations 'back home' where there is no social security or welfare system to care for their extended families. The pressure to send money back home can be so great that failure to do so adequately can lead to familial ostracisation.

THAI women sex workers

The pressure to send money back home can extend to the threat of being disowned by your family - a woman's worth is often measured by her generosity, or that of her partner. If a woman is married to a man who won't send money, or won't send enough money back home, she sometimes has to go out and earn it - often secretly because he won't even let her send her own money home. (Anglo community development worker)

We have this idea, a saying, that 'I am happy to eat nothing if my mother can eat pork'. It's very strong in our culture to make sure that we can help our families financially. (Thai sex worker interviewee)

Most women don't necessarily have a fixed idea of how much money they will want to earn before leaving the industry. When things are going well it's "maybe when I earn \$100,000". When things are going badly it is much more vague. It becomes "enough to buy a house, a car and a bit in the bank - maybe a business". After that it becomes "in a couple of years" or longer, and so it goes. (Thai community development worker)

Nearly all the girls, including myself, send money back home. Many of us are single women who are supporting other relatives, and most of us have children of our own as well. (Thai sex worker interviewee)

A lot of the girls send money back home to help their family - but then it becomes to buy the car, the house and so on. The debt gets more and more. (Thai sex worker interviewee)

I used to have to go to the bank for the Thai women to send money back home for them several times a week. (Anglo brothel owner/manager interviewee)

The need to raise income over and above a normal wage causes women to enter prostitution, to stay in prostitution or to take risks in prostitution. For women with a heavy financial debt load, selling sex safely is seen to be a luxury:

The ones that work in (X)brothel need a lot of help. I know they know about AIDS and other diseases but they still do the job without using condoms or protecting themselves in any way. It's just for an extra \$20 or \$30. It's because they take so much money out of the girls' pay to pay the agent. They just really need that money. (Thai sex worker, interviewee)

Even though you ask yourself 'you want life or the money', at the time you want money before life. (Thai sex worker interviewee)

(When sex workers are not using condoms) they hope on luck - they hope on some magic stuff - for Buddha to help - but they do have a fear of all these STDs and AIDS - so scared that they may not see a doctor in case the doctor discovers something and they can't work and they'll be short of money. (Thai community worker)

The women may want to use condoms - but money is at the root of their problem. They know they're not going to get as many clients if they insist on condoms. In general at a mixed parlour it's a matter of more money for no condom, but at an Asian parlour it doesn't cost extra for no condom - so the worker who does not use condoms has more clients. (Thai community development worker)

language & interpersonal communication

Recently arrived Thai sex workers are unlikely to speak much English. This can be undermining for any NESB immigrant and lead to loss of confidence and loss of ability to negotiate 'systems'.

In the context of sex work, a business where a transaction is negotiated, the first and foremost skill for success and safety is interpersonal communication. Thai workers who do not speak English are robbed of one of their working tools: language.

It's so much harder when you can't use conversation to make the job easier. (Brothel owner interviewee)

More important is the task of negotiating safe sex practices:

When you arrive from Thailand you might have an older or more experienced girl show you how to check a client and how to negotiate with a client. She would talk to you in Thai and that's good because I can understand - but all the negotiations with clients happen in English. (Thai sex worker interviewee)

As well, the clients of Thai women are themselves often of non-English speaking backgrounds. This means that there may be little common language between provider and buyer in the negotiation of any transaction.

If neither of you can speak English well - it means you can't negotiate with the client, to tell him what you want, whether you're hurting, what you don't like, even though with some clients that doesn't mean shit anyway. (Thai sex worker)

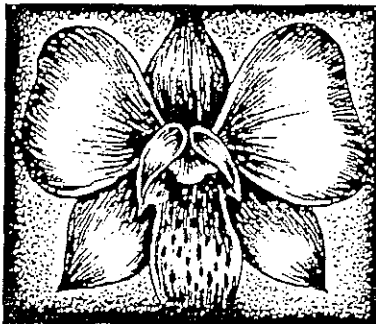
Where there is no common language between client and provider, the power rests with the client, the risks rest on the provider. If you can't explain your needs or understand the terms of your transaction, you can't ensure you'll get sex that is safe.

If you can't speak English you cannot or will not contact English speaking support workers.

If you cannot read English you must rely on information about health protections that is provided in Thai. If information is not provided in Thai, you have nothing.

THAI women sex workers

health



Borthwick (1991) found that Thai women working as sex workers in Australia regard sexually transmitted diseases as an occupational hazard and that women are keen to avoid them because being infected means time off work and loss of income.

However, the Sydney sexual health centre found that Thai women have high rates of cervical dysplasia and are likely to present to the clinic with genital warts (HPV), Hepatitis B, Monilia, Trichomoniasis, vaginal debris, chlamydia and chronic Pelvic Inflammatory Disease, gonorrhoea, (some) syphilis and, commonly, herpes (interview with Linda Brockett, 1992). Auckland Sexual Health Centre found that Thai sex workers are more likely to present with concerns about vaginal discharge, have higher rates of syphilis, Pelvic Inflammatory Disease and Hepatitis B than are other sex workers (Annette Mortenson, N.Z., personal communication, 1993).

Linda Brockett also cited gall-bladder related problems, thyroid related problems, headache and 'heart problems' among Thai women visiting the Sydney clinic.

Indications are that some Thai women often have little access to information about women's sexual or reproductive health in Western terms. There are sometimes no words for English terms used to describe particular body parts and some Thai women may have a different understanding of "women's body maps" as defined by Western concepts of physiology and health.

Andrea Whittaker provides a rich and comprehensive description of the understanding and practices of women from the NorthEast of Thailand regarding women's health - a "complex indigenous system of gynaecological knowledge and prophylactic and curative practices". (Whittaker, 1993, p.15).

She describes how NorthEastern women understand that germs and parasites carry illness, but that the actions of them are understood to create ill health only if the person has disrupted the balance of their body or disturbed one of their souls (khwan), leaving them vulnerable to attack. The body itself represents "an embodiment of the relationships of spirits and flesh, karma and community". Because these relationships are complex, the causes of illness are seen as many and interconnected. Treatments therefore can be chosen from many different sources (traditional and non-traditional), providers (formal or informal) and may be taken simultaneously. Often they are taken with a view of restoring 'balance' in the body.

A number of women douche vaginally, often with strong chemicals such as listerine, dettol, alum, or toothpaste. This may be also true of women who are not working as sex workers, but special risks for sex workers may arise in the frequency of douching (commonly at the end of every work shift), and the damage to the vaginal environment and membrane.

Almost all the women who work next door use toothpaste inside their vaginas - to clean themselves out and protect against diseases. (Thai sex worker interviewee)

Some women explain their need to douche in terms of their work:

If I don't clean myself with the toothpaste I don't feel clean. I can't sleep when I go home unless I do that. The other girls have told me that it is wrong, but I do not feel clean unless I do it. (sex worker interviewee)

However, for women inheriting traditions from the NorthEast there may be other beliefs that predispose towards douching. Whittaker, for example, points out that Northeastern women have particular views about vaginal discharge - perceiving normal secretions as well as symptomatic discharges as 'health problems'. They see these normal discharges in the context of menstruation and refer to it as white blood - "the use of the term implies a negative illness state and any vaginal discharges other than menstrual blood are seen as signs that the womb is 'dirty', not 'dry and clean'" (1993, p7). Antibiotics are widely used in the self-medication of Northeastern women suffering 'white blood' (p8) often used in combination with a number of other treatments.

Workers with Thai sex workers in Australia also note the high rates of self medication with antibiotics.

A major problem for Thai women sex workers who do get an STD is that they treat the disease themselves - with antibiotics that they bring with them or get from Thailand. The antibiotics may stop some pain, or even a discharge, but it does not stop the infection. As soon as the symptoms are gone, the woman may go out to work again. (Thai community development worker)

Problems arise when antibiotics, often taken as preventatives or for pain relief, mask symptoms of STDS, cause chronic thrush, and may compromise women's immune systems.

THAI women sex workers

Dyspareunia (pain during sex) is a common problem for Thai women sex workers:

Thai prostitutes .. complained of continued pelvic pain due to their small frames accomodating relatively large size penises of Australian men. (Perkins p 322)

I worked alongside a Thai lady once - she kept working with a split vagina believing she couldn't go to the doctor without the owner's o.k.. It was three weeks before we sussed anything was wrong and got her to a doctor. (Anglo sex worker interviewee)

Distressingly, pain was often talked about and accepted as part of the job.... Workers mentioned pain in the context of clients taking a long time to come. (Borthwick, 1992)

Chronic pain is often reported due to acute Pelvic Inflammatory Disease, the effects of adhesions caused by past or chronic PID or, occasionally, uterine prolapse. Again, antibiotics are used, sometimes inappropriately.

Nearly all the workers will have pain - they just take panadol or antibiotics - bits and pieces that they think will help. (Thai sex worker interviewee)

Chronic fatigue, due to long hours at work, or even slow business, in combination with chronic pain can also lead to the use of minor tranquillisers (rohypnol, serepax and other benzodiazepines). It is not surprising then, that depression amongst Thai women (and occasional overdosing of minor tranquillisers) is reported by the Sydney Sexual Health Centre (interview with Linda Brockett, 1992)

Asian women are at significantly greater risk of developing cancer of the cervix compared with the rest of the female Australian population (National Women's Health Strategy, Table 4. 4, 1992). Women from South East Asia generally are 20% - 30% less likely to have had a Pap smear than all Australian women (Removing Cultural and Language Barriers to Health, 1993, p.62). Cervical cancer is also a leading form of cancer amongst women in Thailand (Whittaker, p 18). Cervical health screening is not commonplace for many women in Thailand:

In Thailand we don't have Pap smears as a matter of course - it's not like in Australia where all women are encouraged to have a regular pap test. A lot of us wouldn't even know what a Pap test was for... (Thai sex worker)

Whittaker also points out that Thai women are extremely modest (a characteristic also noted by any visitor to, or worker in, a brothel where Thai women work) and that women from the Northeast at least found internal examinations to be matters of shame and embarrassment (1993, p.19). In Thai culture generally, the head is the most sacred part of the body. Lower parts of the body are defiling and "to direct them at a person's head constitutes a serious insult" (Whittaker, 1993, p. 6). It is likely then, that many Thai women will be reluctant to request a Pap smear from a health practitioner, particularly if the service is delivered insensitively.

Women are very concerned to avoid pregnancy, but may have less information on alternatives to oral or chemical methods:

Often a woman will have a shot of Depo Provera before she comes to Australia - but the problem is that she might either stop bleeding at all, or bleed too much. If she's bleeding it will interfere with her work, and that's a problem. But often women will not have enough information to make the link between the bleeding and the shot of Depo they had some time ago.

Where chemical contraceptives are used, they can be used in multiples, or irregularly. Sometimes they are self prescribed, and women bring their favourite brand of Pill from Thailand on visits or through visiting friends.

Contraceptive failure can cause much distress and anxiety:

If a woman becomes pregnant here its a problem - because she can't work. She doesn't want to go home without money, so she has to have an abortion. But abortion is not acceptable in Thai culture - it is illegal and a woman could get arrested if she uses an illegal clinic in Thailand. Probably many of the women here would not know that it is possible to have a pregnancy terminated legally here (Thai community worker).

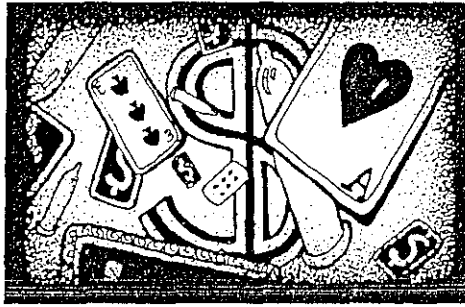
At the same time STDs which put fertility at risk can be a major anxiety for women whose motivations for earning income is to "have a good family life". (Borthwick, 1992, p.7)

A woman who had clearly had acute PID in the past, an ectopic pregancy with the removal of one ovary, chronic pain during sex, and who needed to use toothpaste vaginally every night because she hated sex work so much, and a possible uterine prolapse, told me that her only problem was that she wanted to make money so she could have a baby. (Anglo community worker)

When women are sick and in pain, when health services are delivered insensitively, when information strategies fail to take into account complex sets of beliefs impacting on health views, women are less enabled to control health behaviours - including protection from HIV.

THAI women sex workers

self esteem, culture and the ability to make change



All women who work as prostitutes carry stigma. In the age of AIDS where prostitutes are portrayed as vectors of disease the stigma is thorough. In Thailand AIDS is literally called 'prostitutes' disease' and the stigma has a special edge. (de Bruyn, 1992).

As well, women who 'make merit' by providing financially for their families but who do so through prostitution are in a precarious 'double bind' with respect to their self esteem. On the one hand they achieve social standing as successful providers, on the other they are looked down upon, as occupants of the bottom rung on the social ladder. This balancing act can create enormous pressures on self esteem.

Unrealistic financial expectations, and deceit surrounding the promises of agents and others., set women up to be 'failures' should they not achieve their dream or feel satisfied of their perceived obligations. Self sabotage and the need for escape can take the form of gambling or failure to turn up to work consistently or changing partners frequently, with each change sometimes involving increased debts or getting ripped off. For some women the failure to achieve 'the dream' simply and quickly can lead to a downward spiral of self esteem and an upward spiral of debt load:

Towards the end of our talk 'Kay' received a call to say that she would be evicted from her house in two days time. She is \$13,000 behind in her house payments because of shared financial interests with her boyfriend who has gone bankrupt. She left our meeting to try and borrow \$6,000 from another brothel owner on the promise that she would work 24 hours a day seven days a week till it's paid off. She said 'I have worked hard for the last 10 years, now I have lost everything. I hate doing this work, but I have no choice.' I heard later that she managed to borrow that money but she never paid it back - she did the lot on gambling. Now she's going to have a hard time getting another job in any of the legal brothels (Project worker interview notes)

A lot of my friends around here love to gamble - sometimes they'll miss a shift because they're pre-occupied with a game. Sometimes they have big gambling debts - which means they're working for nothing, just to get out of debt. Then the next thing you know, someone from home needs money, and the pressure's really on again. (Thai sex worker interviewee)

Sensibly, many women will not disclose her sex worker status to her family in Thailand. Some women do not disclose to their husbands, boyfriends or both. Where women have husbands who support (?) them in prostitution, sex work may be kept secret from the husband's family or other social contacts.

