



and

Sex work, HIV/AIDS, public health and human rights

In one of the projects to improve the health of sex workers that my department was involved in, we saw a declining interest of sex workers in the services provided. We thought that improvement of the quality of these services was essential and that this could be accomplished by making these services more responsive to the needs of sex workers. One of the strategies should be to make the project more participatory. Sex workers should be more involved in what they think is important for their own well being. Local authorities in Surabaya, the second harbour city in Indonesia, saw this differently. They asked official leaders in the hamlets to 'stimulate' the sex workers to attend the clinics. Stimulating turned out to be rounding up sex workers and bringing them to the clinics. We were shocked by this one-sided initiative of one of the stakeholders in the project. It taught us that we should never initiate projects and programmes if there is no clear recognition of the human rights of sex workers among all partners.

Among others, this understanding of human rights is expressed as their involvement in decision making in sex workers' projects. What I have often seen in projects and PowerPoint presentations at international conferences is that public health workers and researchers are willing to compromise on this, because they simply want to be able to do some work or to get data for a paper. However, there is no compromise possible. In this issue of Research for Sex Work you can find contributions from different people with examples and analyses of the importance of working from a human rights perspective in sex work projects.

In June of this year Nel van Beelen and I were asked to write a small piece on this theme for *The Lancet*. The next paragraphs are taken from that paper.¹

Human rights approaches are often lacking in public health interventions for sex workers, as are holistic perspectives in research on prostitution. Lively discussions on the internet (eg, <http://archives.healthdev.net/sex-work>) and at international and regional AIDS conferences indicate that sex workers' organizations and other public health groups are frustrated about these attitudes. Sex workers lobby for respect for the choices of men and women who sell sex; for sex work to be considered as work, so that standard labour laws can be applied to protect

them from abuse and exploitation; for police and legal systems to take sex workers seriously if they file a complaint and not to harass them if arrested; for participation of sex workers in policy decisions; and for decriminalization of sex work in countries where strict prostitution policies add to their difficulties.

A review of international programmes for controlling HIV infection in sex workers' communities showed that regulatory efforts such as mandatory HIV testing and treatment for sexually-transmitted infections (STIs) and detention seem ineffective.²

Mandatory testing is against the principles of human rights, and furthermore, these approaches chase sex workers away, when what is needed is cooperation. [...]

In most countries, laws forbid the selling of sex, or the advertising of such services. These restrictive policies criminalise sex workers, making it harder for them to protect their health, since it increases the likelihood that they will avoid state institutions, including those providing health care. The opposite of these regulatory policies – decriminalization of prostitution and antidiscriminatory measures – has been effective in parts of Australia and the Netherlands in terms of voluntary and almost universal condom use. Other indications strongly suggest the effectiveness of this approach, and international organizations such as WHO have been advocating for decriminalization policies.

What position should public health workers take in this debate? We should respect the choices of adult men and women to be involved in the sex sector and develop interventions to prevent work-related health risks, with a rights-based, participatory approach. Furthermore, we should remember that sex workers' health programmes, including interventions focusing on safer sex, should be for the promotion of the health of sex workers and not just a way to slow down the dissemination of HIV.

This issue

We are happy to see that in this edition there are a lot of contributions from the members of the Network of Sex Work Projects (NSWP). This increasing cooperation is very positive and we hope that we will be able to work closer together in future. In this issue, we have two contributions from people working in sex workers projects in New York. Aimee Campbell and colleagues write that service providers and criminal justice officials

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must be educated about the life circumstances in which street-based sex workers attempt to survive. In addition, services designed specifically for this population must be developed and implemented in easy-to-access areas.

From the other contribution from New York we see that it is striking that experiences that were viewed as positive included instances that other civilians would take for granted, such as police taking reports of violent acts and following up on these reports: *"Complaints by sex workers should be met with the same respect and regard that would be given to any other crime victims, and complaints should be addressed and investigated without penalty to these victims of violence."* The authors conclude that it is imperative that proper police training occurs for dealing with violence against sex workers. The involvement of advocates, service providers, and community-based organizations is crucial. That was probably exactly what we did not do in our project in Indonesia (described in the introduction) in the early 1990s.

Human rights violations

The situation in other countries is similar. Silvia Cuadra and colleagues compare two cities in Mexico, one with special public health regulations for sex workers and one without. They state: *"Obligatory sanitary control and the control card stop being a public health measure and turn into a mechanism which pushes workers into the streets and makes them vulnerable to police persecution."*

With the example of Indonesia, Rebecca Surtees describes how the police raids brothels to rescue trafficked women. *"Brothel raids negatively impact all sex workers. When raids are conducted, services available in the brothel area, such as health clinics, may be curtailed. Animosity by brothel owners may lead some service providers to scale back their activities, while in other cases the cumulative impact of raids may mean that organizations are unable to work effectively in that area. This directly impacts sex workers' health, safety and well-being."*

Melissa Ditmore and Paulo Longo of the NSWP clearly describe why the 100% Condom Use Programme (CUP) is also counterproductive. According to the authors, these programmes violate sex workers' human rights without achieving their public health goals. Specific problems include corruption, abuse of authority, lack of affordable health care for sex workers in and outside 100% CUP, and a lack of ethical review and evaluations based on poor data.

Positive developments

Fortunately, not all projects are so disappointing. Meena Seshu describes the SANGRAM

project in India, where sex workers took the initiative to do something themselves. They have formed collectives and work through a peer approach. At the moment, approximately 5,000 women are involved in the movement. They are spread over a geographical area of over 500 miles.

Good news also comes from the UK, where sex workers have linked up with a powerful union (GMB). Jenn Clamen and Ana Lopes write about this interesting development. While it is acknowledged that some will not accept sex work as an ideal occupation, full respect and dignity for those working in the sex industry is demanded. Sex workers need better working conditions, full labour rights and law reforms. *"The political power and strength of the GMB union has brought us closer to these goals. The structure and process of organizing, however, has been made easier through our affiliation with the GMB union."*

It looks as if we are slowly moving in the right direction, at least in some countries, where sex workers have taken control of projects, programmes and research intended to help sex workers to improve their health. Well-meant public health initiatives like medical check-ups and 100% CUPs will never be successful if sex workers are not involved in the development, and if there is no bottom-up participation process.

Notes

1. I. Wolffers and N. van Beelen, *Public health and the human rights of sex workers*. In: *The Lancet* Vol. 361, No. 9373, 2003, p. 1981.
2. I. Vanwesenbeeck, *Another decade of social scientific work on sex work: a review of research 1990-2000*. In: *Annual Review Sex Research*, Vol. 12, 2001, p 242-289.

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100% Condom Use Programmes: Empowerment or abuse?

Paulo Longo and Melissa Ditmore

Sex workers' human rights have been violated in the implementation of 100% Condom Use Policy (CUP) programmes that aim to reduce HIV among female sex workers. These programmes are being implemented or planned in several countries in Asia, Latin America and Africa. As a result of claims made about the role of 100% CUPs in reducing national HIV epidemics, UNAIDS and other key agencies promote the programmes as 'Best Practice'. Implementation of 100% CUPs is not as unproblematic as these reports imply. This ethical analysis of 100% CUP is based on evidence from the field collected by the NSWP.

Unfortunately, in implementation, 100% Condom Use Programmes violate sex workers' human rights without achieving their public health goals. Specific problems include corruption, abuse of authority, lack of affordable health care for sex workers in and outside 100% CUPs, and a lack of ethical review and evaluations based on poor data.¹

Under 100% CUP, the government informs each brothel that sex workers must enforce condom use with clients. If a client refuses to use a condom, the sex worker must refund his money. Sex workers must be identified, registered and regularly sent to government STI clinics where their registration card is stamped. Brothels that conform to this policy will be allowed to operate without police interference, while non-compliant brothels will be closed down. Additionally, the government supplies select Information, Education and Communication (IEC) materials and condoms to the brothels. Finally, the government appoints a committee of local police, military and other local authorities to inspect the brothels to be sure that women have stamped registration cards, that they refuse to provide unprotected sex and that IEC is available.

Main problems identified

Many problems have been identified in the implementation of 100% CUP. The most grave are abuses of authority by the police and military, abuses committed by brothel owners, systematic corruption, breaking the law, and violations of the privacy of sex workers, particularly regarding their health. Unsubstantiated claims of efficacy have been made in order to promote 100% CUP. These programmes have not and cannot eliminate unprotected sex, approaches are not comprehensive and sex workers have been excluded from planning these programmes.

Abuse of authority – Advocates of 100% CUPs claim that registration, mandatory testing and the inspection of brothels by police and military empowers sex workers. One basis for this absurd claim is that the mandatory testing component of the policy 'enables' access to health care for sex workers whose freedom to leave the brothel is restricted by brothel owners. It is offensive to claim that forced medical examinations aimed at reduced STI transmission are empowering while all the other fundamental violations of sex workers' rights that are taking place in their workplaces are so blatantly ignored.

Besides, inspection and supervision of sex workers by police and military is not empowering. Instead, it promotes abuse of authority and

compromises sex workers' human rights. Sex workers are motivated to avail themselves of non-coercive, affordable health care. Only full recognition of sex workers' rights can make commercial sex safer. Sex workers do not need or want to be empowered to use condoms. Sex workers need and want empowerment for full labour and human rights. Cost, not motivation, remains the main barrier to STI care for most sex workers. Costs of health services may even increase under CUPs where the cost of repeated testing is passed on to the sex worker, despite stated commitment to providing services free of charge.

Abuse by brothel owners – Sex workers who are unable to read the communications from the government are vulnerable to them being used as instruments of control. There are several reports of sex workers in Asian Countries, such as Cambodia, Thailand and Vietnam having been told that the letter they received authorises various extra charges, worsened conditions and even specific abuses.

Corruption – Corruption renders the mandatory testing policy ineffective. One Cambodian project offered evidence that sex workers can pay a small fee to have their card stamped without being examined in places where inspections are frequent. In many places inspections are haphazard due to a lack of resources, and bribes are paid directly to the local committee charged with brothel inspection. The same project cited complaints by sex workers that examinations were conducted with unsterilised equipment.²



100% CUPs are being implemented in countries where there are few safeguards against corruption or protections for the rights of subjects. Brothels in Phnom Penh were recently raided and sex workers subjected to violence despite compliance with the government's 100% CUP.

Violation of laws – Reports from Cambodia state that in some places sex workers are taken to STI clinics under police 'escort'. Governments that authorise soldiers or police to take sex workers from brothels to clinics and return them, may be violating national and/or international laws and policies about trafficking in persons and controlling the movements of prostitutes by delivering women back to brothels in which they are indentured or otherwise abused.

Violation of privacy – Clients and sex workers' private partners should receive IEC and STI care. Instead, in Cambodia, photos of women are sometimes displayed in brothels by police authorities and brothel own-

Dominican Republic

In the city of Puerto Plata, a combination of community mobilization and environmental-structural support has been used in HIV prevention programmes in the sex industry. Community mobilization activities among sex workers, brothel owners, and staff have the goal of creating an enabling environment where condom use becomes the norm for sex workers and their clients. It includes participatory workshops, peer education, and sex worker-specific printed material. This approach is paralleled with a regional government policy which requires 100 percent condom use in all commercial sex acts. The policy is enforced with a graded system of sanctions against sex establishments, including fines for repeated non-compliance.

A key feature of the Dominican 100% CUP has been the sex worker-government-NGO alliances that worked on the development, implementation, enforcement, and evaluation of the programme. For example, NGOs and sex workers participated in training government health inspectors and STI clinic staff. The provincial health department reports that this approach contributed to the elimination of corrupt practices by health inspectors who conduct monthly brothel inspections (Horizons Report, May 2002).

A study of the impact of this intervention found an increase in self-reported consistent condom use with regular partners from 13 percent to 28.8 percent, which was statistically significant. Condom use with new clients, already at a high level, also increased slightly. The study also compared the effectiveness of the intervention in Puerto Plata with the approach taken in another city, Santo Domingo, where only a community mobilization approach was used (e.g., no 100% CUP). Consistent condom use at follow-up in Santo Domingo was slightly lower than Puerto Plata (at 93.8 percent compared to 98.6 percent, respectively) but had increased from a lower base (75.3 percent compared to 96.5 percent). Consistent condom use with regular partners in Santo Domingo increased from 14.6 percent to 17.6 percent, significantly lower than what was achieved in Puerto Plata.

