

POLICY BRIEF

SEX WORK, VIOLENCE AND HIV IN ASIA
– FROM EVIDENCE TO SAFETY**Violence against sex workers is a violation of their human rights and increases HIV risk.**

Evidence, on the nature and impact of violence, as well as what works to reduce and respond to risk of harm and HIV, is increasing. In recent years, a series of key studies and global and regional guidance has been released. This brief brings together the latest findings and recommendations for advocates, programmers and policy-makers, to identify priorities and implement effective policy and program strategies for putting this growing body of knowledge into practice.

SEX WORKERS ARE DISPROPORTIONATELY AFFECTED BY HIV

Globally, female sex workers are 13.5 times more likely to acquire HIV than other women of reproductive age.¹ In Asia and the Pacific, the likelihood is even higher with women in sex work 29 times more likely to be living with HIV than other women of reproductive age.²

Male, female and transgender sex workers face alarming levels of violence^{5,6} at work, from police and in their homes and neighborhoods.

Violence against sex workers is a violation of fundamental human rights that fuels HIV transmission in the region and globally.

Globally, HIV prevalence among transgender women in sex work is 27.3%.³ In 2011, 31% of transgender sex workers in Jakarta were living with HIV and 19% in Maharashtra State, India.¹

In 2012, 8.7% of male sex workers in Nepal, 12.2% in Thailand and 18% in Indonesia were living with HIV.¹

Too little is known about male and transgender sex workers but what we do know indicates that HIV prevalence in this region is high.

In Pakistan, 0.6 percent of female sex workers, 1.6% of male sex workers and 5.2% of transgender sex workers are living with HIV. Those numbers are higher in particular areas: 1.9% for female sex workers in Karachi and Larkana, 5.9% for male sex workers in Karachi and 14.9% for transgender sex workers in Larkana.⁴



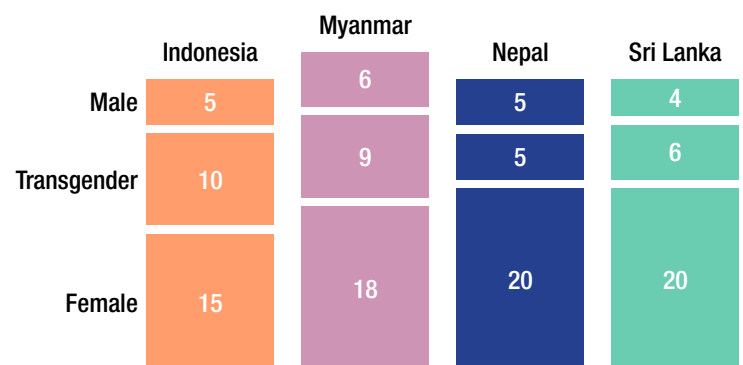
Empowered lives.
Resilient nations.

THE NATURE AND IMPACT OF VIOLENCE AGAINST SEX WORKERS

Sex workers endure a disproportionate burden of violence, in their work and personal lives.⁵ This violence denies them rights — to equal protection under the law; to protection from torture and cruel, inhuman and degrading treatment; and the right to the highest attainable standard of physical and mental health. Violence against sex workers has life-long and life-threatening consequences that increase HIV risk in a range of direct and indirect ways.

*The Right(s) Evidence: Sex Work, Violence and HIV in Asia*⁶

is a collaborative research project by UN agencies and sex worker networks. The study interviewed 123 sex workers across four study sites (Jakarta, Yangon, Kathmandu and Colombo) working in sex work establishments (eg brothels and massage centres), venues (eg karaoke bars), on the streets and through outcall via the internet or mobile phone. Sex worker participants were interviewed by sex worker peer-interviewers about their experiences of physical, emotional, sexual and economic violence within and outside their work.



122 of the 123 participants reported experiencing violence including rape, gang rape, being beaten, stabbed and burned, theft, mutilation, extortion, unlawful imprisonment and verbal abuse.

