Rights in Action: Closing the Gaps in the HIV Response for Sex Workers

Women in sex work are not coming from another planet. They are also human beings. We have now learnt that we are also citizens of this country and have a right to talk about this country. That's why we are able to offer effective solutions.

— Meenakshi Kamble, sex worker and VAMP, India[1]

Less than 1 percent of the global funding for HIV prevention is directed toward HIV and sex work[2] even though the prevalence of HIV is 12 times greater among sex workers than the general population.[3] The dearth of HIV funding for sex workers is further compounded by underlying social and structural issues in many societies. Sex workers often face stigma, discrimination, and criminalization, which can lead to a long list of consequences, including violence, psychological trauma, social marginalization, and poverty. All of these issues greatly increase their vulnerability to HIV and hinder their access to HIV prevention, testing, and treatment services.

Although some recent HIV-prevention efforts with sex workers have met with success (see sidebar: *What Works*), many critical programming gaps remain. For example, the nature of sex work has changed dramatically with the rise of mobile phones and the Internet, so that many solicitations now take place on a virtual platform.[4] Few interventions adequately address this transformation or employ it to reach sex workers with information about accessing health services. Likewise, current programs rarely address the extreme violence often experienced by sex workers, the harmful role of substance use in their lives, the critical needs of young and new sex workers,† or the importance of including sex workers as full participants in the decisions that affect their lives.

VIOLENCE

Violence is a common experience in the lives of many sex workers. A large percentage of sex workers report various acts of aggression by an assortment of perpetrators: physical or sexual abuse by clients (8–76 percent); physical or sexual violence from non-paying intimate partners (4–64 percent); sexual violence by police (7–89 percent); and physical violence by police (5–100 percent).[5] The homicide of sex workers occurs 17 times the rate in the general population.[6] The criminalization of sex work means that many acts of violence (especially in the context of sex work) are undocumented, so these reports may underestimate the actual extent of the violence.[7]

†According to the U.N. Convention on the Rights of the Child (CRC), young people between the ages of 18 and 24 are legally adults, whereas those younger than 18 are defined as children. According to this definition, and international human rights law, people younger than 18 involved in sex work are considered to be victims of commercial sexual exploitation. This brief discusses young and new sex workers recognizing this definition.

WHAT WORKS

Encouraging condom use by distributing free condoms and lubricant.

Creating one-stop sex-worker clinics that meet broader health needs, control sexually transmitted infections, and provide HIV testing and counseling services.

Providing appropriate clinical care without stigma and discrimination by sensitizing and training heath care practitioners to provide the care that sex workers need.

Supporting sex workers to take the lead as peer educators — linking other sex workers to services, condoms, and lubricant, and promoting supportive behavior change.

Creating partnerships between sex workers and police to stop violence and extortion, and to promote supportive practices that protect the rights of sex workers

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COMPREHENSIVE PROGRAMS WITH SEX WORKERS

In 2013, a key guidance document — *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions* — was released by the World Health Organization, the United Nations Population Fund, the Joint United Nations Programme on HIV/AIDS, the Global Network of Sex Work Projects, and The World Bank.[33]

The document provides practical guidance for the recommendations in *Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Low- and Middle-Income Countries*.[34]

Developed in close collaboration with sex workers, this tool includes chapters on:

- Community empowerment
- Addressing violence against sex workers
- Community-led services
- Condom and lubricant programming
- Clinical and support services
- Program management and organizational capacity-building

This violence is rooted in harmful gender norms and inequalities and is a manifestation of stigma and discrimination,[7] which is tacitly permitted by a lack of legislation and policies that could protect sex workers.[8] But even in countries where sex work is at least partially legal, the law rarely protects sex workers because they have no means of redress. Ironically, much of the violence against sex workers is perpetrated by state actors, such as law enforcement officers.[9, 10]

Violence is also associated with an increased risk for HIV and deters sex workers from seeking HIV services.[3] Some models suggest that the reduction of violence against sex workers could reduce HIV infections by 25 percent.[3] And community-level programs that equip sex workers to be their own legal advocates, alongside partnerships with police on sex-worker issues, can reduce the rate of violence by all perpetrators.[11] Programs that monitor and respond to violence against sex workers are not only a humanitarian mandate, they make sense from a simple public health perspective.

