



Phone – 02 9690 0551
Fax – 02 9690 1013
Post – P. O. Box 2167,
STRAWBERRY HILLS NSW 2012
Street – Suite 9, 245 Chalmers Street,
REDFERN NSW 2016
Email – info@scarletalliance.org.au
Web – www.scarletalliance.org.au

Committee Secretary
House of Representatives Standing Committee on Regional Australia
PO Box 6021
Parliament House
CANBERRA ACT 2600
ra.reps@aph.gov.au

5th April, 2012

Dear Secretary,

Inquiry into the use of ‘fly-in, fly-out’ (FIFO) and ‘drive-in, drive-out (DIDO) workforce practices in regional Australia

Thank you for the opportunity to make a submission to the House of Representatives Standing Committee on Regional Australia on your inquiry and report into the use of ‘fly-in, fly-out’ (FIFO) and ‘drive-in, drive-out’ (DIDO) workforce practices in regional Australia. Please find our submission attached.

Scarlet Alliance, Australian Sex Workers Association, is the national peak body representing a membership of individual sex workers, and sex worker networks, groups and community-based projects and organisations from around Australia.

We would appreciate the opportunity to discuss the issues below and to provide the Committee with further details at the Public Hearing in Sydney on Friday 25 May 2012.

This submission is sent on behalf of Scarlet Alliance and our state member organisations: Respect Inc. Queensland, United Sex Workers North Queensland, SWOP ACT, Vixen Victoria, SWOP NT, Debby Doesn’t Do it for Free and Sex Industry Network (SIN) SA and our associate member organisations: SWOP NSW, Magenta WA, and Touching Base. The submission was informed by a workshop on this issue held at the Scarlet Alliance annual National Forum November 2011.

Sincerely,

Kane Matthews
President

About Scarlet Alliance

Scarlet Alliance is the Australian Sex Workers' Association. Through our objectives, policies and programs, Scarlet Alliance aims to achieve equality, social, legal, political, cultural and economic justice for past and present workers in the sex industry, in order for sex workers to be self-determining agents, building our own alliances and choosing where and how we work.

Scarlet Alliance was formed in 1989. Scarlet Alliance is Australia's national peak body representing a membership of individual sex workers, and sex worker networks, groups and community-based projects and organisations from around Australia. Each year a National Forum and Annual General Meeting is held, where key policies are developed, an Executive Committee and spokespersons are elected and workshops on issues for sex workers are conducted.

Scarlet Alliance is a leader when it comes to advocating for the health, safety and welfare of workers in Australia's sex industry. Scarlet Alliance member organisations and projects have the highest level of contact with sex workers in Australia of any agency, government or non-government. Throughout projects and the work of our membership we have high levels of access to sex industry workplaces in the major cities. Some of our sex worker organisations and projects within Australia also have multicultural or CALD (Culturally and Linguistically Diverse) project workers and Scarlet Alliance has a migration project employing multilingual project staff.

Scarlet Alliance has played a critical role in informing governments and the health sector, both in Australia and internationally, on issues affecting workers in the Australian sex industry. In addition, Scarlet Alliance has been active in promoting internationally the principles and approaches that have been effective in minimising the transmission of HIV and STIs amongst Australian-based sex workers and our clients. Scarlet Alliance represents sex workers on a number of Commonwealth committees and ministerial advisory mechanisms.

Executive Summary

In recent months, newspapers and online media have reported sensationalist articles about fly-in-fly-out and drive-in-drive out sex workers, and our role in mining towns particularly. Inflammatory headlines and hysteria about sex workers' alleged involvement in rising STI rates are inaccurate and ill-informed. The articles also reveal a fundamental misunderstanding about the regulation of sex work in Australia, the size of the sex industry, the health and professionalism of migrant or culturally and linguistically diverse (CALD) sex workers, the nature of sex work itself, and the role of men who have sex with men (MSM) in mining communities.

Epidemiology consistently shows that sex workers have consistently lower rates of STIs and HIV than the general population, and for Australian sex workers, amongst the lowest rates in the world. These statistics are borne out by numerous research projects and Australia's *National STI and HIV Strategies*. Research also shows that migrant sex workers share similarly low rates of STIs and similarly high rates of condom use. As a matter of occupational health and safety, sex workers are safer sex experts and educators of our clients.

Sex workers are valid FIFO and DIDO workers and experience some of the same issues as other FIFO and DIDO workers in terms of family separation and access to services in remote communities. Historically, FIFO and DIDO work has been popular among sex workers. However, the experiences of FIFO and DIDO sex workers are also affected by ongoing discrimination in housing, accommodation and advertising, and continuing criminalisation and harsh licensing regulations across various states and territories. Sex work is highly and in some cases inappropriately regulated in Australia under criminalised, licensed and decriminalised frameworks. Decriminalisation is recognised by UN bodies as the best-practice approach to sex work regulation, HIV prevention and health promotion, and the *National HIV Strategy* recognises that decriminalisation increases sex workers' control over our work and provides better health outcomes. Decriminalisation in New South Wales and New Zealand has demonstrated this and has also shown no increase in the size of the sex industry.