Participants experienced violence –



From **police**—Police and clients were the most commonly reported perpetrators of violence against sex workers including in police stations and during police raids.



From **clients** — Sex workers reported violence by clients and men posing as clients including refusal to pay for services received, theft and rape including being forced to provide services not agreed to, as well as gang rape.



At **home** – Some of the most serious physical injuries reported by female and transgender participants were caused by intimate partners.



In **healthcare settings**—Sex workers reported discrimination, denial of services, breach of privacy and physical violence from healthcare providers.

This violence had serious lifelong and life-threatening consequences including permanent disability and disfigurement, skull fractures, loss of consciousness, tears to the genitals and anus, unintended pregnancy, suicide attempts and increased risk of HIV and other STIs.

VIOLENCE AGAINST SEX WORKERS INCREASES HIV RISK

HOW VIOLENCE INCREASES HIV RISK⁶



ENDING VIOLENCE AGAINST SEX WORKERS IS KEY TO ENDING HIV

In 2014 medical journal, **The Lancet** released a special series on sex work and HIV. The series looked at violations of sex workers' rights and how effective different HIV prevention and treatment strategies have been. One study developed mathematical modelling to predict the impact of addressing sexual violence on future HIV infections in different countries.⁸

The study found that **anti-violence programming in Bellary, India had reduced violence from 35% to 9%** between 2006 and 2008 and that elimination of physical and sexual violence could avert a further 5% of new infections among female sex workers and their clients over the next 10 years through its immediate effect on condom use. Mathematical modelling was also applied to Vancouver, Canada (where the HIV epidemic is concentrated among key populations) and Mombasa, Kenya (where the epidemic is generalised). Modelling showed that **eliminating sexual violence alone could result in a 17% reduction in new infections in Mombasa and a 20% decrease in Vancouver** among the same cohorts over 10 years.

THE EVIDENCE FOR DECRIMINALIZATION OF SEX WORK

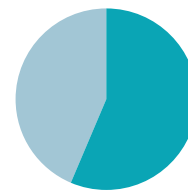
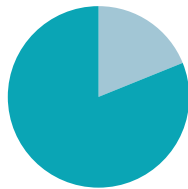
Sex work is criminalized throughout much of the region – through laws that penalise sex workers including laws against soliciting and selling sex; and laws that penalize others in the industry including laws against operating a brothel.⁹

Sex workers are also targeted through public order, vagrancy and indecency laws that make no reference to sex work.

Laws that criminalize same-sex sexual acts impact sex workers' rights and effectively criminalize some sex work.¹⁰

All countries in the Asia-Pacific criminalize sex work or activities associated with sex work except New Zealand and one Australian state (New South Wales).

33 of 38 Asia-Pacific countries criminalize soliciting.¹



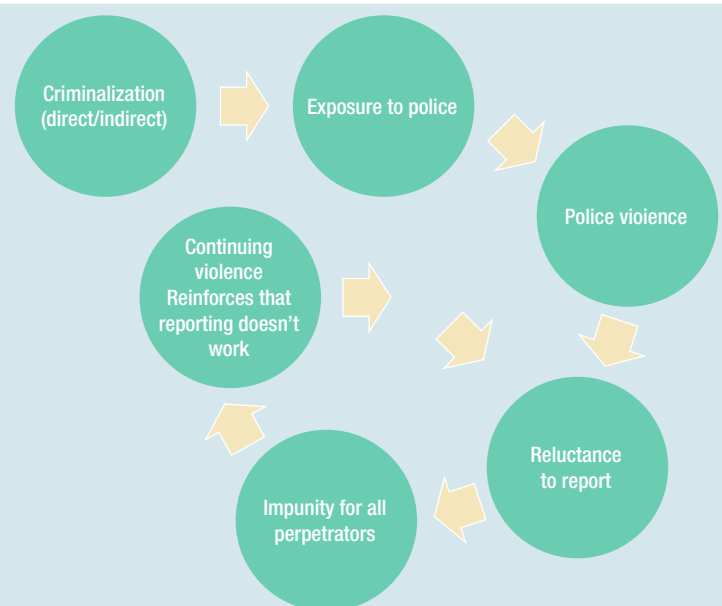
18 Asia-Pacific countries also criminalize same-sex sexual activities between consenting adults.¹