Both of the models had a positive impact. The findings could be taken to suggest that the integrated environmental-structural support and community mobilization model may lead to a more significant increase in HIV-related protective behaviour among female sex workers.

Source: Documenting the Experiences of Sex Workers. Report to the POLICY Project. David Lowe Consulting – Asia, December 2002, www.nswp.org/safety/CUP-REPORT.DOC



ers so that men can identify any woman alleged not to abide by 100% CUP. STI and HIV results and other identifying documents are distributed to police by governmental health facilities and, in some cases, by private laboratories.

Unsubstantiated claims – These programmes *do not* prevent clients who want high-risk services from purchasing them. Women with HIV or an STI are supposed to be dismissed from their brothels, leaving them without income or care for their ailments. Some move to less formal sectors of the sex industry. Informal sectors have grown in places where the number of brothels has declined, including Thailand and Cambodia.

NSWP

The Network of Sex Work Projects is an international network founded as an informal alliance in 1991. The NSWP became a non-profit organization in 2002 with a mission to empower and guarantee freedom of sex workers to work safely and assure human and labour rights. UNAIDS is currently conducting a review of 100% CUPs in Asia. A consultation in the region organised by WHO Regional Office for West Pacific took place in August 2003. NSWP was represented by the Asia Pacific Network of Sex Workers and has had the opportunity to review and include some background documents. The main outcome of this meeting was that WHO agreed to review their policy in several Asian countries. A report can be found on the NSWP website, www.nswp.org.

The NSWP welcomes reports of first-hand experiences with 100% CUPs for documentation and presentation to agencies that must respond to these abuses.



Evaluations of CUP exclude sex workers who have been dismissed from the brothels and those who work in less formal venues. Claims about national impact made without any data on informal commercial sex or consideration of other prevention programmes are not credible.

Lack of comprehensive action – The supply and quality of condoms and IEC is not guaranteed and has been inadequate in many places. Sex workers usually have to buy condoms, sometimes at inflated prices. Additionally, too little attention is paid to building comprehensive safer sex skills, or any other kind of capacity or advocacy for sex workers. For example, 100% condom use ignores the crucial role of non-penetrative safe sex acts which do not require a condom.

Lack of participation – Finally, 100% CUP contradicts contemporary standards about the value of community participation. Independent sex workers organizations have had no role in developing CUPs and policies at local or international level. NGOs providing effective, user-friendly services have been excluded from brothels participating in 100% CUPs. Others have recommended that programmes include sex workers and NGOs and progress has been made in the Dominican Republic to improve 100% condom use programmes by including sex workers at a higher level (Horizons Project, see Box).

Conclusions

The abusive implementation of 100% CUP disregards sex workers civil and human rights as well as workplace issues. It is revealing that the first criteria for selection of the 100% CUP listed is “strong willingness, commitment and support from the local authorities at all levels (provincial and district governor, police, military police, commune council and village chief, establishment owners and sex workers)”.³ The reliance on police and military authority is one of the greatest weaknesses of the 100% CUP. The coercive implementation of 100% CUP relies on these authorities. This has opened up the possibility for corruption, the abuse

of authority and the lack of understanding of workers rights and human rights by the authorities charged with enforcing compliance with the programme. Sex workers were not included in these discussions, contrary to the principles of community involvement and even official documents. Sex workers deserve the same respect for their civil rights and the NSWP demands that organizations which promote such programmes stop these dangerous and abusive practices. Condom use would be better promoted with programmes that are neither abusive nor exploitative, which make good-quality condoms and comprehensive, affordable health services available without police involvement.

The NSWP continues to promote the human rights of sex workers. Therefore the NSWP is against all coercive policies and programmes. The NSWP condemns mandatory examinations of sex workers, especially those conducted under police or military surveillance. This is counter to public health and will spread infection, which is the exact opposite of the intent of the 100% CUP. David Lowe documents examination cards being stamped for a fee, rather than as a result of examination.² Considering that he also documents the use of unsterilised equipment, this corruption may be the most fortunate aspect of 100% CUP!

Sex workers have taken action to denounce abuses under 100% CUP. Organizations that work with sex workers should document abuses of sex workers not only in these programmes but all abuses that they are aware of. Only with documentation of existing abuses will UNAIDS, WHO and other agencies address these grievances.

This paper is based on the NSWP position paper about 100% CUPs, The 100% Condom Use Policy: a sex worker rights perspective, presented in demonstrations at the International AIDS Conference in Barcelona, 2002, www.nswp.org/safety/100percent.html.

Notes

1. B. Loff, C. Overs, P. Longo, *Health and human rights: Can health programmes lead to mistreatment of sex workers?* In: *The Lancet*, Vol. 361, No. 9373, 2003, p. 1982.
2. D. Lowe, *Perceptions of the Cambodian 100% Condom Use Program: documenting the experiences of sex workers*. Washington: *The Policy Project*, 2003.
3. *World Health Organization Regional Office for the Western Pacific, Guidelines for Scaling-up the 100% condom use programme: Experience from Cambodia*. Manila, 2003, p. 6.

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Brothel raids in Indonesia – Ideal solution or further violation?

Rebecca Surtees

With the example of Indonesia, Rebecca Surtees argues that brothel raids to rescue sex workers not only have a negative impact on all sex workers – both voluntary and forced – but also on service providers. Equally important, this article highlights that the strategic objective of raids – to tackle sex trafficking – is not achieved through this approach.

Trafficking in women and children is increasingly recognised as a critical human rights issue by both the Indonesian government and NGOs. Increased efforts have been made to combat trafficking in all of its manifestations, with particular attention paid to trafficking into the sex industry. However, in spite of the best intentions, many interventions often have negative implications for the protection of sex workers. This article will examine one such intervention – that of brothel raids – and how this strategy in fact imperils the rights, health and safety of both voluntary and forced sex workers, as well as compromises the efforts of organizations providing services and assistance to them. In considering

a brothel raid that recently took place in Riau province, Indonesia, we are able to pinpoint where and how rights are violated and problems occur. In understanding the problematic aspects of this raid, we have the basis for more constructive and responsive interventions for sex workers while combating trafficking into the sex industry.

Rescue on request

In 2003, one Jakarta-based NGO was conducting research in Riau province on trafficking of women and children into the sex industry. The brothel area, located on an outlying island, housed approximately 70 brothels with 350 sex workers. Some of these women were forced into the sex sector, while others had entered voluntarily, due to economic circumstances, family problems or other factors. The Jakarta NGO's access to trafficked workers was facilitated by a local NGO which had been providing health services, outreach and peer counselling in the area for more than two years.

All sex workers who were interviewed for the research had been forced or deceived into sex work. One of the women pleaded with the inter-



viewers to 'rescue' her from the brothel. She was unable to leave independently because she was bound by debt to the brothel owner. The NGO interviewers were understandably concerned about her well-being and promised to help her. She regularly contacted the interviewers upon their return to Jakarta, pleading for assistance. In response, the NGO contacted the government and police who mobilised a brothel raid, 'rescued' the woman and returned her to her family. The NGO also collected funds to assist the woman in starting her new life.

Read directly, this intervention was a success. The woman was rescued through legal channels and returned to her family. Likewise, she received resources and support in her new life. However, the raid had impacts beyond this particular woman and NGO. We must give equal consideration to how this intervention impacted the other sex workers in the brothel area, as well as service providers working with sex workers. Similarly, we must consider what this brothel raid achieved in terms of the overall objective of ending trafficking into the sex sector. I would argue that the Riau brothel raid provides a valuable illustration of how brothel raids as an intervention fail to address these issues and, as a result, are not responsive to the needs of sex workers.

Restricted movements

Brothel raids negatively impact all sex workers. When raids are conducted, services available in the brothel area, such as health clinics, may be curtailed. Animosity from brothel owners may lead some service

Brothel raids negatively impact all sex workers

providers to scale back their activities, while in other cases the cumulative impact of raids may mean that organizations are unable to work effectively in that area. This directly impacts sex workers' health, safety and well-being. Where services continue, brothel owners often prevent

their sex workers from accessing these services, assuming that it is this contact with 'outsiders' which led to the raid in the first place. Certainly this was the case in Riau where health clinic staff reported much suspicion on the part of brothel owners with whom they had previously enjoyed a working relationship. As a consequence, the number of sex workers accessing the clinic's health services decreased from a monthly average of 100 to 26. In spite of subsequent efforts to mend these relationships, a number of brothels maintain their 'closed door' policy to the clinic and its staff.



Officials closing a hotel in the Philippines where trafficked sex workers used to work

Brothel raids can also create tension, which may translate into violence perpetrated against the sex workers and a restriction on their movements and contact with 'outsiders' – NGOs, customers, neighbours. As it is these outsiders who may provide different avenues of assistance, through escape, financial assistance, friendship or service delivery, this restriction is detrimental to sex workers. This dynamic was played out in the Riau raid where sex workers, especially from the raided brothel, had their movements restricted.

Additional complications

In the case of voluntary sex workers, brothel raids create additional complications. Raids fail to recognise and respect women's right to choose sex work as an occupation. And in Indonesia many women do choose sex work. While we can debate the issue of 'choice' in the context of limited life options, we must acknowledge that women are decision-makers in their own lives, even where their choices are not acceptable in mainstream society. Likewise, raids threaten sex workers' financial security, forcibly removing them from their work and disrupting their income. And, while raids are sometimes linked to services for forced sex workers, they are seldom linked with appropriate services or programmes for voluntary sex workers. These women require assistance within the framework of the sex sector – for example, empowerment, health services and labour rights – rather than as a means to exit the sector.

Service provision

Equally important is the negative impact of brothel raids on service providers. Outreach and service provision to sex workers requires the trust of both brothel owners and sex workers. This, in turn requires both time and commitment as sex industry actors are generally wary of outsiders and authorities due to the quasi-legal and stigmatised nature of the industry. Yet these organizations are critical contacts for sex workers, providing a range of essential services including, but not limited to, sexual, reproductive and general health services, skills training, counselling, assistance when arrested, rights/empowerment training and a social forum.

More generally and from a strategic perspective, brothel raids do little to address trafficking into the sex sector. Raids ignore the complicity of



Assisting trafficked persons

Sex work projects have developed effective ways to address trafficking in persons. The renowned Sonagachi Project of Calcutta promotes self-monitoring of the red light districts by sex workers. As sex workers know their areas, they reach out to newcomers to determine whether they are children or in the red light districts under duress. The Sonagachi Project offers welcome assistance to those who must or wish to leave the red light districts. Thai sex workers also have their own similar methods to assist trafficked persons. Sex workers are in the best position to assist trafficked persons in the sex industry because of the access they have to others in the sex industry. Unfortunately, some anti-trafficking efforts have refused the necessary expertise and access of sex workers. Sex workers have been shut out from anti-trafficking efforts, as seen in the USAID policy below. Instead, sex workers are victimised by ill-conceived 'rescue and repatriation' efforts.

New policy at USAID, a major donor, states that "organizations advocating prostitution as an employment choice or which advocate or support the legalization of prostitution are not appropriate partners for USAID anti-trafficking grants or contracts".¹ This means that organizations that receive funding from USAID will have to overtly state that they are against sex work. Unfortunately, these well-intentioned efforts will de-fund good practices and promote 'rescue' and detention of sex workers.

Note

1. *Trafficking in Persons. The USAID Strategy for Response, February 2003, p. 9, www.usaid.gov/wid/pubs/pd-abx-358-final.pdf*

Written by Melissa Ditmore

traffickers, brothel owners, pimps and customers, and, thus, do not target the 'supply side' of trafficking. Further, raids are non-strategic and unsustainable. A few women may be rescued then and there but not in sufficient numbers to address the problem. In the case of the Riau raid, for example, only one woman was rescued, while imperilling the lives, health and safety of those who remained, both forced and voluntary. As an associated issue, brothel raids are seldom followed up with meaningful action which would serve as a deterrent for trafficking or

The underpinning of all interventions must be human rights

human rights violations of sex workers, such as prosecution of traffickers or brothel owners, or sanctions against police who have ignored or been complicit in the trade. In the Riau case, no arrests or prosecutions followed and the police outpost on the island was not reprimanded for its earlier failure to act against this crime. Finally, there is seldom a link between brothel raids and recovery and reintegration services for the victim, thus rendering her vulnerable to re-trafficking. Where links do exist – for example where the Jakarta NGO collected funds for the victim to start a new life – they are ad hoc, not a part of government services and unsustainable.

