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Addressing Violence against Sex Workers

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Sex Workers

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What's in this chapter?

This chapter explains:

- the **different kinds of violence** that sex workers may experience, and how violence increases vulnerability to HIV (Section 2.1)

- the **places and contexts** in which violence occurs, and the **social and legal conditions** that make sex workers vulnerable to violence and other human-rights violations (Section 2.1.1)

- **core values and principles** for effective programmes to address violence against sex workers (Section 2.1.2)

- **promising interventions and strategies** to address violence (Section 2.2)

- approaches to **monitoring and evaluation** of interventions (Section 2.3).

The chapter also provides a list of **resources and further reading** (Section 2.4).

2.1 Introduction

> **2012 Recommendations:[1] Good-practice Recommendations**
>
> 1. All countries should work toward decriminalization of sex work and elimination of the unjust application of non-criminal laws and regulations against sex workers.
>
> 2. Governments should establish antidiscrimination and other rights-respecting laws to protect against discrimination and violence, and other violations of rights faced by sex workers in order to realize their human rights and reduce their vulnerability to HIV infection and the impact of AIDS. Antidiscrimination laws and regulations should guarantee sex workers' right to social, health and financial services.
>
> 3. Health services should be made available, accessible and acceptable to sex workers based on the principles of avoidance of stigma, non-discrimination and the right to health.
>
> 4. Violence against sex workers is a risk factor for HIV and must be prevented and addressed in partnership with sex workers and sex worker-led organizations.

Female, male and transgender sex workers face high levels of violence, stigma, discrimination and other human-rights violations. Violence against sex workers is associated with inconsistent condom use or lack of condom use, and with increased risk of STI and HIV infection. Violence also prevents sex workers from accessing HIV information and services.

Violence is defined by the World Health Organization (WHO) as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that results or has a high likelihood of resulting in injury, death, sexual or psychological harm, mal-development or deprivation of liberty (see also Box 2.1).

Male, female and transgender sex workers may face violence because of the stigma associated with sex work, which in most settings is criminalized, or due to discrimination based on gender, race, HIV status, drug use or other factors. Most violence against sex workers is a manifestation of gender inequality and discrimination directed at women, or at men and transgender individuals who do not conform to gender and heterosexual norms, either because of their feminine appearance or the way they express their sexuality.

Modelling estimates in two different epidemic contexts (Kenya and Ukraine) show that a reduction of approximately 25% in HIV infections among sex workers may be achieved when physical or sexual violence is reduced.[2] More HIV prevention programmes are implementing strategies to address violence against sex workers and protect their human rights as an integral part of HIV prevention, treatment and care. Addressing violence can make it easier for sex workers to access services and make their own choices about their long-term health and welfare.

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1 *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: recommendations for a public health approach.* WHO, UNFPA, UNAIDS, NSWP, 2012.
2 See Decker et al (Section 2.4, Further reading No. 3).

This chapter provides practical suggestions for HIV programme managers on how to implement strategies that address violence. It builds on the 2012 Recommendations and the values and preferences survey,[3] in which sex workers highlighted the role of violence, criminalization and other human-rights abuses in compromising their access to HIV and STI services.

Box 2.1

Forms of violence faced by sex workers

Physical violence: Being subjected to physical force which can potentially cause death, injury or harm. It includes, but is not limited to: having an object thrown at one, being slapped, pushed, shoved, hit with the fist or with something else that could hurt, being kicked, dragged, beaten up, choked, deliberately burnt, threatened with a weapon or having a weapon used against one (e.g. gun, knife or other weapon). These acts are operationally defined and validated in WHO survey methods on violence against women. Other acts that could be included in a definition of physical violence are: biting, shaking, poking, hair-pulling and physically restraining a person.

Sexual violence: Rape, gang rape (i.e. by more than one person), sexual harassment, being physically forced or psychologically intimidated to engage in sex or subjected to sex acts against one's will (e.g. undesired touching, oral, anal or vaginal penetration with penis or with an object) or that one finds degrading or humiliating.

Emotional or psychological violence: Includes, but is not limited to, being insulted (e.g. called derogatory names) or made to feel bad about oneself; being humiliated or belittled in front of other people; being threatened with loss of custody of one's children; being confined or isolated from family or friends; being threatened with harm to oneself or someone one cares about; repeated shouting, inducing fear through intimidating words or gestures; controlling behaviour; and the destruction of possessions.

Human-rights violations that should be considered in conjunction with violence against sex workers are:

• having money extorted

• being denied or refused food or other basic necessities

• being refused or cheated of salary, payment or money that is due to the person

• being forced to consume drugs or alcohol

• being arbitrarily stopped, subjected to invasive body searches or detained by police

• being arbitrarily detained or incarcerated in police stations, detention centres and rehabilitation centres without due process

• being arrested or threatened with arrest for carrying condoms

• being refused or denied health-care services

• being subjected to coercive health procedures such as forced STI and HIV testing, sterilization, abortions

• being publicly shamed or degraded (e.g. stripped, chained, spat upon, put behind bars)

• being deprived of sleep by force.

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3 A global consultation conducted with sex workers by NSWP as part of the process of developing the 2012 Recommendations.

2.1.1 Contexts of violence

There are several contexts, dynamics and factors that put sex workers at risk for violence. Understanding them is key to designing appropriate programmatic responses.

