

Violence Against Women and HIV/AIDS: Critical Intersections

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Violence against sex workers and HIV prevention

Why focus on violence against sex workers and HIV?

I get detained because I don't have a passport. . . they photograph you, ask for money, if you don't give it they [police] demand a subbotnik [unprotected and unpaid sex] . . . it's like that for me every time, and if I don't agree, then I get beaten, with fists, and they're vulgar with me . . . once they took me by the hair and pushed me into their car, saying: if you tell anyone, we'll plant drugs on you.¹

(Sex worker, 22 years, Central Asia)

Sex workers² are among those who are most vulnerable to HIV infection in the world today. In low prevalence settings with a concentrated epidemic, such as India, Indonesia, Cambodia and the Russian Federation, the HIV epidemic initially spreads rapidly among sex workers with prevalence reaching as high as 65% in some sex-worker populations.^{3,4} Even in countries with a mature epidemic, including many in sub-Saharan Africa, sex workers continue to be disproportionately affected with estimated prevalence ranging from 30% in Yaoundé, Cameroon to as high as 75% in Kisumu, Kenya.⁵

Several factors heighten sex workers' vulnerability to HIV. Many sex workers are migrants and otherwise mobile within nation states and are thus, difficult to reach via standard outreach and health services. They face cultural, social, legal and linguistic obstacles to accessing services and information. Equally important, many women in sex work experience violence on the streets, on the job or in their personal lives, which increases their vulnerability to HIV and other health concerns. For example, research from Bangladesh, Namibia, India and elsewhere shows that many sex workers, particularly those who work on the streets, report being beaten, threatened with a weapon, slashed, choked, raped and coerced into sex.^{6,7,8}

Violence is a manifestation of the stigma and discrimination experienced by sex workers. In all societies, sex work is highly stigmatized and sex workers

The extent of the problem

- In Bangladesh, the national HIV surveillance (1999-2000) found that between 52% and 60% of street-based sex workers reported being raped by men in uniform in the previous 12 months and between 41% and 51% reported being raped by local criminals.⁶
- In Namibia, 72% of 148 sex workers who were interviewed, reported being abused. Approximately 16% reported abuse by intimate partners, 18% by clients, and 9% at the hands of the police.⁷
- In India, 70% of sex workers in a survey reported being beaten by the police and more than 80% had been arrested without evidence.⁸

are often subjected to blame, labelling, disapproval and discriminatory treatment. Laws governing prostitution and law enforcement authorities play a key role in the violence experienced by sex workers. In most countries, sex work is either illegal or has an ambiguous legal status (e.g. prostitution is not illegal, but procurement of sex workers and soliciting in public is illegal). Sex workers are therefore, frequently regarded as easy targets for harassment and violence for several reasons. They are considered immoral and deserving of punishment. Criminalization of sex work contributes to an environment in which, violence against sex workers is tolerated, leaving them less likely to be protected from it.⁹ Many sex workers consider violence "normal" or "part of the job" and do not have information about their rights. As a result, they are often reluctant to report incidences of rapes, attempted (or actual) murders, beatings, molestation or sexual assault to the authorities. Even when they do report, their claims are often dismissed. For example, studies among street-based sex workers in Vancouver, Canada and in New York City show that a majority of incidences of harassment, assault,

rape, kidnapping, and murder are not reported to the police. Where they are reported, the police do not register the complaints and in the few instances where they are registered, many of the perpetrators are not convicted.^{10,11}

While some women engage in sex work voluntarily, there are others who are coerced into sex work through means such as trafficking.¹² The latter often experience physical and sexual violence during and after being trafficked into sex work. However, both trafficking and violence against trafficked women need to be understood more broadly in the context of migration, and examined separately from sex work. At the same time, it is important to note that in several countries, certain activities such as rescue raids of sex establishments have exacerbated violence against sex workers and compromised their safety. For example, research from Indonesia and India has indicated that sex workers who are rounded up during police raids are beaten, coerced into having sex by corrupt police officials in exchange for their release or placed in institutions where they are sexually exploited or physically abused.^{13,14} The raids also drive sex workers onto the streets, where they are more vulnerable to violence.

Where and how do violence against sex workers and HIV/AIDS intersect?