CRIMINALIZATION OF SEX WORK AND POLICE VIOLENCE AGAINST SEX WORKERS ARE CLOSELY LINKED

Criminalization legitimizes violence and discrimination against sex workers (particularly from law enforcement officers and healthcare providers) and makes authorities reluctant to offer protection or support to sex workers. Law enforcement practices like confiscation of condoms act as a deterrent for condom use and increase the risk of HIV transmission for all citizens, undermining proven public health interventions.

Police are among the most common perpetrators of violence against sex workers. *The Right(s) Evidence* found that **exposure to police increased risk of police violence** whether police were enforcing laws that directly criminalize sex work, or public order offences that target sex workers.

The study also found that fear of arrest and police violence prevented sex workers from reporting violence, by clients, managers and strangers to the police. **Of the 122 participants who had ever experienced violence only 29 reported it to police, including just three men.** Participants were least likely to report violence by police.



Criminalization and police violence prevent sex workers from reporting violence to police, creating an environment of impunity for all perpetrators of violence against sex workers.

GROWING CONSENSUS ON THE NEED FOR DECRIMINALIZATION

Decriminalization removes structural barriers to accessing essential services and support

In New Zealand and New South Wales, decriminalization of sex work has not increased sex work but ‘improved sex workers’ access to HIV and sexual health services through occupational health and safety standards across the industry’.¹¹

The Lancet special series on sex work calls on governments to decriminalize sex work, recognizing that ‘...there is no alternative if we wish to reduce the environment of risk faced by men, women and transgender people worldwide’.¹²

Support for decriminalization

A growing number of studies and authorities now support decriminalization of sex work through the repeal of laws that prohibit consenting adults from selling or buying sex, including laws that criminalize related activities and same-sex acts. Those include>>

The Global Commission on HIV and the Law: *Risks, Rights and Health*¹³

WHO: *Consolidated Guidelines for Key Populations and Implementing Comprehensive HIV/STI Programmes with Sex Workers*¹⁴

UNAIDS: *Global Guidance on HIV and Sex Work*¹⁵

*Sex Work and the Law in Asia and the Pacific*¹¹

DECRIMINALIZATION IS THE MOST IMPORTANT INTERVENTION FOR ENDING HIV AMONG FEMALE SEX WORKERS

The Lancet series used mathematical modelling to predict the effect of decriminalization in two concentrated (Bellary, India and Vancouver, Canada) and one generalised epidemic (Mombasa, Kenya).

The series found that decriminalization of sex work would have the greatest impact of all structural interventions to prevent HIV, across all countries and in both concentrated and generalised epidemics.

Decriminalization could avert 33-46% of new infections among female sex workers and their clients over the next ten years.⁸

WORKERS' RIGHTS FOR SAFE WORKPLACES

The criminalization of sex work leaves sex workers vulnerable to exploitation and undermines their work rights. Research shows that employers and workplace conditions can play an important role in ensuring sex worker safety and reducing HIV risk.

The Right(s) Evidence found that client procurers and managers and establishment/venue owners were key to making workplaces safe or unsafe for sex workers.

Some participants reported that client procurers, owners and managers failed to promote a safe work environment and perpetrated violence against sex workers. Others described a protective role, including coming to their aid when conflicts arose, introducing policies to deal with violent clients, paying security guards, warning of police raids or paying bribes to prevent raids.

Participants from workplaces that supported decent working conditions and gave sex workers the power to choose their clients reported the least violence.