- **Workplace violence:** This may include violence from managers, support staff, clients or co-workers in establishments where sex work takes place (e.g. brothels, bars, hotels).

- **Violence from intimate partners and family members:** Stigmatization of sex work may lead partners or family members to think it acceptable to use violence to "punish" a woman who has sex with other men. It may be difficult for sex workers to leave an abusive relationship, particularly when perpetrators threaten them, or have control due to ownership of a home, or the power to harm or refuse access to their children.

- **Violence by perpetrators at large or in public spaces:** In most contexts, the antagonistic relationship with police creates a climate of impunity for crimes against sex workers that may lead them to be the targets of violence or of other crimes that may turn violent, such as theft. Some perpetrators specifically target sex workers to "punish" them in the name of upholding social morals, or to scapegoat them for societal problems, including HIV. Sex workers may also face violence from individuals in a position of power, e.g. nongovernmental organization (NGO) employers, health-care providers, bankers or landlords.

- **Organized non-state violence:** Sex workers may face violence from extortion groups, militias, religious extremists or "rescue" groups.

- **State violence:** Sex workers may face violence from military personnel, border guards and prison guards, and most commonly from the police. Criminalization or punitive laws against sex work may provide cover for violence. Violence by representatives of the state compromises sex workers' access to justice and police protection, and sends a message that such violence is not only acceptable but socially desirable.

Laws and policies, including ones that criminalize sex work, may increase sex workers' vulnerability to violence. For example, forced rescue and rehabilitation raids by the police in the context of anti-trafficking laws may result in sex workers being evicted from their residences onto the streets, where they may be more exposed to violence. Fear of arrest or harassment by the police may force street-based sex workers to move to locations that are less visible or secure, or pressure them into hurried negotiations with clients that may compromise their ability to assess risks to their own safety.

Violence against sex workers is not always defined or perceived as a criminal act. For example, laws may not recognize rape against transgender individuals as a crime, or police may refuse to register a report of sexual violence made by a sex worker. Sex workers are often reluctant to report violent incidents to the police for fear of police retribution or of being prosecuted for engaging in sex work.

Laws and policies that discriminate against transgender individuals and men who have sex with men increase the vulnerability of male and transgender sex workers to abuse. Laws criminalizing HIV exposure may prevent HIV-positive sex workers from seeking support in cases of sexual violence, for fear of being prosecuted. Even where sex work is not criminalized, the application of administrative law, religious law or executive orders may be used by police officers to stop, search and detain sex workers. This creates conditions in which sex workers face an increased likelihood of violence.

Sex workers may also be made more vulnerable to violence through their working conditions or by compromised access to services. Some may have little control over the conditions of sexual transactions (e.g. fees, clients, types of sexual services) if these are determined by a manager.

The availability of drugs and alcohol in sex work establishments increases the likelihood of people becoming violent towards sex workers working there. Sex workers who consume alcohol or drugs may not be able to assess situations that are not safe for them.

Violence or fear of violence may prevent sex workers from accessing harm reduction, HIV prevention, treatment and care, health and other social services as well as services aimed at preventing and responding to violence (e.g. legal, health). Discrimination against sex workers in shelters for those who experience violence may further compromise their safety.

2.1.2 Values and principles for addressing violence against sex workers

Core values

- **Promote the full protection of sex workers' human rights.** This includes the rights to: non-discrimination; security of person and privacy; recognition and equality before the law; due process of law and the highest attainable standard of health; employment, and just and favourable conditions of employment; peaceful assembly and association; freedom from arbitrary arrest and detention, and from cruel and inhumane treatment; and protection from violence.

- **Reject interventions based on the notion of rescue and rehabilitation.** Even when ostensibly focused on minors (who are not sex workers), such raids deprive sex workers of their agency (the choice, control and power to act for themselves) and increase the likelihood that they will experience violence.

- **Promote gender equality** by encouraging programme planners and implementers to challenge unequal gender roles, social norms and distribution and control of resources and power. Intervention strategies should aim for more equitable power relationships between sex workers and others in the wider community.

- **Respect the right of sex workers to make informed choices** about their lives, which may involve not reporting or seeking redress for violence, not seeking violence-related services, or continuing in an abusive relationship.

Programming principles

- **Gather information about local patterns of violence** against sex workers, and the relationship of violence to HIV, as the basis for designing programmes (see Chapter 3, Section 3.2.2, part A).

- **Use participatory methods.** Sex workers should be in decision-making positions where they can engage in processes to identify their problems and priorities, analyse causes and develop solutions. Such methods strengthen programme relevance, build enduring life and relationship skills and help ensure the long-term success of programmes.

- **Use an integrated approach in designing interventions.** Holistic programmes that include provision of health services, work with the legal and justice sectors and are community-based[4] can have a greater impact on violence against sex workers and the risk of HIV. Such programmes require establishing partnerships with a wide range of groups and institutions.

- **Build capacity of programme staff** to understand and address the links between violence against sex workers and HIV. Programme staff should be able to respond sensitively to sex workers who experience violence, without further stigmatizing or blaming them. (See also Chapter 6, Section 6.2.6, sub-section on hiring and training staff.)

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4 In most contexts in this tool, "community" refers to populations of sex workers rather than the broader geographic, social or cultural groupings of which they may be a part. Thus, "outreach to the community" means outreach to sex workers, "community-led interventions" are interventions led by sex workers, and "community members" are sex workers.