This inquiry opens up the opportunity for Government to provide more investment, resources and infrastructure in regional communities in Australia. Sex workers have positive effects on local communities where we bring safer sex education and skills to our clients, the wider public, and isolated communities. Sex workers can and do coexist with residential workers and populations where there are sufficient resources and services. Better funding for health services and state sex worker organisations would mean FIFO, DIDO and residential communities have better access to safer sex equipment, education materials and outreach services. This would be in line with a health promotion approach to issues faced by FIFO and DIDO workers in Australia. It would also allow regional employees easier access in engaging the services of sex workers where there is demand.

Part I: Addressing Media Inaccuracies about FIFO and DIDO Sex Workers

Sex workers are legitimate FIFO and DIDO workers

In recent months, sensationalist news articles have been reporting on the existence of sex workers as FIFO and DIDO workers in mining towns in Western Australia and Queensland. Queensland Sunday Mail headlines read 'Fears as Sex Workers Cash in on the New Mining Boom.'¹ AAP reads, 'Sex, Drugs and Dongas – a FIFO life'². Another article reports, 'mining towns full of cashed-up men deprived of female company are the new hotspot for prostitutes.'³

These inflammatory stories miss the ordinary fact that sex workers, like other workers, travel for work. Sex workers are a valid part of the FIFO and DIDO workforce. Like other professionals, sex workers may travel and migrate for work opportunities, career advancement and improved conditions and pay. Sex workers travel internationally, including throughout the Asia-Pacific region, as well as within Australia. Travelling for work like this is not uncommon. Sex workers advertise locally, provide professional services and act as safe sex educators to our clients.

FIFO and DIDO sex workers are not only regional workers, and are not isolated to mining camps – we also travel between metropolitan areas to source work. FIFO and DIDO sex workers are not necessarily city-based workers working in remote areas – some live and travel *between* regional areas. FIFO and DIDO sex workers are not only women – we have a range of gender identities. Miners may also be sex workers, and miners are not only men. In some states, many *clients* of sex workers are also FIFO and DIDO workers.

Rates of STIs and unprotected sex among FIFO and DIDO communities

To add to hysteria about FIFO and DIDO sex workers, these news articles have also reported an apparent rise in the rates of sexually transmissible infections in Western Australia and Queensland. Queensland's *Sunday Mail* states,

¹ Kathleen Donaghey, Daryl Passmore, and Jackie Sinnerton, 'Fears as Sex Workers Cash In on the New Mining Boom', The Sunday Mail, Queensland, 5 November 2011, accessed at <http://www.adelaidenow.com.au/news/national/fears-as-sex-workers-cash-in-on-the-new-mining-boom/story-e6frea8c-1226186702157> on 15 November 2011.

² Kim Christian, 'Sex, Drugs and Dongas – A FIFO Life', AAP, 27 June 2011, accessed at <http://www.perthnow.com.au/business/sex-drugs-and-dongas-a-fifo-life/story-e6fgr2r3-1226082589413> on 16 November 2011.

³ Andrew Duffy, 'Sex Workers Strike it Rich in Mining Towns', 7 November, 2011, accessed at http://www.miningaustralia.com.au/news/sex-workers-strike-it-rich-in-mining-towns?utm_source=20111116&utm_medium=email&utm_campaign=newsletters on 16 November 2011.

'Doctors in Queensland and Western Australia have reported increasing levels of STDs in mining areas.'⁴ Headlines read 'Miners record spike in HIV' and attribute the rise to 'bored workers... behaving recklessly.'⁵ The articles reference Australian Medical Association (AMA) WA President Dave Mountain saying there has been a significant rise in STIs in WA over the last three or four years, as well as already high rates of STIs in indigenous and mining communities in the northwest.⁶ These rates do not reflect the health of sex workers in Australia. As detailed below, sex workers have consistently low rates of STIs and HIV, which remain lower than those the general community.

Alleged involvement of sex workers as a cause of STIs or HIV

Media surrounding FIFO and DIDO workers throughout Australia has insinuated that sex workers are contributing to the alleged high rates of STIs and HIV. Headlines read 'FIFO workers fuel spike in STDs'⁷ and news reports state that 'the [mining] boom posed risks... from the spread of STDs... Earlier in the year doctors reported a spike in the number of FIFO workers contracting STD's and other infections.'⁸ Dr Mountain is quoted in AAP saying, 'Whenever you get those rises in sexually transmitted diseases that's almost certainly a sign that people are having high risk, unprotected sex,' and added 'The real concern then is that HIV rates are going to start increasing as well.'⁹ Dr Mountain then suggested that the sex industry in WA's northwest was also likely contributing to this rise: 'It would be very surprising if that wasn't true when you've got a lot of cashed-up young men.'¹⁰ Dr. Kerry Carrington is quoted saying, 'We're not concerned about the morality of it, but there are risks to the women from possible violence and to the men and their wives and partners if they have them from sexually transmitted diseases.'¹¹ These quotes are far removed from any HIV or health epidemiology in Australia, and from the way that sex workers manage risks and negotiate safer sex practices.