Alternatives

Read more broadly then, brothel raids are more detrimental than assistance to sex workers. But criticism of brothel raids is only part of the discussion. To identify possible entry points for alternative interventions is equally important. In Indonesia, where both voluntary and forced sex workers work in the same areas, strategies must consider the needs of both groups. Every effort must be made to end forced sex work but it



Raids ignore the complicity of traffickers, brothel owners, pimps and customers

cannot be at the expense of other sex workers. Further, the sheer size of the sex trade as compared to the limited resources available for combating trafficking requires strategic interventions rather than ad hoc measures, such as individual rescues or paying women's debts. Strategic approaches might include mobilizing trade unions to monitor brothel areas for labour and human rights abuses; pursuing prosecutions and heavy sentences for brothel owners who use forced sex workers; and rewards for police who act against crimes committed in brothels, whether trafficking or labour and rights violations.

The underpinning of all interventions must be human rights. Certainly this includes the rights of sex workers who have been trafficked into the sex industry, a dramatic and compelling human rights violation. And it is vital that interventions are implemented to protect these human rights. However, just as important and often overlooked is the necessity of considering the rights of voluntary sex workers, such as their right to choose their work, safe work conditions, health services and freedom from violence. Only those interventions that are realistic about the composition of the sex industry, involving both voluntary and forced sex workers, and which are clear about their strategic objectives can reasonably and ethically meet the needs and interests of all sex workers. Brothel raids do neither of these things and, as such, are an inappropriate intervention for the complex and layered problem of trafficking into the sex industry.

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“We don’t want rescue, we want our rights!”

Experiences on anti-trafficking efforts in Thailand

Ping Pong

In this article, Ping Pong, a sex worker connected to the Thai organization Empower Chiang Mai, describes how anti-trafficking groups in Thailand treat all undocumented migrants who sell sex as victims of trafficking, who need to be rescued, and by doing so infringe upon their human rights.

Our sex worker community along with Empower Foundation was one of the first communities in Thailand to address HIV/AIDS issues. Some 20 years later the sex worker community and Empower continue to work towards prevention of HIV and address the physical, social and political effects of the virus. However, time and time again we have seen our efforts to protect ourselves and our customers from HIV contravened by policies or programmes that have failed to respect or even recognise the expertise we as sex work-

ment health figures that consistently and clearly show the correlation between working conditions and HIV transmission there seems little political or social will to improve conditions within the industry.

Excluded

Currently in Thailand all workers in the entertainment industry are excluded from benefits and protections within the Thai labour law. This is the case whether we sell sex, or serve drinks, or dance. Working outside the law prevents all entertainment workers from accessing our basic labour rights. For example we have no minimum wage, no maximum hours, no sickness or holiday leave, no environmental controls in our workplace and no way to implement or enforce occupational health and safety standards. This situation is a major impediment to our ability to utilise the information and skills we have regarding safe sex work.

Some of us work in conditions that require us to have sex with a large number of customers each day, i.e. five to ten men. We know that condom manufacturers report that HIV related to condom failure is 10%. The Thai Public Health Department tells us that about 12% of our customers are HIV-positive. I haven't got an academic background but it's clear to me that these three factors are creating an extremely dangerous situation. My thinking is reflected in the Thai Public Health Department statistics where 44% of women working in these conditions are HIV-positive, compared to the 5% of women who have fewer customers i.e. four or six a month. We are all women, we are all sex workers; the only possible explanation for our vulnerability is the difference in our working conditions.

Yet despite the fact that by changing working conditions the HIV rate could be reduced by some 40%, and despite the fact we are now some 20 years into the HIV epidemic in Thailand, the link between working conditions and HIV is largely ignored and still not acted upon.

Instead the focus, energy and resources are being directed to 'anti-trafficking'.

Trafficking or migration?

For us in the north of Thailand the large majority of migrants are from Burma. Women from Burma tell me that the oppressive military regime, the armed conflict with minority groups and the systematic human rights abuses have made living in Burma untenable for many people. In Burma women under the age of 25 years are not permitted to travel alone and those under 30 years of age cannot even make an application for a passport, or even an access visa. This means women needing to flee or migrate must enlist someone to bring them to Thailand. On arrival they are unable to access refugee status and so must find ways to provide for themselves and their families.

As with most Asian cultures it is us women who are responsible for providing for our extended families and it is extremely important to us that we do this. Women from Burma's illegal status means their work options are limited and their working conditions largely left up to chance. Perhaps as a domestic worker they will be underfed, not paid and raped repeatedly. Perhaps in a brothel they will not be treated with respect and fairness. Perhaps in a factory they will be underpaid and be exposed to toxic chemicals. Each industry carries its own risks and opportunities.

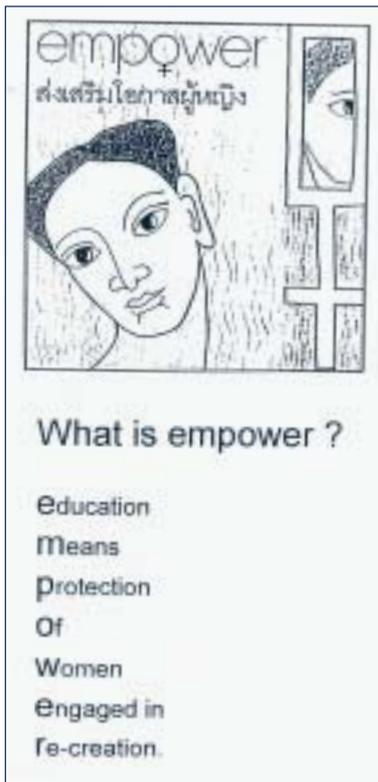
'Saving victims'

Not so very long ago we Thai sex workers were always depicted as passive victims. Now we have raised our voices a little, we are actively linking up with other sex workers in the region, being open at meetings about our work, and making demands directly to society and the government. We see that the moralists and prohibitionists have had to find a new group of 'victims' to save. In Thailand their energy is focused upon women from Burma. Those of us who listen to the women and represent their concerns and demands while trying to provide the services that they decide they require are accused of 'supporting and justifying slavery'. Those who support or organise raids on work places, forcibly remove women and return them to Burma against their will call themselves 'rescuers'.



As long as women cannot migrate for work independently, trafficking will take place

ers have in HIV prevention. Instead we are dealt with as a 'target group' or a 'public health problem'. Generally, as sex workers we are perceived as a problem to be solved and not as a vital resource. Despite Thai govern-



'Rescuing prostitutes' is hardly a new phenomenon for sex workers anywhere. Here we have been dealing with rescues for over 12 years. It is an old, tired method that has devastating results for the women it claims to protect. Quotes from sex workers about rescues dating back some 200 years are eerily familiar to those made by women 'rescued' here in Chiang Mai last month. Over the past years there has been an increased international and national focus on the situation of women who have been trafficked. However, the focus on trafficking in persons has meant many groups with little or no experience on the issues of migration, labour, sex work or women's rights have been created to take advantage of the large sums of money available to support anti-trafficking activities. Their inexperience and lack of contact with our community has meant they are unable or unwilling to differentiate between women who have been trafficked and migrant workers. They also show a great deal of trouble differentiating between women and girls, often applying identical standards and solutions for both. It is obviously inappropriate to treat a girl as an adult and just as obviously inappropriate to treat an adult as a child.

Inhumane treatments

As entertainment workers we abhor the trafficking of any persons; all forced labour including forced sex work; and the sexual abuse of children, whether for commercial

Traffickers and many anti-trafficking groups employ very similar methods to achieve their goals. Both groups deceive women, transport them against their will, detain them, and put them in dangerous situations, i.e. forced repatriation.

exploitation or not. Our community together with Empower has monitored the methods and results of anti-trafficking groups' activities and we are very alarmed at the increasing violations and inhumane treatment our colleagues are subjected to by unworkable and unethical methods that still fail to address our most urgent need to improve working conditions and give us access to our rights for labour protection.

It seems to us that 'anti-trafficking' is not really about assisting people who have been trafficked. In practice it has become the latest guise of anti-prostitution and the latest 'victim image' assault on sex workers, especially those from the South. Women need equal access to travel and to seek work independently. Perhaps most importantly, working conditions in all industries, including the entertainment industry, need to be safe and fair for all workers.

Listening to sex workers

On the 12th of May 2003 Empower held a meeting on trafficking and anti-trafficking responses with 64 female entertainment workers from three major centres in Thailand. The large majority of the group was women from Burma, some of whom had at some time been 'trafficked' and all of whom had at one stage or other enlisted help to migrate for work in Thailand.

They were unanimous in their recommendations that:

- 1. No person should be trafficked, or forced to work in work they have not chosen to do and that no child under the age of 18 years should be used for sex either commercially or domestically.*
- 2. Methods to combat trafficking must be revised and solutions found that do not violate the rights of workers but support true victims of trafficking.*
- 3. The rights of adult trafficked victims as workers must be acknowledged. We should receive recognition of our work and compensation, so we are not financially worse off after our 'rescue'.*
- 4. All women affected by trafficking or anti-trafficking measures must receive adequate compensation and if we are victims of trafficking, we should be given full support to seek asylum and/or residency with the right to work included.*
- 5. The primary goal of prosecuting traffickers must be altered to a primary goal of assisting trafficked women and children.*
- 6. Understand that all women, who are unable to access travel documents and need or wish to migrate, must secure the assistance of an agent or broker. Anti-trafficking groups must work toward improving the human rights situation in Burma, securing the ability for women to travel independently, and fully supporting improvements in working conditions in all industries.*
- 7. Currently, women who work in entertainment places have their own methods of assisting trafficked women, those being forced to work, and those under 18 years of age. Anti-trafficking dialogue and groups have yet to consider us as anti-trafficking workers and human rights defenders even though the numbers of women and children we assist far outweigh the handful of women and children helped by the recognised anti-trafficking groups. Instead, we are ourselves caught up in the 'rescues and repatriation'. The latest term for us used by the American government is 'inappropriate partners' which is just one example of the ways we are ignored and our expertise sidelined.*

Empower appeals to anti-trafficking campaigners, funding bodies and policy makers to consider these recommendations with care and without delay.

About the author

Ping Pong is a member of Empower Chiang Mai. Empower Chiang Mai is a Thai NGO working for and with women in the entertainment industry. It is part of the Empower Foundation family and a member of the Asia Pacific Network of Sex Workers.

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Migrant women join Empower in a women's rights march

Sex work and the law in Namibia: a culture-sensitive approach

Dianne Hubbard and Evelyn Zimba



Prostitution was never an offence in terms of the Namibian common law, and the act of engaging in sexual intercourse for reward has not been made into an offence in terms of any Namibian statute. However, various other aspects of sex work are currently criminalised by several statutes and municipal regulations, notably the Combating of Immoral Practices Act (1980). This Act prohibits for instance soliciting, living off the earnings of prostitution and keeping a brothel. The Act is aimed primarily at third parties (pimps and brothel owners) and at public manifestations of prostitution (such as public solicitation).

To find out what Namibian sex workers, clients and the general public feel about the current laws and practices, the Legal Assistance Centre commissioned Research Facilitation Services to conduct a survey on the topic of adult sex work in Namibia. The



Photo: Jacob Holdt

main aim of the survey was to compile a profile of sex work in Namibia on the basis of personal interviews with sex workers, key informants and clients, and to ascertain the feelings of the general public towards the practice.

From June to August 2001, a total of 148 sex workers from five towns all over the country participated in the survey. They were interviewed with the help of a questionnaire. Several clients and other key informants were interviewed, although clients proved reluctant to talk to interviewers. Finally, 315 persons not involved in sex work from six different regions were interviewed by telephone. This telephone survey was conducted in order to attain the feelings of the general public towards sex work and the legal system.