- **Recognize that programmes may have unintended harmful impacts** for sex workers, such as retaliatory or "backlash" violence. Prepare for this possibility and monitor programmes for such unintended consequences.
- **Evaluate programmes** to identify strategies that reduce risk factors and levels of violence faced by sex workers, in order to build the evidence base and ensure that resources are directed to the most beneficial strategies. Include measurable objectives that articulate results to reduce violence against sex workers.

2.2 Promising interventions and strategies

This section suggests strategies to prevent and respond to violence against sex workers. Many of these strategies were developed as good practices by sex workers. Unless explicitly stated, these strategies have not been formally evaluated for their impact on reducing risk factors or levels of violence against sex workers. It is recommended that before any of the strategies suggested below are scaled up, they are monitored for any unintended consequences and evaluated to establish whether they work in preventing or reducing violence against sex workers.

2.2.1 Community empowerment

Stages of community empowerment are detailed in Chapter 1. Community empowerment can contribute to violence reduction by:

- providing a mechanism for sex workers to engage in critical reflection on their rights, their problems, including violence, and the root causes of these problems
- building collective solidarity for sex workers to mobilize and advocate to challenge and change behaviours of powerful groups or institutions that deny them their rights and perpetuate violence and other abuses.

2.2.2 Building the capacity of sex workers

Several kinds of activities build sex workers' knowledge of their rights in relation to sex work and violence, and their confidence to claim these rights.

Training and sensitizing sex workers about sex work-related laws and their human rights

This generates awareness and encourages sex workers to report and challenge violence. Activities may include training and advocacy workshops, production and dissemination of written and visual materials about violence and the human rights of sex workers, community meetings and face-to-face counselling from community outreach workers[5] (see Box 2.2). Training and print materials should factor in the differing learning needs and literacy levels of sex workers. Topics covered may include: sources of and reasons for violence faced by sex workers; knowledge of sex work laws and laws that affect sex workers (e.g. municipal statutes, laws related to homosexual sex, drug use); sex workers' rights when arrested, charged or detained by the police, and correct police procedures; and legal services.

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5 In this tool, "community outreach worker" is used to mean a sex worker who conducts outreach to other sex workers, and who is not generally full-time staff of an HIV prevention intervention (full-time staff might be called "staff outreach workers" or also simply "outreach workers"). Community outreach workers may also be known by other terms, including "peer educators", "peer outreach workers" or simply "outreach workers". The terms "community" or "peer" should not, however, be understood or used to imply that they are less qualified or less capable than staff outreach workers.

Box 2.2

Case example: Human Rights Defenders programme, South Africa

The Human Rights Defenders programme has been implemented by the Sisonke sex workers movement and the Sex Worker Education and Advocacy Task Force (SWEAT) in South Africa since 2008. It trains sex workers as paralegals in basic rights and how to defend them.

Paralegals document cases of human-rights abuses through a toll-free helpline, outreach and weekly community meetings with sex workers. They also offer counselling support to those who report incidents of abuse.

Community meetings with sex workers are used to raise awareness of their rights and how to access justice.

Sex workers who need legal services are referred to lawyers accessed through the Women's Legal Centre and weekly legal clinics. They are also offered court support.

SWEAT also undertakes strategic litigation to address root causes of violence against sex workers.

Documenting violence faced by sex workers and defending their human rights

Activities could include:

- gathering data or information on different forms of violence faced by sex workers
- documenting abuses and incidents of violence faced by sex workers
- facilitating their access to justice through legal services.

In some settings, careful and systematic documentation of violence against sex workers has been used to develop resources for sex workers to promote their safety. For example, in 2002 the Italian sex worker-led NGO Comitato per i Diritti Civili delle Prostitute documented violence against sex workers and used this information to produce a magazine for sex workers to encourage them to report violence and seek support and services.

Data on violence faced by sex workers have also been used to advocate with police, local authorities, media and national policy-makers about the extent of the problem and the need to change the application of laws, policies and police practices to reduce violence faced by sex workers (see Section 2.2.3). Note that there are ethical and safety concerns around collecting research data on violence against sex workers that should be carefully considered; see Section 2.3 for further information.

2.2.3 Advocating for reforms

Advocacy for legal and policy reforms can contribute to preventing or reducing violence against sex workers by:

- aiming to change laws and policies that criminalize sex work and administrative laws that are used to harass and abuse sex workers
- aiming to change law-enforcement practices that harass or abuse sex workers and deny them their human rights
- building institutional accountability for existing laws and policies upholding the human rights of sex workers
- countering stigma and discrimination against sex workers and promoting sex work as work (see Box 2.3).

Case example: "Someone you know is a sex worker" campaign, San Francisco, USA

The St. James Infirmary developed a campaign to convey that:

• sex workers are everyday people and valued members of the community

• sex workers are equal members of society, and their rights are human rights

• sex work is real work and sex workers deserve labour rights.

The campaign involved interviewing and photographing sex workers, their partners and service providers affiliated with the St. James Infirmary. The campaign messages were reviewed by sex workers and others not involved in sex work.

Large advertisements were displayed on the sides of city buses for one month. Posters were also distributed to social and health-care agencies.

Source: Barbara DeGenevieve and Rachel Schreiber, media campaign for the St. James Infirmary, San Francisco, USA

Target audiences of such advocacy and sensitization may include: local and national government officials responsible for law enforcement; justice, military and security personnel; media (e.g. print, television, radio, social); religious and political leaders; parliamentarians; local, municipal, district and provincial governments (e.g. mayors, local councils); NGOs that work on human rights more broadly; women's organizations; health-care providers and health-care professional organizations; United Nations organizations; and international NGOs.