International Labor Organization Recommendation 200 Concerning HIV and AIDS and the World of Work recognizes the role of workplaces in the HIV response. It calls on States to adopt national policies and programmes on HIV and AIDS and occupational health and safety including through preventing violence and harassment in the workplace and ensuring access to all means of prevention.¹⁶ **Recommendation 200 applies to sex workers, even in countries where sex work is illegal.**¹⁷

Recommendation 200 in action

In 2014 the Cambodian Minister of Labor and Vocational Training signed the *Cambodian Prakas on Working Conditions, Occupational Safety and Health Rules of Entertainment Service Enterprises, Establishments and Companies*, a proclamation to strengthen implementation of the national Labor Law by clarifying employers' obligations toward entertainment workers* including the prohibition of workplace violence and indecent assault, and provision of occupational health and safety training.¹⁸

* A term for sex workers used in Cambodia.

SAFE WORKPLACES REDUCE HIV RISK

The Lancet series measured the potential impact of **creating safer work environments** on HIV infections among female sex workers and their clients using mathematical modelling. The study found that by reducing violence and police harassment, and increasing condom use (including through reduced substance abuse in work settings) safer work environments **could avert 37% of infections in Vancouver, Canada over the next ten years, 21% in Mombasa, Kenya and 45% in Bellary, India.**⁷

COMMUNITY EMPOWERMENT

Evidence increasingly shows the value of empowering key populations in the HIV response. For sex workers, empowerment through collectivization and legal literacy has been effective in improving sexual and reproductive health, access to rights and responses to violence.

COMMUNITY EMPOWERMENT HAS PROVEN RESULTS

The Lancet series conducted a meta-analysis, comparing twenty-two published studies of eight community empowerment programs for sex workers in low- and middle-income countries across Brazil, Myanmar, India and Kenya. The study found that *community empowerment-based approaches are 'consistently associated with significant reductions in HIV and other STIs, and with increases in condom use' with new and regular clients.*¹⁹

Sex workers interviewed for **The Right(s) Evidence** described benefits from formal and informal collectivization. Many reported warning other sex workers of violent clients, others intervened in violent incidents and some pooled savings in case of arrest. Those who had built connections within the sex worker community described these contacts as an important source of emotional support. Transgender participants in particular described a strong sense of community among transgender sex workers. Participants who had joined community-based organizations, and particularly those male and transgender participants who had joined organizations with an empowerment focus articulated their rights with pride and clarity.

'Human rights means the right to live, to work, to produce something, to build the future. In my opinion, sex workers have those rights... It's my right to fight for them'.

- Male participant

'I heard that there was an organization for us. So I went there. Afterwards, I learned about HIV and condoms and was given awareness about my health issues. I also learned how to educate other persons and learned to lead the life beautifully.'

- Transgender participant

The **WHO Consolidated Guidance for Key Populations** includes **community empowerment** as an **essential** strategy for creating an enabling environment as **part of the comprehensive package** of interventions for key populations.¹³

Community empowerment is a critical enabler for improving key populations' living conditions, developing strategies for health and rights interventions and redressing violations of the human rights of people from key populations. Community empowerment can take many forms, such as meaningful participation of people from key populations in designing services, peer education, implementation of legal literacy and service programs, and fostering key population-led groups and key population-led programs and service delivery.¹⁴

EVIDENCE TO ACTION

Ending violence against sex workers and realizing their human rights requires communities, States and donors to act on the evidence and apply what works.

Key messages for realizing sex workers' rights in Asia

Criminalization does not keep sex workers safe or prevent HIV transmission – Sex work and same-sex sexual acts between consenting adults must be decriminalized.

Sex work is work and it should be safe – Sex workers' labor rights must be promoted, including through occupational health and safety standards.

Police violence fuels impunity and increases HIV risk – Police must become partners in ending violence against sex workers.