Problems facing sex workers

Health issues and abuse are the two main problems facing sex workers. Clients are the primary source of problems for sex workers, including clients who do not pay, abusive clients and clients who refuse to wear con-

Health issues and abuse are the two main problems facing sex workers in Namibia

doms. Police and Special Field Force members (a branch of the Namibian military) were also mentioned as a source of problems. When questioned specifically about abuse, fewer than one third (28%) of respondents replied that they had not yet experienced any abuse. The remainder of the sample mentioned partner abuse (16.3%), beatings and abuse by clients (17.7%), and abuse at the hands of police and Special Field Force members (9.2%).

The interviews with sex workers revealed a high level of hypocrisy, with tales of law enforcement officers who "had sex with us yesterday" and then "come today and arrest us". The current situation also encourages corruption, giving police an opportunity to exchange 'free sex' for protection. Many sex workers also seem to have experienced arrest without ever being informed of the charges against them, and often without ever appearing in court.

Almost a quarter of paid sex takes place outdoors. In addition to the obvious economic reasons behind this, there appear to be more sinister motives as well. Apart from the fact that a client is unlikely to be discovered and recognised by anybody in this type of location, it is easier to rape or abuse someone in a distant lonely area such as a field. This seems to happen on an alarmingly regular basis. HIV/AIDS is the biggest health concern of sex workers. Other health problems mentioned were other STIs and vaginal injuries. Many clients are rough during sex, and sex workers are often raped in the course of their work, so this is not surprising.

Attitudes towards Namibian laws on sex work

The majority of sex workers (67%) would like to see the laws in Namibia changed to legalise sex work. (This is in direct contrast to the general population where almost 70% felt that sex work should be illegal for both client and sex worker.) Only 8% of sex workers wanted the laws to stay as they are now, and about 25% did not know which answer they preferred. Some of those who felt that the laws should stay the same were worried about increased competition or the stigma of being officially known as sex workers. Almost half of the respondents felt that they needed protection and security, which one-third of respondents felt would require some sort of official recognition. The majority were opposed to having to register as tax payers, and to any requirement that they possess a certificate proving that they are legal sex workers.

The telephone survey of the general population highlighted two important factors. Firstly, it appeared that Namibians are generally quite conservative when it comes to sex and sexual relations. Almost 70% of the people interviewed by telephone felt that the laws should be changed to make sex work *illegal for both*

The majority of sex workers would like to see the laws in Namibia changed to legalise sex work

the client and the sex worker. Only about 21% of respondents thought that the law should be changed to make sex work legal. Secondly, there are significant numbers of Namibians (more than 75% of telephone respondents) who, despite their overall conservative value system, believe that sex workers need more rights and a greater degree of protection.

An important conclusion from these findings is that although most of the general public is against legalization of sex work, the measures that they support can only be enforced in an environment where sex work is decriminalised or legalised.

Laws on sex work and their impact on HIV transmission

The current laws that criminalise aspects of sex work make sex workers vulnerable to abuse, make it harder for them to insist upon condom use with clients, make it difficult for them to access appropriate health services and information about HIV and may give them a criminal record which will make it harder for them to find alternative forms of employment. Current laws regulating sex work thus substantially contribute to the vulnerability of sex workers to HIV.

The reduction of this vulnerability will only be achieved in an environment where sex workers are empowered to take more effective control over the terms and conditions on which they trade in sex. Decriminalization (the complete repeal of laws on adult sex work) and legalization (allowing sex work under certain conditions, typically only in licensed premises) would both have advantages for sex workers in terms of their vulnerability to HIV.



Photo: Jacob Holdt

However, licensing schemes often create a two-tier system of 'legal' and 'illegal' sex workers, which greatly increases the vulnerability of the latter to HIV transmission. Mandatory health checks for HIV and other STIs as part of a regulatory system would be particularly unwise as this would lead clients to assume there is no longer a risk of HIV infection, which in turn would probably lead to an increase in the demands of clients for unsafe sex.

Conclusion: decriminalization & discouragement

Namibia's existing approach is simply insincere. Sex work itself is not illegal, but almost every action related to it is against the law. At the same time, sex work takes place openly in many of Namibia's major urban centres and is seemingly tolerated. Most sex workers seem to have turned to sex work out of necessity – because of poverty, lack of support structures, sudden twists of fate (such as a death in the family or the loss of another job), or the absence of maintenance from their own fathers or the fathers of their children. Many are supporting a range of dependents, both older and younger than themselves.

It is undeniable that most members of the Namibian public do not approve of sex work. This is why we recommend a policy of decriminalization hand in hand with compassionate *discouragement* as the best option for Namibia. The number of brothels and similar establishments could be limited by local authorities in the same way that they already limit the number of bars and clubs in their jurisdictions. Existing laws on public nuisances and loitering could be used to regulate sex work in a reasonable fashion, without unfairly targeting sex workers for harassment. In the context of decriminalization, sex workers can be enrolled in training programmes which will help them to move into other lines of work. They can be assisted to utilise the maintenance courts, or to access state grants where necessary, to provide them with alternative means of supporting themselves or their dependents. Namibia can reduce sex work by helping sex workers rather than by arresting them.

Decriminalizing sex work does not have to mean the approval of sex work by Namibian society. There is probably no one who would like to encourage young women in Namibia to consider sex work as a career option. Namibian society undoubtedly disapproves of scantily clad sex workers approaching visitors at Namibia's premier tourist destinations. Society would also undoubtedly disapprove of red light districts packed with topless bars. *But decriminalization does not have to mean any of these things.*

Respecting human rights

Decriminalization is most consistent with a respect for the human rights of sex workers. Many members of the public who strongly disapprove of sex work believe that there is a need to protect sex workers from harm. The

Decriminalization is most consistent with a respect for the human rights of sex workers

recommended option is the best framework for accomplishing this. Decriminalization will also advance the goal of HIV prevention. It would mean that sex workers can openly access health services. They and their clients can be openly targeted for safer sex campaigns. Decriminalization will place sex workers in a stronger position to resist demands that they engage in unsafe sex for a higher price, or to avoid violence.

Decriminalization should also reduce the general level of violence in sex work, because it

will mean that sex workers can report abuse and coercion to the police, without being



Photo: Jacob Holdt

afraid that they will end up being the ones who are arrested. It will also re-focus law enforcement energies on problems such as child prostitution and exploitation.

No law has ever succeeded in stopping prostitution. Namibia could stick with the current approach, which allows the country to legally 'disapprove' of prostitution without really doing anything meaningful about it. Or it could take a stand on health issues and the human rights of sex workers by decriminalizing sex work. Choosing the latter option will take a great deal of political courage in a socially conservative country like Namibia, but we believe that it is the only sensible and compassionate choice.

This article was based on the report of the research, entitled 'Whose body is it?' – Commercial sex work and the law in Namibia, Legal Assistance Centre, 2002, 389 p.

*Online available through:
www.lac.org.na/dept/grap/research/commsex.pdf.*

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LEGAL ASSISTANCE
CENTRE (LAC)



Why sex workers believe 'Smaller is Better'

The faulty implementation of decriminalization in New South Wales, Australia

Erica Red & Saul

Australia and the state of New South Wales (NSW) in particular have been internationally praised for reforming sex industry laws and maintaining one of the lowest HIV rates of any sex industry in the world. However, according to Erica Red and Saul of the Private Worker Alliance, the decriminalization process in NSW has been both consciously and inadvertently undermined, resulting in a policy that favours large sex establishments and drives small-scale and home-based businesses underground.

In 1995 minimal sex industry regulation was introduced in NSW. The Disorderly Houses Amendment (DHA) Act aimed to improve the health and safety of sex workers, optimise public health outcomes, encourage brothels to maintain a low profile in their neighbourhoods and reduce corruption by public officials. Local councils could only take court action to close a brothel if they had received sufficient nuisance complaints from neighbours.

As complaints made on a moral basis were not to be considered in Court proceedings, a plan was made to educate the general community of the numerous rationales behind decriminalization. Providing guidelines to local councils (developed in consultation with various stakeholders including the sex industry) was considered another vital step to successful reform.

What went wrong?

The community education has never occurred, so councils and residents remain ignorant of the important role NSW sex workers successfully play in HIV prevention strategies and the law's intention that councils

local councils could now restrict brothels to industrial zones only. So much for consultation!

Between 1996-1998, without powers to take Court action without genuine nuisance complaints, most local councils did not do much beyond creating zoning plans that limited brothels to industrial zones, as permitted by the Planning Minister. The NSW-based Sex Workers Outreach Project (SWOP) estimates that discreet, smaller, home-based sex worker businesses in residential zones comprise approximately 40% of the sex industry in NSW. Most of these businesses were initially unaffected by councils trying to close down brothels, because they are so discreet they avoid nuisance complaints.

Major imbalance

But decriminalization was again savagely undermined in 1998 when law changes gave councils responsibility to close down any *unauthorised* business premises, irrespective of size, type or level of nuisance to neighbours, solely on the basis of not having council consent. The success of small and home-based sex worker businesses is entirely dependent on not being known as a sex industry establishment, so sex workers were immensely affected by this new requirement for council authorization, which includes notification of neighbours.

So now there is major imbalance between the legitimacy of large brothels confined to restricted zones and the widespread prohibition of private worker home-based businesses. This imbalance is based on three assumptions that exist without any evidence:

1. that tightly controlled brothels are better than minimal regulation/self regulation
2. that large brothels in industrial areas cause less amenity and environmental impact than small home-based businesses in residential areas
3. that 'Big Mac Brothels' result in better public health outcomes.

The Private Worker Alliance (PWA, see Box) is a network of independent sex workers in NSW. We aim for the privacy, health and safety needs of private sex workers to be accommodated within NSW laws and regulation. Our research shows the three assumptions noted above are false – the opposite is true.

1. Tighter control is not better

Working conditions in large brothels are often below average. A negative side-effect of an unbalanced decriminalization process is that it can lead to large brothel monopolies controlled by criminals. One outcome of the flawed implementation of the DHA Act – which decriminalised brothel-keeping and pimping – is that authorised brothel ownership is now concentrated in a few predominantly male and often ex-criminal hands. Workers employed in premises that form part of monopolies and cartels report below average working conditions and reduced control over their bodies and services offered.

2. Less amenity and environmental impact?

To date all research undertaken in Australia concludes that systems that favour smaller establishments encourage 'Best Practice' (see some examples of statements in the side-box). Evidence collected over the last four years shows that councils have repeatedly ignored NSW Health



SWOP members take part in the Sydney Gay and Lesbian Mardi Gras 2002.
Photo: Erica Red

'turn a blind eye' to discreet brothels. Worse still, only six months after the DHA Act 1995 came into force the NSW Planning Minister contravened the spirit of this progressive Act in two ways. He simultaneously buried the almost completed guidelines and unilaterally declared that

Department advice to allow private sex worker's home-based businesses equal rights to operate without council consent, relative to other home-based businesses/occupations. This policy is also backed by a new Advisory Panel established by the Ministerial Taskforce on Brothels in 2001, in which two sex workers organizations (SWOP and PWA) are represented.

The small businesses consist of predominantly small groups of women who wish to work discreetly, in a low-key fashion, without a middle-man taking half their earnings. Privates advertise in newspapers, the Yellow Pages and the Internet. Clients are generally seen by appointment only and workers only give their address details when confirming the appointment by phone. SWOP also estimates that 90% of male sex workers are self-employed and work from home or other residential premises.

The current system encourages councils to *only* make zoning provisions for larger commercial brothels in industrial and or commercial areas. Generally, councils have made provisions for brothels *only* where these businesses were likely to, or did, challenge the council in the Land and Environment Court. Most brothel owners of larger 'authorised' brothels have won their Development Application through the Court, with costs between \$AU 15,000 and 100,000 (100 \$AU = 68 \$US).