For some women a sense of failure, non-disclosure and social isolation in combination with guilt related to social status as prostitutes impacts on their ability to actively exit unhealthy situations at work (or outside of work) in a planned way. Observations from workers in the field suggest that many Thai sex workers tumble from one complex situation to another:

If I were to document the changes, traumas and events affecting the women, even the non-contract workers, I have worked with over the last twelve months, the result would not even seem credible. It would read like some sordid soap opera - especially to middle class westerners. A western view would suggest that the women show incredible strength to survive these changes - the women themselves are more likely to say 'mai ben rai' - what does it matter? (Project worker interview notes)

Thai society is complex and it mitigates against strategic planning - there's a view that "this is the path that I'm on", that you end up where you end up, that you don't necessarily plan for a particular future or to manage a particular problem - you go with the flow. There's a lot of idealism and a lot of fatalism. You can plan to get ahead, but that plan will be tinged with fantasy - the idea that if only you make a lot of money, everything will be happy. (Anglo woman, ex resident of Thailand)

Many of us have been raised to feel "this is the path I'm on, whatever happens, happens. We're not good at challenging 'what is happening to me?', to see that change is possible." (Thai community development worker)

Next month I am going to give up this work - I am sick of so many men in my body, but what can I do?" (Thai sex workers interviewee. Two years later, this woman was still working.)

THAI women sex workers

Most of the women are not interested in becoming involved, in making changes. There's two or three good women in Sydney who are fantastic, but most of the others don't want to come forward. (Brockett, April 1993 address to SIREN Project Training Program)

So then you think, 'well, I'm here, I can't go back, I'll take the chance - if I die, I die. (Thai sex worker, speaking of her response to management pressure to provide unsafe sex services cited in Borthwick, 1993, p 6)

We have a saying 'well, at least I'm not dead' - it means something when life is very hard. You just say to yourself 'well, at least I'm not dead'. (Thai woman interviewee)

The doctrine of karma and re-incarnation means that although in this life they are working in the sex industry it is due to the bad karma from a previous life and not their fault. (Borthwick, 1992, p 3)

A perception of the potential risk of HIV infection may be influenced by the folk belief in 'siang duang', which translates as 'taking your fate' (Ford and Koetsawang, 1991, p. 407)

We are not used to confronting the source of a problem. We go around and around it. Maybe we complain to other people about the problem, but we don't like to confront it directly. (Thai sex worker interviewee)

When we are negotiating we never come to the point. We never play our last card. It's more like making music. First you say something, then I say something hinting that I understand what you say, but not tying myself into that understanding in any way that obliges me, then you say something back to indicate that this is the right track, and so it goes till, in the end, we both have a sense that we understand each other. We can't be pushed. And we don't push. We go around and around. If you push me, you will not achieve what you want. If I am pushed, I will just cut off from you. - I won't try and change you or myself in the way a Westerner might. (Thai woman interviewee)

Thai women may have a different approach to creating change, and there may be cultural influences that shape decision making processes.

This is not to say that Thai women sex workers do not have a vested interest in their own health, or that they are unwilling to make change.

Their ability to become or to remain healthy varies with the degree to which they are empowered to control the context for risk.

Our response to Thai women sex workers is part of that context.

THAI women sex workers



Preventing women from transmitting HIV has often had higher priority in policy and programmes than preventing women from getting HIV. (Berer, 1993, p.42)

our responses: how they put women at risk !

Australians' response

By 1994, most Australians have been affected by the development of a stereotype of Thai women as sex workers.

The volume of international sex tourism in Thailand, and the behaviour of men once they are there have been well reported in Australian media over the past twelve months.

80% of all incoming tourists to Thailand in one study arrived with the intention of having sex (Berer, 1993, p 191). When men visit Thailand and have sex they commonly do not care to protect their Thai partner or other partners from sexually transmitted infection. Of 182 German male sex tourists nearly half never used condoms while on tour. (Berer 1993, p 191).

In 1990 100,000 Australians visited Thailand (Herald Sun 19/4/93). An Australian researcher, Dr. Brian Mulhall found that 66% of travellers to Thailand reported an intention to have sex. 82% of the men said they would have sex with a bar girl (as reported in The Australian 24/11/92).

At the individual level an Australian man thinks:

*If you want a wife, go to the Philippines,
If you want good sex, go to Thailand
(Australian partner of Filipina, interviewee)*

At the broader level we are all encouraged to link prostitution synonymously with Thailand. Thus Longmans published the 'Dictionary of English Language and Culture' with a description of Bangkok as "a city with a lot of prostitutes" (The Age 7/7/93). (The publication was withdrawn from circulation in Thailand due to local outrage. But there was no public outrage in Australia when a former politician recently announced "In my view, we are going to have to make everyone who is landing in Bangkok in the next 12 months well and truly aware of the kind of city into which they are flying" (The Age, 1993).)

As well, however, some of us have come to think of all Thai women working as sex workers in Australia as 'victims' as 'trafficked' women or as 'sold' women. In reality, Thai women who are working as sex workers in Australia are not an homogenous group. They may or may not have past sex industry history. They may or may not arrive in Australia with Australian resident partners. They may or may not be at risk of becoming infected with HIV/AIDS. They may be independent and fully in control of their work conditions or they may be under the control of 'agents' as 'contract workers'. What they have in common is their shared experience of the effect of stereotypes of Thai women and it is important that these stereotypes do not become themselves barriers between Thai women and effective HIV/AIDS prevention strategies.

THAI women sex workers

co-workers' response

In the course of the SIREN Project, many of the calls for information or assistance came from Anglo or other background co-workers of Thai women. Many co-workers had considerable respect for Thai sex workers:

I don't see all the Thai women as oppressed victims - most of the ones I've worked with do use safe sex, Individually they can be very good at negotiating with management and naming their conditions - they're not easily bullied and they are very skilled with clients. (Anglo/Italian sex worker interviewee)

However, Brockett and Murray (1992) have described well the way Asian women sex workers working the hidden Asian markets have become the new 'underclass' of sex workers in Sydney. Thus the workplaces of illegal Thai sex workers are isolated from sectors of the broader industry, and Thai women working in them do not receive what little support may be enjoyed by legal sex workers in other sectors.

Even independent or resident sex workers who are more widely dispersed in legal work situations or mixed brothels can come close to hostility from older or "Queen Bee" Anglo or other co-workers who feel they may be missing jobs in favour of Asian workers:

Some women don't want Thai girls working in the same place. Some of it is because of plain racism but even louder than that is the fight over the client dollar. (Anglo sex worker interviewee)

As well, however, scuttlebut about 'contract girls' and the rate of HIV infection in Thailand also put women at risk of hostility:

When we found out that management was bringing in Thai women we put our foot down. We said it wasn't good enough, that it was us or them. If they're working on contract they have much less control over their services, and that affects the standard of the whole workplace. It's not safe for them and it's not safe for us. The first thing I want to find out about if a Thai girl comes to work in the place is whether she has ever worked in Bangkok - if she's been exposed to AIDS then everyone at the workplace is that much more at risk. (Anglo sex worker interviewee)

All they care about is the \$\$\$\$. (Anglo sex worker, interviewee)

Sometimes responses from Thai women are to be aloof and/or diffident:

Some of the other workers are 'a bit silly' about Asians - they think we're taking their jobs. I suppose, for me, I'm willing to be their friend or I'm willing to be their enemy if they wish. (Thai sex worker interviewee.)

This diffidence and individualism, whether culturally or defensively acquired, can impact on work based support structures in the view of some Anglo co-workers:

The Thai women don't seek out information from us at all. They tend to stick to themselves and not complain - if a client gives them a hard time they don't come and tell me or the other girls so we can go in there and deal with the client. (Anglo sex worker interviewee)

They (Thai women) have no real sense of their rights as workers as a group - no concept of collectivism. They undermine what we're trying to do here. (Anglo sex worker interviewee)

Given the transience of Thai sex workers, and isolation from the rest of the Thai community, co-workers' attitudes are sometimes critical to the support of Thai sex workers' information needs.

THAI women sex workers

management responses



They've always got something else going on - their lives are soap operas. You'd like to help out but you know the story's going to change tomorrow, no matter what you do. I just stay out of their lives, it's not worth the drama. (male brothel owner/manager interviewee)

I've tried again and again with the Asian girls - they don't listen or they won't take any notice, no matter what you tell them they do what they like. The only Thai girls I'll take on now are the ones who haven't worked before. (female brothel manager interviewee)

And of course, downright racist:

You can come into (X brothel) anytime you like. Come over and talk to the Thai girls, do what you like.. as long as you get them to stop pissing in the showers. I've told them again and again - but they still just squat in the shower. (male brothel owner interviewee)

Some management personnel show insight into the problem of competition within the industry:

If only the girls could learn to trust themselves and each other - but you have to remember that the history of the sex industry doesn't encourage trust in anyone. (male brothel owner interviewee)

Others are of the belief that 'Thai girls aren't worth the trouble of having them here':

The Thai girls, they're different - they don't have any sense of loyalty to an establishment. They end up causing more trouble than they're worth (brothel manager/ receptionist interviewee)

Attitudes can be benevolent, but patronising and demeaning:

She's the only Thai we've ever had here - we're slowly teaching her the trade and her English is starting to improve. We love her, she's like a little doll. She's not very good at doing oral, but she'll come round. She pretends she doesn't understand, but we know she's smarter than that. (female brothel manager interviewee)

Some managements take a non-interventionist approach to condom use, even when there is a legal obligation to promote safe sex:

The boss doesn't care - she says as long as I get the money she doesn't care what I do. (Thai sex worker interviewee, Victoria)

In other cases management may explicitly try and persuade the women to have unprotected sex with clients:

What happens is that when you first come they ask you if you'll do oral and so on and you say yes, but only with a condom...then they don't say anything. And at first you're new. Two or three weeks later the numbers decrease and the shop owners talk you into it, they ally your fears ... (in Borthwick, 1993)

However owners or managers who allow no condom sex do not always have the support of other players in the industry:

If a guy comes in here and I say no condom no sex, no problem for him, he can just go down the road to one of those places where your feet stick to the carpet and the girls do sex for little money and no condom. How can I compete with that? You want healthy girls, then those places have got to go. (Brockett and Murray 1992 citing a Chinese parlour owner in Sydney)

Little is known about the attitude towards Thai women of managements who happily participate in the organised import of women. In Sydney the parlour owners employing Thai women are "almost always male and of Australian, Chinese or Arabic descent" (Brockett and Murray, 1992, p.8). One can only assume that their responses to Thai women are driven exclusively by profit. (Mainstream media report that police believe syndicates are able to make \$2 million a year through imported sex workers. Sydney Morning Herald, 17 June, 1993).

THAI women sex workers

client responses

The fact that some Thai sex workers do not always use condoms in their work is not because they do not want to. Borthwick (1992) found that most Thai sex workers want to use condoms and amongst those with previous sex work experience most had been used to wearing condoms at work in Thailand. Amongst the 19 women who participated in the KAPS Survey for the SIREN Project, most stated that they preferred to use condoms every time they had sex.

It is men who are resistant to wearing condoms, and who are prepared to shop around until they find a worker or management or both who will sell services without condoms. Sex workers report that some clients will tear condoms once they are in place, and even during sex. (See for example Ugly Mugs Reports from sex worker organisations in Victoria and in Queensland). Clients form the demand base for the non-condom industry (Brockett and Murray, 1992), putting marginalised sex workers at risk.



The clients of Asian sex workers are from diverse cultural and ethnic backgrounds, particularly when women are working in more 'mainstreamed' workplaces. In 'Asian style' brothels and massage parlours, however, many of the clients are Asian. Asian clients want to see Asian sex workers for reasons cited by Brockett and Murray as "both cultural and physical" (1992, p. 10). (Conversely, Asian men less frequently 'use' Anglo or European sex worker services.)

Sex workers and their advocates report that Asian men in particular are resistant to wearing condoms. Heterosexual Asian clients of sex workers have been missed in much HIV/AIDS education (with notable exceptions, such as the Scarlet Alliance Client Education Project). As such they are marginalised clients for whom AIDS educators, not sex workers, should take more responsibility.

Thai workers also see non-Asian Australian clients, often men who have been international sex tourists. As Westerners they are likely to hold intact a stereotypical view of Asian women as passive and submissive. Some may be happy to use condoms, although this is often motivated by a wish to 'protect themselves' rather than to protect their service provider. Others abuse sex workers by not using condoms.

Some non-Asian clients present other health risks to small Asian women, including some Thai women. That risk is in their physical size and in the way they have sex. Some women, especially more experienced workers, have a better chance of dealing with the situation:

some of us worry about clients being too big, but once you've been working for a while, you learn you can do things to help - like he can go on top, balance yourself so; if they are big and gentle, I can handle the situation (Thai sex worker interviewee)

Other women are not so lucky:

it doesn't matter whether I go on top or not - after a few seconds they just flip me over - especially the drunk ones, they're pigs. (Asian worker interviewee)

Much needed client education programs should focus men's attention not only on protected sex, but also to the mechanics of good sex. Women do not split condoms: women do not split their own vaginas. Prevention strategies for women rely on behaviour change amongst men.

THAI women sex workers

service response

In some States there are no or few services for Thai speaking women. In the whole of Australia the Thai language has "little presence in educational institutions or in the provision of language services" (Women and Language Services, 1992).

In 1990 - 1991 there were only 9 accredited female Thai interpreters for the whole of Australia and in Queensland, South Australia, West Australia, Tasmania and the Northern Territory there were none (at Levels 1,2,3,4, or 5, NAATI National Directory, 1991). There were no accredited translators.