Advocacy efforts may need to strike a balance between targeting frontline staff in different sectors (e.g. police or health workers) and decision-makers (e.g. administrators and managers), as frontline staff may respond to pressure from decision-makers.

Advocacy and sensitization activities may include:

• public campaigns to highlight sex work as work (see Box 2.3)

• sensitization workshops

• highlighting the issue of violence against sex workers on specific international and national days and in campaigns relevant to HIV, sex work, gender-based violence and human rights

• disseminating print and other multimedia materials about violence against sex workers

- working with journalists and other members of the media to promote positive stories and language use about sex work
- building partnerships and networks with organizations that work on human rights and HIV, for joint advocacy efforts (see Box 2.4)
- supporting collective action by sex workers to demand redress for violence faced by their community members
- building programme managers' understanding of laws affecting sex workers' rights.

Box 2.4

Case example: Building partnerships for advocacy in Karnataka, India

Addressing violence against sex workers is complex and requires partnership with like-minded organizations. The Karnataka Health Promotion Trust (KHPT) has been working on HIV prevention among sex workers in Karnataka, India for the last 10 years. Preventing and responding to violence emerged as a strong "felt need" among sex workers.

KHPT sensitized and advocated with law enforcement (police) and judiciary not to perpetrate or condone violence against sex workers. In partnership with KHPT:

- The state's Women and Child Welfare Department made services for violence against women available to sex workers as well.
- Community-based organizations worked with sex workers in 30 districts to sensitize them about their rights.
- The Alternate Law Forum and the National Law School of India developed and conducted legal literacy training for sex workers.
- The Centre for Advocacy and Research, an NGO, did media advocacy and trained sex workers as media spokespersons to talk about the violence they face, their resilience and actions to prevent and respond to violence.

2.2.4 Fostering police accountability

Working with the police has been a key element of efforts to reduce violence against sex workers. Activities may include:

- **Sensitization workshops with the police** that raise their awareness of laws related to sex work and sex workers' rights. These workshops also build relationships between sex workers and police in order to minimize police harassment and violence. In some settings such workshops have been led by sex workers (see Box 2.5); in other places they have involved lawyers (e.g. India); and in some settings sex workers, police and NGOs have jointly conducted trainings (e.g. Keeping Alive Societies' Hope [KASH] in Kenya, and Tais Plus in Kyrgyzstan). Training topics that are covered in various manuals (see Section 2.4) may include: basic introduction to HIV and HIV programming; laws and law enforcement practices that affect sex worker rights, including those related to violence; role of the police in HIV prevention; and human rights of sex workers.

- **Advocacy** (e.g. regular meetings with police as well as with high-level government officials responsible for law enforcement) to reduce police harassment of sex workers and community outreach workers (e.g. getting letters of support from the police that are carried by the outreach workers), and to ensure the commitment of frontline officers to the trainings.

Box 2.5

Case example: Training police in Peru

Movimiento de Trabajadores Sexuales del Perú conducts workshops to raise awareness about human rights among regional and municipal officials and civil servants, especially the rights of sex workers. It also conducts trainings with police and security forces, local authorities and health-care workers in order to change discriminatory attitudes and practices towards sex workers and encourage them to defend the rights of sex workers, particularly in relation to gender-based violence.

A curriculum has been developed for online workshops with these groups, to improve their knowledge, skills, attitudes and capacity to respond to cases of gender-based violence against female, transgender and transsexual sex workers. While there has been some backlash against sex workers from some police who continue to oppose their rights, the training has helped open dialogue with senior police officers and other policy-makers.

- **Building institutional accountability** with police to uphold the rights of sex workers. For example:
  - › In India, advocacy with the police resulted in getting police administrators to issue a circular to police stations requiring them to follow the rule of law and ensure due process when arresting sex workers. Civil society groups could then monitor adherence.
  - › In Kyrgyzstan, a project by the AIDS Foundation East-West in partnership with Tais Plus (a sex worker-led organization) focused on collaborating with police on trainings, publicizing a ministerial order on police and HIV, establishing a team of "friendly police" to be liaisons for HIV service providers and developing an incentive system to reinforce police behaviour supportive of HIV programmes. The ministerial order forbade police officers from obstructing HIV prevention programmes and obliged them to inform key populations about the availability of HIV services.

Evaluations of police training efforts to assess whether they have reduced violence against sex workers are ongoing in a few settings (e.g. in Kyrgyzstan by Tais Plus and in Kenya by KASH). Reflections on police training from organizations involved in these efforts suggest that:

- Police training and working with the police may provoke a backlash against sex workers by some officers. Hence, this needs to be monitored.
- It may be important to gain support at senior levels in the police hierarchy in order to get and sustain support from police lower down and hold them accountable for their actions.
- Building relationships with police and educating them about sex worker rights has to be a continual process due to turnover in staff.

2.2.5 Promoting the safety and security of sex workers

Strategies to promote the safety and security of sex workers in their workplaces and communities may be formal or informal. The following should be considered:

- **Maintaining and sharing lists or reports of aggressors** or incidents of violence against sex workers. In some settings this is called an "Ugly Mugs programme". The list includes physical descriptions of perpetrators and vehicles involved. Reporting sheets can be made available online, by fax, e-mail, mail or at safe spaces (drop-in centres).[6] The reports are compiled and distributed to sex workers through monthly bulletins, SMS or e-mails so that they know to avoid potentially dangerous individuals.