The risk of sexual transmission of HIV infection is well established. In situations where sex workers do not have access to condoms, HIV prevention information and sexual health services, or are prevented from protecting their health and using condoms for any reason, they are at increased risk of contracting HIV. Violence has a direct and indirect bearing on sex workers' ability to protect themselves from HIV and maintain good sexual health. Rape (frequent and gang rape), by individuals engaged in high-risk behaviours can directly increase their risk of becoming infected with HIV through vaginal trauma and lacerations.

Sex workers are surrounded by a complex web of "gatekeepers" including owners of sex establishments, managers, clients, intimate partners, law enforcement authorities and local power brokers who often have control or power over their daily lives. Gatekeepers, for example, may exert control by dictating the amount charged by a sex worker, whether a sex worker should take on a particular client and even whether the sex worker can or cannot

insist on condom use. Some gatekeepers may exert control through subtle means such as holding a debt, emotional manipulation or through overt means such as threat of and actual sexual and physical violence, physical isolation, threat of handing them over to legal authorities and forced drug and alcohol use.¹⁵

In several settings police use anti-prostitution laws to harass, threaten, arrest, beat and sexually coerce sex workers. In Papua New Guinea, for example, sex workers participating in an HIV prevention intervention reported gang-rape and harassment by the police as a serious problem that impeded their ability to practice safer sex.¹⁶ In Kazakhstan, police routinely arrest and beat up sex workers and often force them to bribe arresting officers with money or sexual services.¹⁷

Sex workers also find it difficult to negotiate safer sex with intimate partners and clients in the context of physical and sexual violence perpetrated by some of them.¹⁸ For example, in a survey conducted among Vietnamese sex workers in Cambodia, 30% reported that they had been sexually coerced by clients who were unwilling to put on a condom.¹⁹

Sex workers often do not have access to Sexually Transmitted Infection (STI) and HIV/AIDS services. The reasons for this are varied, but violence or fear of violence and discrimination play a role. In the USA, police have been known to confiscate condoms during routine "sweeps" (i.e. arresting all women or people) in known sex work districts, which undermines public health outreach efforts. For example, possession of condoms is used as evidence of intent to commit prostitution and arrests are made on that basis, discouraging sex workers from carrying condoms.²⁰ Health services are often hostile to sex workers, subjecting them to disapproval, refusal to treat their health problems, mandatory HIV testing, exposure of their HIV status and threatening to report them to the authorities. For example, sex workers from the Russian Federation and India reported being treated callously in hospitals and clinics, made to wait longer periods to be seen if providers knew that they were sex workers and refused treatment until they agreed to undergo HIV testing. This made many sex workers reluctant to seek health care services.^{21,22}

The AIDS epidemic has added another layer of stigma and discrimination against sex workers – one in which they are

often blamed for spreading the virus to the rest of society. This combination of violence and AIDS-related stigma and discrimination also undermines HIV prevention efforts by affecting the psychological well-being of sex workers. Violence and lack of control over one's life means that sex workers may give lower priority to their health needs and behaviour change, over more immediate concerns for safety and survival. Programme experiences with sex workers suggest that maintaining health and preventing HIV hold lower priority for sex workers than coping with violence and daily harassment from police. Many sex workers experience low self-esteem, emotional stress and depression associated with living with violence and fear of arrest. Some resort to alcohol and drug use to cope with their situation – behaviours that are linked to violence, lack of control and HIV risk.²³

In several countries particularly in eastern Europe and central Asia, there are increasing numbers of sex workers who inject drugs and injecting drug users who engage in sex work to support their drug habits.²⁴ Groups that both inject drugs and sell sex are among those experiencing the fastest increases in HIV prevalence due to the dual risks from unprotected sex and needle sharing. Violence, criminalization of injecting drug users and harassment from law enforcement authorities (e.g. shutting down of harm reduction projects) add another layer of risk and vulnerability to this group by preventing them from protecting themselves. In Panama City, approximately 13% of sex workers reported being raped while engaged in sex work and this proportion increased to 41% among those who used drugs.²⁵ In New York City, a study found that street-based sex workers who reported injecting drug use were more likely to report physical and sexual violence compared to those who did not use drugs. Researchers explained that conflicts over sharing, buying and selling drugs and hostility while under the influence of drugs exposed sex workers to potentially violent situations (e.g. shooting galleries), people (e.g. drug dealers) or activities (e.g. stealing) which contributed to violence against those who used drugs.²⁶

What are the opportunities to address violence against sex workers in HIV/AIDS programmes?

