

Sex Workers: Violence and Structural HIV Risk

Michele R. Decker, ScD, MPH

Associate Professor

Department of Population, Family and Reproductive Health

Women's Health & Rights Program, Center for Public Health & Human Rights
Johns Hopkins Bloomberg School of Public Health





Goals

- Describe prevalence and health impact of violence affecting sex workers
- Understand the unique ways in which violence, its health impact, and access to justice are experienced in this population
- Discuss ways to incorporate prevention and support within HIV programming – even where sex work is criminalized

Violence and Sex Work in Context

- Historic public health focus on female sex workers (FSWs) from infectious disease standpoint
 - FSWs suffer disproportionate HIV burden
 - ~11 times that of women of reproductive age (Baral et al., 2012)
- Growing recognition of GBV against women in sex work, often with significant STI/HIV implications
- WHO convened first meeting on best practices in responding to GBV (2013)

High risk & Underserved

- Women who trade sex for drugs, money, resources, safety are at high risk for physical and sexual violence
 - range of perpetrators (clients, pimps, partners, police)
 - entry as minors is common; self-reported force, fraud or coercion less so but the needs are great
- GBV linked with STI/HIV risk and infection, much like patterns in the general population
- Systems failure
 - slip through the cracks of violence prevention/support infrastructure
 - criminal justice fails to protect and in some cases perpetrates harm
 - social stigma, added layers of self blame, isolation and criminalization → impunity