SUBSTANCE USE

The risk of HIV infection among sex workers is often compounded by the use of alcohol and other drugs. In many countries, such as those in Eastern Europe and Central Asia, there is an overlap between sex work and injecting drug use.[12] For example, a study in Manipur, India found that the HIV prevalence among female sex workers who injected drugs was more than 9 times higher than among their counterparts who did not inject.[13] Similarly, a study in Kenya found that the HIV incidence among female sex workers with high levels of alcohol consumption was nearly 10 times greater than among their non-drinking counterparts.[14]

The heavy use of alcohol and drugs by sex workers or their clients can increase the risk of HIV through several channels, including an increased likelihood of violence and negative effects on one's ability to engage in safe sexual behavior, to negotiate condom use, and to use condoms correctly.[15,16,17] These factors — substance use, violence, and HIV/AIDS (SAVA) — work together in a syndemic that exacerbates the harmful effects within sex worker communities.

Addressing the SAVA syndemic among sex workers is complicated by social and structural factors. For some, substance dependence precipitates sex work; for others, substance use can be a coping mechanism for the difficulties faced by many sex workers.[18] For sex workers in brothels, bars, or other entertainment venues, drug and alcohol use is often a perceived norm.[18,19] Structural factors — gender inequality, power imbalances, violence, and poverty — are all drivers of HIV vulnerability, unsafe sex, entry into sex work, and substance use.[18]

YOUNG AND NEW SEX WORKERS

According to a 2012 UNAIDS estimate, young people (15–24 years old) account for 35 percent of all new HIV infections worldwide among people greater than 15 years of age. Although little is known about young males and young transgender people who sell sex, in some parts of the world a large proportion (58–74 percent) of females who sell sex are less than 25 years old.[20] Moreover, those new to sex work have the greatest risk of acquiring HIV: They are less likely to have networked with other sex workers or to have learned how to demand condom use with their clients, and they are also more likely to be young.[21,22]

Young and new sex workers are also more vulnerable to HIV than their older counterparts because of behavioral and structural risk factors, unfavorable socio-economic circumstances, and a lack of social and emotional support.[23] These factors are compounded by gender inequality, rejection by family and community, violence, and other age-related power imbalances that increase their vulnerability to manipulation and exploitation.[23] As a result they often lack the skills or power to negotiate condom use, and they are more likely to use drugs or alcohol, which may further decrease their ability to negotiate condom use and access services.[15, 24]

In practice, it can be difficult to identify and serve young and new sex workers. So they may not participate in many HIV programs and they may have limited access to health services (including HIV testing and counseling) and other services provided specifically for sex workers.[25] As a result, young and new sex workers are often marginalized and disengaged from the few programs and services that could help them.

MEANINGFUL ENGAGEMENT

Access to health services (including HIV prevention, testing, and treatment) is a human rights issue. But the global acceptance of sex-worker rights remains elusive as they are routinely denied access to health and social services throughout the world.[5] Further progress requires fundamental social and political changes that should be implemented by the empowerment of sex-worker communities.[26]

Community empowerment is recognized as a guiding principle for all HIV programming and activities by the World Health Organization, UNAIDS, and the Global Network of Sex Work Projects.[27, 28] In practice, this means that HIV programs should support sex workers in all aspects of the program — as peers, counselors, clinicians, and managers. Programs should also engage sex-worker communities for advice on addressing stigma and improving the quality of services. This approach is also likely to be more effective and have a more positive impact on the health outcomes of sex workers.[27]

The advantages of research that is designed and conducted by sex workers was evident in a study of migrant sex workers in Australia.[29] The investigators (peers of the participants) identified several benefits during their study, including unparalleled access to sex workers and their workplaces, increased participation rates, savings of time and resources because of pre-awareness of the issues in the communities, trust within the communities by virtue of relationships built over many years, and a greater likelihood that the sex workers responded with honesty to their trusted peers, which would increase the validity of the results.[29]