We need to find an interpreter before 10 am tomorrow. We have a Thai woman coming here to receive her HIV antibody test results, she doesn't speak English and the telephone interpreter service worker won't be available. I can't find an interpreter anywhere - not even through a private service. We're quite desperate. The results we need to discuss with her makes it essential that she understands us. (sexual health service contacting the SIREN Project at 4.40 pm)

There are even fewer services that are accessible to sex workers or illegal 'aliens':

She needs an interpreter but it's no good to her if the interpreter does not have experience as a sex worker - they'll be judgemental, and the information a women's health worker can give may be totally inappropriate to her needs as a sex worker. (Thai community development worker in Sydney)

It's true that you need to phone and confirm your appointment here, but the desk staff can make exceptions for NESB clients if they can see that they don't speak English. I guess it's up to the desk staff to use their judgement before cancelling an appointment if the person doesn't phone in to confirm. (sexual health service worker, Melbourne, 1992)

The sexual health clinic is not popular with Thai workers - they're more likely to have their health checks with private practitioners. (Anglo co-worker, Melbourne)

I only know of one other Thai woman worker that I could refer women to. There's a formal welfare association but it's unlikely that illegals would ever go there. There's an Anglo health worker who speaks Thai - but really, there's hardly anywhere that Thai sex workers could go for help of any kind.. (Thai community worker, Sydney)

When the Thai women have depression, and they do have a lot of depression, they may keep it inside, but it's there. It depends if it's a newer girl or an older girl. If they're very new then they might cry and talk about it, about missing home, about the work and so on... but the problem is they have to be able to trust you before talking about it, and there are so few services they can turn to, that trust isn't ever developed. If they have problems, say with domestic violence, they won't seek help because they are already illegals. And, as sex workers, they also feel they will be rejected. (Thai community development worker, Sydney)

The SIREN Project is not aware of any Thai woman being employed by any AIDS Council in Australia. The SIREN Project is not aware of any training programs about sex worker needs for Thai interpreters or translators. The SIREN Project is not aware of any Thai women's health programs, nor the supply of women's health information in Thai, within women's health funding programs. The SIREN Project is not aware of any labour market programs for Thai women wishing to leave the commercial sex industry.



THAI women sex workers

sex worker organisation response

The majority (15/25) of SIREN questionnaire respondents who were volunteers/workers in Sex Worker Organisations stated they do not have access to resources necessary to provide a relevant and accessible service to NESB sex workers.

In 1992 only one SWO was funded to employ one outreach worker to NESB women, and this position was part time only.

Only one SWO produced information about their own services in a language other than English.

Only one had ever conducted research into the needs of NESB sex workers.

Only three had any policy related to the provision of services to NESB sex users. (The Prostitutes' Collective of Victoria has since adopted access and equity policy. See 'What You Can Use')

Only two people amongst 25 volunteers or workers in sex worker organisations said they spoke Thai or Chinese (significant needs groups) and one of these was from an Anglo-Australian background.

Linkages between Sex Worker Organisations and local migrant resource centres, immigration consultants or even interpreter services are less than uniformly active.

The most effective responses to the needs of Thai women sex workers has been made by the Sex Workers' Outreach Project (NSW) who, in 1992, employed a Thai outreach worker. Attempts to attract Thai women to the service included forming a support group, operating a telephone information service, advertising a party, conducting English classes, collaborating with the local sexual health service, with varying degrees of success. As well, SWOP produced an excellent video in Thai. In 1993, however, the Thai worker was no longer employed.

Even where Sex Worker Organisations run effective advocacy and education programs for sex workers generally, responses to and by Thai women have been less than ample. In Melbourne, for example, where there have been excellent programs to sex workers for many years (see Prostitutes' Collective of Victoria Annual Reports), Thai women do not use in-house services:

*We've only seen two Thai women here in the last six months.
(Service co-ordinator, 1992)*

The suggestion here is that traditional strategies must be modified to meet the needs of Thai women. Thai women may be less likely to want to access organisations that organise around their common interests as sex workers, for example:

*We would like to see NESB outreach workers but it raises the question of the most appropriate base - should it be ethno-specific agencies, sex worker organisations or women's health services?
(Anglo community worker, Sydney)*

*The women will not want to identify as sex workers or prostitutes - they don't call themselves sex workers, but entertainers mostly. They just want to be treated as ordinary women.
(Thai community worker in Thailand)*

SWOs commonly work from within the community using peer oriented strategies. These strategies may be less appropriate or more difficult to achieve where there is less basis for 'community' or a low sense of commonality amongst members of a particular group:

One of the constraints against peer education is the hierarchical class system in Thailand. It's reflected in the very structure of language, so that the age, status, level of education, urbanity of the person being addressed is immediately known. If it is agreed that an educator occupies the same position as the recipient of the material, the educator won't receive much of a hearing, especially if they try to operate as though they have more information or skills. The status of the educator is so critical to their work. 'Respect' is marked by every symbol that the educator is presenting. It may be more effective for someone outside the community to provide education. (Anglo community worker previously living in Thailand)

The hierarchical social order also applies to Thai sex workers in Australia.

Those women, most of them are from Sydney. They don't want to come to your workshop. They know her (Thai facilitator) and they know she's no different from them. That's why they won't come. (Thai sex worker on the unwillingness of women to come to a women's health workshop.)

She'd be the last person I'd talk to - she's been in this job even longer than me. (Thai sex worker)

THAI women sex workers

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One of the constraints against peer education is the hierarchical class system in Thailand. It's reflected in the very structure of language, so that the age, status, level of education, urbanity of the person being addressed is immediately known. If it is agreed that an educator occupies the same position as the recipient of the material, the educator won't receive much of a hearing, especially if they try to operate as though they have more information or skills. The status of the educator is so critical to their work. 'Respect' is marked by every symbol that the educator is presenting. It may be more effective for someone outside the community to provide education. (Anglo community worker previously living in Thailand)

The hierarchical social order also applies to Thai sex workers in Australia.

Those women, most of them are from Sydney. They don't want to come to your workshop. They know her (Thai facilitator) and they know she's no different from them. That's why they won't come. (Thai sex worker on the unwillingness of women to come to a women's health workshop.)

She'd be the last person I'd talk to - she's been in this job even longer than me. (Thai sex worker)

THAI women sex workers

Thai women in general seem less used to forms of collectivisation:

We don't have much idea of the concept of collective or group action. For example, when I first heard about the Prostitutes 'Collective' I (literally) thought it was a group that rounded up or 'collected' prostitutes (in other words, arresting them). (Thai sex worker)

Outreach to many of them is prohibited by their inaccessibility,

I'd say there'd only be 35 Thai women working in the legal brothels where I can get access to - there's 200 illegal brothels, and I have no idea how many of them are in there. I can't get in to them. (Anglo community worker, Melbourne)

and their transience:

In Songkla where I evaluated a sex worker education project, it was so difficult finding and keeping peer educators they ended up just assigning two women in each brothel to receive and disseminate the materials. (Anglo community worker)

SWO initiatives towards the empowerment of Thai sex workers have been in the context of one off, short term projects or through part time workers saturated by demands on their time and patience:

It's very hard to earn the respect of the Thai people you're working with - projects need a very long term approach. You have to circle around and circle around issues again. You can't push an issue, you just have to hang in there and hope. (Thai community worker)

Whilst projects are one off, not cross sectoral, and not adequately resourced by Thai staff, it is impossible to predict a required balance between resource reallocation and strategy modification for sex worker organisations generally. Cross sectoral, collaborative efforts at AIDS education need resourcing to employ Thai women in sufficient numbers and from diverse backgrounds to be able to foster community development from within. That community development will need as its focus the empowerment of women. That empowerment needs to come through skills recognition, and opportunity for development. That development will need to be resourced by core programs with ongoing funding and considerable patience. Those programs will need to address issues related to immigration and abuse of women more frequently than occupational practices of sex workers. And those occupational practices will have to be understood with regard to the context for women's participation in them. That participation will need to be kept firmly centred in a framework that recognises the occupational disadvantage of Thai women in Australia and Thai women in Thailand. That lesson will instruct HIV/AIDS education in a concern for transient minority international sex workers wherever in the world they are situated, and from which ever country they come.

**We want to help
her find the power to
bring her dreams to life,
and to dream new
dreams to create a new
future for herself....**

(publicity leaflet from Empower, Sex Worker Organisation, Thailand)

Corollary effects on women are to disempower them, to leave their welfare exclusively in the hands of 'handlers', to make it impossible for them to leave the sex industry, to effectively imprison them within a debt load which is unsustainable,

to leave them employed in the least accessible sectors of the sex industry, and to leave them without control over their work conditions. Indeed, the unintended effect is to increase their risks of HIV infection at the same time as denying them supports should they become infected by Australian men.

It is in this context that the greatest change is called for.

This is not to suggest that Australia's commitment to Article 6 of CEDAW is inappropriate, but it does suggest the need to examine definitions that contribute to the shaping of our responses.

Leslie Jeffrey, in examining approaches to traffic in women at the international machinery level, suggests that a better understanding of trafficking results from an examination of three phases in women's movement:

- the use of force or deceit in procuring (the conditions at home that govern women's participation in sex work or a decision to participate in sex work);
- forced migration (conditions of the transport);
- forced prostitution (conditions in the host country).

By looking at the conditions in each phase, it becomes a more simple matter to isolate trafficking as a form of slavery from international prostitution as a means of income generation. Jeffrey sees that the focus of international law in this area should be "to work against force, deceit, and discrimination and *ultimately*, to try to ensure that the ambitions of these women are fulfilled (1990, p 31, emphasis added).

Significantly, Jeffrey argues that "it is most important that women have a sense of control over their lives and, in this way, that they should have the legal tools at their disposal to execute this control. In particular they always should be able to avoid entering prostitution if they do not wish to, to have control of their work in prostitution and to leave prostitution should they so desire." (1990, p 32 - 33)

Accepting that the most basic area of common agreement and condemnation reflected in various international agreements and conventions is about the use of force and or deceit against women, it is the SIREN Project's view that Australia's potential role in the suppression of trafficking could be more meaningful if it adopted a women-focused approach. A women-focused approach is one which addresses the *exclusionary* features of international sex workers lives - features that pre-dispose them to risk, including HIV/AIDS risks.

A women-focused approach needs to encompass, at a minimum:

- Ø at the level of procuring (source country) the provision of accurate information about the status of sex work in Australia, the education of sex tourists, the support of sex workers' and other organisations which seek to improve women's status, skills and empowerment, fulfilling international development obligations and responsibilities towards the relief of poverty and women's disadvantage;
- Ø at the level of migration (transport), where migration is forced or attained through deceit we have a role more in line with traditional efforts against traffickers. (We also need protections against the victimisation of women in the battle against traffickers. In example, the monetary cost of intervention should not be borne by individual women; women 'rescued' should not be discriminated against with respect to future applications for entry visas, and women from a particular source country should not be assessed against a 'prostitution profile' when seeking visa entry.)
- Ø at the receiving end (in Australia). It is once women are here that our responses need to be most challenged. Here it is our responsibility to facilitate and encourage women's safety, health, social support and welfare, self esteem and empowerment. Our very least responsibility is to provide accurate, culturally sensitive information and services on issues affecting women's health and working life here.

The aim here is “to empower women to achieve those ambitions they are striving for and to protect their dignity and human rights in doing so” (Jeffrey, 1990, p 37). Not the least of those human rights should be protection against HIV/AIDS and access to care and treatment for HIV positive women, without fear of deportation or charge. Women should also be offered legal protections should they wish to act against agents or when they feel compelled by others to continue in sex work, without fear of prosecution, persecution or discrimination (including deportation).

The most substantial contribution would be to remove the ability of traffickers and agents to profit from traffic in women for the purposes of prostitution. High profitability is derived from the conjoining of two activities around which there is much criminality - the illegality of generating income in the host country (work without permission in the form of a work permit), and the nature of the income generating activity (prostitution).

Prostitution in Australia, however, may not be illegal. In certain states (viz Victoria) making money from the sale of sex services is recognised as a legitimate business and employment activity (whereby employers and employees contribute to state revenue in formal terms). Thus, employers able to argue the need for specialised labour (through the need to offer a diversity of service providers) in order to maintain a financially viable business should be able to argue a case as sponsors and as safe employment and transport providers. Employers can be monitored in the same way as other employers of specialist labour. This measure would remove the criminality surrounding internationally trafficked women, dramatically increasing women’s safety.

As well, women who are recognised as legitimate workers can also be offered protections as migrant labour. Jeffrey points out, for example, that the draft Convention on the Protection of the Rights of all Migrant Workers and their Families “makes unlawful the confiscation or destruction of identity documents by anyone other than an authorised public officials (Article 21) and declares that migrant workers shall not be held in slavery or servitude or required to perform forced or compulsory labour (Article 11). This is the protection that women need; this is the provision for prosecution that is needed against traffickers. This is the approach that recognises women’s real situations of risk. Providing the context for a recognition of international sex workers as legitimate workers with all due protections is what is missing from our current approach.

Measures toward change in these directions would provide a more comfortable fit with Australia’s efforts in HIV/AIDS prevention.

It is not prostitution that causes AIDS, it is the context for prostitution that puts sex workers at risk.

In the case of illegal international sex workers, the major determinant of that context is criminality.

a policy for making your organisation more accessible

This is the policy of the Prostitutes' Collective of Victoria. The policy was adopted in order to make the organisation and its services accessible to sex workers whose first language is not English.

It can be used or modified for use by other organisations.

Access and Equity Policy; Non-English Speaking Background Sex Workers

Prepared by the SIREN Project, based on a model supplied by Action on Disability within Ethnic Communities Inc. Adopted through staff development workshops and Management Committee discussions.

The Membership, Management Committee and Workers of the Prostitutes' Collective of Victoria recognises and supports the following philosophical principles:

- NESB Sex Workers have the RIGHT to equal access to PCV, its resources, decision-making processes and services;
- it is the RESPONSIBILITY of the Prostitutes' Collective of Victoria to make its services accessible;
- AFFIRMATIVE ACTION is necessary to ensure accessibility and to meet the additional needs of NESB sex workers who may be migratory/circuit workers or work in situations outside the formal commercial sex industry.

To this end, PCV will implement a strategy to increase NESB involvement in PCV and its services. This strategy will impact on seven areas of PCV's operations:

SERVICE CONTACT

The PCV will ensure that its front-of-service area will present an environment which is accessible and comfortable for visitors and service users from a diversity of cultures and languages through the integration of:

- multi-lingual signage, including signage that indicates PCV's willingness and ability to use interpreters on request;
- appropriate poster displays;
- newspapers and magazines in languages other than English,
- decor which is sensitive to people from different ethnic groups.