⁴ Kathleen Donaghey, Daryl Passmore, and Jackie Sinnerton, 'Fears as Sex Workers Cash In on the New Mining Boom', The Sunday Mail, Queensland, 5 November 2011, accessed at <http://www.adelaidenow.com.au/news/national/fears-as-sex-workers-cash-in-on-the-new-mining-boom/story-e6frea8c-1226186702157> on 15 November 2011.

⁵ Cole Latimer, 'Miners Record Spike in HIV', 9 September 2011, accessed at <http://www.miningaustralia.com.au/news/miners-record-spike-in-hiv> on 16 November 2011.

⁶ Lloyd Jones, 'FIFO Workers Risk Sex Disease in Asia', AAP, 9 September 2011, accessed at <http://news.smh.com.au/breaking-news-national/fifo-workers-risk-sex-disease-in-asia-ama-20110909-1k1bq.html> on 15 November 2011.

⁷ AAP, 'FIFO Workers Fuel Spike in STDs', 9 September 2011, accessed at <http://www.news.com.au/fifo-workers-fuel-spike-in-stds/story-e6fmg153-1226133226871> on 16 November 2011.

⁸ JobContax Blog, 'FIFO Prostitutes in Australia' accessed at <http://www.jobcontax.com/blog-entry/blog-entry/1/221/87/> on 20 December 2011.

⁹ Lloyd Jones, 'FIFO Workers Risk Sex Disease in Asia', AAP, 9 September 2011, accessed at <http://news.smh.com.au/breaking-news-national/fifo-workers-risk-sex-disease-in-asia-ama-20110909-1k1bq.html> on 15 November 2011.

¹⁰ Lloyd Jones, 'FIFO Workers Risk Sex Disease in Asia', AAP, 9 September 2011, accessed at <http://news.smh.com.au/breaking-news-national/fifo-workers-risk-sex-disease-in-asia-ama-20110909-1k1bq.html> on 15 November 2011.

¹¹ <http://www.news.com.au/national/fears-as-sex-workers-cash-in-on-the-new-mining-boom/story-e6frfkvr-1226186702157>

Sexual Health Services specialist Dr Arun Menon recently responded to a story in the *Townsville Bulletin* that ‘the rise in syphilis cases in the North West was due to dubious sex practices in illegitimate brothels in Mount Isa’.¹² Dr Menon responded, ‘The problem isn't with sex workers or brothels; it's with young people aged 15 to 30. That's where most of the cases are.’ He recommended that sexually active people under the age of 30 should be tested. Queensland Health's senior director of Communicable Diseases, Dr Christine Selvey, also claimed the article was ‘wrong’ and stated in her letter to the editor, ‘There have been NO cases of syphilis involving the sex trade industry, illegal or otherwise, or indeed the mining industry workforce.’¹³

Sex workers have low rates of STIs and HIV

Sex workers have been at the forefront of the Australian response to HIV, established longstanding partnerships with governments and community sectors, and continue to engage in health promotion activities through peer education, outreach and the implementation of safer sex practices. Both the *Sixth National HIV Strategy 2010-2013* and the *Second National STI Strategy 2010-2013* note that ‘the incidence of HIV/STIs in sex workers in Australia is among the lowest in the world. This is largely because of the establishment of safe-sex as a norm, the availability of safe-sex equipment, and community-driven health promotion and peer-based interventions.’¹⁴

Research clearly and consistently illustrates that sex workers enjoy lower rates of STIs than the general population, and have very high rates of prophylactic use.¹⁵ The LASH (Law and Sexual Health) report to the NSW Health Department in 2011 found that condom use at work approaches 100% in Sydney brothels.¹⁶ A Canberra Sexual Health Centre study demonstrates low rates of STIs amongst sex workers.¹⁷ In other states in Australia, epidemiology and research consistently show that sex workers have better sexual health than the non-sex working population in Australia. The LASH Report on the Sex Industry in Western Australia in 2005 also found close to 100% rate of condom use at work in Perth brothels.¹⁸ In their Victorian study, David Wilson et al. support the claim that sex workers have lower rates of STIs than the general community.¹⁹ A recent study by The Kirby Institute (formerly the National Centre in HIV Epidemiology and Clinical Research) used data from 21 sexual health services across

¹² The North West Star, ‘Townsville Sex Claims “Rubbish”’, 16 February 2012, accessed at <http://www.northweststar.com.au/news/local/news/general/townsville-sex-claims-rubbish/2457630.aspx> on 21 February 2012.

¹³ Ibid.