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6 A safe space or drop-in centre is a place where sex workers may gather to relax, meet other community members and hold social events, meetings or training. See Chapter 3, Section 3.3 for details.

- **Promoting workplace security** by negotiating with owners and managers of sex establishments to protect sex workers from perpetrators of violence. For example, the sex worker-led organization Ashodaya in Karnataka, India, incentivized hotel or lodge owners to protect sex workers from abuse by offering the owners access to free health services. Similarly, the KASH sex worker project in Kenya partnered with bar managers and staff to display a hotline number, and initiated an SMS-based system that enables sex workers to send messages about experiences of violence and receive feedback and support from KASH staff.

- **Disseminating information or tips about safety to sex workers** (e.g. asking sex workers to carry mobile phones, inform friends before they go with clients, keep numbers to call in case they are in dangerous situations; see Box 2.6). For example, sex worker organizations from five European countries have developed a safety brochure in six languages as part of the "INDOORS" project that supports the empowerment of sex workers in Europe, including migrant sex workers. The brochure, titled "Safer Work", includes practical tips for sex workers to stay safe from violence and protect their health, as well as information about legislation in the five countries.

Box 2.6

Case example: Safety tips for sex workers from SWEAT, South Africa

- Always take down the car registration number, colour and make.
- Try to check the boot of the car and the back seats before you climb in.
- Don't get into a car with more than one client in it.
- Don't lean into the car when negotiating with a client— if he means trouble, he can hurt you.
- Check that the car door handles work.

Source: Sex Workers Education and Advocacy Taskforce (SWEAT), South Africa

- **Creating safe spaces (drop-in centres)** or shelters that allow sex workers to come together and discuss common issues and problems they face, including violence, and develop and exchange solutions. For example, the Brazilian sex work organization Fio da Alma opened a drop-in centre where sex workers were encouraged to meet and to participate in workshops and activities such as classes on violence prevention. The evaluation of the project's broad set of interventions showed an increase in the reported ability of sex workers to manage client risk behaviours related to drugs and alcohol.

- **Integrating violence prevention in HIV prevention counselling interventions with sex workers.** In settings such as Mongolia, South Africa and the USA, HIV prevention counselling interventions that have integrated a safety-planning component have been evaluated and shown to reduce violence against sex workers. Counselling strategies are broadly focused on information and skills-building related to STI and HIV prevention. The violence prevention component includes:
  ❯ Working with sex workers to assess potentially violent situations and develop a "safety plan" to get out of such situations. For example, the Women's Health CoOp project in Pretoria, South

Africa offered individualized counselling sessions to sex workers that included discussions on safety strategies, including in relation to: use of alcohol and drugs; communication and negotiation skills for different situations to avoid precipitating conflict; and ways to exit unsafe situations.

❯ Collaborative counselling with trained counsellors, using reflective listening to support individual sex workers in identifying feasible steps to make themselves safer, and available local resources in case they experience violence. The approach is supportive, non-judgemental and respectful of the autonomy of the individual in making behaviour changes. In Mongolia, this approach was found to reduce sex workers' risk of violence from both clients and intimate partners.

2.2.6 Providing health services to sex workers who experience violence

Sex workers who experience physical, sexual and psychological violence may need medical care in both the short and long term. In most settings there are hardly any specialized medical services for those who experience violence. Therefore, it may be useful to consider integrating services for those who experience violence into the broader set of HIV prevention, treatment and care and other health services for sex workers. WHO has developed clinical and policy guidelines for the health-sector response to violence against women (see Section 2.4). While focused on all women, the guidelines are also relevant to female sex workers, and some aspects are also relevant to male and transgender sex workers.

Box 2.7

Topics for training health-care providers in addressing violence against sex workers

- Basic information about violence, including laws and policies against violence with a focus on sex workers.

- Identifying those who may be experiencing violence based on physical or psychosocial symptoms (e.g. depression, anxiety, post-traumatic stress disorder, suicidality or self-harm, substance use, injuries).

- When and how to inquire about violence.

- Collecting forensic evidence for investigating sexual violence.

- Providing clinical and psychological care and treatment as per WHO recommendations.

- Where to refer for support services in the community.

- Providing non-judgemental care that does not stigmatize those who experience violence.

- Implications of mandatory reporting of violence (not recommended in the WHO guidelines).

Although not in the WHO guidelines on health-sector response to violence, in the context of sex work, training may also include:

- human rights of sex workers

- laws and policies pertaining to sex work that make sex workers vulnerable to violence

- violence faced by sex workers in health-care settings and obligations of health-care providers not to discriminate, stigmatize or perpetrate violence against sex workers

- providing clinical and psychological care to male and transgender sex workers who experience violence.

Recommendations for clinical care, psychological support and health services to those who experience partner violence and sexual assault are:

- Provide immediate support to those who experience violence who present at a health facility. Providers should ensure confidentiality, be non-judgemental, provide practical care, ask about the history of violence, listen carefully without pressuring the person to talk, facilitate access to social support, resources and services (e.g. legal if needed) and help develop a safety plan.