Councils are unlikely to make provisions for the small business sector voluntarily. All types of sex worker home-based businesses, including those with a small number of employees, have a primary need to maintain anonymity within their neighbourhood. This prevents these businesses from either submitting to a publicly notified process of gaining council consent (i.e., licensed premises) or challenging council enforcement actions in Court.

"In Australia there is a good deal of evidence to support the belief that smaller brothels which encourage a good, cooperative relationship between management and sex workers provide the safest working environment in terms of sexual health and physical risk. The policies of some councils which place unnecessary restrictions on the location and operating conditions of brothels will tend to concentrate brothel ownership in few hands and thus undermine some of the harm minimization objectives of legislative reform."

"Women who work in a co-operative situation with another woman, or in small brothels, have a greater ability to control the conditions under which they provide sexual services. They are more likely to refuse drunken or diseased clients, refuse particular kinds of services, or insist on the use of condoms, than working women in very large brothels, controlled by businessmen seeking to maximise their profits. A policy which discourages or even prohibits the establishment of large brothels and moves the industry towards small-scale or 'cottage industry' prostitution would give those who work as prostitutes a greater degree of practical ability to protect themselves against abuse and corruption".²

"Another disadvantage of large brothels is that it is harder for the workers to maintain full autonomy over their bodies which is vital if HIV and other sexually transmitted diseases are to be kept at bay".³

Notes

1. C. Harcourt, *Whose Morality? Brothel Planning Policy in South Sydney*. In: *Social Alternatives*, Vol. 18, No. 3, July 1999.
2. M. Neave, *The failure of Prostitution Law Reform*. In: *Australian and New Zealand Journal of Criminology*, No. 21, 1988, p. 202-209.
3. V. Mullen, *Prostitution in New South Wales: Law Reform Issues*. Briefing paper/NSW Parliamentary Library Research Service, No. 027/95.

Private Worker Alliance

PWA is a network of independent sex workers in New South Wales. It aims for the privacy, health and safety needs of private sex workers to be accommodated within NSW laws and regulations. It also fights for reactivation of the stalled implementation of the Australian HIV Prevention Strategy in NSW. In order to achieve these goals, it has extensively lobbied various stakeholders, such as parliamentarians, government departments, local councils and the media since January 2000.

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SWOP

The Sex Workers Outreach Project (SWOP) is a community-based organization established in 1990. The project aims to minimise the transmission of STIs and HIV/AIDS in the NSW sex industry, as well as providing a range of health, safety, support and information services for sex workers, management, clients and partners of sex industry workers. SWOP is also active in lobbying for law and health reform.

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3. Better public health outcomes?

Instead, small businesses relocate once detected. Constant movement results in the disruption of existing HIV/AIDS peer education networks, which are central to HIV prevention. SWOP estimates that less than 10% of the sex industry can comply with regulations because of zoning restrictions in planning policies. As unauthorised premises, these businesses are now deemed 'illegal', forced underground and left vulnerable to corruption. This development fundamentally undermines the intentions of the DHA Act, chiefly to reduce corruption opportunities and to support HIV prevention strategies to achieve public health outcomes. Currently the ability of sex workers (mostly women) to control the conditions under which they provide sexual services is substantially reduced.

New reforms needed

State-wide legislative and regulatory reform is especially important now! NSW sex industry reform is urgently required because recent figures show that STI rates are up across Australia, including NSW. Other industrialised countries are also experiencing dramatic increases, which is another reason to act now, before sex workers in NSW manifest as part of the problem of increasing STI transmission within the general population, instead of being part of the solution.

The PWA has been closely following current sex industry regulation reform in New Zealand. In this country, the intention of the new bill is

to get smaller, sex worker-run places. Also, a licensing process for big brothel owners and operators has been proposed to clean out criminal elements. The New Zealand Prostitutes Collective (NZPC) now sits on a Panel overseeing the implementation of the reforms. This Panel is currently consulting to develop guidelines for local councils. Since NSW decriminalised back in 1995, ex-criminals have been free to run businesses. The PWA cannot see how we can prohibit them now. However, we believe that if small scale, worker-run businesses will be allowed to operate discreetly and anonymously throughout NSW, the number of workers wanting to work in big bad businesses will drop. Large businesses will have to offer a safe and healthy environment, good working conditions and good pay to attract staff. In other words, the situation will sort itself out because large businesses have to either get their act together or they will face staff shortages that will result in their demise.

What's up now?

In 2003, a paper entitled, *The Control of Prostitution – An Update* by Stewart Smith, was posted to the NSW Parliament website (www.parliament.nsw.gov.au). This sort of Parliamentary briefing paper is usually

released prior to a new Bill being tabled in the Houses of Parliament. On 21 August 2003 Diane Beamer, assistant NSW Planning Minister, publicly stated that licensing is not on the agenda here. However, she indicated a desire for the Attorney-General to create laws to exclude people with previous convictions for child prostitution from owning or operating a brothel.

The Private Worker Alliance calls upon politicians and our allies to help bring about legislative reform that will also ensure that discreet, small and home-based sex worker businesses can operate with anonymity and safety in their neighbourhoods.

About the authors

Erica Red and Saul are members of the Private Worker Alliance, Australia. They have been involved in lobbying and HIV prevention and care for many years.

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Three years of Dutch legalization

Consequences for legal and undocumented sex workers

Licia Brussa

The past years have been marked by political debates in the Netherlands on legislative changes regarding prostitution. On October 1st, 2000, the Dutch ban on brothels, which had existed since 1911, was lifted. The exploitation of voluntary prostitution is no longer considered a crime, however, any form of forced prostitution, pimping and trafficking will remain in the Penal Code. This article takes stock of the Dutch legalization exercise, and the contradictions and omissions encountered so far.

The main aim of this change in legislation was to enable the government to exercise better control. The law abolishes the general ban on brothels and legalises commercial organization of voluntary prostitution by adults, as long as the sex worker has not been trafficked. In other words: the running of a prostitution business and exercising prostitution is now considered a legal economic activity by the state.

This new prostitution policy has five main objectives:

1. control and regulation of commercial prostitution
2. strengthening the combat against involuntary prostitution
3. protection of minors from sexual abuse
4. improvement of the social, legal and humane situation of sex workers
5. decriminalization of the prostitution scene.

Legalization = regulation

The practical implication of the legalization of the sex industry means that the Association of Dutch Municipalities has prepared a model of

regulation for prostitution businesses. Most municipalities use this model; however, the system of licences depends on specific local policies and therefore may vary from one municipality to another with regard to the implementation and time-frame (some local authorities are still hesitant to implement the model or have decided to use another instrument of control). The authorities have to formulate the conditions under which prostitution is permitted within their boundaries.

Only those establishments that respond to these conditions can obtain special licences which permit them to continue (or to start) their business. These conditions include:

- nature and size of brothels (a brothel may not disrupt the residential climate and quality of life of the neighbourhood)
- hygienic and safety regulations (minimum dimensions of the working area, following up of the guidelines set up by the public health authorities, presence of fire escapes, etc.)
- position and status of sex workers (protection of their physical and mental integrity, no under-age sex workers, no sex workers without a valid residence permit).

Other (national and regional) institutions such as the tax office, social insurance agencies and labour law agencies are involved in the application of the various aspects of the law in the legal sex industry. Also, there are other laws and policies that influence the industry: e.g., anti-trafficking policies and the regulations regarding aliens and their status in the sex industry.





Window prostitution in the Netherlands

Contradictions and omissions

Since the legalization exercise started in late 2000, several contradictions and omissions in this policy have been observed by sex workers and their allies. These include:

Unclear relationship – The relationship between the brothel owner and the sex worker has not been clearly defined. In theory, a sex worker is free to choose to be self-employed. In this case she would only rent her working space from a particular brothel owner, and pay income tax and social and health insurance fees to the appropriate agencies. However, until now, the brothel owners have tried to impose all kinds of restrictions and duties on sex workers, which restrict their actions. This unclear situation is aggravated by the administrative authorities that are responsible for the application of the labour law and the regulations regarding the labour conditions. It is their task to define what kind of labour relationship and regulations will be applied towards sex businesses: self-employed or an employer-employee relationship. Every sex business is evaluated individually. This evaluation process has started but is not in full operation yet. This kind of framework has far going consequences for the position of the club owner as well as for the sex workers:

First, the sex workers must be registered with various agencies and authorities, regardless of whether they are self-employed or employees. The brothel owners, as legal entrepreneurs, will have to observe all regulations and conditions that are imposed on them as an employer or a person who facilitates the rendering of sex services. Where an owner is considered an employer, all aspects of the health of his employees will

The fact that sex workers have to be registered will have far going consequences for their lives and social position

be considered as being related to professional health. Therefore, the hygienic state of his establishment and the health condition of the employees will be subject to control by labour inspection and also by public health or infectious diseases inspection.

Second, in the case of an employer-employee relationship, the involvement of the sex club owner might mean that he will oblige the sex workers to undergo tests for STIs and watch out that a sick sex worker does not work. In general, this working relationship of employer and an employee might lead to a drastic change in the relationships in prostitution: the sex worker will be subject to rules as an employee and her freedom in the performance of her services might be limited. Also, considering that sex work is not a socially acceptable occupation and is

subject to stigmatization, the fact that sex workers have to be registered will have far going consequences for their lives and social position. Will such a situation be acceptable to both parties: the brothel owner and the sex worker?

Unanswered questions – The moment a brothel is licensed it also becomes subject to other regulations and the application of normal laws. The question is: are these criteria applicable to the still very specific nature of sex businesses and sex work? Will the physical integrity and the individual choice of a sex worker be guaranteed? Is it possible that sex work will be eventually perceived as a normal job? And what kind of state instruments can be effective and would contribute to the normalization of the sex industry? These are still open questions for the future.

No improvement of position – Until now, as far as designing a policy for the social and professional empowerment of sex workers is concerned, one of the aims of the new regulation – namely the improvement of the position of sex workers – has not yet been put into practice.

Lack of consistent policy – There is no consistent policy from the side of the municipalities regarding the maximum number of brothels, their types and the rules that are applied. In general these differences in policies lead to situations where brothel owners (and sex workers) are confronted with very contradictory rules and limitations. The general trend is that most of the municipalities try to reduce the volume of sex industry in their area. This also concerns the ‘tolerance zones’ for street prostitution, which are areas appointed by municipalities where street prostitution may be exercised.

Discrimination of foreigners – The legalization of the profession of sex workers should have the consequence that the general rules applied to regular labour migration would also be applied to sex work. However, the possibility for persons outside the European Union to apply for a work permit in prostitution is still forbidden by the law. Sex work is the



Red-light district in Amsterdam

only profession for which a work permit cannot be obtained. The fact that people cannot apply for such a work permit is very discriminatory and in contradiction to the principles of the new law.

Banning migrant sex workers

The Dutch legalization exercise has had enormous consequences for undocumented migrant sex workers, who have been working in the European sex trade for many years. The ban on ‘illegal’ sex workers (i.e. persons without a residence and work permit) is especially controversial because the authorities have not taken into account that since the 1980s migrant sex workers constitute the majority of sex workers in the

Netherlands. Therefore, it is unrealistic to think that banning them from work in the sex industry (while not offering them any economic/social alternatives) would eliminate their presence. The result of this repressive policy is that there has been a big shift in working places, leading to migrant sex workers becoming more isolated and more vulnerable to exploitation. Another consequence is the creation of new (clandestine) and occasional forms of prostitution, for example in casinos, discothe-

It is unrealistic to think that banning migrants from work in the sex industry would eliminate their presence

ques, hotels and private apartments, and through escort services. Many women are experimenting with various forms and locations of prostitution. Many also fall into the hands of malevolent brothel owners who take advantage of their (illegal) position.

But what is even worse is that the exclusion of illegal sex workers contradicts some of the main objectives of the law. Illegal sex workers will remain unprotected and will therefore be further criminalised and be forced to live and work in inhumane conditions. The risk that organised crime will take over the facilitation of work of undocumented persons is very evident. One of the goals of the new regulation is to take prostitution out of the criminal domain. Clearly, this goal will not be reached if the majority of sex workers (i.e. migrants) are excluded from legal protection.