¹⁴ Australian Government Department of Health and Ageing, *Sixth National HIV Strategy 2010-2013*, Commonwealth of Australia, Canberra, 2010, 16; Australian Government Department of Health and Ageing, *Second National STI Strategy 2010-2013*, Commonwealth of Australia, Canberra, 2010, 16.

¹⁵ Roberta Perkins and Francis Lovejoy, *Call Girls*, University of Western Australia Press, 2007.

¹⁶ Basil Donovan, C Harcourt, S Egger, L Watchirs Smith, K Schneider, JM Kaldor, MY Chen, CK Fairley, S Tabrizi, *The Sex Industry in New South Wales: A Report to the NSW Government*, Kirby Institute, University of New South Wales, Sydney, 2011, vii, Preliminary findings presented at the Sex Workers Outreach Project Policy Meeting, Australian Society for HIV Medicine, 9 September 2011.

¹⁷ Christine J Sturrock et al., ‘Community-Based Sexual Health Care Works: A Review of the ACT Outreach Program’, *Sexual Health*, 2007, 4, 201–204 at Table 1 and Table 3.

¹⁸ Basil Donovan, C Harcourt, S Egger, K Schneider, J O'Connor, L Marshall, MY Chen, CK Fairley, (2010). *The Sex Industry in Western Australia: a Report to the Western Australian Government*. Sydney: National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, vii.

¹⁹ D Wilson, K Heymer, J Anderson, J O'Connor, C Harcourt and D Donovan (2009), ‘Sex workers can be screened too often: a cost-effective analysis in Victoria, Australia’, *Sexually Transmitted Infections*, October 2009.

Australia to study Chlamydia positivity among new patients seen at sexual health services participating in ACCESS (the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance). This study found that female sex workers enjoyed far lower rates of Chlamydia than other women. Contrary to public perception and stereotype, research consistently reveals that sex workers have lower rates of STIs than the general community.

Sex workers are sex educators

FIFO and DIDO sex workers make positive contributions to safer sex education for our clients and the wider community, often in regional or remote areas. Serena Mawulisa and Kenn Robinson have written that sex workers may be doing some of the most effective sex education work with adult heterosexual and homosexual men in Australia:

Sex workers worldwide have unique and exclusive access to men that may never actively seek information about HIV or STIs. Clients generally view sex workers as ‘sexperts’ and as a result, they may ask questions that they would never dare broach with a health professional, making sex workers a valuable resource in HIV education work.²⁰

Migrant and CALD sex workers

News reports over the recent months have also accused overseas sex workers of contributing to high rates of STIs among FIFO and DIDO workers in Australia. In September 2011, AAP reported that ‘High paid, fly-in, fly-out workers are returning from cheap Asian holidays with high rates of sexually transmitted diseases’²¹. Dr Mountain said there was a ‘real concern about FIFO workers bringing back from South-East Asia resistant strains of diseases such as HIV, chlamydia and gonorrhoea.’²² These media articles are rife with – often racist – stereotypes about sex workers (particularly Asian sex workers) as vectors of disease, and make assumptions about the agency and professionalism of migrant, international, and culturally and linguistically diverse (CALD) sex workers.

In fact, Australia looks to sex worker organisations around the world as role models. International examples of best practice and autonomous sex worker organisations include the Can Do Bar in Thailand, owned and operated by sex workers with just, safe and fair conditions, the Durbar collective in India representing 65,000 sex-workers fighting for sex worker rights, and Friends Frangipani in Papua New Guinea representing sex workers in eight provinces. At the 15th International AIDS Conference in Bangkok, sex workers from twenty countries engaged in skill sharing

²⁰ Serena Mawulisa and Kenn Robinson, ‘Sex Workers as Educators’, *HIV Australia*, Volume 3, September-November 2003, accessed at http://www.afao.org.au/view_articles.asp?pxa=ve&pxs=103&pxsc=127&pxsgc=137&id=335#313 on 19 July 2011.

²¹ Lloyd Jones, ‘FIFO Workers Risk Sex Disease in Asia’, AAP, 9 September 2011, accessed at <http://news.smh.com.au/breaking-news-national/fifo-workers-risk-sex-disease-in-asia-ama-20110909-1k1bq.html> on 15 November 2011.