There is growing recognition that effective HIV prevention

policies and programmes focusing on sex workers must incorporate violence prevention strategies. Interventions to promote safer sex among sex workers must be part of an overall effort to ensure their safety, promote their health and well-being more broadly and protect their human rights. There is also a need to recognize that not all sex workers see themselves as victims, oppressed, or exploited. Instead, many can and are taking control of their own lives, finding solutions to their problems, acting in their individual and collective interests and contributing to the fight against HIV/AIDS. Some of the most successful sex work interventions have been led and run by sex workers and have allowed them to organize themselves for their own safety. Such an approach also frames HIV risk reduction and violence prevention within a broader context of occupational health, improving working conditions and enabling sex workers to have labour rights.

Targeted interventions for sex workers

A number of programmes have developed ways to reduce violence faced by sex workers at multiple levels. At the individual level, efforts to reduce violence have focused on developing educational materials providing safety tips and creating awareness of legal and civil rights for street-based and indoor work. For example, TAMPEP (Transnational AIDS/STI Prevention Among Migrant Prostitutes in Europe) an organization working with migrant sex workers in four European countries and SWEAT (Sex Worker Education and Advocacy Task Force), an organization based in South Africa, have developed resources, education and tips for sex workers on how to prevent or reduce violence and about their legal rights during police raids.^{27,28} Other programmes have offered lessons in self-defence and distributed alarms and deterrent sprays to help sex workers defend themselves in the event of an attack.²⁹

Efforts to reduce violence and repression at the community level include organizing and mobilizing sex workers to fight for their civil and human rights. For example, the Sonagachi project in India has organized sex workers into collectives and promoted sex worker solidarity as one way of fighting violence and injustice towards their community.³⁰ Some programmes have developed a "bad-date" warning system where sex workers inform their colleagues of potentially violent clients or incidents. Such a system helps sex workers avoid dangerous clients, encourages them to make reports, attracts them to services and increases the credibility of programmes. Other programmes have conducted peer education, sensitization

Work Wise: A handbook on sex workers rights, health and safety in South Africa – SWEAT²⁷

The Sex Worker Education and Advocacy Taskforce (SWEAT) is based in Cape Town, South Africa. It provides services as well as advocates for rights, health and safety of sex workers. It has conducted a number of workshops for sex workers on the law and violence. In 2002, it produced a handbook that provided illustrative tips on their human rights with respect to the existing laws on prostitution in South Africa so that sex workers know where they stand with respect to the police. The handbook also has a section on dangerous situations and how to get out of them and a list of important telephone numbers to contact in case of an emergency that sex workers should keep with them at all times. The handbook is available in English, Afrikaans and Xhosa (the languages spoken in South Africa).

Rights of an arrested person illustrated**Tips for self-defense**

Source: SWEAT (<http://www.sweat.org.za>)²⁷

workshops with law enforcement authorities. These efforts have engaged them in dialogue to reduce police violence and interference in projects and to get them to take reports of violence from sex workers seriously.^{31,32}

At the policy level, violence reduction and prevention efforts have focused on advocacy. This includes liaising with rights groups; forming international and national networks of sex workers who speak out about their situation in various fora; dialoguing with policy-makers to change repressive laws and policies; and working with media to change perceptions of sex work.³³ In Argentina, for example, sex workers have formed their own unions and joined with existing labour unions to demand better working conditions including health, safety, contractual rights and decriminalization of sex work. These unions have lobbied for sex work to be recognized as valid paid work and to be included in larger labour struggles.³⁴

Conclusion:

Violence against sex workers is not only widespread, but is also perpetrated, legitimized, and accepted by many. Law

enforcement authorities and laws governing prostitution have, in some cases, increased the risk of violence against sex workers rather than protected them against it. Violence is also perpetrated by some gatekeepers, clients, family members and intimate partners. It undermines HIV prevention efforts and increases sex workers' vulnerability to HIV transmission in several ways.

- Rape, particularly by high-risk individuals can directly increase sex workers' risk of infection due to vaginal trauma and lacerations resulting from use of force and transmission of other STIs.
- Some gatekeepers may force sex workers to take more clients or forego condom use threats or through actual use of violence.
- Sex workers, especially street-based sex workers, may be forced to exchange unpaid and unprotected sex with some law enforcement authorities in order to escape arrest, harassment, obtain release from prison, or not be deported.