Decker et al., 2009; Thailand

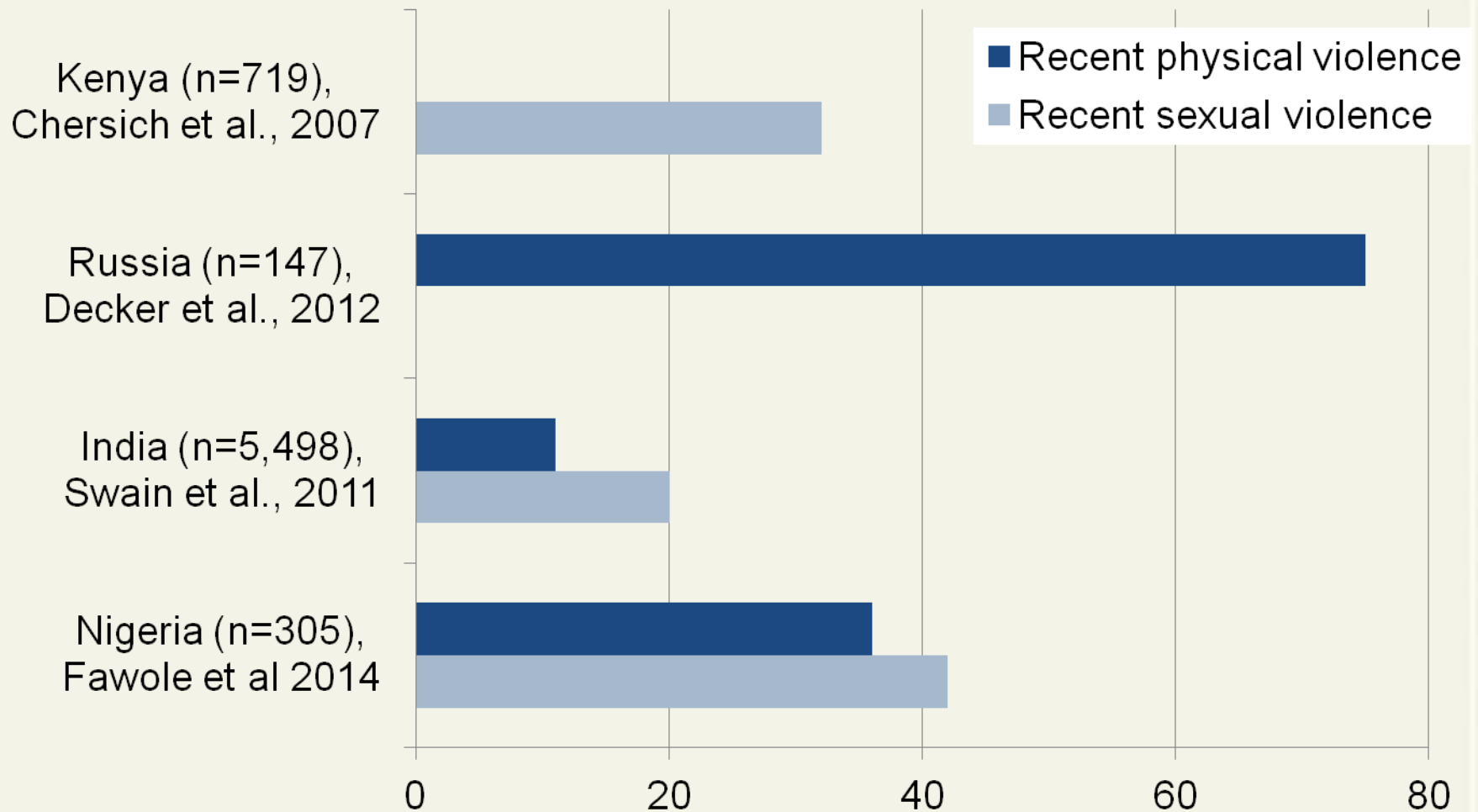
Decker et al., 2012; Moscow

Decker et al., 2013; Baltimore MD

Decker et al., 2014; Russia Federation

Decker et al., 2015 *Lancet Review*

Examples of Global Data: FSW

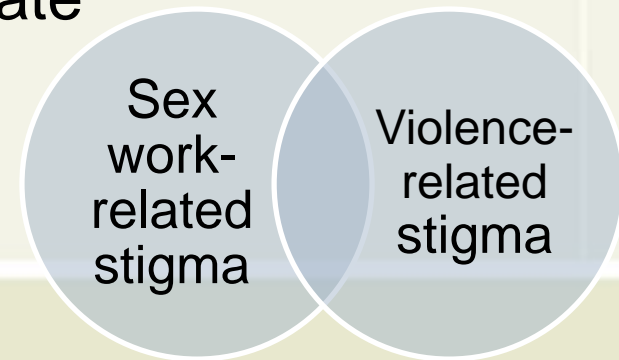


Who perpetrates violence against FSW?

- Clients
- Pimps, managers, “boys”, brothel owners
- Police
- Non-paying, intimate partners (domestic violence)
- Others

Added Layers of Stigma and Self-Blame

- Most who experience violence never share their experiences
- GBV victims are often blamed for the abuse they experience
- Pervasive myth that sex workers cannot be raped
- FSWs tell us “no one has ever asked me about abuse”
- FSWs are often blamed for who they are or what they do
 - Reinforced by social and policy climate



How does violence relate to HIV risk, infection and care?

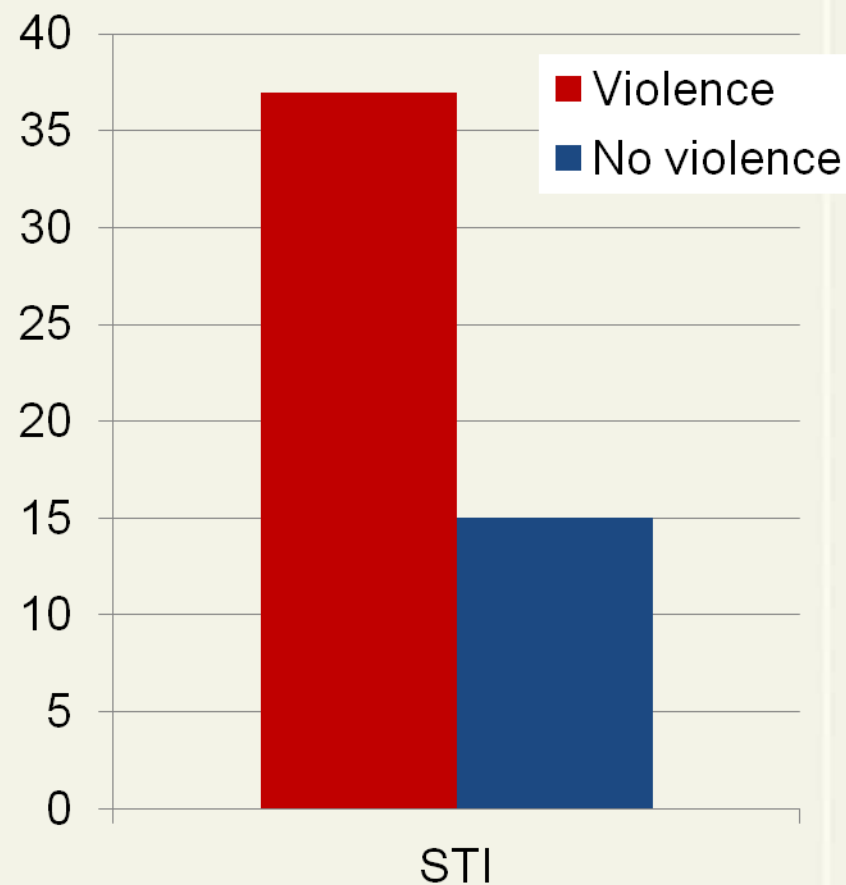
- Directly
 - Sexual violence a context for HIV transmission
- Indirectly
 - Violence and fear of abuse undermine condom use, and ability to negotiate sex
 - Violence perpetrators are more likely to engage in sexual risk and be HIV infected
- Disrupts HIV testing, disclosure and care
- GBV and other traumatic life events associated with lower ART adherence and poor viral response