THE TIME TO ACT IS NOW

Many actions can be taken to better meet the needs of sex workers:

1. **Engage and empower sex worker-led groups and organizations** as essential partners in designing, planning, implementing and evaluating health services. Sex workers are best placed to determine what they need and should take an active role in sensitizing and educating health-care providers on delivering high-quality, non-discriminatory, confidential, and voluntary care to sex workers.

FIGURE 1. Sex workers face many challenges in their lives. (Adapted from UNAIDS 2014.[3])

2. **Develop programs to eliminate violence against sex workers perpetrated by law enforcement and military personnel**, including extortion, verbal abuse and harassment, physical and sexual violence, and illegal detention. Police "crackdowns" effectively drive sex workers away from health and HIV services, and prevent outreach workers from distributing safe sex supplies. Police also routinely use the possession of condoms as evidence of sex work and grounds for the detainment and arrest of sex workers. Programs should develop mechanisms for documenting and monitoring violence, and use these data to eliminate the unlawful treatment and grounds for the arrest of sex workers. This includes reforming laws and policies that allow the possession of condoms as evidence of sex work. Programs should also develop a working relationship with law enforcement agencies and offer training on a rights-based approach to sex worker issues.

3. **Establish a coordinated referral system and a network of service providers** who are aware of and screen for overlapping risks such as substance use, violence by any perpetrator, mental health problems, and homelessness. Programs must engage the health, legal, and social sectors to equip sex workers with legal and clinical literacy so they can offer community support. Programs should also establish a comprehensive network of referral services, including post-rape medical and psychosocial care, legal services, substance-use programs, and screening procedures for sexual health. Treatment and care services must be supportive, affordable, and accessible by sex workers.

4. **Change laws and policies to protect and respect the human rights** of all sex workers and eliminate discrimination (particularly within healthcare settings), based on health and HIV status, sexual orientation, gender identity, or age.

5. **Build a global evidence base of strategic information** on young and new sex workers, including age-disaggregated data and programs that are tailored to the needs and circumstances of different subpopulations. Enhancing the focus of programs on young and new sex workers will ensure that those who are most at risk of HIV acquisition are appropriately prioritized and served.

6. **Ensure the provision of respectful services** that acknowledge the unique clinical and outreach needs of sex workers, while recognizing their agency and autonomy. Services should emphasize a commitment to informed consent and confidentiality, avoid coercive and mandatory approaches to "rehabilitation" (e.g., to cease sex work or stop substance use), minimize stigma and discrimination, and respect sex work and substance use as a choice.[30] Services should also be tailored to provide adequate supplies of free condoms and lubricant, alongside the clinical services that sex workers require.

7. **Broaden the current HIV response** with sex workers to address the structural drivers of HIV. These include gender inequality and power imbalances that increase the risk of infection, entry into sex work, violence, and substance use. Focus efforts on a combination approach that includes gender-responsive programming.[31]

8. **Be responsive to the changing nature of sex work**. The rise in the use of mobile phones and the Internet, compounded with an increase in police crackdowns on brothels and public spaces, has led to a shift from physical to virtual solicitations. The approaches used for data mapping, monitoring and evaluation, and program outreach must adapt to these new modes of solicitation.

9. **Target selected populations to maximize the impact of interventions.** Given the limited funding of HIV programs for sex workers, interventions should give priority to individuals who overtly engage in sex work and identify as sex workers rather than those who infrequently engage in sex work, or do so on a transactional basis.[32] Moreover, programs that emphasize information sharing in environments where sex work takes place will also reach some individuals who infrequently engage in sex work.

10. **Recognize the heterogeneity of sex workers.** Interventions must acknowledge the internal diversity among sex workers by tailoring efforts to address the unique needs of transgender, male, female, and young sex workers. [33, 34]

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