- Provide clinical care for those who experience sexual assault, including emergency contraception, HIV and STI post-exposure prophylaxis (dosage and timing as per the recommendations in the 2013 WHO guidelines mentioned above) and access to abortion to the fullest extent of the law for those who become pregnant. See also Chapter 5, Section 5.7.5.

- Provide psychological care, including information about symptoms of trauma and stress. For symptoms such as depression, inability to carry out daily functions, or suicidal feelings, provide care in accordance with WHO clinical protocols for mental-health problems.

- Health-care providers should be trained to provide services to those who experience violence (see Box 2.7 for recommended training topics).

- A directory of medical, legal and social services for sex workers who experience violence should be compiled and working arrangements established with service providers to accept referrals and provide high-quality services.

2.2.7 Providing psychosocial, legal and other support services

Sex workers who experience violence often need a further range of immediate and longer-term services. Services that may be provided according to local need and capacity include:

Community members trained to respond to sex workers who experience violence

Sex workers who experience violence or any other crisis may need a trained person to provide immediate support and referrals. For example:
- In Kenya, KASH has a phone hotline that sex workers may call for immediate and ongoing support in response to violence or other crises they may experience.
- In South Africa, the NGO Sisonke offers follow-up counselling and support to those who experience violence.
- In India, as part of the Avahan AIDS Initiative, an integrated crisis response system has been implemented, along with community empowerment of sex workers. The system has been evaluated and shown to work (See Box 2.9).

Training in these types of activities may be led by knowledgeable sex workers and may cover: listening and communication skills; prioritizing safety of sex workers; advocacy skills to work with the police, social and health services, and media; knowledge of sex workers' rights; dealing with police and local government officials; counselling those who may be under psychological duress; and assessing risks of harm. Training should take into account different learning needs and the diversity (e.g. ethnicity, migrant status) of sex workers.

Legal support

This may require engaging or linking with lawyers or trained paralegals (e.g. sex workers trained as paralegals) who can help negotiate with legal and judicial authorities about incidents of violence, advocate on behalf of sex workers, and support training and sensitization of sex workers and others on laws related to sex work.

Shelter or safe space

Those who experience violence may need to get away from the environment or the specific person(s) that is a threat to them. In Kyrgyzstan, the sex worker organization Tais Plus offers shelter to sex workers in crisis, at risk of violence, fleeing violence or fearing retribution.

These support service models vary in terms of their complexity, the amount of financial and human resources required to operate them (see Box 2.8), and whether they have been evaluated and shown to work. Support services should also be based on assessments of informal practices already established by sex workers themselves, and on their existing priorities. Some models, such as comprehensive crisis response systems, are resource-intensive, while others may require fewer resources. The following activities should be considered in order to support these services:

• **Provide necessary infrastructure:** This may include local mobile phone numbers and/or hotlines staffed by trained community members. The availability of support services may need to be advertised through word of mouth, fliers and other communication channels.

• **Document incidents of violence:** Recording incidents of violence enables programme staff to analyse the incidents, ensure follow-up, monitor efforts and improve services. For sex workers who want to file legal cases in response to violence, such documentation helps to provide necessary evidence for courts. Data on violence faced by sex workers may also be used for advocacy with local, state and national policy-makers and for planning services to address violence against sex workers.

Box 2.8

What are the potential resources needed for providing legal, psychosocial and other support services?

Resource people:
• Designated and trained sex workers to operate the helplines or hotlines
• Community outreach workers
• Trained peer and/or professional counsellors for psychological support
• Lawyers or paralegals (could be trained sex workers) who can provide legal support

Materials and venue:
• Access to a venue
• Mobile phones and time credit
• Hotlines
• Internet access
• Print materials to advertise services
• Data collection and reporting forms
• A space to operate hotlines, conduct trainings and meetings
• Safe space (drop-in centre) or shelter

Costs:
• Remuneration for staff (including lawyers if not pro bono)
• Start-up and maintenance costs of sex workers to use mobile phones, hotlines
• Advertising the services
• Transport costs
• Training

Box 2.9

Case example: Avahan's crisis response system in India

A crisis response system provides rapid on-the-spot support to sex workers who face violence or some other crisis. The sex worker accesses support by calling the mobile phone of a member of a crisis response team. The team includes trained community members who:

• assess the nature and urgency of the crisis

• take steps to address immediate danger

• facilitate access to medical services, psychosocial and other relevant support

• provide access to a lawyer in case of arrest to support negotiations with the authorities

• provide counselling

• report and document incidents of violence and the team's response

• assist in resolving family or community issues affecting sex workers

• report back to the community on a regular basis on incidents that have occurred and their resolution (while respecting the confidentiality of those who have experienced violence).

1. The team includes a person to receive calls, other community members who are on call 24/7 to respond to incidents, and a data person to document the incidents of violence.

2. The team is supported by a social worker from the local implementing organization[6] to provide referrals, and one or more lawyers (working pro bono or on a small retainer) who can negotiate with authorities on behalf of sex workers who have been wrongfully arrested or detained, and who can support training for sex workers about their rights.

3. A response protocol specifies the steps for rapid follow-up in the case of physical or sexual violence; for preventing police harassment, or unlawful detention after arrest; or for rapid intervention if someone is contemplating suicide.

4. The infrastructure includes local mobile phones and/or helplines that people may call, and outreach to promote the service.

5. Details of incidents of violence and the actions taken are recorded as soon as possible after the incident. This information may be helpful as evidence for legal purposes, to provide data on the scale of violence faced by sex workers for advocacy, and for planning services.