Client Violence & STI/HIV

Moscow FSWs (n=147) Decker et al., 2012

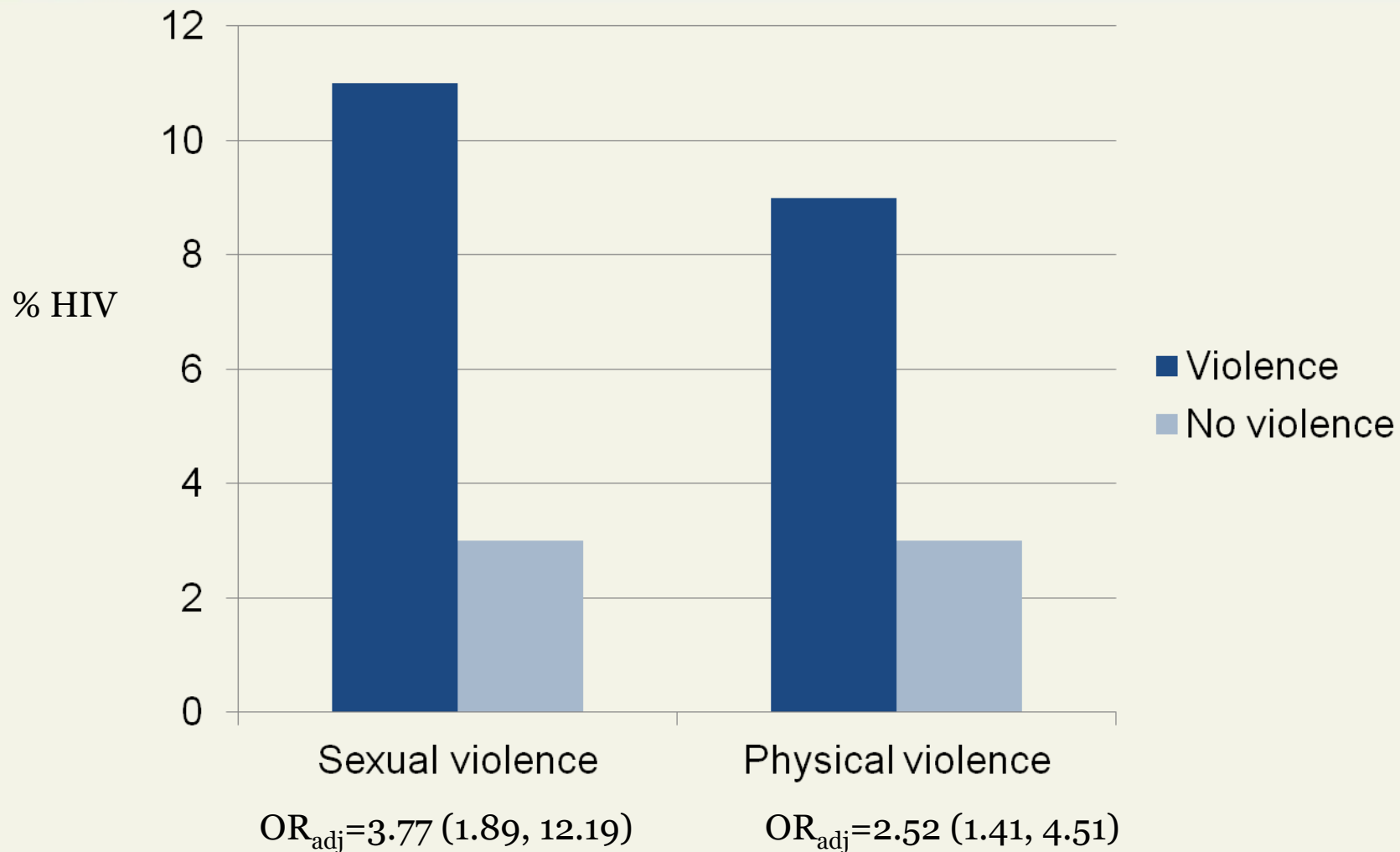
...sometimes I pull on a condom and he pulls it off right straight away, I pull it on once again and he can give me a punch for that.