Working with the police in Papua New Guinea ³²

In Papua New Guinea rape and harassment by police was identified as a serious issue by sex workers who were part of a targeted intervention to prevent HIV. Sex workers reported their inability to practice safe sex in the context of *lainaps* – a term used for coercive group sex in which known sex workers would be taken out of cars, drinking venues, or off the street, ordered into the police cars and taken to a police station, the police barracks or to an uninhabited section of the city, and raped by a number of men in tandem.

The intervention targeted police to reduce the practice of group coercive sex using several strategies. Police were trained as peer educators and they used diagrams and demonstrations to show the men how rapidly HIV can spread through such group sex events. A comic book specifically about *lainaps* called *Hit 'n Run* was developed, which depicted an HIV negative sex worker being forced into sex with numerous police, who later are shown to be HIV positive. The story was designed not to place blame on sex workers, but to illustrate the possibility of acquiring HIV from the semen of previous men in the line.

Evaluation of the overall intervention indicated that in the pre-intervention phase, 10% of the police stated they had been in a *lainap* during the previous week, whereas this was reduced to 4.2% post-intervention.

- Harassment of those providing outreach services to sex workers by law enforcement authorities may reduce sex workers' access to prevention information and services.
- Sex workers may experience violence at the hands of some clients and intimate partners, preventing them from negotiating safer sex.
- Sex workers may not use HIV/AIDS services due to hostility and abuse by health care providers.
- Sex workers who inject drugs or injecting drug users who sell sex face risks from both unsafe needles and unprotected sex. They may also experience increased violence related to buying, sharing or selling drugs, which further undermines their ability to protect themselves.
- The constant threat or experience of violence may be

linked to sex workers experiencing anxiety, depression, loss of self-esteem and in some situations giving lower priority to health and HIV prevention over more immediate concerns for safety and survival.

As recommended by the WHO Sex Work Toolkit: Community Mobilization, HIV prevention interventions should adopt practical strategies to reduce violence against sex workers.³⁵ This includes:

- Develop educational materials and resources for sex workers on their legal rights and on how to prevent, reduce and respond to violence.
- Support community mobilization of sex workers to respond to violence and discrimination.
- Develop a *bad-date* warning system where sex workers inform colleagues of potentially violent clients or incidents.
- Conduct sensitization workshops with police and law enforcement authorities to reduce harassment and interference in prevention and outreach programmes.
- Advocacy to promote human rights of sex workers.

HIV prevention interventions that address violence against sex workers must be based on a human rights approach – one in which the responsibility for sexual health lies not only with sex workers but also with clients, third parties, government and the larger society. The health and human rights of sex workers must be seen as legitimate ends in themselves. Addressing HIV/AIDS among sex workers requires a commitment to addressing their social marginalization as well as a focus on health.

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References and Notes (2, 12, 18 and 30)