²² Lloyd Jones, ‘FIFO Workers Risk Sex Disease in Asia’, AAP, 9 September 2011, accessed at <http://news.smh.com.au/breaking-news-national/fifo-workers-risk-sex-disease-in-asia-ama-20110909-1k1bq.html> on 15 November 2011.

workshops, which included working with condoms and dams, negotiating prices and services, performing STI checks, making risk assessments and establishing boundaries.²³

Research shows that many migrant sex workers in Australia have previously travelled and worked throughout the Asia Pacific. They have a high level of knowledge of industrial rights, and similar rates of condom use and STIs as non-migrant sex workers.²⁴

Misunderstanding about risks, safety and practice in the sex industry

These above news articles are ill-informed about risks associated with sex work, conflate sex work with STIs, and increase stigma by creating the impression that FIFO sex workers are the cause of increases in STIs. Some submissions to the Committee repeat one of the most harmful misconceptions about sex work that informs policy and law reform – that sex work constitutes violence. Submission 15 says a non-resident workforce ‘Increases in the presence of alcohol, drugs, prostitution, sex offenders and depression.’²⁵

Sex work is not inherently violent, objectifying or exploitative. Discourses that conflate sex work with violence have led to legislation that has systematically stigmatised, isolated and discriminated against sex workers. They have meant that positive experiences of sex work have been dismissed, and abolitionist policies have replaced policies designed to improve working conditions, industrial rights, human rights, access to services, job satisfaction and occupational health and safety. Sex workers routinely report that it is the legal frameworks and stigma surrounding sex work that creates the most violence, isolation and exploitation. The Kirby Institute’s LASH (Law and Sexual Health) report to the NSW Health Department in 2011 found that Sydney brothels workers enjoyed levels of mental health that were comparable to the general population.²⁶

²³ Janelle Fawkes, ‘Sex Work and Empowerment’, *HIV Australia*, 4:1, September-November 2004, accessed at http://www.afao.org.au/view_articles.aspx?pxa=ve&pxs=95&id=499 on 18 August 2011.

²⁴ Di Surgey, *SIREN’s Story*, The Sexual health, Information, Resources and Education for Non-English speaking sex workers (SIREN) Project, Prostitutes Collective of Victoria and Department of Human Services and Health, 1994; Global Alliance Against Traffic in Women, Empower Foundation and Sex Workers Outreach Project, *Research Report: Thai Background Sex Workers in Sydney*, Bangkok, 2000; Pell et al., ‘Demographic, Migration Status, and Work-Related Changes in Asian Female Sex Workers Surveyed in Sydney, 1993 and 2003’ (2006) in *Australian and New Zealand Journal of Public Health*, 30:2 157-162; Roberta Perkins and Elena Jeffreys, ‘Trafficking: Chinese and Other Migrant Sex Workers in Australia’, *The Asia Pacific Journal of Anthropology* 2011, publication pending, also accessible at <http://www.scarletalliance.org.au/library/chinesesexworkerposter0607>; Elena Jeffreys (Scarlet Alliance), ‘Migrant Sex Workers Research in Australia’ Presentation to the 4th Australian National Symposium on Sex Work: Nothing About Us Without Us, 2008.

²⁵ Jim Pearce, Inquiry into the use of Fly in Fly out Workforce Practicing in Regional Australia, Submission 15, 1, accessed at <http://www.aph.gov.au/house/committee/ra/fifodido/subs/Sub15.pdf> on 15 November 2011.

²⁶ B Donovan, C Harcourt, S Egger, L Watchirs Smith, K Schneider, JM Kaldor, MY Chen, CK Fairley, S Tabrizi, *The Sex Industry in New South Wales: A Report to the NSW Government*, Kirby Institute, University of New South Wales, Sydney, 2011, vii.

Misunderstanding about an ‘unregulated sex industry’

The news reports feature common misunderstandings about an ‘unregulated sex industry’. As one article states, ‘the booming unregulated sex industry is ringing alarm bells, with fears for the women's safety and concern’.²⁷ This statement is inaccurate.

The sex industry is highly regulated throughout Australia. In addition to federal industrial regulation and Australia wide Work Health and Safety regulations, each state and territory administers their own sex work legislation. Broadly, these regulatory models fall into one of three legal frameworks: criminalisation, licensing and decriminalisation. NSW is the only state in which sex work is decriminalised, and in NSW sex work is regulated by existing regulatory mechanisms such as local council planning, zoning and location controls, workers compensation, occupational health and safety standards, industrial rights mechanisms and taxation law. In licensing jurisdictions, brothels and workers may be required to record their names on a police or other government department register, workers are subject to mandatory STI and HIV testing, and segments of the industry remaining outside the licensed sector retain their pre-existing criminal status. Under a criminalised system, brothels, escorts and sex work may be illegal, both sex workers and their clients may be prosecuted, and sex workers may be criminalised for working with an STI or HIV, even when working safely. Perceptions of a decriminalised model of the sex industry as being ‘unregulated’ are inaccurate. United Nations bodies recognise this as the best model of regulation for the industry and have called upon countries to decriminalise sex work as part of effective health promotion, ending discrimination and achieving human rights.²⁸

Misunderstanding about the rise of the sex industry

Lastly, the news reports reflect ill-informed fears about the alleged ‘rise’ of the sex industry. Dr. Carrington is again quoted saying ‘the rise of an unregulated commercial sex industry [is] worrying.’²⁹ Research shows that decriminalisation does not increase the size of the sex industry – in both New South Wales and New Zealand the size of the industry since decriminalisation has remained the same.³⁰

²⁷ Kathleen Donaghey, Daryl Passmore, and Jackie Sinnerton, ‘Fears as Sex Workers Cash In on the New Mining Boom’, The Sunday Mail, Queensland, 5 November 2011, accessed at <http://www.adelaidenow.com.au/news/national/fears-as-sex-workers-cash-in-on-the-new-mining-boom/story-e6frea8c-1226186702157> on 15 November 2011.