...I say to a client that I don't practice anal sex and he replies that he doesn't need it. When I come to him he just starts beating me up to make me do what he wants.



OR_{adj}=3.14 (1.09, 8.99)

Recent Client Violence & HIV Infection



Stigma, marginalization & criminalization perpetuate risk

- Perpetuates HIV risk
 - The police abuse us because it's said that we are not even people or that we are animals! ... The police brutalize us out there. They can come and confiscate everything saying that you're a prostitute. They will also come back for you to bang you without a condom!
- Undermines accountability for GBV
 - If a man rapes you, ultimately we are prostitutes... we are a world apart! Why? Because when you go to the police, you will not be right! ... So we don't have the support! ... they say we are not people.

Police Harassment & Abuse

Sometimes policemen promise a girl not to bring her to police office if she renders them sex service. There are four of them in the car and she has to service them all...

...most [girls] usually refuse and ask to bring to police office....There they draw up a report that you are a drug user in accordance with section 69...Some girls agree to service them in order to avoid it all.

Barriers to justice

- Social stigma
- Criminalization of sex work prompts law enforcement failure to protect

I have been raped, and you know what [police] told me? I shouldn't be out there. You got what you deserved.

There was some police, they were just like that's your fault because you should have given up this life a long time ago.

Gaps in Support Response

- Unmet needs for support

... I wish that there were follow-up clinics and support groups... so that we could have a close place where we could go to when we have a problem.

Cameroon FSW, Lim et al., 2015

- Silence and self-blame are common

Yeah, I told friends that I know... They tell me I need to stop being out there, it's not safe.