- ¹ Human Rights Watch (2003). Fanning the flames. How human rights abuses are fueling the AIDS epidemic in Karzakhstan. Vol. 15, No. 4 (D). New York, USA, Human Rights Watch.
- ² Since this is part of a series on violence against women, this brief is focused on adult female sex workers, while acknowledging that violence also affects male and transgender sex workers as well as children who are forced into prostitution as sex slaves.
- ³ National AIDS Control Organization (NACO), Government of India, (2005). State wise HIV prevalence, 1999-2003, India. Ministry of Health And Family Welfare, Government of India. http://www.nacoonline.org/facts_statewise.htm
- ⁴ UNAIDS and WHO (2004). AIDS epidemic update. Geneva, Switzerland, Joint United Nations Programme on HIV/AIDS and World Health Organization.
- ⁵ Morison L, Weiss H A, Buve A, Carael M et al. (2001). Commercial sex and spread of HIV in four cities in sub-Saharan Africa. *AIDS*. Suppl 4:S61-69.
- ⁶ AIDS and STD Control Programme, Directorate General of Health Services (2000). Report on the second national expanded HIV surveillance. p. 47, Dhaka, Government of Bangladesh.
- ⁷ Hubbard D and Zimba E (2003). Sex work and the law in Namibia: A culture-sensitive approach. *Research for Sex Work*. 6:10-11.
- ⁸ Sangram, Point of View and VAMP (2002). Turning a blind eye. Of veshyas, vamps, whores and women: Challenging preconceived notions of prostitution and sex work. 1(3).
- ⁹ Rekart M. L (2005) Sex-work harm reduction. *The Lancet*. 366 (December):2123-2134
- ¹⁰ Cler-Cunningham L and Christerson C (2001). Studying violence to stop it. *Research for Sex Work*. 4:25-26.
- ¹¹ Thukral J and Ditmore M (2003). Revolving door: An analysis of street-based prostitution in New York City, USA, Urban Justice Center.
- ¹² The notion of "voluntary" sex work is debated in the human rights field. For some all sex work is equated with exploitation and trafficking. Others recognize that many sex workers decide to sell sex as a pragmatic response to limited livelihood options or may have been coerced into sex work through trafficking. The latter argue for sex workers to have the right to work with the law's protection from harm — be it rape, violence, harassment or other human rights violations. Butcher K (2003). Confusion between prostitution and sex trafficking. *The Lancet*, 361(9373): 1983.
- ¹³ Surtees R (2003). Brothel raids in Indonesia — ideal solution or further violation? *Research for Sex Work*. 6:5-7.
- ¹⁴ Sangram, Point of View and VAMP (2002). Rehabilitation: Against their will? Of veshyas, vamps, whores and women: Challenging preconceived notions of prostitution and sex work. 1(2).
- ¹⁵ Alexander H (2001). The impact of violence on HIV prevention and health promotion: The case of South Africa. *Research for Sex Work*. 4:20-22.
- ¹⁶ Jenkins C (2000). Female sex worker HIV prevention projects: Lessons learnt from Papua New Guinea, India and Bangladesh. UNAIDS Best Practice Collection. Geneva, Switzerland. UNAIDS.
- ¹⁷ *Ibid 1*
- ¹⁸ In some settings referred to as 'bad dates' or 'ugly mugs'. Violent clients do not necessarily comprise a majority of the clients sex workers see. It is important to distinguish between abusers or rapists who pose as clients, and clients who do not use violence and who sex workers are willing to see again.
- ¹⁹ Schunter B (2001). Filial Piety and Vietnamese Sex Workers in Svay Pak, Cambodia. *Research for Sex Work*. 4: 9-10.
- ²⁰ Alexander P (2001). Contextual risk versus risk behaviour: The impact of the legal, social and economic context of sex work on individual risk taking. *Research for Sex Work*. 4:3-5.
- ²¹ Montgomery R (1999). There aren't even any written materials in the clinic to read: AIDS infoshare project activities in Moscow. *Research for Sex Work*. 2:3-5.
- ²² Amin A (2004). Risk, morality and blame: A critical analysis of government and USA donor responses to HIV infections among sex workers in India. Takoma Park, MD, CHANGE.
- ²³ Alexander P (1998). Sex work and health: a question of safety in the workplace. *Journal of the American Women's Medical Association* 53(2):77-82.
- ²⁴ *Ibid 4*.
- ²⁵ Carrington C and Betts C (2001). Risk and violence in different scenarios of commercial sex work in Panama City. *Research for Sex Work*. 4:29-31.
- ²⁶ El-Bassel N and Witte S (2001). Drug use and physical and sexual abuse of street sex workers in New York City. *Research for Sex Work*. 4:31-32.
- ²⁷ EUROPAP/TAMPEP (1998). Hustling for health: Developing services for sex workers in Europe. London, Gent and Amsterdam, Imperial College School of Medicine, University of Gent and TAMPEP International Foundation.
- ²⁸ SWEAT (2004). Work wise: Sex worker handbook on human rights, health and violence. Cape Town, South Africa, SWEAT.
- ²⁹ Longo P and Overs C (1997). Making sex work safe. South Africa and Britain, Network of Sex Work Projects and AHRTAG.
- ³⁰ The Sonagachi project with sex workers in Calcutta, India includes not only efforts to reduce STIs and promote condom use but also community mobilization of sex workers as peer educators focusing on their overall health, social and economic well-being and human rights.
- ³¹ *Ibid 29*.
- ³² Jenkins C. (1997). Final report to UNAIDS: Police and sex workers in Papua New Guinea. Geneva, Switzerland. Joint United Nations Programme on HIV/AIDS.
- ³³ Red E and Saul (2003). Why sex workers believe 'smaller is better': The faulty implementation of decriminalization in New South Wales, Australia. *Research for Sex Work*. 6:12-14.
- ³⁴ Irrazabal G (2004). Argentinean sex workers taking care of themselves: The experience of AMMAR. *Research for Sex Work*. 7:14-16.
- ³⁵ WHO (2004). Sex Work Toolkit: Community Mobilization. Geneva, Switzerland, World Health Organization. <http://who.arkkit.net/sw/en/contentdetail.jsp?ID=86&d=sw.03.02.01>