²⁸ UNAIDS, Joint United Nations Program on HIV/AIDS, UNAIDS Guidance Note on HIV and Sex Work, Geneva, 2009, 2; UNAIDS, Report on the Global AIDS Epidemic, 2010, 137; UNAIDS and UNFPA, Building Partnerships on HIV and Sex Work: Report and Recommendations from the first Asia and the Pacific Regional Consultation on HIV and Sex Work, 2011, 13-15.

²⁹ Kathleen Donaghey, Daryl Passmore, and Jackie Sinnerton, ‘Fears as Sex Workers Cash In on the New Mining Boom’, The Sunday Mail, Queensland, 5 November 2011, accessed at <http://www.adelaidenow.com.au/news/national/fears-as-sex-workers-cash-in-on-the-new-mining-boom/story-e6frea8c-1226186702157> on 15 November 2011.

³⁰ New Zealand Government, *Report of the Prostitution Law Review Committee on the Operation of the Prostitution Reform Act 2003*, Ministry of Justice, Wellington, 2008, 13; Basil Donovan, C Harcourt, S Egger, L Watchirs Smith, K Schneider, JM Kaldor, MY Chen, CK Fairley, S Tabrizi, *The Sex Industry in New South Wales: A Report to the NSW Government*, Kirby Institute, University of New South Wales, Sydney, 2011, vi, preliminary findings presented at the Sex Workers Outreach Project Policy Meeting, Australasian Society of HIV Medicine, 9 September 2011.

Part II: Current Issues Affecting FIFO and DIDO Sex Workers

Government must address discrimination in housing and accommodation faced by FIFO and DIDO sex workers

FIFO and DIDO sex workers continue to face discrimination in housing and accommodation when working away from home. In their article 'Motel Sex Check: Scrutiny Insults Women', the *Townsville Bulletin* reported that women booking into motels are being asked to sign statements promising they won't be 'offering goods and services for sale' from their room. One operator in Mackay reported having a rule that 'people can't run businesses from their rooms,' and asks guests upon registering to sign a form agreeing they won't use the room 'as a place to conduct business.' Kelly Davidson, Mackay operator says, 'We can't say "you can't stay", but what we do say, is that you can't run a business from your room'.³¹

These practices are symptomatic of a wider culture of discrimination against sex workers. Despite anti-discrimination legislation in Queensland, which aims to protect sex workers from discrimination where they are engaging in 'lawful sexual activity', one sex worker was banned from the Drivers Rest Hotel in Moranbah, and lost her case at the Queensland Civil and Administrative Tribunal seeking compensation for economic loss, humiliation and stress. FIFO and DIDO sex workers also face discrimination in advertising, where they are not allowed to advertise in the local paper like other businesses, or face higher advertising fees.³² Discrimination in accessing accommodation is a longstanding issue which has previously been raised in Scarlet Alliance and AFAO's *Unjust and Counter-Productive* Report.³³ Because of these barriers to safe and stable accommodation (it can be dangerous for sex workers to meet at their place of residence because it means they may lose their accommodation). Michele, Townsville spokesperson for United Sex Workers in North Queensland, says of accommodation operators, 'They throw sex workers out and make them homeless. Women fly in from all over Australia and from New Zealand thinking they have a room and when they get there they find there isn't one.'³⁴ Ending discrimination against sex workers in housing, accommodation and advertising is an important step to supporting the health and safety of FIFO and DIDO workers.

³¹ John Anderson, 'Motel Sex Check: Scrutiny Insults Women', *Townsville Bulletin*, 15 November 2011, 1 and 4, accessible at http://www.townsvillebulletin.com.au/article/2011/11/15/283231_news.html on 16 November 2011.

³² Scarlet Alliance Media Release, 'International Whores Day 2009: Sex Workers Take to the Streets to Fight Discrimination; Sex Workers Paying Too Much For Their Box; Bonking Not Good Enough for Banks', 2 June 2009, accessed at http://www.scarletalliance.org.au/media/News_Item.2009-06-01.2711 on 26 May 2011.

³³ Scarlet Alliance and the Australian Federation of AIDS Organisations, *Unjust and Counter-Productive: The Failure of Governments to Protect Sex Workers From Discrimination*, Sydney, 1999, 20, accessed at <http://www.scarletalliance.org.au/library/unjust-counterproductive> on 19 May 2011.