6. The system builds links with health care, legal services, temporary housing or shelter, transport and other social services through a directory of services and establishes working arrangements with service providers to accept referrals and provide high-quality services.
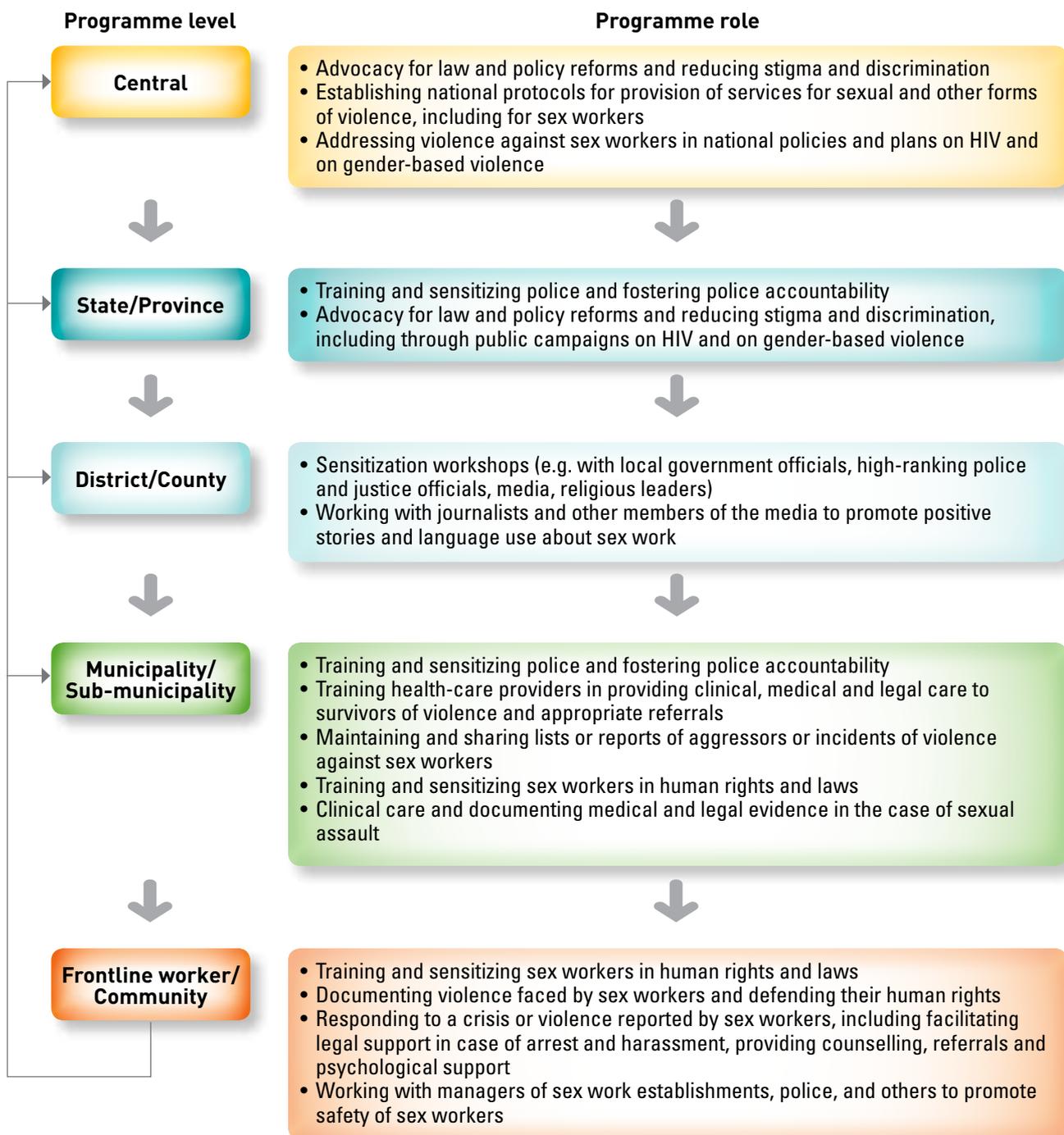
In the Avahan programme, the system has been scaled up from a few dozen teams to several hundred in six states of India, using common minimum standards and adapting programmes to the local context. The system is managed by sex workers, although financial resources (usually from the implementing organization) are required to sustain it.

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7 An implementing organization is an organization delivering a prevention intervention to sex workers. It may be a governmental, nongovernmental, community-based or community-led organization, and may work at a state, district or local level. Sometimes an NGO provides services through sub-units at multiple locations within an urban area, and in this case, each of those sub-units may also be considered an implementing organization.

2.3 Management, monitoring and evaluation

The interventions described in this chapter are not only implemented at a local level but also require engagement at subnational and national levels. This is particularly true for sensitization and advocacy work. Figure 2.1 shows the roles of each of the levels of implementation.