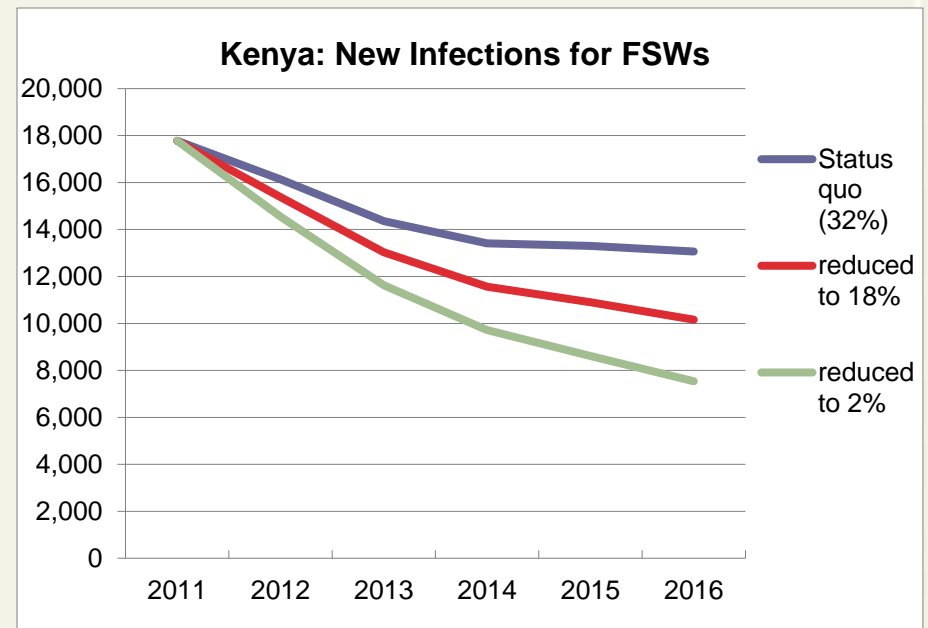
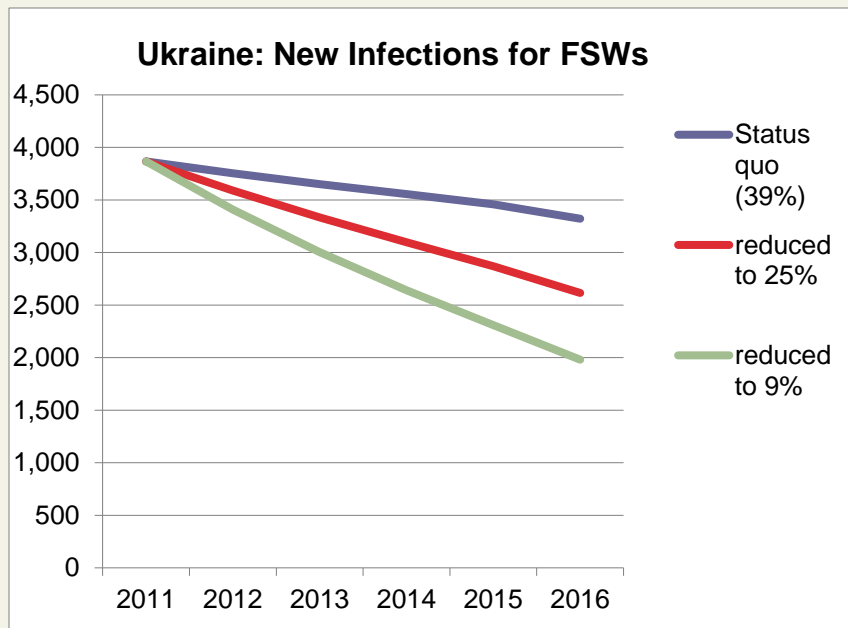
USA Decker et al., 2014

- Many rationalize violence as a risk of doing business

It's part of the game, though. I mean, I don't know, I roll with the punches. If you're going to be in the game, you've got to be realistic about it.

USA Decker et al., 2014

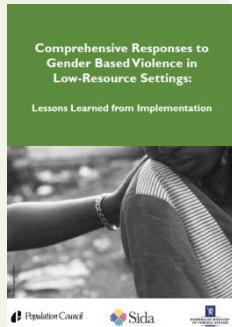
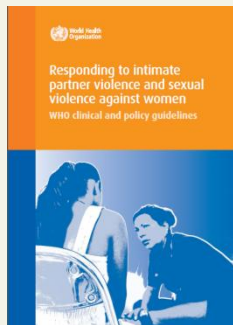
What is the HIV epidemic impact of reducing GBV against sex workers?



- ~25% reduction in new infections for FSWs; even with ART scale-up
- Infections averted among FSWs over five years: ~4,500 in Ukraine; ~18,000 in Kenya

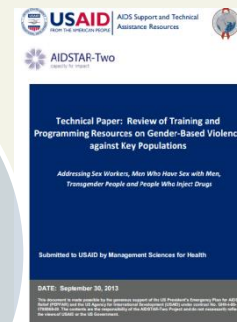
Guidance on comprehensive GBV responses for key populations