TARGETTING STRATEGY

The PCV Co-ordinator and Management Committee will develop and implement a targetting strategy, after due consultation if required. The targetting strategy will have the purpose of allowing NESB sensitive policy and programs to be developed within the current resource framework, and inform the need for future funding submissions to allow for an expanded service base. The targetting strategy should be updated annually, to co-incide with negotiations over funding agreements and budget allocations.

ACCESS TO INFORMATION

The PCV will ensure that its information and publicity strategies include specific strategies for informing ethnic consumers through:

- multi-lingual displays of information of relevance to Sex Workers;
- liaison with other community resources such as publishers of resource catalogues, ethno-specific agencies, government services etc. in the location of materials suitable for NESB service users;
- the use of video, audio and flip chart resources wherever possible to address literacy barriers;
- coverage of NESB issues during PCV's radio program;
- publication of promotional materials about the PCV in languages other than English, and the publication of multi-lingual publicity in each issue of Working Girl, Worker Boy;
- where appropriate, advertising PCV's services through ethnic language newspapers and community language directories in English language newspapers, and on multicultural community radio;
- inclusion of ethnic networks in the PCV mailing lists;
- provision of language-specific forums from time to time, in conformity with the targetting strategy;
- generating new materials in languages reflected in the targetting strategy for the current funding period. New materials are to be produced in line with standards and procedures such as those in Guidelines to Producing Materials in LOTE (NSW AIDS Bureau).

INTERNAL INFORMATION SYSTEMS

The PCV will collect and analyse data about NESB sex workers for use in the development and refinement of future targetting strategies, evaluation of projects, and work reviews. Reporting forms will be amended to include collection of the following data where possible:

- languages spoken at home;
- country of birth;
- ethnicity;
- number of years in Australia;
- the need for interpreters/translated material;
- the level of participation in programs.

Data will be reported through worker reports to staff meetings, Management Committee and Sub-Committees (when appropriate), funding bodies (through Funding Agreements if applicable) and through the Annual Report.

CULTURALLY RELEVANT SERVICES

The PCV will undertake to provide services which are responsive to the diverse cultures and languages of sex workers.

The PCV Co-ordinator, Project Workers and Advisory Groups will, where possible:

- consult with NESB sex workers before developing new projects and/or funding submissions;
- develop special projects in line with the targeting strategy;
- explore the possibility of partnership agreements with ethno-specific agencies, migrant women's health centres, the Melbourne Sexual Health Centre or other appropriate services to implement new or expanded activities;
- develop NESB access targets for all existing PCV projects, in consultation with Project Workers;
- include NESB access issues in any PCV evaluation mechanisms.

STAFFING AND WORK PRACTICES

The PCV recognises that the organisational responsibility for access rests on all staff, not any individual. To this end, the PCV sees the following as desirable skills amongst all workers:

- the ability to work with interpreters, ethnic media and translators;
- the ability to disseminate information within ethnic communities;
- knowledge of the impacts of migration and culture on sex workers,
- awareness of ethno-specific networks and other resources useful to NESB sex workers;
- the ability to gather data about NESB sex workers in a sensitive and non-intrusive manner.

The PCV will provide training or access to training for staff in those areas with which staff are not familiar.

Six monthly work reviews will incorporate evaluation of NESB access targets for each PCV project.

New positions or vacancies will be advertised in the ethnic media as well as English language newspapers.

If a project or activity requires the employment of specialist bilingual or bicultural staff, PCV will recognise additional skills by the payment of a loading for these skills.

In order to provide PCV staff with an assurance of shared expectations regarding work toward NESB access and equity, the PCV Coordinator will develop, in consultation with staff and for ratification by Management Committee, a Code of Practice for all staff and volunteers.

CONSUMER PARTICIPATION

The PCV Coordinator and Committee of Management will convene and resource a NESB Access Advisory Group to act as a reference for effective involvement by NESB consumers in PCVs decision making processes. Participants should ideally include members of the communities represented in any current or past targeting strategy, NESB consumers of PCV projects and people with expertise in NESB community education.

The NESB Access Advisory Committee should have full status as one of PCV's main consultative bodies.

information *the SIREN Project resources*

resources for sex workers

A minimum requirement for HIV/AIDS prevention and education for sex workers who are hard to reach must be the provision of information that is:

☐ *transferable from woman to woman, traveller to traveller*

☐ *pocketable and discreet*

☐ *role modelling*

☐ *accepting of women's own definition of success*

☐ *a reference on sexual health*

☐ *designed with low literacy and repetitive messages*

☐ *presented in a format and quality which is attractive and respectful*

☐ *non-judgemental*

☐ *beyond HIV/AIDS information*

☐ *assuming that women already have skills*

☐ *a reminder to sex workers that they also have rights.*

Siren's Story, a booklet, is a first attempt response to this minimum but urgent need. It is produced in Thai and in Tagalog, with English language guides to each version. A copy of each of the four booklets is provided with this kit.

The Thai version and the Tagalog version are different from each other - because Thai women and Filipino women come from different cultures. The details of their lives are different. The 'keys' that open an invitation to information reflect these details.

In the case of both language versions, *Siren's Story*:

- incorporates a popular soapie style comic that utilises a symbol potent in both cultures - the dream. The comic reflects situations real women find themselves in - and titillates the reader to read on
- presents a strong role model through the hero character who becomes known as *Siren* - she's smart, successful and safe
- offers no judgement against women's occupation
- speaks of issues such as self-esteem, confrontation, negotiation, money matters, immigration related concerns, industrial issues and work conditions, safe access to support services and, most importantly, the right to make sex work worthwhile for the worker.

With respect to HIV/AIDS prevention messages the booklet puts HIV in the context of sexual health and it puts sexual health in the context of women's safety.

A good deal of information is presented graphically, reducing reliance on print literacy.

The development of *Siren's Story* was based on material gathered during informal discussions in brothels in Melbourne and from interviewees in Melbourne, Sydney, Thailand and New Zealand. Translations were prepared in Thailand and in Melbourne. Pre-production testing was conducted in Sydney and Melbourne with twenty six Thai and Filipino women.

We Deserve to Be Safe, in Thai and in Tagalog, is much more HIV/AIDS focussed. It reflects women's own stories, misinformation about transmission risks and prejudices against people living with AIDS. It gives accurate information about HIV risks and their minimisation. This critical HIV/AIDS information is provided for the use of non-reading women. An English language guide to the scripts is provided with this kit. (see Extras)

Readers on the tapes are grass roots women from the Thai and Filipino communities. The tapes can also be used by community broadcasters in excerpt or in full.

Siren Project resources have been distributed to women and to organisations free of charge.

other locally produced materials

Sex Worker Organisations have been provided with a copy of these resources in Thai, Tagalog, Chinese and Vietnamese. They may be able to supply you with a copy or details about the publisher.

Some sex worker organisations, particularly the Sex Workers Outreach Project (SWOP) in NSW may have additional collections of information resources in languages other than English. Contact SWOP for information about their excellent videos in Thai and Chinese.

For resources in other languages check the major directories produced by organisations like Health Translation Services, NSW and Women in Industry and Community Health (WICH) in Victoria.

WICH Catalogue of Health and Related Print Resources, WICH, 1992

AIDS Is Everyone's Responsibility, DHH&CS, 1989 - Thai

AIDS and Sex Workers, PCV, 1990 - Thai

Chlamydia, Health Translation Services, NSW, 1990 - Thai

Around the Parlours, Streetwise Comics, 1992 - Thai

Applying to Remain Permanently in Australia on Spouse Grounds, DILGEA, 1991 - Thai

Condoms, Health Department, NSW, 1991, - Thai

The SIREN Project, The SIREN Project, 1993 - Thai

AIDS and Sex Workers, PCV, 1990 - Tagalog

AIDS Is Everyone's Responsibility, DHH&CS, 1989 - Tagalog

Applying to Remain Permanently in Australia on Spouse Grounds, DILGEA, 1991 - Tagalog

Family Violence, 1990 - Tagalog

Domestic Violence and Incest Resource Centre, DVIRC, Tagalog

Pap Smears, - Anti-Cancer Council of Victoria, 1990 - Chinese

Gonorrhoea, Health Translation Service, 1983 - Chinese

Physiotherapy & Pelvic Floor - Chinese

Non Specific Urethritis - Chinese

AIDS - Your Questions Answered, HDV, 1991 - Chinese

Health and Planning Your Family, DHH&CS, 1988, - Chinese

Are You At Risk for STDs?, HDV, 1991 - Chinese

Hepatitis B, Smithcline Laboratories - Chinese and Vietnamese

Genital Herpes, WICH - Chinese

Condoms, WICH - Chinese

The Diaphragm, North Richmond Family Care Centre - Chinese

Contraceptive Pills, North Richmond Family Care Centre - Chinese

The Mini-Pill, WICH - Chinese

Post Coital Interception, WICH, Chinese

IUDs, North Richmond Family Care Centre - Chinese

Sterilisation, North Richmond Family Care Centre - Chinese and Vietnamese

Vaginal Health, WICH - Chinese and Vietnamese

Candidiasis, Health Translation Service, 1990 - Chinese

Family Violence, Community Education Task Force on Family Violence, 1990 - Chinese

AIDS Is Everyone's Responsibility, DHH&CS, 1989 - Chinese and Vietnamese

Chlamydia, Health Translation Services, NSW, 1990 - Chinese

How to Relax and Reduce Stress, Health Translation Services, NSW, 1985 - Chinese

AIDS and Sex Workers, PCV, 1990 - Chinese

How to Examine Your Breasts, NSW Cancer Council, 1986 - Chinese

AIDS - Your Questions Answered, HDV, 1991 - Vietnamese

Family Violence, Community Education Task Force on Family Violence, 1990 - Vietnamese

Depo Provera - What Is It?, Women's Health Resource Collective, 1988 - Vietnamese

Pap Smears, - Anti-Cancer Council of Victoria, 1990 - Vietnamese

Are You At Risk for STDs?, HDV, 1991 - Vietnamese

Health and Planning Your Family, DHH&CS, 1988, - Vietnamese

Genital Herpes, HDV, 1986 - Vietnamese

The Diaphragm, North Richmond Family Care Centre - Vietnamese

Genital Herpes, Dept. of Health, NSW, 1985 - Vietnamese

Chlamydia, Dept. of Health, NSW, 1990 - Vietnamese

Condoms, WICH - Vietnamese

Pre-Menstrual Tension, WICH - Vietnamese

Contraceptive Pills, North Richmond Family Care Centre - Vietnamese

IUDs, North Richmond Family Care Centre - Vietnamese

materials produced in other countries

	Title	Format	Target	Language	Source
		video	women	Thai	Planned Parenthood
		video	sex workers	Thai	PDA, Thailand
<p><i>The Siren Project has developed a collection of LOTE materials for use with NESB sex workers. The collection is held at the PCV. Contact the PCV for a copy of a particular resource, or for the address of the agency producing them.</i></p>	About AIDS	video	sex workers	Thai	via
	AIDS	video	general	Thai	Auckland
	STDS	video	general	Thai	Hospital
	Talking About AIDS	flip chart	general	Thai	PATH, Thailand
		flip chart	general	Thai	Thai Red Cross
<p><i>A small word of caution - few materials are produced specifically for sex workers. Unless you are sure of the contents of a resource through the opinions of community members you are working with, take care. Some resources reinforce the idea that 'having sex with a prostitute' puts you at risk of HIV. In general, favour resources like those produced by EMPOWER or other sex worker organisations.</i></p>	Handbook of STDs	booklet/ picture guide	health workers	Thai	PATH, Thailand
	AIDS	audio tape	general	Thai	Thai Red Cross
	promotional material	newsletters leaflets	general	Thai	Empower, Thailand
	promotional material	newsletters	male sex workers	Thai	FACT, Thailand
	Forward Together	book	women	Thai English	Foundation for Women, Thailand
	Kamla	booklet	young rural women 'at risk'	Thai English	Foundation for Women, Thailand
		comics (x5)	general	Thai	Thai Red Cross
		leaflets (x31)	general various	Thai	various
	AIDS	booklet	sex workers	Thai	Empower, Thailand
	AIDS	booklet	general	Thai	Thai Red Cross
	AIDS	poster	general	Thai	PATH, Thailand

what you can use

Title	Format	Target	Language	Source
AIDS	leaflet	sex workers	Thai	HELP, Japan
Fight AIDS Not People	booklet	general	Thai	PDA Thailand
various	"swop cards"	general	Thai	various
various 'Relasyons'	comics (x4)	sex workers	Taglish	KABALIKAT Philippines
Contraception	comics/ info sheets	women	Tagalog	Planned Parenthood Philippines
	comic	sex workers	Taglish	WEDPRO Philippines
Ano ang Safer Sex	leaflet	sex workers	Taglish	KABALIKAT Philippines
Safe Sex, Sure	booklet poster clients condom pack	sex workers	Dutch English	SOA Stichting Netherlands
Safe Sex	booklet	sex workers	French	Federatie CGSO, France
Work Safe Play Safe	leaflet	sex workers	Tamil Chinese Malay English Thai	DSC Clinic Singapore
HIV STDs/various	leaflets	general	English Chinese	DSC Clinic Singapore
Use Condoms	cards, stickers, posters	sex workers	Tamil Chinese Malay English	Dept. STD Control Singapore
AIDS in Japan	leaflets	general	Thai Spanish Chinese	Tokyo Health Dept
Information for Prostitutes	booklet	sex workers	Austrian	VDPO Austria

*some useful
international
contacts*

AGISRA Mainzer Landstrasse 17D-6000 Frankfurt am Main 1 Germany

AIDS Concern GPO Box 3350 Hong Kong

AHRTAG 1 London Bridge Street London SE1 9SG U.K.