Unwanted aliens

Another goal of the law is to combat trafficking in persons. Many illegal sex workers have been trafficked into the country and should therefore be protected by the authorities through the special protection measures for the victims of trafficking. In spite of the fact that this programme gives special rights to the witnesses (such as three months reflection time, possibility of receiving a temporary residence permit, right to shelter, financial and legal assistance), it is not attractive enough for women to denounce their pimps because the status as witness does not give them any possibility for entering a social integration process (for example access to the labour market) and does not respond to the complex reality and the needs of these women. The reality is that migrant women who are in a situation of dependency

TAMPEP

TAMPEP (Transnational AIDS/STD prevention amongst Migrant Prostitutes in Europe Project) is an international networking and intervention project operating across Europe, including countries in Central and Eastern Europe.

TAMPEP's aims are:

- to advocate the human and civil rights of female and transgender migrant sex workers
- to facilitate the sharing of knowledge, experience and good practice amongst members
- to develop and implement effective strategies of HIV and STI prevention among migrant sex workers in Europe.

Members run targeted projects for migrant sex workers in co-operation with organizations in the countries of origin, transition and destination. Programmes of social protection are integrated in the health promotion activities and are based on the principle of self-determination and empowerment.



Cartoon published by TAMPEP

are treated as unwanted aliens, which worsens their situation even further. In this context the current anti-trafficking policies can be weakened by the adoption of the definition of trafficking as a form of illegal migration or illegal prostitution. As a result, there is a risk that the victims of trafficking are treated as criminals, while the traffickers go unpunished. In practice it can happen that the authorities frequently pursue restrictive immigration policies while confusing smuggling in persons, trafficking in persons and migrant prostitution. This causes them to focus primarily on combating organised crime and the presence of undocumented women while neglecting the protection of their individual human rights.

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Everything under control (!?)

Regulation, stress factors and health consequences of prostitution in Austria

Luzenir Caixeta

In Austria, prostitution is not forbidden, but is not recognised as work either. Austria is a federal republic divided into nine states and in each one of them there are different laws pertaining to prostitution and different ways in which these are enforced. For instance, in some parts of the country, sex work is allowed both in bars dedicated to the purpose and on the streets, while in other regions the business may be run in brothels only. Such is the case in Upper Austria, where MAIZ works. MAIZ is a support organization for migrant women, including migrant sex workers.

Since the 1980s, sex work in Austria has been basically an international business, carried out mostly by migrants. As a matter of fact, almost 90% of current sex workers in the country are migrant women. They come from different countries and arrive in Austria by different means, usually with the help of 'agencies', friends or family. However, not every woman has been trafficked.

In 2001, with the aim of controlling and restricting the sex industry (and benefit from the gain), the Austrian government created a new decree to regulate the entry and permanence of dancers and prostitutes in the country. Since then, according to MAIZ records on prostitution in Upper Austria, the entry of immigrants with the aim to work in the sex trade has increased considerably.

Independent workers

In Upper Austria, in order to obtain a visa of the type 'independent worker without residence or work permit' which allows people to work for three months with the right to prolongation, they need: proof of a certified workplace (bar or accepted brothel), a tax certificate, health insurance, as well as proof of weekly health control, a tenancy agreement and a bank account. Of course migrants with this type of visa are under strict control, because if they do not meet the required conditions they will not be able to extend their visa. Many of these women buy a package of visa documents from their bosses, including all the requirements listed above. However, they are often not aware of the – few – rights they are entitled to, as is the case of health insurance: if they change their workplace, there is a chance that many will have to purchase another insurance from their new boss, resulting in them being 'doubly insured'. Parallel to this 'independent' group, there is another rather large amount of women who

have managed to change their type of visa, usually by marrying an Austrian or European Union citizen. With this visa they have carried on working, in an unregistered manner and often in an unregistered bar, risking being fined by the police.

With the aim to gain more profit and better control over sex workers, the government has recently created new regulations on taxation at a national level (given that in former years, taxes were regulated regionally). Since May 2003, although the law has not been passed in all regions, the workers do not have a personal tax number, and they must now pay a monthly fee of 250 euro (290 US\$) to their employers. The employers must declare this payment to the revenue office, which presents a detailed list with the names of the active sex workers to the police, regardless of the migrant's type of visa.

Dependency

Analysing the consequences of such regulations to the migrant female sex workers, we have noted that:

- The dominance of brothel owners and employers towards the sex workers has increased, creating a *dependency relationship* on the one hand, and exploitation on the other. This proves once and for all that these sex workers are not independent, because they have only the obligations of an independent worker, but not their rights.
- The unregistered sex workers *live in great insecurity* and dread the risk of losing the rights they have obtained in Austria (regarding work permit, family, etc.). Some of them begin to work as registered sex workers.
- *Competition* has increased within the market due to the large amount of newly

arrived immigrants, which makes it difficult for the women to fight together against exploitation by the owners, police, etc.

Mental health

The stress caused by their dependency towards the employers and legal machinery generates insecurity and fear, and the competition between sex workers added to their bad working and living conditions in Austria, result in illnesses, usually of a psychosomatic order. Another stress factor for most of the migrant sex workers is the pressure presented by existing economical ties, such as sending money to their families abroad and paying off their debts, or being up to date with their payments to the Austrian authorities. With such demands at hand, it is understandable that many of these sex workers turn to unsafe sex, preferred by about 70% of the customers (according to the women's estimates), as a way to make a little bit more money. The most commonly diagnosed mental health problems that affect the sex workers are nervous disorders, insomnia, and depression. These, tied to a poor diet, irregular work schedules, excessive use of alcohol, etc., lead



Painting: Linda Caparo

to psychosomatic complaints such as constant headaches, intestinal disturbances and allergies.

The weekly health control (for free only in some towns), which is obligatory for all sex workers, is nothing more than a sanitary check-up in order to prevent the contamina-

tion of clients (the authorities consider the sex workers to be a risk to public health), which could generate a 'snowball' effect. If they are diagnosed with a venereal disease, they have no right to free health treatment (with the exception of only a few towns) or to private health insurance. In the case of HIV-positive migrant women, they are forbidden to work, and are not able to renew their 'independent worker' visa.

In view of the fact that in Austria few organizations exist that take care of migrant sex workers, like MAIZ, we have to work at different levels toward these new regulations, which result in increased exploitation and other violations of the human rights of these women. Our work comprises prevention, interventions, empowerment of the sex workers, lobbying, as well as sensitising the Austrian population towards the need of recognising the (human) rights of sex workers.

MAIZ

MAIZ is an independent organization active in Linz and Upper Austria that has been working on the issue of female work migration and the situation of sex workers in Austria since its founding in 1994. MAIZ is active in the following fields: social, legal and employment advice and assistance, health protection for sex workers, education and public work, cultural mediation, and the second generation (children and youth).



More information about prostitution and migration in Austria: www.femmigration.net

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The regulation of STI/HIV/AIDS control among sex workers in two cities along the southern border of Mexico

Silvia Magali Cuadra, René Leyva, Daniel Hernandez and Mario Bronfman



In Mexico, commercial sex is not an illegal activity or crime according to any law. What is recognised in law as a crime is *lenocinio* (procurement), which refers to the exploitation of the bodies of third parties for economic gain, inducing or serving as an intermediary in commercial sex and the administration or support of brothels. The absence of a law criminalizing sex work per se comes from the belief that each individual has a right to use his/her body as he/she sees fit.

Nevertheless, the practice of regulating commercial sex exists in Mexico indirectly, mainly through ordinances that guarantee social stability. These norms are incorporated into the Police and Good Government Regulations written by the administrative authorities, which in Mexico would be the city or town council. These regulations, which are supposed to preserve order, security and tranquillity, also regulate the activities of the administration and individuals through administrative sanctions. In cases of public disorder, the punishment consists of a fine of one day's minimum salary or arrest for up to 36 hours.

During January and February of 2001, a qualitative and quantitative research was undertaken by the Center for Research in Health Systems of the National Institute of Public Health of Mexico. The project, called 'Mobile Populations and HIV/AIDS in Central America and Mexico', had as its objective to learn about the specific conditions of vulnerability to HIV transmission in migrant groups. In each country, transit stations were selected. There, researchers came into contact with mobile groups that included women who were performing sex work. In Mexico, selected sites were Ciudad Hidalgo, in the state of Chiapas, and Chetumal, in the state of Quintana Roo, both at the border. In the case of Ciudad Hidalgo, migration is mostly from Central American, Spanish-speaking countries, and in the case of Chetumal, migration comes from Belize and, to a lesser extent, from other Caribbean, English-speaking countries. Twenty in-depth interviews of female sex workers were carried out and the judicial framework related to prostitution was revised. Ciudad Hidalgo, with 20,000 residents, is the

seat of the municipal authorities of the Suchiate district. Chetumal with 150,000 residents is the state capital of Quintana Roo. Ciudad Hidalgo has an explicit norm for regulating activities linked to sex work and this norm also establishes some measures related to the detection of STIs, including HIV; Chetumal does not have a specific regulation except for a Quintana Roo State norm which has no reference to sex work. The regulation in Ciudad Hidalgo makes explicit references to the hours of operation for 'Redlight Type' establishments; prohibits minors from working; regulates the cleanliness of dormitories and bathrooms; and demands that women who work in such establishments have a current health control card and adhere to a particular dress code. Chetumal does not have a specific legal document, which means that regulations are made through ordinances related to the general operation of bars, cafeterias and restaurants with no specific mention of sex workers. Chetumal also demands mandatory testing and health cards but these measures are not specified in its norms, but

are carried out through an agreement between the health sector, the municipal authorities and the bar owners. From the difference in legal frameworks, where one is very specific and the other is general, an interest arose to know whether having explicit norms or not guarantees health protection and the prevention of HIV for female sex workers; and also to find out if these legal frameworks guarantee that sanitary control measures will respect human rights.

Results

As is evident in the testimonies of the women involved, commercial sex is associated with various factors including exploitation and the processes related to the feminization of poverty. Sex work is a highly stigmatised activity; add to this the market demand for 'new merchandise' and the result is an elevated mobility among those it employs. This mobility increases in border zones, where unauthorised migration adds other characteristics to the context where sex work occurs. In both cities, health and municipal authorities demand that clinical and laboratory tests be done to detect STIs and HIV. In Ciudad Hidalgo medical revisions are done at private clinics, and in Chetumal at public hospitals. The cost of medical revision in both cities is the responsibility of the workers, who must pay about 40 US\$ every two months for the tests. Besides this, in the case of STIs – not HIV – and due to the lack of medicines in the public health systems, costs may go up to 80 US\$. The results of the HIV and STI testing are registered on the health card. The women who have these cards can work in bars, cantens and table dance places without fear of being jailed or fined by the municipal and federal authorities. However, in the case of an HIV or other STI infection, the card is retained and the worker cannot return to her place of work; if she does, she is liable to be sanctioned. Therefore, women without access to a card, due to the fact that they were not able to pay for the tests, have HIV or an undocumented status, must join the street sex work circuit since they may not remain in the formal establishments. And although sex work is not considered a crime in Mexico, staying out on the street at night, wearing clothes that are considered not very decent, and consuming alcoholic beverages on the public thoroughfare, is punished by the Police and Good Government Regulations, which generates scenarios for persecution, as the following conversation shows:

"They took me away because it was 1 a.m. and I was going to buy some food. Only because of this did they take me. They said I shouldn't be out on the street, that it was late

and this was an order, that women should not be on the street. (...) They always take you like this because you're outside. It was the municipal police."

"And have the police ever asked you or your (women) friends something else in exchange, besides money?" – "Yes, they take advantage."

"And what do you do? Do you complain to someone?" – "No because, like them, they humiliate us, they say we are foreigners and humiliate us quite a bit. Some have given in, others haven't."

Even though the system is compulsory, interviewed women who use the health control system see it as protecting their health. Furthermore, when they are diagnosed with an STI other than HIV, they are keen to visit a health care centre or private clinic. In the case of a positive HIV diagnosis, daily survival becomes even more complicated. At the clinics in both cities, there is no pre and post test counselling. In Ciudad Hidalgo, some non-governmental organizations provide support for migrants or for those living with HIV/AIDS, but these services are insufficient. On the other hand, Chetumal lacks civil society organizations that support sex workers. In this context of lack of protection, an HIV-positive test results in a process that leads to unemployment, social alienation and sometimes even death, often by suicide:

"When I went to see her at Bacalar, she had been told about 15 days before [...] that's when she hanged herself with the rope. She was at home. Her daughter was there, poor thing. She was asleep, but well, when she woke up, she saw her hanging there. The girl was two years old. She (the woman) didn't get any kind of support, they just gave her the result and that was all."