- Lessons learned from GBV response in general populations can be valuable

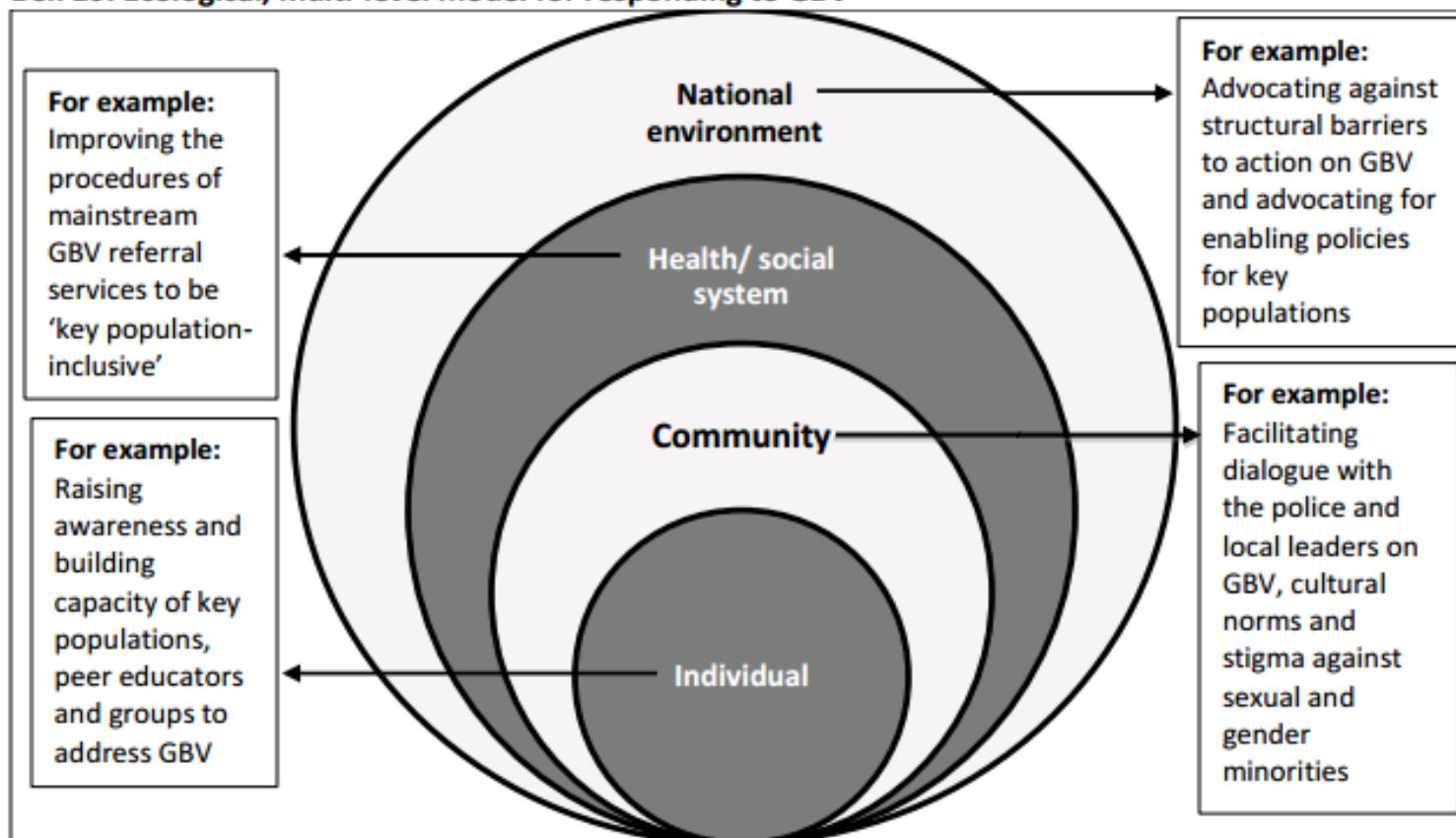


Evidence & Guidelines on GBV for general populations

Evidence & Guidelines for Key Populations



Box 10: Ecological, multi-level model for responding to GBV



What works?

Promising Practices

- **Trauma-informed care integrated in HIV outreach**
 - Reaching FSWs through standard HIV outreach with messages that
 - Reduce isolation
 - Provide support
 - Link to GBV-related and FSW-related support
 - Include safety tips
 - CBPR process and feasibility trial underway in Baltimore, MD

Stay Safe in the Game

Stay Safe in the Game

Stay Safe in the Game

Ask yourself:

- Am I afraid to ask for condoms?
- Do clients, dates, tricks, pimps, johns, or other sex partners refuse to use condoms?
- Am I afraid of what will happen if I refuse unwanted sex or unprotected sex?