HELP Women's Shelter c/-2-23-5 Hyakunin-cho Shinjuku-ku Tokyo 169 Japan

Center for Communications Programs 527 St Paul Place Baltimore MD 21202 USA

National AIDS Clearing House 400 -1565 Carling Ave. Ontario ON K1Z8R1 Canada

ARROW 2/Block F Anjung Felda Jalan Maktab, 54000 Kuala Lumpur Malaysia

Stichting De Rode Draad Postbus 16422 1001 RM Amsterdam Netherlands

AIDS Action DSC Clinic 31 Kelantan Lane #02-163(0820) Singapore

SOA Stichting Postbox 190613501 DB Utrecht Netherlands

N.Z. Prostitutes Collective PO Box 11 - 412 Manners Street Wellington New Zealand

WEDPRO #44 - 43 U.P. Shopping Center, Diliman, Quezon City, Philippines

Dayang Women's Centre PO Box 718 Manila 2801 Philippines

Health Action Information Network PO Box 10340 Broadway QC Philippines

GABRIELA PO Box 4386 Manila 2800 Philippines

KABALIKAT MCPO Box 189 Makati 1299 Manila Philippines

Friends of Women 1379/30 Soi Praditchai Samsennai Payathai Bangkok 10400

EMPOWER PO Box 1065 Silom Post Office Bangkok 10504 Thailand

Program for Appropriate Technology in Health (PATH) 1339 Pracharaj 1 Bangsue Bangkok 10800 Thailand

Foundation for Women P.O. Box 7-47 BK 10700 Thailand

Population Development Association 8 Sukhumvit 12 Bangkok 10110 Thailand

TAMPEP Amnesty for Women Louise-Schroder-Str. 31 22767 Hamburg Germany

communication skills

An honest and sincere collaboration between two people from different cultures in the task of finding a solution to a problem will usually lead to a rich experience of cross-cultural learning.

Enjoy.

Don't assume that people from cultures other than your own will think your culture is one to boast about. Be aware of how much and how often you act and speak as though you assume your culture is the best, or the most 'natural' or the most powerful.

Don't shout at people who do not understand your language well. Your problem of not being understood will not be fixed by increasing the volume of your voice. Speak slower than you normally do if necessary - but know that the other person will realise that this is what you're doing. Often the other person is far more aware of your communication habits than you are. If you change your normal way of communicating the other person will know very quickly whether it is to accommodate language barriers or whether you are being patronising.

Don't be patronising. There's a good chance that the other person is smarter, quicker, more experienced in survival, more successful and, sometimes, more informed than you are.

Don't expect every individual to fit a 'cultural profile'. There's as much diversity within other cultures as there is within your own.

Do assume that the other person is the one who controls your interaction. Your role is to resource the other person's needs - should they wish it. It is not your role to decide what those needs are.

If you have problems understanding someone whose first language is not the same as your own - accept that it is your problem, not theirs. Find ways to resolve your problem by asking questions, making sure the English you use is plain and simple and, if necessary, by using interpreters. If you need training in working with interpreters, seek it.

Different cultures attach different meanings to signs of "agreement". For some people, 'agreeing' with another is a sign of respect. To save confusion between manners and meaning be careful with the way you express questions.

Learning the simple pleasantries in another language - hello, goodbye, thankyou, is not difficult. Enjoy the task and enjoy the benefits. Acknowledge the other person's expertise - appreciate efforts they may make to teach you more. And make sure you get their name right !

Be absolutely certain that you have explained clearly and simply the rules of confidentiality that apply to your conversations. Sometimes that means explaining a bit about where your organisation sits in the general 'system'. Remember that women from different cultures may have had particularly bad experiences with 'authorities' in the past. Sex workers and illegal immigrants will have every reason not to be trusting.

The trust you get is the trust you earn but do not expect trust or respect, -and certainly not gratitude. That's not what community development is about.

Preparing materials in languages and for cultures other than your own can be very challenging. Involve the community of recipients before you start.

stories to use during training workshops

The Siren Project is indebted to the Thai women who have shared their experiences through these stories. The Project is indebted to Women's Voices, Teaching resources on women and development (Jane Williamson-Fein, Global Learning Centre, Queensland, 1993) for the activities model presented here.

*split the large group into small groups of
two or three*

*ask one person to read a story to the
others. each group should then discuss
the story.*

*a scribe in each group should write on
paper responses to the following
questions:*

*what were the main events in this woman's
life? how have they affected her?*

*what are the main issues and barriers to
change she is concerned about?*

*the extent to which the woman seems to
be in control of her own work conditions
and decisions*

*ask each group in turn to outline the
woman's story and its responses to the
questions.*

*use the responses with the large group
to explore:*

the range of issues affecting the women,

*the nature of the barriers to changes in
their lives,*

*the extent to which women's lives are
interconnected and*

*how your service could better respond to
the women's situations*



Sasha's Story

How and why did you first start working in the sex industry?

... It was because of disappointment in my life and also because of my cousin, who was working in prostitution at the time. At first I lived with her, just doing the cleaning or washing for her - it was in a Province called Chomburi. But my cousin wasn't very happy with me because I didn't do much for her and she had to feed me. I had already lost my virginity and that was the point my cousin made to me: "What have you got to worry about, you haven't got your virginity any more, so you might as well get some money's worth out of yourself".

So many things had already happened in my life - I didn't live with my father or mother, I had lived with my grandmother or aunty - I always felt like I was not ever a fully grown pup - I felt I had missed a lot of things that kids should have. Also I was very young - and about a year before that I had a bad experience with a boy, which is very early - because I was very young, and needing love, and feeling like I needed someone to fill up the space - so I was a bit lost I guess.

After I finished school I intended to find some work, because without money you can't go to further education. I rang up from Chiang Mai to Bangkok and I got a job. I asked another cousin if I could stay with her for a while and I went to Bangkok for that job. It turned out to be a sales job but it was advertised as something to do with government, but basically the job was selling business cards to government places or organisations that wanted business cards - but being so young, no transport, no way of knowing my way around Bangkok and I didn't know how to sell. So I did that for over a month and got nowhere - and then my cousin sent me to stay with someone else, some relative of her husband. I worked there for a while, doing whatever she wanted me to, and it was really bad.

And then my cousin who was in the prostitution business asked me to go live with her - if I don't go and live with her she said she would send me home, so I go and live with her. And that's when I started working.

How old were you?

I was 16

Did you first start in Thailand or here in Australia?

The first time I worked was in a massage parlour in Thailand where you can avoid doing sex if you wish to - you can just do massage if you like to, but I guess I thought 'if I can have some money of my own and can start in my own life with my own money, without asking anyone for it, I can use that money for some further education'

How do you feel about being a sex worker?

The first time it was very very strange and I was very shy and scared a lot and I wasn't sure what was going to happen. But the first client was good - he had booked me for a couple of days, as soon as he heard I was going to be working, because he knew I was nice and fresh. And he paid me good

tips. After that I had a lot of bookings, I did very well, because the clients knew I was young and fresh.

What name did you call your job?

I didn't have a name for my job - I never thought of it as a job and I never really sat down and think "what am I doing? what am I doing for a job?" I guess I was very young at the time - and until I came to Sydney I still didn't think about what I was doing - I just did what I had to do - day by day and time by time. I never felt I was really in it solid - it was like I'd run in, grab money, run out; spend money, run in, run out again. I never had much at all, nothing to show for it - and I didn't see myself as a prostitute. It's only when I feel bad about myself, or I get angry with people, or I think a person doesn't like me - that's when I think things like "Oh, you don't like me and it's because I'm a prostitute, because I'm a whore" - or whenever I want to hurt myself - that's when I think of myself as a prostitute.

How did you come to be in Australia?

A couple of years after I first started working I had a boyfriend. I got pregnant but when I was eight and a half months he went off and joined the army. I was left with his mother and his grandmother. I had a hard time looking after myself and having to work. I had a hard time with the grandmother especially - she limited my food, or sometimes she would hide the food after she had cooked it and wouldn't let me have it - she reckoned I was lazy and wouldn't do anything, but I worked so hard and that wasn't taken into account. Like, we lived upstairs on the second floor, and there was no water upstairs so I would have to carry buckets of water upstairs - maybe twenty trips to fill up one tank, and there were two tanks - one in the bathroom and one for the cooking - and as soon as someone would have a shower it would start again - and a lot of washing and dragging stuff upstairs. It's just as well I was young, maybe 18, and healthy, but still, it made me very tired.

After the baby was born I had a tear but they didn't sew it up, and I had very bad haemorrhoids as well. So it was very painful to move around. No one gave a damn when I was having the baby - when I went into labour, only the grandmother was home and she paid no attention because she said she didn't believe I was having labour pains. The old ones have a belief that I didn't do what old people told so I couldn't be having a baby so easily. So no-one was taking any notice - I had to crawl downstairs to get help.

As soon as I had the baby I thought about going to work, but for the first 20 days after the baby I couldn't walk around too well. After the twenty days I went to the massage parlour where I used to work - but I couldn't get any work - I looked like a dog - so I was thinking I would have to get some other work where I could get enough money to look after the baby. But I couldn't get any. So I'd go to bars and sit around all night waiting for work - but no-one would pick me or they'd pick me but they'd push my service fee down so much that

Sasha's Story goes on ...

I'd only take it when I was desperate - I borrowed a bit of money around me, and I was under a lot of pressure. I borrowed 1000 baht, but the interest was 100 baht every day.

Then a friend of mine that used to work with me, she was quite old, told me about an opportunity to go overseas and work. She said I could go to Hong Kong, Singapore, Japan, Australia or New Zealand. I wanted to go to Hong Kong - but I didn't really care where.

She said to me - you go, they fix up about your passport fees, your visa fees, they fix up accommodation and this is how much you've got to pay back. At that time it was \$12,000 Aus. She said I would be in Australia for six months. I didn't choose Australia - we just took whatever came up. The one that sent me to the agent made the decision about where I should go.

They said it would take about two or three months to pay back the contract - and that I could earn enough to come back to Thailand and buy a good house, a good business and everything. But all I wanted was enough to buy a house - to live in - because I had nowhere to live because I can't turn back to where I came from - my home that used to be home I can't return to. I have no where to live. So I just wanted somewhere to stay that is mine, and maybe have a little bit of money in the bank maybe to make up a little shop to make a little business.

It took about two or three months before it all got organised, - in between I was just fooling around - Pattaya, Bangkok, trying to get some work.

I didn't speak much English at all - I know dog, cat, bird, car, but I couldn't put them together. An Australian guy took me to get a visa, acting as my Australian boyfriend. A different guy brought me to Australia, acting like he is my boyfriend. He took me to a hotel in Sydney somewhere and I was supposed to contact a person in Thailand and say "I'm here now" and they will contact the brothel owner or sitter in Sydney to come and pick me up. But something went wrong and I ended up in the hotel by myself for two days, without any money. Luckily, the guy who brought me over gave me \$150, and he didn't have to do that, because he only got paid \$250 to bring me over.

And then they picked me up and took me to work, and that's when I saw all the Thai girls there - a lot of them.

I stayed with some of the other girls - I was given \$50 a week for food and things, and \$25 for doctors' fees, and you cook your own food, and you've got your own bed, but all the beds are pretty crammed - there were 8 girls there. The sitter sometimes stayed there too. The workplace was close by, and we could get driven to work with the others - but if you want to go earlier then you go by yourself. I never went into the main part of Sydney, to clubs or movies or anything - all we did was go shopping a bit, and then the sitter would be watching us.

You could choose to work two shifts a day if you wanted to, so you could get more money and pay your debt more quickly.

Was the work different to what you expected?

On the first day I was screaming and crying, because it was not what I expected - I thought it would be like the massage parlour at home - where you get so many dollars for one time sex with a client. Here it was half an hour for something like \$35 - two time sex, two time oral sex - because I didn't do oral sex in Thailand, I just didn't do it, even if people offered me a lot of money I wouldn't do oral sex, but here you have no choice, you have to do oral sex, and more. The clients in this place were (a particular ethnic group) - they were dirty, they were rough, had no feel about the fact that the people that they jumped on were human beings. I hated them so much - but because I was white I wasn't so popular with (clients from other ethnic groups). The clients were totally different from in Thailand.

The first time I worked I had ten clients and I had to stop working for four days - I couldn't do it any more. But afterwards I thought "I can't just work one night and stop for four or I'll never get rid of my contract - I'll do what I have to do, and forget about the pain. - It hurts, I thought, but who cares, it only hurts - just do it!"

You cannot just leave - it's not that sort of situation. Anyway, you have this feeling about 'where can you go?' I don't know my way around, there's nobody to take me out of here, and anyway they'd find me, and what would they do to me? I thought they were like the mafia - that they would kill me, just like a squashed ant.

In general you don't have access to your own passport and your own return ticket - you get them after you have paid off your contract and when you're ready to go home, on the way to the airport.

In my case I worked very hard, and paid off my contract in thirty days - as soon as I stopped crying, I worked day and night - I would start at 10 or 11 o'clock in the morning and I finished my day at 7 o'clock in the morning. I'd go home, have two or three hours sleep, wake up, have a shower, grab milk and a biscuit and go back to work.

Now, if you knew someone who was coming out to Australia what would be your advice to her?

To think hard about it - I would tell them the whole story about how it is working for money here - and then I would leave it up to them. I would just warn, warn, warn that person to think about what they're getting into.

The only tip I could give a contract girl who really and truly wants to come, and who doesn't give a damn about how they earn their money, would take on anything to get that money - is to work hard, just work hard so you would be able to go back quick or to get her money quick. And there's no point in thinking about cheating, either - if you come on contract you have to pay off that contract. Of course it would be better to organise some money of your own in Thailand and come here on your own - but it's very hard in Thailand to do that. If they're going to come they would probably come on a contract and then it's very important to know what it's really like here - and the person doing the talking in Thailand may not know what the situation is over here either. You really need to find out what it's really like before you agree to come here

Ning's Story

How and why did you first start working in the sex industry?

I never work any other place before - this is the first place for me to work - I wanted quite a bit of money to start my life, to look after myself, and buy some things - it was my own decision, it had nothing to do with my parents.

How old were you?

I started when I was 22 - just last year.

Did you first start in Thailand or here in Australia?

The first time I worked was in Australia, in this place here - I have never worked in any other brothel. One of my friend's sister told me about how you can work like this in Australia and I thought I would try it.

She told me to come here, so I did.

How do you feel about being a sex worker?