Community empowerment gets results – Policy and programming should invest in communities to promote collectivization and sex worker capacity through legal literacy and access to justice.

Integrated and holistic services are key to sex worker health and wellbeing – Sex workers need access to a comprehensive package of health and support services including HIV/STI diagnosis, treatment and care; sexual and reproductive health information and services; and gender-based violence response services, including psychosocial and legal support.

Key implementation resources

- *Implementing Comprehensive STI/HIV Programmes with Sex Workers* – “The SWIT”, developed by WHO, UNFPA, UNAIDS, the Global Network of Sex Work Projects and World Bank presents practical approaches from collaborative interventions around the world.
- *The HIV and Sex Work Collection – Innovative responses in Asia and the Pacific* – The collection provides eleven detailed case studies on HIV and sex work programmes and advocacy from seven countries in the Asia Pacific region: Bangladesh, China, Fiji, India, Myanmar, Nepal and Thailand and an analysis of the key lessons learned for delivering and scaling up evidence and rights-based responses.
- *The power to tackle violence: Avahan's Experience with Community Led Crisis Response in India* by the Bill and Melinda Gates Foundation documents key components, lessons learned and data use in the improvement and scale-up of the Avahan model.
- *Addressing Violence Against Sex Workers: Documenting good practice by sex worker-led organizations* by the Global Network of Sex Work Projects – This introduction to a proposed series identifies effective policy and programming strategies, drawing on case studies from across the world.

1. UNAIDS (2013) *HIV and AIDS in Asia and the Pacific*.
2. Baral and others (2012) “Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis”, *The Lancet Journal of Infectious Diseases*.
3. Poteat, T. Wirtz, AL. Radix, A et al (2014) “HIV risk and preventative interventions in transgender women sex workers”, *The Lancet – HIV and sex workers*.
4. National AIDS Control Program (2014) *Country Progress Report Pakistan*.
5. Decker and others (2013) “Violence against women in sex work and HIV risk implications differ qualitatively by perpetrator”, *BMC Public Health*.
6. UNFPA, UNDP and the Asia-Pacific Network of Sex Workers (2015) *The Right(s) Evidence: Sex Work, Violence and HIV in Asia – A Multi-Country Qualitative Study*.
7. Decker and others, “Human Rights violations against sex workers: burden and effect on HIV”, *The Lancet – HIV and sex workers*.
8. Shannon and others (2014) “Global epidemiology HIV among female sex workers”, *The Lancet – HIV and sex workers*.
9. Grover (2010) *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*.
10. UNDP, Asia-Pacific Coalition for Men's Sexual Health (2010) *Legal Environments, Human Rights and HIV Responses Among Men Who Have Sex With Men and Transgender People in Asia and the Pacific: An Agenda for Action*.
11. UNFPA and UNDP (2012) *Sex Work and the Law in Asia and the Pacific: Laws, HIV and Human Rights in the Context of Sex Work*.
12. Das and Horton (2014) “Bringing sex workers to the centre of the HIV response”, *The Lancet – HIV and sex workers*.
13. Global Commission on HIV and the Law (2012) *HIV and the Law: Rights, Risks and Health*.
14. WHO (2014) *Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations*.
15. UNAIDS (2009) *UNAIDS Guidance Note on HIV and Sex Work*.
16. International Labor Organization (2010) *ILO Recommendation 200: Recommendation concerning HIV and AIDS and the world of work*.
17. Provisional Record: International Labor Conference (2010) *HIV and the World of Work – Report of the Committee on HIV/AIDS*, paragraph 209.
18. Ministry of Labour and Vocational Training, Kingdom of Cambodia (2014) *Prakas on Working Conditions, Occupational Safety and Health Rules of Entertainment Service Enterprises, Establishment and Companies*.
19. Kerrigan and others (2014) “A community empowerment approach to the HIV response among sex workers: effectiveness, challenges and considerations for implementation and scale up”, *The Lancet – HIV and sex workers*.