Conclusions

As we have seen, health control by the state health departments for women in sex work is a requirement in both cities, but the specific legislation of Ciudad Hidalgo has aspects of coercion in its treatment of sex workers. The regulations and norms regarding sex work tend to violate the human rights of sex work-

ers and not protect them.

The analysis of the results leads us to the conclusion that there are no qualitatively important differences between the protection of human rights in the city with written regulations and the one without. On the contrary, norms for the obligatory control of sex workers' health and for mandatory tests for HIV detection have punitive results and do not protect women in sex work. Obligatory sanitary control and the control card stop being a public health measure and turn into a mechanism which pushes workers into the streets and makes them vulnerable to police persecution. While constitutional laws respect individual liberties by not making sex work a crime, local regulations evade the defence of this

Norms for health control and mandatory testing have punitive results and do not protect women in sex work

human right, for example the autonomy of the test, free transit and the freedom to choose work that guarantees well-being for all persons.

Health control does provide an advantage to women in terms of allowing them to monitor their health. However, while Mexican authorities do not guarantee access to counselling and medicines for women in sex work, the obligatory HIV test is a factor leading to greater vulnerability in this group. The cost and energy invested in persecution by the police should be directed to improving campaigns for information and prevention, and finding work alternatives that may decrease the vulnerability to this epidemic.

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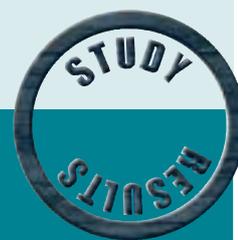
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Human rights violations: The acceptance of violence against sex workers in New York

Melissa Ditmore and Catherine Poulcallec-Gordon



Prostitution in any form is illegal in New York City. Women who work on the streets have a great deal of contact with police. Police and sex workers in New York engage in a cat and mouse dynamic, in which the police seek to control the activities of sex workers, and sex workers respond by trying to avoid them. The report *Revolving Door* of the Urban Justice Center's Sex Workers Project examines the impact of current law enforcement approaches to street-based sex work in New York City.¹ The report is based on interviews conducted with thirty street-based sex workers who were arrested in 2002 or had a high number of arrests.

The researchers focused on street-based prostitution primarily because these sex workers have the greatest contact with police officers because of where they work. Respondents included 28 women, 3 of whom were transgender women, and 2 men. Out of 30, 25 were people of color and all of them were

area.) However, this police strategy often results in harassment and false arrest of sex workers. As a result, most sex workers who have faced violence do not see the police as a resource. This problem is compounded by the fact that police do not always respond to the complaints of sex workers.

Police interactions

The respondents were asked how often they had interactions with law enforcement officers that were not initiated by themselves. Seventy percent of sex workers interviewed reported that the police contact them almost every day. Such interactions were not always related to criminal activity. Many of these respondents described being unable to accomplish non-criminal tasks like shopping for groceries and riding the subway without interactions with police. *"They said, 'I want you to tell us who [committed a specific crime]. I know you heard about that'. I said, 'I didn't hear about*

situations include inappropriate touching, extortion of sex (sometimes in exchange for not making an arrest) and even rape.

Police violence and sexual harassment

Eight sex workers reported having experienced violence at the hands of police. Six respondents described sexual harassment, abuse or violence. One of these described

Most sex workers who have faced violence do not see the police as a resource

extreme incidents of sexual abuse of power by an officer. Another reported having been raped by a police officer. Sexual harassment included officers intimating that they would give warnings about police sweeps on the street or cigarettes to arrested women in exchange for sex. *"There are times when someone says: 'It's hot tonight, it's a sweep, you should get out of here, now what can you do for me?'"* One woman reported stalking behaviour by a police officer. Transgender women described similar issues with harassment, but also specific differences relating to officers checking their genitals and making comments about their gender. Some reported that police were frequent clients, but not always good clients: *"I had a date and got paid, and then the guy pulled out his badge."*

Reporting violent incidents to the police

Consistent and unpleasant interactions with law enforcement lead sex workers to attempt to avoid the police as much as possible. The desire to do so is so strong that most sex workers interviewed do not report serious and violent crimes committed against them. Even when violence is reported, these crimes usually go unpunished because violence against sex workers is tacitly accepted. Street-based sex workers described enormous difficulties in their attempts to report prostitution-related violence to the police, including rape, assault and robbery.

Many respondents laughed and said 'no' or 'of course not!' when researchers asked whether they had gone to the police for help. Others who attempted to report violent



Unpleasant interactions with police lead sex workers to avoid them as much as possible.

Photo: Raymond Jarchow, www.ny-fremde-vertraute.de

poor. They ranged in age from 19 to 53 years old. The overwhelming majority lacked stable housing and many were substance-dependent.

Current law enforcement approaches take the form of arrests, often through the use of police sweeps (the practice of arresting all women or all people in a known prostitution

nothing'. They said, 'oh, you don't want to tell us', they say, 'well, we can make it so every time we see you out... we lock you up, if you don't tell us... I'm telling you, you'd better tell us, or else'."

Respondents reported harassment including sexual situations, violence and threats of violence, intimidation and false arrests. Sexual

crimes, including rape, were told by the police that their complaints would not be accepted, that this is what they should expect, and that they deserve all that they get. One person said: "I went to the cops who told me we didn't have a right being in that area because we know it's a prostitution area, and whatever came our way, we deserved it." Another added: "I went to the police one time when I got raped and they said 'you shouldn't have been out there in the first place'." When these women experienced further violence, they did not turn to the police: "If I call them, they don't come. If I have a situation in the street, forget it – [they would say] 'Nobody told you to be in the street'. After a girl was gang-raped, they said 'Forget it, she works in the street'."

Tacit acceptance of such violence is not only deplorable in itself but actually encourages such violence. Sixty percent of respondents had experiences with male clients who became violent or tried to force them to do things they did not want to do. Such a percentage among any other population group would prompt strong public response.

Not all sex worker-police interactions are negative. Seven subjects reported that they had positive experiences with police, mostly related to domestic violence. The Sex Workers Project received one report of a good experience with the police following violence at the

Sex Workers Project

The mission of the Sex Workers Project is to advocate for (former) sex workers and those at risk of engaging in sex work, including victims of human trafficking, within the context of harm reduction, human rights, and workers' rights/economic justice. Goals include creating fair and dignified working conditions, normalizing the immigration status of undocumented trafficked sex workers, and reforming the criminal justice system's response to prostitution. Accordingly, the Project provides individual and systemic advocacy in a variety of areas that present core problems, and conducts research that informs such advocacy.

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hands of a client. The woman's statement was taken seriously and was investigated. She was able to recruit three sex workers who had been attacked by the same person to testify against him, resulting in the conviction of this man who had preyed upon indoor sex workers for more than a decade.

Toward humane treatment of street-based sex workers

Experiences that respondents viewed as positive included instances that other civilians would take for granted, such as police taking reports of violent acts and following up on these reports. Complaints by sex workers should be met with the same respect and regard that would be given to any other crime victims

Complaints by sex workers should be met with the same respect and regard that would be given to any other crime victims

victims, and complaints should be addressed and investigated without penalty to these victims of violence. It is critical that police assure sex workers that they will not be investigated or arrested for illegal behaviour if they come forward to report violence.

Special attention must be given to police officers who commit violence or other crimes against sex workers. These acts include sexual assault or abuse, sexual harassment, theft, and offering not to make an arrest in exchange for sex. Police leadership must make it known that they take such exploitation seriously. Police and the courts must aggressively investigate and punish police officers who harass or commit violence of any kind against sex workers.

It is imperative that proper police training occurs for dealing with violence against sex workers. The involvement of advocates, service providers, and community-based organizations is crucial. Beyond needs assessment and advocacy, they should act as liaisons to place sex workers' complaints. To ensure that sex workers are treated with dignity, it is critical for advocates, service providers, and community-based organizations to become productive partners with police through sensitivity training and awareness campaigns.

Note

1. J. Thukral and M. Ditmore, *Revolving Door: An analysis of street-based prostitution in New York City*. Urban Justice Center Sex Workers Project, July 2003, www.sexworkersproject.org

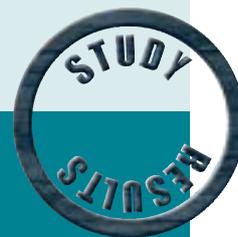


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Restoring human dignity:

The first step to effective programming with street-based sex workers

Aimee Campbell, Catherine Poulcallec-Gordon & Susan Witte

Prevention of HIV is only one issue in a myriad of competing social welfare concerns for street-based female sex workers. Effective prevention of HIV requires service programming to address more basic human needs first, such as restoring individual dignity and respect, and helping women to feel safe and stable. Our work at the Columbia University Social Intervention Group (SIG), spanning the last decade, highlights the fact that prevention programming often fails vulnerable populations by overlooking central underlying barriers to service access and utilization, such as the impact of cumulative life traumas, issues of stigma and low self-efficacy. The first steps to effective programming are input of street sex workers themselves and identification of human rights violations that act as barriers to access and service use by this population.

In collaboration with FROST'D, a New York City community-based outreach agency serving street-based sex workers, the homeless,

age from 21 to 51 with a mean age of 37 years. Thirteen women were African American, four were Latina and two were white.

Most described themselves as addicted to crack or heroin (two women were in early stages of recovery). Most used their earnings primarily for drugs; however, many also described their work as 'survival sex', using earnings for food, clothes or rent. Most women were living in unstable housing (single room occupancy hotels or shelters) and the highest educational level was 12th grade (high school). Participants reported having sex in various locales, including parks and alleys, customers' cars or homes, and hotels. Discussions with the women focused on histories of sex work, sexual risk, drug use, social support, access and utilization of health and mental health care, past and current abuse, the criminal justice system, related social services, and service needs. The women articulated three key themes

response to the negative views and reactions of society at large, including friends, family, community, social systems and the media. Street sex workers in New York – often drug dependent – receive a consistent barrage of messages that suggest they do not deserve the basic human rights granted to others. Serving as models of moral corruption, their credibility has been stripped away and their humanity denied. The advent of HIV/AIDS

Stigma associated with sex work, both internal and external, is pervasive and stifling

added to external stigma for sex workers, who were highlighted in programming merely as vectors of the disease, despite the fact that HIV transmission is more closely linked to needle sharing and sex with non-paying partners. These external messages, combined with low self-esteem and trauma (often related to childhood abuse),¹ promotes internalization of stigma. Most women blamed themselves entirely for the situations in which they find themselves. One participant adamantly claimed, "We can't blame nobody but ourselves" and "...they'll be there for me [her family], you know. But I wouldn't ask them for help or nothing like that, cause I want to do it on my own." The resilience the women display to shoulder this burden is immense, but not enough to ensure health and safety. Prohibitive laws and stigma have provoked violence against sex workers, ensured poor working conditions, and made it impossible for many to move onto other kinds of work. When asked what they most feared when facing arrest, participants emphasised social stigma, long jail sentences, withdrawal from drugs and consequences for their family.

2. Inability to access services

Many women were unable to articulate service needs. Others expressed reluctance to access services due to stigma and judgment from providers: "They send somebody out to the street that don't know what we are going through and they are always saying things



substance users, and the mentally ill, SIG recruited women for a pilot study in 2002-2003. The purpose of the study was to acquire an in-depth understanding of how best to support street sex workers in their efforts to access HIV prevention and other services. Nineteen women were recruited via street outreach in several impoverished New York City neighbourhoods, participating in a total of nine focus groups. Women ranged in

related to human rights issues: 1) stigmatization; 2) lack of appropriate services and an inability to access needed services; and 3) lack of dignity in interactions with the criminal justice system.