About the feeling of working - I used to be a bit uncomfortable about it, and shy, but I didn't know what else to do, because there was no other job for me to do but now I feel fine. I feel nothing, I can cope with it quite fine.

What do name do you call your job?

Selling service worker - like prostitute, I guess.

Do your family in Thailand know you are a sex worker?

No-one knows that I work, not in Thailand or here - I have no friends in Australia or outside of the workplace, so no-one knows. I have no family in Australia, and I feel more comfortable not to let anyone know. Only the friends in this place, they know. I just go to work and then back home and then go back to work - I don't go out much anyway....

What dreams do you have for the future?

I would like to have a good family life. A family that gets along well together- little children, everyone happy, that kind of thing - just a good family life, that's it.

What would you need for your dream to come true?

With the money I get now, that money will help for the family I will have - I will build up a family with that money and then I will forget about all this

How long do you think you will be a sex worker for?

If I can get the money quicker, I'll get out quicker - if not, not.

I think I will not work very long at all - when I find someone who will take care of me - I already have found someone, but I don't feel I'm ready to decide about him yet. I'll wait till I can take that man to Thailand and introduce him to my family and get married - I'll give up working when I'm ready to have a family - the bottom line is when I go to Thailand.

What problems do you face being a sex worker here in Australia?

The only problem is the clients, not really wanting to use condoms - if every girl does the same thing and use condoms, then the clients would have no where to go without condoms - but while they still have a choice the client will say "I can't be bothered not wearing a condom with this girl".

Who do you think can help you with this problem? Who helps you now with your problems?

No one really helps with this problem - I just have to play it by ear - to make a decision to use a condom or to kick him out.

(the manager) is no use in this problem - to tell you the truth she doesn't care a shit - as long as she gets her money, she says she doesn't care what happens in the rooms. That's why this place is so popular with the girls who have a big debt.

Linda's Story

How and why did you first start working in the sex industry?

A friend from Sydney brought me down to Melbourne to work . I've got two children and I needed to work to get some money to provide for my children's needs - I want them to have a good life, a good house - and I don't want to bring them to Australia so I need to provide everything for them in Thailand.

When my girlfriend from Sydney brought me down to work in Melbourne - I had not worked before. I was in Melbourne for one week before I started working - we both wanted to work so we just rang around places and looked in newspapers. My friend had worked in Sydney before, so she knew what it was like.

How old were you?

I am now 27 and it was three or four years ago so I was 22 or 23 years old when I started working.

Did you first start in Thailand or here in Australia?

The first time I slept with someone and they paid me money was when I was in Bangkok and I had a boyfriend and he gave me money and started supporting me and brought me to Australia. He bought me a house and he paid for everything, so I suppose that was the first time I exchanged sex for money. But I only started working formally when I arrived in Melbourne.

How do you feel about being a sex worker?

The very first time, the first night, I just thought it was just a very very yucky job because all the men I had to have sex with were men I didn't know - but here I was, having to 'sleep' with them. I had a funny feeling about the very first client that I had because he was really dirty and he was ugly and he hurt me - he made me feel like I didn't want to continue doing this job anymore - but I was just kept thinking about my own future and my children's future, and tried to cope with it. The next night and the night after that it was o.k. - basically, the money to support the children and myself for the future is what is making me cope. Now with the job I don't have any feelings about it - its just a job! Two or three years after working I don't have too many feelings about it - you just get used to working. Sometimes now, when I see a client with an ugly attitude I get sick of work. And when I'm at work on a night that's really quiet, I get really really bored and wonder what I'm doing sitting here in this situation - but I just work it out that

it's a matter of money - that's why I'm here. I have a lot things under my responsibility, so I can pretty well manage it after all, I say to myself.

What do name do you call your job?

I call my job just, basically, prostitution. It's kind of exchanging - the client takes from me and I take from him. They don't give it to me for free and I don't give it to them for free: I give them happiness, they give me money, it's fair - but I guess I am basically a prostitute.

I hate the word galee (whore) because when I was younger I used to go to discotheques and so on in Bangkok and I see girls that look like they are galees (whores) and I promise myself that I would never be the same as them, even if I'm going to starve, I wouldn't do it, I would never do it . But - we never know our own future - we don't know what our future is going to be like! Things can change - what you hated , you now have to do!

So, I never hate myself. I am trying to upgrade myself. I'm only a prostitute at work, but when I'm not at work I'm a totally different woman - different from a prostitute. I don't put myself down.

Do your family in Thailand know you are a sex worker?

No one knows that I work, especially as I love my father very much and when I separated with my boyfriend I let my father know that I separated - my father is a policeman and he worry about Thai prostitutes that come to working Australia and get deported - he knows about them - he told me to keep a distance from these sort of girls. I just don't want him to get upset over that because he hates prostitutes.

Do your friends and family here in Australia know you are a sex worker?

I have no family in Australia at all. I have some friends outside the parlour who do know I'm working, but these are only my very closest friends who I think I can trust. If I don't think I can trust them, I don't tell them. Most of my friends are other working girls - I have about 4 or 5 of them. Some of my friends work in a straight job, or are married with families. Some of them also have a background as sex workers

How do you feel about this?

With the friends that know, I trust them that they wouldn't tell anyone else. I care a lot if someone who is not a close friends to me knows that I work because the Thai community here is

very very small and everybody knows everybody and I would care very much if some of them find out that I'm working in this job.

What dreams do you have for the future?

I dream of having a house and everything that everybody else has - house, car, everything. Then I will stop this work and go to a normal job. I don't think, when I get out of it, that I will ever come back into this work again. I'm thinking I'll keep working for two more years, I hope I will be able to get out. Now I have the house but I'm still paying it off - I still owe about \$30,000 to go.

Do you face any problems being a sex worker here in Australia?

I am on my own - and I have no problems related to going to work. I care very much about my flatmate who has a boyfriend that didn't know that I was working. Everyday I would come home from work in the morning and I would have to lie about the work I am doing. I am worried that one day he will figure it out.

I do have some problems some times with clients - some of them are good and I'm quite happy to give them some service - but some of them are just bastards and I get really cranky and don't feel like working anymore

Who do you think can help you if you ever have problems?

No one can help with the client problem - if I don't want to take him, I don't have to take him - all I have to do is go to the receptionist and say this client is no good and the receptionist will take control of the situation. Between us we can take care of the situation

Do you know what problems other Thai women have in Australia?

Most of the other women I know are trying to make their life better in the future - they all want to have a house, have a car, have land, they all have all those dreams. They don't have problems taking control if they are their own boss, as long as they do the right thing by the parlour manager - like ring them up if you're going to be late or not able to go in at all. I notice that Asian women are needed desperately by parlour owners, they need us, so they don't put so much pressure on me. The women just need to know that they should shop around until they find a good workplace.

My bottom line is that I will help anyone, but they need to ask for help, or otherwise it's none of my business.

What information do you think other Thai women would want?

For the newer kids, the ones without much experience if they don't have control, or they are brought out to work for someone - I don't know what can be done for them, they have big problems because they can't get in touch with anyone for help.

But most of the the ones I know have a boyfriend or husband, or separated, and get into the work that way. They are in control of their own lives - the only pressure on us is if other members of the community find out that we are working a sex workers; it's a very small community, the Thai community in Melbourne.

If you knew someone who was coming out to Australia on a contract, what would you tell them about working here?

If they think they can come here and just get money, I would advise that they work hard to get the money that they want to, to cut out the fooling around and work as much as they can, realise that you have a limited amount of time, get the money, and get out.

Mai's Story

I was 28 and working as a hairdresser in Bangkok when I met my husband. He is Australian and he had been living in Thailand for two and a half years. One day he said to me to get married. He came back to Australia and then he sent me a letter to say to go to the airport.

I have been here three and a half years now.

At first all I wanted to do was to learn English. but I couldn't get into any classes - they were all full. I went all over but I couldn't get into any classes. They told me I would have to learn from home, but I didn't know my ABC. I couldn't learn if no one could teach me.

My husband helped me to get a job from someone he knew. I started work in the job two and a half weeks after I came to Australia but it was hard because I couldn't speak English much.

After about three months I felt very tired, different. I didn't know then but I was pregnant. I kept doing the work then one day I told one of the other girls I was pregnant. She told the boss. I got the sack. Not even five minutes notice - he just said "out the door". I cried and cried.

A Chinese student who was working there contacted the Union and they asked me to tell the story. It was about the supervisor who sacked me. The Union asked me did I want my job back. I did but I was scared. The supervisor was always teasing me, asking me to go with him. I knew this was why I got the sack - he didn't like it when I was pregnant. But I needed a job. So I said yes. The Union talked to the boss for a long time - for many weeks. The other girls all had stories about the supervisor asking for sex, but they wouldn't tell them and by then I was very pregnant so I decided to wait till after the baby was born.

When my son was four months old the Union tried to get me back in. But they didn't tell the boss to put me in the same job as the one I had and when I went back they put me into a much harder job - I had to drag around big rolls of carpet on my own. It was too heavy that job, because I am only small and I had so much pain in my back and my neck.

We had a big fight and after that the new production manager was good to me, but the boys who worked there would not help me - they would leave me the dirty worst and the heavy work. For one year I stayed doing that work but it was so hard and I had so much pain. One day we had another big fight. I was crying. I couldn't take it anymore and I resigned.

After that I couldn't get another job.

One girl I knew was working in a Chinese massage place - she asked me, do you want to work or not. I said O.K. but I don't like it much. I work from 10.30 in the morning to 10.00 o'clock at night, six days a week. On a good day I see maybe ten men but there are not many good days. I get \$15 for each man, the boss gets \$15 for each man. They are mostly Australian. The massage part is hard work - for the neck and back and I have pain most days. There are two Chinese girls and me working there. I don't know if they give sex to the men. A Chinese man from the massage place picks me up and takes me to work and takes me home again.

My husband doesn't care that I work there but his family treats me very badly. They say it brings shame to their family. Now my husband and I do not live together. I stay with the mother of a Thai girl - she looks after my little boy while I am working and I sleep there at night. I pay her.

My mother in Thailand does not ask me for money, but I send money to her. They are so poor. My sister now is in Germany.

A story about Pranee, as told by a community worker

Pranee was a 21 year old Thai woman who had had experience as a sex worker in Thailand.

She had met an Australian man and came to Australia with the expectation of marrying him. Once she was here, according to Pranee, he 'made' her continue to work as a sex worker here. She did not want to keep doing sex work.

Her partner became increasingly violent toward her and she became increasingly distressed.

In time she took an overdose of pills.

When in hospital recovering from the overdose a social worker referred her to a women's supported accommodation program. She went to live in a women's refuge.

No member of staff spoke Thai and Pranee's English was limited.

However, it became clear that her six month's visitor's visa had expired. She did not know where any of her 'papers' were. She had no idea whether any application for residency had ever been made on her behalf.

Pranee wanted to find a job in the sex industry, to hide from her ex-partner and to hide from immigration. She asked the accommodation program workers to help her find a job as a sex worker.

Then she decided she wanted to pursue an application for residency.

Then she renewed contact with her ex partner.

At very short notice she left the accommodation program saying she was "going back to Thailand".

Her support worker was not on duty at the time of her departure.

It is not clear whether Pranee returned to Thailand, returned to her violent partner or just went 'underground'.

Thanavadee's story

I met my husband in a beer bar in Pattaya.

Afterwards he sent me money to come to Australia.

I have been here for 1 year and 5 months.

At first we tried grape picking - my husband couldn't do it because he has a sore leg, but I worked very hard - twelve hours a day.

One day I picked 500 buckets of grapes, very hard work.

One time we went to the country and worked shooting rabbits - also very hard work, and no money.

Now my husband brings me here (a brothel) to work every day (6 days a week).

He tells his mother that I am babysitting for a Thai restaurant family - so she cannot take my money.

My mother in law used to take my money but now she doesn't because she doesn't know I'm working. She treats me very badly, and so does my sister in law, and sometimes my husband. They all say I was "moll" before, when I was in Thailand, and now I am also.

Now we live in a caravan at her house. My mother-in-law gives me a very hard time.

All my money now goes to the Bank in Thailand. My husband and I have a rice farm there. My family is supposed to look after it but they let it get very run down. It costs me a lot of money.

I have two children. My family looks after them in Thailand. My family do not know I am a sex worker. I would have shame.

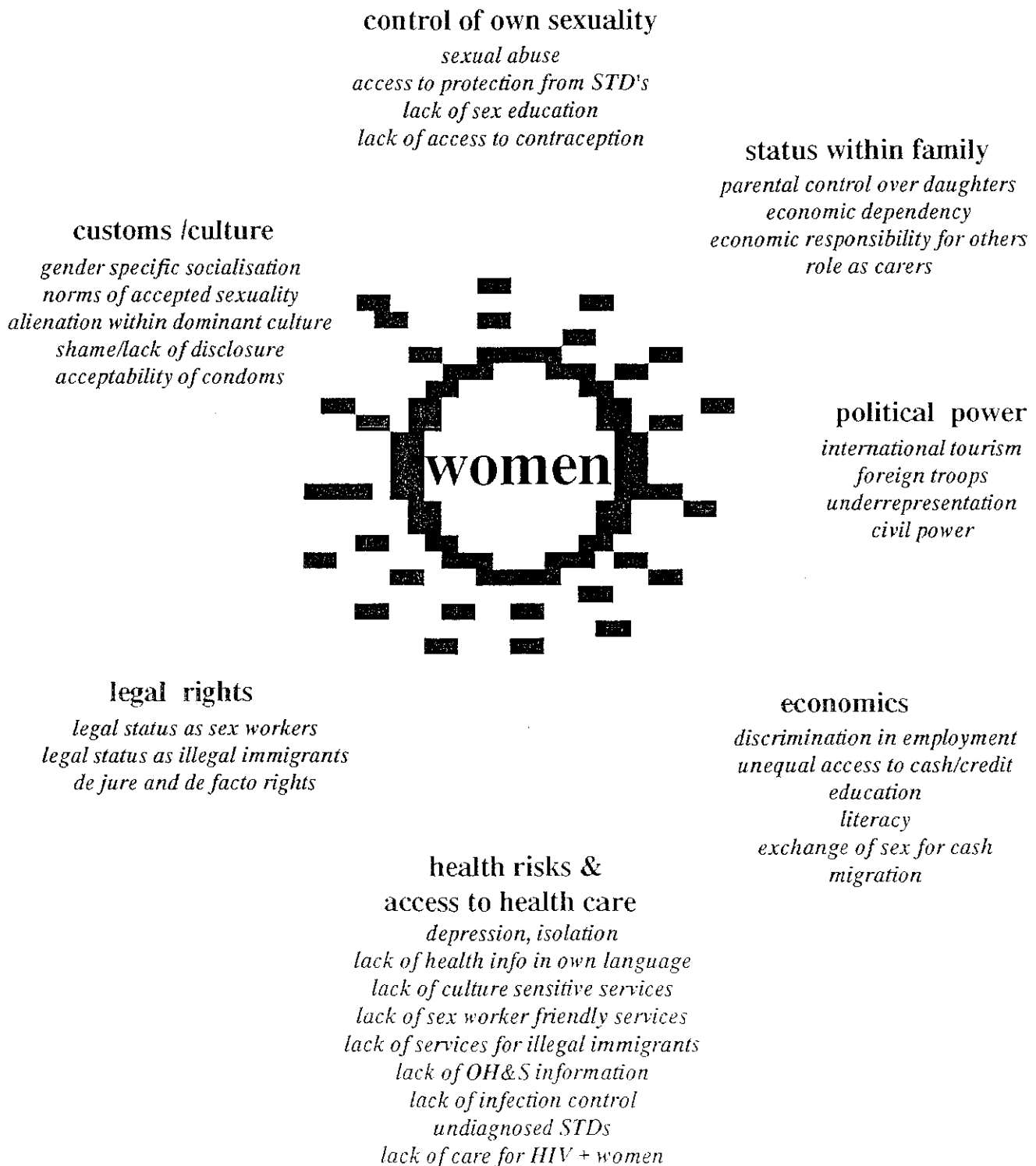
I want to go back to Thailand, but not without money. I want to buy a house.