³⁴ John Anderson, 'Motel Sex Check: Scrutiny Insults Women', *Townsville Bulletin*, 15 November 2011, 1 and 4, accessible at http://www.townsvillebulletin.com.au/article/2011/11/15/283231_news.html on 16 November 2011; Jessica Burke, 'Sex Workers in Mining Towns Facing Discrimination', *Australian Mining News*, 5 August 2011, accessed at <http://www.miningaustralia.com.au/news/sex-workers-in-mining-towns-facing-discrimination> on 20 December 2011.

Discrimination against clients of sex workers

Reports from motel operators reflect not only discriminatory attitudes towards sex workers, but also towards our clients: 'I don't have anything against [sex workers], but really what it is, is the people they attract', said one operator. 'My main issue is not the prostitution. More than 90% of them are nice people. It's the people that come to see them. They can have 20 or more a day and they'll be sitting outside the room and waiting.'³⁵

Australian research from the early 2000s shows that 15.6% of men aged 16–59 report paying for sex at least once in their life, and 1.9% had done so in the past year.³⁶ Evidence from Sweden shows that stigmatising the clients of sex workers leads to laws and policies which criminalise the purchase of sex and inevitably reduce autonomy and working conditions for workers.³⁷ Clients visit sex workers for a range of reasons, including intimacy, diversity, therapeutic healing and self-esteem. The documentary *Scarlet Road* details Rachel Wotton's experiences working with clients with a disability through the organisation Touching Base.³⁸

More services, infrastructure and resources should be made available in FIFO and DIDO work locations

Where FIFO and DIDO workers are travelling to small, regional or isolated communities, funding for health services is not always adequate to provide for the original or inflated community. The numbers of FIFO and DIDO workforces are often not taken into account when funding is allocated for regional areas, so where health care is already inadequate, the demand from FIFO and DIDO workers can impact on already depleted resources. FIFO and DIDO workers should be accounted for so that services are appropriately resourced. Instead of resourcing police, increased funding for health, medical and welfare services and infrastructure – including sex worker organisations – would assist in STI and HIV prevention through peer education outreach and the distribution of safer sex supplies. Supporting sex worker organisations and peer education is in line with Australia's *National HIV and STI Strategies*.³⁹

Scapegoating sex workers does not take into account that men also have sex with men (MSM) within mining camps, and may not be in a position to access safer sex supplies in regional environments. Mining companies are

³⁵ John Anderson, 'Motel Sex Check: Scrutiny Insults Women', *Townsville Bulletin*, 15 November 2011, 1 and 4, accessible at http://www.townsvillebulletin.com.au/article/2011/11/15/283231_news.html on 16 November 2011.

³⁶ Rissel, Chris, Richters, Juliet, Grulich, Andrew, Visser, Richard, Smith, Anthony, (2003). 'Sex in Australia: Experiences of commercial sex in a representative sample of adults'. *Australian and New Zealand Journal of Public Health* 27 (2): 191–7.

³⁷ Susanne Dodillet and Petra Östergren, 'The Swedish Sex Purchase Act: Claimed Success and Documented Effects', Conference paper presented at the International Workshop: *Decriminalizing Prostitution and Beyond: Practical Experiences and Challenges*. The Hague, March 3 and 4, 2011, accessed at <http://xa.yimg.com/kq/groups/2834953/1982978694/name/Claimed%20Success%20and%20Documented%20Effects%2E%20Dodillet%20%26amp%3B%2> on 13 August 2011; Interview with Pye Jacobsson, 'A Swedish Sex Worker on the Criminalisation of Clients', accessed at <http://www.youtube.com/watch?v=7D7nOh57-l8> on 30 August 2011.

³⁸ *Scarlet Road*, accessed at <http://www.scarletroad.com.au/> on 11 August 2011.

³⁹ Australian Government Department of Health and Ageing, *Sixth National HIV Strategy 2010-2013*, Commonwealth of Australia, Canberra, 2010, 16; Australian Government Department of Health and Ageing, *Second National STI Strategy 2010-2013*, Commonwealth of Australia, Canberra, 2010, 16.

failing to acknowledge sexual behavior on camps and adequately address the sexual health needs of their workers, especially, but not limited to MSM. Ignoring this issue – publically and privately – does nothing to improve remote access to safe sex equipment. Mining companies need to be doing more education around miners accessing sex services. The demand for unprotected sex does not come from sex workers.

Studies into violence in mining camps⁴⁰ show miners fighting because sexual services are scarce. Providing optimum conditions for sex workers – by eliminating discrimination in housing, accommodation and advertising, and resourcing health and sex worker organisations better – would diminish this violence and provide safer environments for FIFO and DIDO workers.

Sex workers may do FIFO/DIDO work to avoid criminalisation of their profession in their own state

For sex workers, being a FIFO or DIDO worker may be an opportunity to work in a better legal environment, if one's own state places criminal sanctions, forced health testing or police registration upon sex workers. Criminalisation and licensing of sex work means that some sex workers need to leave our state in order to work legally. Inconsistent sex work legislation between states in Australia means that mining companies contact sex worker organisations seeking information on relevant laws, to assess how they can best supply sex services for their workers.