No one deserves abuse. No one deserves rape. No one deserves to be pressured or forced into unprotected sex.

Is your health being affected?

- Did you know that violence and fear of abuse can lead to poor health?
- You may be at risk for sexually transmitted infections (STIs) including HIV, unwanted pregnancy, serious injury, anxiety, suicidal thoughts, or death.

Trust your instincts & take charge when you can

- Establish early on that you are in charge.
- Stand up for yourself. Your voice matters.
- You don't have to be nice when you do not feel safe.
- Can't calm down a bad situation? Act up! Make a big scene if you can.
- If you feel unsafe, do what you need to do to get out!
- What do YOU do to protect yourself?

Get Help. Get Support. You are not alone!

- Many women experience violence. It is not ok.
- You deserve a safe space to have your story heard.
- Women tell us that sharing their story helps them heal. You can always talk to us about your safety and your health.
- There are services to help women who are using or who are on the street.
- You can just call to talk. You don't have to be ready to "do" anything.
- Who will help YOU heal? Do you need help? Do you know someone who does? Reach out to a confidential service.

Reach Out, It's Confidential

Safe House of Hope (outreach and support for women in the game) 1-443-312-6729*
Turnaround (sexual violence and trafficking support, crisis hotline) 1-443-279-0379*
Power Inside (outreach and support for women in the game) 1-410-889-8333*
House of Ruth (domestic violence support and shelter) 1-410-889-RUTH (7884)
National Sexual Assault Hotline (RAINN) 1-800-656-HOPE (4673)
National Human Trafficking Resource Center (Polaris Project)
1-888-373-7888 or text "HELP" or "INFO" to BeFree (233722)*

Are you worried about someone who under 18 or being forced into sex for money, drugs or survival? Are YOU being pressured into trading sex? Have you ever had to give away part or all of your money to someone? If you wanted to leave the game, is someone or something preventing you? Help is available. Call the numbers above with a *

What works?

Promising Practices

- **Peer networks and social support**
 - In Mongolia, groups that met for 4-6 sessions reduced physical and sexual violence among FSWs, regardless of the discussion topic. (Carlson, et al. 2013)

What works?

Promising Practices

- **Police & Legal Advocacy**

- Women's Legal Center (South Africa) provides workshops on human rights, and police and legal advocacy. Sex workers are trained as paralegals to provide legal information, advice, and assistance with court hearings and complaints about police abuse. (OSF, 2013)
- Other examples in Poland
- Happening even where sex work is criminalized

What works?

Promising Practices

- **Comprehensive response: Karnataka, India**
 - Policy advocacy with government and police officials
 - Police training
 - Media sensitization
 - Sex worker mobilization with drop-in centers, literacy training, and empowerment
 - Reduced GBV against FSWs (Beattie et al., 2010)



What about the macro policy context?

Sex Work Policy Context: Criminalization

- Prohibitions on selling, buying sex and/or related activities
- Gives cover for widespread abuse and discrimination
- Even when lawfully applied, punitive laws impede health and safety
- Abuse perpetrated by police in criminalized contexts is well beyond the letter of the law
 - Reform to police practice and access to justice important
- Partial criminalization creates harms

Sex Work Policy Context: Legalization

- Sex work is legal under specified conditions
 - Highly restrictive, often discriminatory, enforced with criminal law
 - Often requires registration and mandatory health exams
 - Many SWs operate outside the system
- Does not prevent violence or assure access to justice
- Implementation issues
 - Poorly specified tolerance zones enable abuse and arrest

GBV Policy Context

- FSWs not historically addressed in violence against women policy frameworks
 - National level
 - CEDAW



Summary

- FSWs at high risk for GBV, which contributes to HIV risk and other domains of poor health
- Prevention and intervention efforts are in the earliest stages, promising practices suggest
- Policy context is highly relevant

Questions?

Stay in touch!

Michele R. Decker, ScD MPH

Associate Professor,

Department of Population, Family & Reproductive Health

Director, Women's Health & Rights Program,

Center for Public Health & Human Rights

Johns Hopkins Bloomberg School of Public Health

615 N. Wolfe Street, E4142

Baltimore, MD 21205

Ph. [410.502.2747](tel:410.502.2747)

mdecker@jhu.edu