Figure 2.1 Illustrative multi-level approach to addressing violence against sex workers

Programme level	Programme role
Central	• Advocacy for law and policy reforms and reducing stigma and discrimination • Establishing national protocols for provision of services for sexual and other forms of violence, including for sex workers • Addressing violence against sex workers in national policies and plans on HIV and on gender-based violence
State/Province	• Training and sensitizing police and fostering police accountability • Advocacy for law and policy reforms and reducing stigma and discrimination, including through public campaigns on HIV and on gender-based violence
District/County	• Sensitization workshops (e.g. with local government officials, high-ranking police and justice officials, media, religious leaders) • Working with journalists and other members of the media to promote positive stories and language use about sex work
Municipality/ Sub-municipality	• Training and sensitizing police and fostering police accountability • Training health-care providers in providing clinical, medical and legal care to survivors of violence and appropriate referrals • Maintaining and sharing lists or reports of aggressors or incidents of violence against sex workers • Training and sensitizing sex workers in human rights and laws • Clinical care and documenting medical and legal evidence in the case of sexual assault
Frontline worker/ Community	• Training and sensitizing sex workers in human rights and laws • Documenting violence faced by sex workers and defending their human rights • Responding to a crisis or violence reported by sex workers, including facilitating legal support in case of arrest and harassment, providing counselling, referrals and psychological support • Working with managers of sex work establishments, police, and others to promote safety of sex workers

Monitoring and evaluation of violence prevention and response efforts are important because:

- Data on violence faced by sex workers provide a basis for planning and designing appropriate strategies.
- Including indicators on violence faced by sex workers in the routine monitoring framework allows programmes to monitor whether there are any unintended consequences of sex work interventions, e.g. "backlash" violence.
- Evidence on violence faced by sex workers is a powerful tool for advocacy efforts to change laws and policies related to sex work and create an enabling environment for promoting the rights of sex workers.

Evaluation of violence prevention and response strategies with sex workers is necessary before most of the options presented in Section 2.2 are scaled up. Gathering accurate information about violence requires that sex workers have trust and be comfortable disclosing their experiences of violence. Care should be taken that collection of data or documentation of incidents of violence does not further endanger the safety of sex workers or stigmatize them. Building trust depends on the ethical and safety measures included in data collection, and the skills of data collectors in sensitively asking relevant questions. WHO ethical and safety guidelines for researching violence against women are recommended as a standard to be followed in gathering data on violence against sex workers (see Section 2.4). Sex workers must be equal partners in the design, implementation and dissemination of results from any data collection activity related to violence and other human rights violations against them.

There are currently no validated and internationally agreed-upon population-based impact indicators or programmatic indicators that are specific to violence faced by sex workers. Indicators for monitoring and evaluating interventions that address violence against sex workers would therefore need to be developed or adapted and validated based on existing indicators on violence prevention and response with the general population of women.

In some settings, such as India, integrated bio-behavioural surveys on STIs and HIV implemented with key populations, including sex workers, have included indicators on violence faced by sex workers, e.g:

- Percentage of sex workers surveyed who were physically beaten or forced to have sexual intercourse by an individual against their will in the past one year.

However, these surveys do not capture the range of physical and sexual violence experienced by sex workers as defined in Box 2.1. Data collected based on such terms as "beaten or raped" may underreport the violence experienced by sex workers.It may therefore be useful to conduct additional research, including qualitative research, to better understand the context, dynamics and factors that fuel violence against sex workers.

In India, where the Avahan AIDS Initiative included crisis response systems to address violence, programmes have also collected data on reported incidents of violence faced by sex workers. These indicators include:

- Number of sex workers who report incidents of physical violence
- Number of sex workers who report incidents of sexual violence
- Perpetrators of any violence reported by sex workers, by category (e.g. police, intimate partner, client)

Programme monitoring data that rely on self-reported incidents of violence are sensitive to bias. It may therefore be challenging to interpret monitoring efforts that track increases or declines in reported incidents over time. Some forms of violence may be more likely to be reported when programme monitoring systems are established than others, and this will vary across different contexts over time. For example, in one setting, incidents of partner violence reported by sex workers increased as the intervention matured, which may have been due to sex workers feeling more empowered to recognize and report it as violence, or a consequence of "backlash" violence as sex workers became more assertive in their relationships. Self-reporting of incidents to programme monitoring systems also depends on the level of trust and confidence sex workers have in programme staff and in the monitoring system, especially since the act of disclosure may endanger a sex worker's safety.

Another indicator for monitoring availability of post-rape care services that could be adapted for sex work programmes is:

• Number or percentage of service-delivery points providing appropriate medical, psychological and legal support for women and men who have been raped or who have experienced incest.

This indicator is included in the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) for measuring progress of countries in addressing sexual violence in the context of the AIDS response.[8]

2.4 Resources and further reading

Resources

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6. Gender Strategies in Concentrated Epidemics: Case study series. AIDSTAR-One, The U.S. President's Emergency Plan for AIDS Relief and United States Agency for International Development.
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8. *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines.* Geneva: World Health Organization, 2013.
http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/index.html

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8 In UBRAF, this indicator is defined as the percentage of countries reporting availability and use of one or more service-delivery points that provide appropriate medical, psychological and legal support to women and men who have been raped or experienced incest. Use of the number or percentage depends on whether a facility-based survey has been conducted in the intervention area as a baseline.

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    http://www.aidstar-one.com/sites/default/files/Gender_compendium_Final.pdf

10. *mHGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings.* Geneva, World Health Organization, 2010.
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13. *Measuring sexual health: conceptual and practical considerations and indicators.* Geneva: World Health Organization, 2010.
    http://www.who.int/reproductivehealth/publications/monitoring/who_rhr_10.12/en/

14. *Unified Budget, Results and Accountability Framework: Indicator Reference.* Geneva: Joint United Nations Programme on HIV/AIDS, 2012.
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Further reading

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