Harcourt et al.'s 2005 comparative study of brothels in Perth, Melbourne and Sydney, found that a decriminalised system enjoys the best health outcomes.⁴¹ Where sex work is decriminalised, outreach organisations have the best access to workers, businesses have the best opportunity to develop occupational health and safety measures, and workers have the best control over our health, safety and working conditions. Being a FIFO or DIDO worker can be an important part of protecting one's anonymity in a home state or community that actively discriminates against or stigmatises sex work. Being able to travel to jurisdictions where certain forms of sex work are not penalised means that sex workers do not have to risk arrest in order to do our jobs. A substantial body of research clearly illustrates that decriminalisation is the most effective model for promoting public health objectives and the best practice model for the prevention of HIV and STIs.⁴²

⁴⁰ Kerry Carrington, Alison McIntosh, John Scott, *Globalisation, Frontier Masculinities and Violence: Booze, Blokes and Brawls*, Oxford University Press, 2010.

⁴¹ Christine Harcourt, J O'Connor, S Egger, C Fairly, H Wand, M Chen, L Marshall, J Kaldor, B Donovan, (2010), 'The Decriminalisation of Prostitution is Associated with Better Coverage of Health Promotion Programs for Sex Workers', *Australian and New Zealand Journal of Public Health*, 34:5 at 482.

⁴² Australian Government Department of Health and Ageing, *Sixth National HIV Strategy 2010-2013*, at 6.4; G Abel, L Fitzgerald, C Healy, and A Taylor (eds) (2010), 'Taking the Crime out of Sex Work: New Zealand Sex Workers' Fight for Decriminalisation', Bristol, Policy Press; C Harcourt, S Egger, B Donovan, (2005), 'Sex Work and the Law', *Sexual Health* 2(3) 121–8; B Donovan, C Harcourt, S Egger, C Fairley, (2010), 'Improving the Health of Sex Workers in NSW: Maintaining Success', *NSW Public Health Bulletin* 21(3-4) 74–7; E Jeffreys, K Matthews, and A Thomas, (2010), 'HIV Criminalisation and Sex Work in Australia' *Reproductive Health Matters*, 2010, 18:35..

Conversely criminalisation or licensing environments where FIFO and DIDO sex workers travel to impact on sex workers' safety. The need to prioritise evading arrest or prosecution negatively impacts our occupational health and safety and creates barriers in accessing support or police in the event of a crime, particularly within small communities. Criminalisation of sex work also limits the ability of communities, local government and employers from being able to include FIFO and DIDO sex workers in the planning and delivery of community programmes and services.

Family separation

FIFO and DIDO work involves leaving children, partners and families in order to work. A number of other submissions have raised family separation issues for miners. The IBIS World Australian Sex Industry Survey found in 2007 that 50% of sex workers are married or in a de-facto relationship.⁴³ We also have important partners, lovers, kinships, dependents, friendships, support systems, families, mentors and alliances.

Affect on communities

FIFO and DIDO work can be a flexible and popular style of work for sex workers who have family or other commitments at home. The work is generally lucrative, competitive and highly sought. It provides a means to work anonymously and the regular worker turnover ensures a diversity of services are represented within the workforce.

Where mining companies, for example, have arrangements with brothels to advertise as preferred customers, this can make it difficult for individual private workers. However, FIFO and DIDO sex workers can and do co-exist happily with resident sex worker communities. It is important that FIFO and DIDO workforces are inclusive of local workers, bring diversity rather than competition, and attract further funding rather than drain existing community resources. FIFO and DIDO sex workers do not necessarily take all the clients of resident sex workers. They offer diversity, educate clients on safer sex practices, and (by increasing the population) can bring more sexual health services to that community in ways that benefit resident sex workers, clients and the general community. FIFO and DIDO work has historically been a successful, financially viable way of working for sex workers, and has not increased rates of STIs or the size of the sex industry.

⁴³ Scarlet Alliance Video, *The Secret Lives of Australian Men: I'm Married to a Sex Worker*, 16 February 2011, accessed at <http://www.youtube.com/scarletalliancevideo> on 1 September 2011.

Conclusion

FIFO and DIDO sex workers experience some of the same issues as other FIFO and DIDO workers in terms of family separation and access to services in remote communities. However, our experiences are also affected by ongoing discrimination in housing, accommodation and advertising, and continuing criminalisation and harsh licensing regulations across various states and territories. Sex workers have positive effects on local communities where we bring safer sex education and skills to our clients, the wider public, and isolated communities. FIFO and DIDO sex workers can and do coexist with residential workers and populations where there are sufficient resources and services. Scarlet Alliance recommends better funding and investment in infrastructure, health services and state sex worker organisations to ensure all FIFO, DIDO and residential communities have access to safer sex equipment, education materials and outreach services. This would be in line with a health promotion approach to issues faced by FIFO and DIDO workers in Australia.