I don't like men, but this work is better than some other.

what you can use

an understanding of constraints and influences of society on migrant women sex workers

This model is adapted from *Women and AIDS in the Developing World* UK NGO AIDS Consortium for the Third World 1991



the Siren Project

(Sexual health, Information, Resources and Education for Non-english speaking sex workers)

Summary of Outcomes

- Siren's Story, an 80 page book in Thai, produced for national distribution to Thai commercial sex workers.
- Siren's Story, an English version of the Thai booklet, produced for the use of workers with Thai sex workers and interested others.
- Siren's Story, an 80 page book in Tagalog, produced for national distribution to Filipino women commercial sex workers.
- Siren's Story, an English version of the Tagalog booklet, produced for the use of workers with Filipino sex workers and interested others.
- We Deserve to Be Safe, a 40 minute audio cassette in Thai for the use of non-reading Thai women.
- We Deserve to Be Safe, a 40 minute audio cassette in Tagalog for the use of non-reading Filipino women.
- A national cross cultural awareness training program for State and Territory Sex Worker Organisations.
- A collection of print, audio and video information resources in languages other than English from Australian and international sources available to individuals, workers and organisations through the Prostitutes Collective of Victoria.
- A compilation of print resources in LOTE distributed to Sex Worker Organisations and the distribution of a resource directory.
- Delivery of health information to NESB women sex workers during brothel visits.
- The development of linkages between the Prostitutes' Collective of Victoria and NESB service providers, participation in opportunities to raise awareness about NESB women and HIV/AIDS and about NESB sex workers, and responses to requests for direct assistance to NESB sex workers.
- The development and adoption of a NESB Access and Equity Policy by the Prostitutes Collective of Victoria.
- Siren' Speaks, an information kit/final report.

Background

The Project was funded by the Department of Human Services and Health through the Commonwealth AIDS Prevention and Education (CAPE) Program.

The funding was auspiced by the Prostitutes' Collective of Victoria.

The Project was based in Victoria with an outcome expectation of 'national significance'.

The Project was staffed by a sole worker who was independently based.

The Project Worker was employed from August 1992 to June 1994.

Steering Committee

The Project was oversighted by a Steering Committee whose members were:

Ms. Kris Ashpole, representing the Department of Human Services and Health (throughout):

Ms. Edwina Bain, representing the Prostitutes Collective of Victoria (part duration):

Mr. Keith Gilbert, representing the Prostitutes Collective of Victoria (part duration):

Ms. Deb Mayson, representing the Prostitutes Collective of Victoria (co-opted throughout):

Mr Phil Carswell, representing the Department of Community Services and Health (part duration):

Mr. Andrew Hunter, representing Scarlet Alliance/AFAO (part duration):

Ms. Anne-Marie Baker, representing the Melbourne Sexual Health Centre (co-opted part duration)

Mr. Bill O'Loughlin (co-opted, part duration).

Project Aim

To provide AIDS education to non-English speaking background sex workers.

Objective

To develop information about HIV/AIDS and safer sex practices relevant to NESB sex workers

Strategies

To review existing national material/pamphlets on HIV/AIDS which target NESB sex workers, particularly Thai and Filipino workers.

To conduct a search for suitable resources and formats produced by sex worker advocates in source countries, particularly Thailand and the Philippines.

Where possible, to establish focus groups of NESB sex workers, involving Thais and Filipinas, in order to ensure that any resource outcomes are suited to their information needs.,

To conduct a number of one-to-one interviews with NESB sex workers about their experience of working in the industry and their attitudes toward the possibilities of commercial and non-commercial safe sex.

To respond to felt and comparative needs as expressed by NESB sex workers by producing information resources with culturally appropriate contents and format.

To recommend and initiate appropriate information strategies for NESB sex workers and clients.

To survey existing sex worker advocacy centres about the needs of NESB sex workers and their own needs with respect to NESB accessibility.

To publicise the availability of materials produced by the Project in NESB publications accessible to NESB sex workers and distribute the material to sex worker and other relevant organisations.

To compile a listing of referrals and make them available to NESB sex workers nationally.

To encourage and resource members of the target groups to participate in information sharing sessions and networks with other sex workers.

To organise and resource (where possible) workshops for NESB sex workers focussing on safe sex practices and HIV/AIDS prevention, on a national level if required.

To liaise with government, community, sex worker and international organisations to promote the needs of NESB sex workers with respect to HIV/AIDS prevention.

To document the processes of the project in a way that is useful to other projects and organisations seeking to address the needs of non-English speaking background sex workers.

Anticipated Outcomes

Production of sexual health resources for sex workers in Thai and Tagalog.

A report on the effectiveness of the project for the use of other organisations.

Evaluation

Ms.Soo-Lin Quek was contracted by the Prostitutes' Collective of Victoria to evaluate the effectiveness of the Project.

Consultations

Multicultural Health Promotion Officer, Sydney Sexual Health Centre, Linda Brockett
 Thai Peer Educator, Sex Workers Outreach Project ,NSW, Kitty Leach
 Acting Co-ordinator, Sex Workers Outreach Project ,NSW, Alison Murray
 Counsellor, Sex Workers Outreach Project , NSW, Maggie Moylan
 Contact Tracers, Fairfield Hospital, Beth Hatch and Tom Carter
 Editor, Streetwise Comics, Prue Borthwick (telephone)
 Project Worker, CLV Young Women's Accomodation Service
 Women's Refuge Worker, western suburbs, Melbourne
 Community Health Centre Worker, St Albans, Kiah
 Women in Industry & Community Health, all staff
 Evaluator, Melbourne Sexual Health Centre (re NESB access), Judith Jones
 Multicultural Health Resource Service (telephone)
 Outreach workers, Prostitutes Collective of Victoria, Jo Snow and Deb Mayson
 Women's Health in Waverley Outreach Project, Noelene Gratton
 Recently arrived communities worker, Ecumenical Migration Centre, Nicki Marshall
 Nursing Director & Counsellors, Melbourne Sexual Health Centre
 Australia Asia Worker Links, Maureen Murphy
 Centre for Philippines Concerns, Melba Marginson
 International Women's Development Agency, Janet Hunt
 Men in Prostitution Project, PCV, Keith Gilbert
 Men in Prostitution Project, SWOP, Gavin
 Hands On Project - Young Women and HIV/AIDS, NSW
 EMPOWER (Thailand), Bangkok, Khun Noi Apisuk,
 Foundation for Women (Thailand), Siraporn Skrobaneck,
 KABALIKAT, (Philippines) Teresita Bagasoa,,
 Women's Crisis Centre, (Suva), Shamima Ali,
 ECPAT, (Philippines), Amihan Abueva,
 Foundation of Women Liberation, (Indonesia), Nana,
 Discrimination Against People Living With AIDS Project, Victorian AIDS Council, Penny Weller
 Escort agency owner/ employer, Melbourne (1)
 Hotel manager/employer of Filipina 'dancers' (1)
 Manager, social venue for Filipinos (1)
 Brothel owners, Melbourne (4)
 Brothel Manager/receptionists, Melbourne (6)
 Co-ordinator, End Child Prostitution in Asian Tourism, Bernadette McMenamin
 HIV/AIDS and Mining Communities Project, W.A., Vanessa Reid (telephone)
 ISIS International (Manila)
 Rural Women and HIV/AIDS Project, Liz Hoban
 Community Health Practitioner, Jenny Blackett-Smith
 AIDSLINE, Robyn Louie
 EMPOWER, Thailand, Roger Ollie
 Program for Alternative Technologies in Health, Thailand, Staff Team
 Cambodian, Laotian and Vietnamese Young People and HIV/AIDS Project, Steve Wilson
 Thai Worker, Sydney Sexual Health Centre, Malin (telephone)
 Outreach worker, Pink Triangle, Kuala Lumpur, Kartini
 Co-ordinators, Sex Worker Organisations
 Auckland Sexual Health Centre, N.Z., Annette Mortenson and Ning Chai Monghkol (corro)
 Individuals who have spent time in Thailand or with the Thai community in Melbourne, Sophie Mustapha, Alan
 Beesey, 'Cath', Cas Pinney, Prinn Pranayachuporn, Pete Williamson, Janya Poonthong, Mao, Sompao, Rose.
 Individuals who have spent time in the Philippines or with the Filipino community in Melbourne, Bong Bassig, Duane
 Zigliotto, Christie Rivera, various visitors from the Philippines.
 Thai, Filipino, Anglo and other background sex workers at Westside, Mahlers, Butterflies, Ladies, Lady Maddisons.
 Main Course, Mountain Magic, Follies, Top of the Town, Club 77, and during meetings outside of workplaces.

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English language version - audio script

We Deserve to Be Safe - Thai

Narrator: (Voice 1)

Pranee told me...

Pranee (Voice 2):

You can get AIDS from having sex without a condom if a guest has the virus that causes AIDS - and it doesn't matter if that person looks clean or not....

Narrator:

Darawan said ...

Darawan (Voice 3):

You won't get AIDS if he doesn't 'come' inside you - and if he does you can douche with dettol and get rid of it!

Narrator:

Suthinee told me ...

Suthinee (Voice 4):

It doesn't matter what you do at work - you can get AIDS from having internal examinations or from someone else's cough or from their plates or food or from the toilet. Or you can get it from mosquitoes, the same as malaria, or from having your nails done, or from dirty people. Anyway, the men with AIDS are the men who have sex with other men, not us, or they're Africans, or they did something bad in their last life.... Anyway it's not something you can control, it just depends what path your'e on - you just take your fate. And if I was going to get AIDS, I'd have it by now after all the farang who have come to this shop.....and none of the other girls who work with me have got it either! I hate all this talk about AIDS!

Narrator:

It seemed to me that some of the women I knew were saying that AIDS is caused by bad karma or that the people who were living with AIDS were unlucky. But then other women were saying that you could get AIDS from not being clean. Some women were even disagreeing with themselves- and that's when I realised we didn't really have the facts. What we had instead was a lot of fear..... because I knew that when each one of us is alone we worry about AIDS. Am I being imprudent? Could I get AIDS from work? What would happen to me and my family if I can't work? I know that guest looked clean but how can I really know?.....

I decided I had to learn more about AIDS - the true story!

What is AIDS?

AIDS is caused by a virus.

A virus is something that can only survive and grow by getting inside the living cells of a larger living being - like a person.

Once a virus gets inside a body's living cells it can damage the cells and make the body sick. Different viruses cause different diseases - it depends on which cells the virus has got into and what the virus does to the cells. There is no 'cure' for a virus, but the body has its own ways to stop viruses doing damage. The body usually finds a way to prevent damage in the future. This is managed by the body's defence or 'immune system'.

The virus that causes AIDS is called HIV (the Human Immunodeficiency Virus). HIV takes over special cells in the body's immune system so that the immune system cannot do its normal job of protecting the body against disease. These diseases will have the 'opportunity' to do much worse damage than usual.

When a body's immune system is very seriously damaged by HIV, the person is said to have AIDS. When people with AIDS die it is from the effects of these other diseases. There is no cure for AIDS or for HIV.

For a long time before then HIV can stay alive inside a body's cells without causing much damage. That's why a person with HIV may feel and look perfectly well. Most people in Australia who have the virus look well for at least seven years - but it could be longer or it could be shorter.

Because a person with HIV may look so well, you can't tell who has been infected and who has not. A person who is not sick may not even know they have the virus for many years. An infected person can infect others without even knowing it.

HIV can be caught from a person who is well or a person who is sick - same, same!

How can a person find out if they have been infected with HIV?

If a person has been infected with HIV the body's immune system will try and get rid of the virus by producing special cells called antibodies. HIV antibodies are only produced if there is HIV in the body.

There is a blood test that can detect or show up HIV antibodies.

It can take up to three months after a person is first infected before there are enough HIV antibodies to show up on a test. If the result of a blood test is 'negative', that person has not been infected with HIV or was infected less than three months ago.

If the result of a person's HIV antibody test is 'positive' then he (or she) knows he is "HIV positive" which is another way of saying he has been infected with HIV. It does not mean that person has AIDS but it does mean they could develop AIDS at some time in the future.

Having a blood test does not protect you from HIV or AIDS.

How is HIV passed on from one person to another?

HIV is a special virus.

One of the special things about the virus is that it dies very quickly once it is outside a body. And it's not like the virus that causes a cold - it can't be spread by coughs or sneezes. It can't survive in the atmosphere or water, on clothes, plates, cups, toilets, or in the bodies of mosquitoes or other insects. It can't be spread by cuddling, hugging, shaking hands or kissing. The virus can't go through skin if the skin is not broken. You certainly can't get it just from living or working with someone who has the virus.

The virus is only spread through certain body fluids.

The body fluids that can pass on infection if they have HIV in them are :

- semen (cum or pre-cum in men),
- blood (including menstrual or 'period' blood),
- vaginal and cervical juices (the fluids made by a woman's body to keep her vagina moist, clean and healthy).

Sometimes a mother's breastmilk can also have HIV in it.

Only these body fluids can pass on infection.

The infected body fluids need to get directly into the blood stream of the next person. If none of these infected body fluids get directly into the bloodstream of another person, HIV will not be spread.

Even though our bodies make lots of fluids such as tears, urine, and spit these fluids cannot have enough of the virus in them to pass on infection. The only time when these fluids, or shit (faeces) can carry enough HIV is when there is blood in them.

In the past some people were infected with HIV after receiving a blood transfusion with infected blood, but blood supplies in Australia have been safe from HIV since May 1985.

How can a woman get HIV?

A woman can get HIV in the same way that a man can get HIV:

- during sexual intercourse without a condom with a person who has HIV,
- from sharing needles or syringes with a person who has HIV,
- a baby can get it from her infected mother just before or during birth or from breast milk.

Who can get AIDS?

To get AIDS a person needs to have been infected with HIV.

Men, women and children can be infected with HIV and then get AIDS.

People of any age can get AIDS.

extras

People from the city and people from villages can get AIDS.

People from any country can get AIDS.

People from any tradition or culture or religion can get AIDS.

People who use drugs and people who do not use drugs can get AIDS

People who pay for sex and people who do not pay for sex can get AIDS.

Narrator:

When Suthinee heard that women can get AIDS she started having dreams about Dracula bringing her AIDS in her sleep. On the one hand she did not want information about AIDS and on the other hand she was secretly worried about it. She thought that talking about it would make her unlucky.

Now that I have some information I know that AIDS has nothing to do with Dracula! - it happens because of a virus. And I know that anyone can get AIDS - it depends on whether HIV has got into their blood, not on who the person is or whether they have been unlucky or even what country they are working in.

I still wondered a bit about what Darawan said - that you can't get AIDS from a guest if he doesn't 'come' inside you - and if he does you can get rid of AIDS when you wash at the end of the shift..but then I heard the story of Noi.

Noi is the older sister of one of Pranee's friends from Udon. She started working in Pat Pong then she came to Australia through Chai, an agent who she met through her friend Dang. Noi had a dream that if she came here and worked for 6 months she could buy a house for her mother, sister and the children (Look and Lan). Dang told her that she would only take about three months to pay back the money that it cost to bring her here.

When she first arrived she found that making the money was not so easy - business was so slow on some days that she got bored waiting between guests. After a while she started gambling on Lucky 8 with some girls she worked with and Lek and Dim, two of the girls she lived with. After two months she was not much closer to paying off her contract debt.

She started borrowing more money from her boss but a lot of this went on gambling too.

Noi started working double shifts. Her debt got lower and she was gambling less, but she was really tired from working so much. - She started to worry whether she would ever get the money together for a house. She started to wonder whether it was worthwhile coming here ...

Then the pressure to send money back home for her mother and (grandmother)Yaii got suddenly worse - her brother had made a big compensation debt to the family of a man he had accidentally killed when he was driving a truck to Chiang Rai and every day the interest grew.

It was about this time Noi heard from Lek about a place to work where the guest pays more if you do not make him use a condom - she decided to work there too. But she made a rule for herself - always check the guest to see if he was sick and to see if he was clean. She also went to the local clinic every month for a check up and she had a blood test 'for AIDS' every three months. Noi believed that she was doing the right thing and that she would be protected from any serious sickness this way. She thought she was keeping her body clean by douching after every job . She thought as long as she checked clients and douched, she wouldn't need condoms.

But after she had her second test 'for AIDS' the doctor told her she had been infected with HIV, the virus that causes AIDS. You can't see AIDS and no douche could protect her! It 's like getting pregnant, you only have to be unlucky once.

I know another girl, Kim. - she insisted on condoms every job! It was easier for her because she didn't have any huge debts. She worked because she had a dream of setting up a business in Thailand. She was married to a farang, and could stay here as long as she wanted. She knew that as long as she worked and saved she could make her dream come true - it was just a matter of time. So she worked and saved, worked and saved. And always she used condoms.

But when she was with her husband she wanted to put work behind her - she liked not having to worry about condoms when she was with him, and besides, he would never wear them anyway. Kim became infected with HIV, not from any of her guests, but from her husband. It turned out that he had shared a needle with a mate when he was using drugs one day, before he even met her, and that is how he had become infected.

Kim's story reminded me that you don't get the virus that causes AIDS, from selling service - you get it from having sexual intercourse without a condom.

Kim and Noi both told me that the most important thing is to protect yourself when ever you go with anyone unless you know they have not been exposed to HIV in any way - at home or at work.

I also found out that there are plenty of 'safe' places to work where the boss doesn't put any pressure on you to forget about condoms - sometimes they are called 'Safe Houses'. In the state where I live, the sex worker organisation called the Prostitutes' Collective checks if a shop is a safe place for working girls and guests. Guests can find out which establishments allow only 'safe sex' by phoning the sex worker organisations and this means that business is sometimes better in these shops. Places that only allow 'safe sex' are the best places to work.

I was intrigued by this idea of 'safe sex' and decided to find out more. Then I talked to my friends about what I'd learned.

How Can Women Avoid Getting HIV through Sex?

HIV is spread to another person when body fluids carrying enough of the virus enter another person's body. This can happen during some kinds of sex and therefore HIV/AIDS is known as a sexually transmitted disease (STD).

Anal or vaginal intercourse without a condom are the main ways HIV is sexually transmitted to a woman from a man if the man has been infected with HIV. It doesn't matter whether either person has an orgasm or not and it doesn't help if the man withdraws his penis before he has an orgasm (ejaculates/spasms). This is because the fluid a man's body produces before he ejaculates can also carry HIV.

During vaginal intercourse without a condom HIV can be absorbed into a woman's body through the moist tissue or skin that makes up the walls of the vagina. This tissue does not act as a barrier in the same way as skin on the outside of the body. (It is more like the skin on the inside of the mouth.) During sex it can become swollen and filled with blood.

The skin inside the vagina can also have tiny cuts or sores which can't be felt but which can let a virus into the blood stream. The virus can also pass through the tissue that lines the cervical canal (at the top of the vagina) and the tissue that lines the uterus (womb).

During anal intercourse without a condom HIV can be absorbed into a woman's body through the skin that lines the walls of the rectum. This skin is even more fragile than the skin inside the vagina and can very easily have tiny cuts, tears or sores which can't be felt.

During oral sex there is a risk that HIV could pass into the bloodstream if there are sores or ulcers or bleeding gums in the mouth or if there are sores, blisters or tiny cuts on the penis or vulva/vagina.

Cuts, sores, broken skin or blisters on fingers can allow HIV into the bloodstream if body fluids cover them or if there are cuts in the part of the body where the fingers enter.

When the body is affected by other sexually transmitted diseases, such as herpes or gonorrhoea, it may be easier for the virus to enter the bloodstream

The way a woman can avoid getting HIV during sex with a man is by not allowing semen or blood into her body or damaged skin unless she knows for sure that the man is free of HIV.

The ways to have sex without exchanging body fluids are:

- doing different things from vaginal or anal or oral intercourse. They might include: hand relief, stroking, erotic massage, licking, touching, rubbing, sucking, teasing, fantasy and fun in new ways, - but avoid any practice that breaks the skin or draws blood.
- using a 'barrier' or protection so that no part of the man's body is touching you inside. The barrier to use is a condom, a dental dam or a latex rubber glove.

These ways of having sex are 'safe sex'.

Pranee:

So, it is all really very simple - if there's a chance that your sex partner has been exposed to HIV in any way you either don't have sexual intercourse with him - or you always have to use a condom. Just tell the boss, tell the guest, and tell your boyfriend!

Narrator:

Later Darawan started talking to me about what Pranee had said:

Darawan:

My boss would never let me work like that - that's why some guests visit her girls in the first place - because they know they don't have to wear a condom if they don't want to. They say they get more pleasure without one and they're prepared to pay extra for that pleasure. I make more money that way too - everybody's happy. I need the money and the guest needs to know I'm going to make him happy!

Narrator:

When I told Pranee about this she said:

Pranee:

Well who gets to decide what he thinks he needs? And what if your needs are opposite to his? You always have to start by looking after your own health.. Don't you understand that if one of us works without a condom it's harder for the rest of us to say no? Besides, without your health you're not going to be able to earn anything at all!

Narrator:

Darawan got really angry. She said:

Darawan:

Pranee! What would she know? - she doesn't even send money back for her family and all her guests are old and stupid farangs - and she thinks she knows so much about life and men! No man is going to keep me as a regular if I suddenly start saying "no condom, no sex"!

Narrator:

Pranee said to me..

Pranee:

Darawan doesn't know you can get them to use a condom and make it even better for them - some lube, some playing, a bit of fun - none of my clients complain! And Suthinee has just got a black heart from working too long and getting too old. There's not too much love in the love game for her anymore.

Suthinee:

...these younger ones, like Pranee, they think that life is so simple that you can just ask for what you want. My mother would say she's just a 'Honey Bee Special!' What would she know about being a successful entertainer!?

Narrator:

I had to wonder why they had to 'kick box' with each other about it and why the issue made Darawan sound angry and Suthinee sound tired. I realised that, with my friends, we had never really openly discussed AIDS or other sexually transmitted diseases before - not even sex really. I mean we knew the business and we could joke about guests but we had never really talked with each other about our feelings about sex or about how it is for us, as women and as workers. It was time to start talking with each other, not about each other.

And as for our guests, it's true that some men will pay for sex no matter what - they are just men, and you need to know how to deal with them. They're "butterfly's" - they like to be seen to be having a lot of women, but when you're alone with them, they'll usually see reason.

*And knowing how to get them to see our way is why we're good at this job. Maybe we need to start having **confidence in ourselves** that we can make them see it our way, to keep ourselves safe, to keep our dreams alive.*

More about condoms

A condom should be put on a man's erect penis before vaginal, anal or oral sex. The condom is left on until after the man has come. The condom stops the cum or semen going into the other person's body. Because it is a barrier which prevents the exchange of semen, blood or vaginal fluids, the condom can provide protection against HIV (and other STD's). HIV cannot pass through an unbroken condom.

Condoms can also be used to prevent pregnancy, especially if you use a diaphragm, which is like a rubber hat for your cervix, at the same time.

If for any reason you can't get condoms at work, you can get them from sex worker organisations, chemists and some supermarkets. Condoms that are available in Australia very rarely break if they are used properly.

Using condoms properly means making sure that they do not tear or fall off and that they are used every time during vaginal, anal or oral sex.

Put on a new condom every time you change to a different kind of sex.

Different kinds of condoms suit different kinds of sex best. Lubricated, see-through, strong condoms are best for vaginal sex. Lubricated double strength condoms are best for anal sex and non-lubricated, see through condoms that have no taste are best for oral sex. There are also different shapes and sizes for differently shaped and sized men.

Make sure you are the one that puts the condom on - you are the expert and it's better to be safe than sorry.

extras

Using condoms properly

- Store condoms away from direct sunlight.
 - Always use a new condom and make sure that it is fresh by checking the 'use-by' date on the packet.
 - Make sure there is enough light when you open the packet so you can see what you are doing.
 - The time to put the condom on the penis is after the penis gets hard but before the penis touches your genitals.
 - Gently hold the tip of the condom between your thumb and finger or your mouth to squeeze out the air before you roll the condom down the hard penis. This leaves room for the cum.
 - With your other hand or mouth, unroll the condom all the way down the hard penis to the base. Check that it is down far enough. Be careful not to damage the rubber with fingernails or jewellery.
 - Put plenty of lubricant (lube) on the outside of the condom and make sure that the vagina or anus also has plenty of lubricant in them before intercourse. Not enough lube can cause the condom to tear or come off, or make your vagina rubbed raw. It is important that the lube is water-based, such as "KY", "Muko", "Lubofax" or "Wet Stuff". Do not use water or spit (saliva). Do not use oil or oil-based lubricants such as Nivea, Vaseline or baby oil or massage oil. Oil based lubricants damage the rubber in condoms.
- A drop of lube inside the tip of the condom before you put it on can make the penis more sensitive and can make the man come more quickly.
- When he's finished hold the rim of the condom at the base of the penis so that no cum is spilt. Pull your body away from the penis before the penis gets soft. Make sure you are the one in control.
 - Use a tissue to push the condom up off the penis, starting at the bottom. As the condom comes off, use the other hand to wipe his penis with a tissue.
 - Put the condom in the rubbish, not the toilet.

More About Dental Dams

A dam is a square sheet of extra thin rubber latex that is used during oral sex on a woman, or where a woman's mouth goes down on a man's anus (bum).

A dam has a white powder on it for storage. It can be rinsed off with water. Just pat the dam dry before use.

The dam is spread over the entire vulva, covering the opening of the vagina and the clitoris, and the two sides are held in place with both hands.

A dam is used the same way for oral-anal sex. Use a new dam for oral-anal sex.

Never share a dam and never re-use it.

If you haven't got a dam you can use a condom that has been cut up the side, or a square of rubber cut from a latex rubber glove.

Always make sure you are the one to hold the dam in place. Always make sure you are the one who is in control!

Narrator

Maybe safe sex all of the time and every time means making some changes but one thing is true - if we're having sex we deserve it to be safe!

To be safe is part of our dreams too!

*Narrator, Pranee, Darawan. Suthinee:
We deserve to be safe!*

For More Information

For more information about safe sex, safe tools and safe work contact your sex worker organisation or sexual health clinic. Ask an expert and ask for an interpreter if you want one! All services are free. Their phone numbers are printed at the front of this tape.

You can also get a booklet called Siren's Story about working safely in Australia - from the same place as you got this tape.