1. Stigmatization

Stigma associated with sex work, both internal and external, is pervasive and stifling. External stigmatization is experienced in

that put us down.” Some women described the gaps and loopholes in current service availability that make it impossible for them to get what they need. For example, having to show proper identification in order to apply for entitlements or to get a job or subsidised housing if they are on parole or have a felony conviction restricts achieving and maintaining a safe and stable life.

When asked to brainstorm the components of an ideal programme, the women described a comprehensive service model at a safe, central and permanent location, staffed by former sex workers and/or substance users. Indeed, having a place where they can openly talk about their experiences is a rarity. Many of the women commented how they enjoyed the focus group, stating *“it’s good talking about it too, I feel, because, you know, you let it out, you know”* and feeling like they weren’t the only ones going through these experiences. Such a service would facilitate more spontaneous access, allowing women to seize the moment of motivation or determination for treatment. As one woman noted regarding drug treatment, *“...it’s offered, it’s offered all over, it’s just going there, but if it’s right in front of you maybe it might give you one of those spurs of the moment – I feel like it, I’m going to do it!”*

3. Justice or not?

Prohibitive laws place street-based sex workers in vulnerable positions, at the mercy of both clients and the police and which subject them to multiple human rights abuses (see also the article by Ditmore and Poulcallec-Gordon in this issue). Women reported that intimidation, harassment and violence are commonly linked to police interactions. These experiences discourage female sex workers from placing trust in the criminal justice system. As one woman described, *“Never, I never go to the police when I have trouble, I’ve just been so harassed by them, I have no respect for them whatsoever”*. Another woman stated, *“Not even once they even asked me ‘why?’ or ‘are you all right?’ Never, they always treated me poorly, always”*. Contact with police typically leads to arrest for sex work-related offences, drug-related offences, as well as fictitious offences. Respondents described numerous situations where they felt they had been falsely arrested or entrapped, including arrests for carrying condoms and *“being in the wrong place at the wrong time”*. In committing such human rights violations, the police effectively increase non-reporting of crimes committed against sex workers.

Sex workers have limited access to customary legal rights. Many have no understanding of the laws that criminalize their behaviour and receive no basic information during their limit-



Sex workers have limited access to customary legal rights

ed contact with court-appointed attorneys. Women lamented the shortage of services within the system, as well as a lack of alternative sentencing, like in-patient treatment. Some respondents resented the fact they were not provided with enough information to make informed decisions of whether or not to plead guilty. When asked why she decided to plead guilty, one respondent reported, *“I don’t know, because I was ready to go, I was on my period and I hadn’t washed my ass for 24 hours. I was smelly and everything. I was ready to get the hell out of here.”* The women wished their attorneys would be more understanding, respectful, and speak more on their behalf. One respondent expressed dissatisfaction with her attorney, saying: *“He just kept*

asking me questions, what was I doing on 124th Street and I said, ‘nothing’ and he said ‘come on, you can tell me’, and I said, ‘nothing’, so he said, ‘on your record, it shows a lot of solicitation charges’. I said, ‘I don’t give a damn what my records show. I know a lot of people who used to do bad things that have turned their life around’.”

Recommendations

The human rights abuses highlighted here seriously undermine individual efficacy to seek and receive help. We propose at least two recommendations. First, service providers and criminal justice officials must be educated about the life circumstances in which street-based sex workers attempt to survive. As with other kinds of sensitivity training, this could take the form of experiential, educational models designed to heighten awareness of the issues facing this population, as well as addressing personal prejudices. Additionally, advocacy groups could develop relationships with neighbourhood police precincts as a way of bridging a destructive gap between street sex workers and the police. Second, as described by the women, services designed specifically for this population must be developed and implemented in easy-to-access areas. Services would offer a wide range of options, including a place to rest and shower, drop-in support groups, well researched referrals to doctors and drug treatment, and individual counselling aimed at increasing motivation and self-efficacy to make desired

Social Intervention Group

The Social Intervention Group (SIG) of the Columbia University School of Social Work conducts federally and privately funded research to develop interventions that address HIV/AIDS, substance abuse, intimate partner violence, mental health, and contemporary social problems in low-income urban communities.

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FROST'D

FROST'D (Foundation for Research on Sexually Transmitted Disease, Inc.) is an HIV prevention project that brings HIV counselling and testing, primary health care, case management, harm reduction, and syringe exchange to very low-income neighbourhoods in New York City. Clients include female, male, and transgender sex workers, substance users, homeless people, and their partners.

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changes. Services or referrals should also be offered to help with such areas as housing, child welfare, intimate partner violence, negotiating public assistance, as well as job training and education. To the authors' knowledge this would be a new undertaking in the

Prohibitive laws and stigma have provoked violence against sex workers

United States, building on some pioneering efforts such as the St. James Infirmary in San Francisco, which provides a wide range of services specifically targeted to sex workers.²

Innovative approaches are urgently needed to link up the capacity of organizations with the needs and capacities of their most vulnerable, at-risk clients for effective service delivery. Although HIV prevention continues to be an important health factor for street-based sex workers – especially those with drug dependence – efforts must be holistic to have the desired effect.

Notes

1. Additionally, these feelings may come as a result of trauma, including childhood abuse and violence experienced on the street and with partners, which many of the women disclosed. These realities obstruct their ability to seek and maintain services, as well.

2. More information on the St. James Infirmary: www.stjamesinfirmary.org. Many organizations abroad have multi-faceted service models, including the Drop In Centre in Glasgow, Scotland, and Cabiria in Lyons, France (see article by F. Guillemaut in *Research for Sex Work* 4, 2001, www.med.vu.nl/hcc).

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Drug-using sex workers: challenges and opportunities for service providers

People who sell sex and inject drugs are among the most vulnerable populations to HIV infection. Service providers who only regard them as sex workers or only as drug users, and thus provide only drug-related or sex work-related services, fail to recognize the complex situation in which they live and work. According to the International Harm Reduction Development (IHRD) programme and other organizations, an integrated service delivery would be justified, or at least an increased co-operation between those who provide health and social services for injecting drug users (IDUs), and those who provide health and social services for sex workers. In this regard, a human rights-based approach can help to create health interventions that are culturally appropriate and sensitive to gender and lifestyle of people who use drugs and sell sex.

The World Health Organization has noted that health and human rights have a reciprocal relationship. In its recent publication *Questions and Answers on Health and Human Rights* (2002) the WHO stresses that health policies can promote or violate human rights and that ill health has consequences for a state's obligations to respect, protect, and fulfill the human rights of its citizens.¹ It is relevant to note that the right to health also depends on the full participation of all groups within a society, including so-called marginalised groups such as IDUs and sex workers. Vulnerable populations tend to have a higher incidence of health problems in societies, a fact that is closely related to overt or implicit discrimination, and therefore a clear human rights violation. Sex workers who are IDUs most often fall into the category of being the most oppressed.

A human rights response based on the idea of substantive equality would acknowledge historical differences and create health interventions that are culturally appropriate and sensitive to gender and lifestyle. If IDUs and sex workers are to claim their human rights, including the right to health, states need to create enabling conditions for this process, since the largely illegal activities of sex work and drug use limit an individual's ability to access and secure rights. States' responsibilities in this area may include addressing issues of discrimination and stigma, ensuring equal access to affordable health care and health information, and providing or ensuring health services specific to these groups' needs.

The challenge for service providers becomes to overcome these differences and join together to provide complementing services to the two groups and particularly to the intersection of those who both use drugs and sell sex. It is clear that there is an overlap among these two populations. It is also clear that these real groups of human beings do have some things in common despite many differences. Both groups, but in particular the lower strata of IDUs and sex workers (those who inject or sell sex on the street) are often at the margins of society and therefore face many barriers to accessing services and claiming their rights. Based on shared needs, and using human rights as the vehicle, methods of cooperation can be developed to formulate and deliver services that respond to the challenges at hand.

Note

1. World Health Organization. *Questions and Answers on Health and Human Rights*. Geneva: WHO, July 2002.

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IHRD newsletter,
www.soros.org/harm-reduction/frame_publications.htm



HIV prevention and rights awareness for transgender sex workers in Argentina

Fabiana Pardo and Lorenzo Vargas Cornejo

As in many countries, transgenders in Argentina are excluded from mainstream society, discriminated against, deprived of educational and job opportunities, and forced to live a life without many options for the future. Life according to transgenders is characterised by inequalities and social disadvantages as a result of discrimination, stigmatization and deterioration of their socio-economic position. The Argentinan NGO Intilla started a prevention campaign among transgenders who sell sex in the streets in Greater Buenos Aires in 1999. Based on this intervention, the transgender community is now better organised to fight for their rights.

In combination with variables such as ethnicity, age, class and nationality, gender is a powerful tool that shapes social relations. Gender sets norms and values about differences between the sexes and assigns appropriate roles to each sex. As many transgenders do not identify themselves as either men or women, according to mainstream society they do not fit into the system. In Argentina, the majority of transgendered people turn to prostitution as a way of making a living. Among sex workers they form one of the most vulnerable groups, not only to HIV and STIs, but also to violence by their clients and the police.

After more than twenty years in the fight against AIDS, special intervention strategies have been developed for HIV prevention among different target groups, such as women, children, men who have sex with men, prisoners, adolescents, sex workers etc. Regarding transgenders on the other hand, there is a general lack of knowledge and understanding on the social and the academic level with regard to the role transvestites and transsexuals play in the distribution of HIV and what HIV prevention strategies could work for them. Until recently, no special campaigns were designed in Argentina that respect and address both the gender identity as well as the sexual orientation of transgender people.

Prevention, empowerment and rights

In 1999, the NGO Intilla Asociación Civil started the first-ever campaign on HIV prevention, empowerment and rights among the group of transgenders that sell sex in the province of Buenos Aires. With financial support from the World Bank, the project was carried out from 1999-2001 in five poor localities where many transgenders work as sex workers. The methodology used was: empowerment work-

shops, development and distribution of educational materials, counselling, peer education and meetings with government officials. One of the main activities was the capacity-building of 22 transgenders, of whom 14 were sex workers. With the help of Intilla staff, the peer educators discussed concepts of sexual identity, civil and human rights and how to respond to abuses, and learned how to talk to other transgenders about human rights and HIV prevention. They also learned programming skills, monitoring and evaluation skills, and how to design and produce information leaflets.

Activities took place in a shed, the establishment of which was overseen by a committee of neighbours. During the workshops for transgender sex workers, besides information on routes of transmission of HIV and forms of prevention, there was a lot of attention paid to condom negotiation with clients, and to the development of collective strategies for accessing public hospitals, dealing with local

governments etc. Also, the 22 peer educators distributed prevention handbooks and condoms not only to transgenders who sell sex in the streets, but also to other sex workers in the area.

Community-based organization

As a result of all these activities, a network was formed for the assistance of transgenders who have been arbitrarily arrested, discriminated against by state institutions or who have suffered from any other rights abuses. As transgendered people are usually highly visible on the streets, abuses like these are very common. One of the sex workers said for example: "We can't go out to walk on the streets. If we solicit clients they [the police] hunt us and if we do not work, they also hunt us. They stop you in the streets, they verbally abuse you, they put you in the cell, they call you all kinds of names and they treat you like dirt."

Another achievement was the formation of a community-based organization of transgenders in Buenos Aires Province in 2001, which has the objective of fighting for the civil and human rights of these people and of promoting HIV prevention. This CBO, named Pare'sida-s, has become part of a network of six other NGOs in the province called 'Proyecto de Conformación de Red Bonaerense de Diversidad Sexual' (Establishment Project for the Buenos Aires Network on Sexual Diversity), comprising organizations of gay, lesbian and transgender people.



For many transgendered people, sex work is the only option

Transgender sex workers

The word 'transgender' incorporates both transsexuals and transvestites. Transsexuals are people who were born as one gender and live as the other. Transvestites are people who sometimes dress as the other gender because of a psychological need, for pleasure, or to sell sex. In many countries transgender sex workers are a significant part of the sex industry. Many clients prefer transgender sex workers. Transgendered people are motivated to work in the sex industry for a number of reasons. These include extreme discrimination in employment; rejection by families and communities; mobility; tradition; and psychological factors.

Transgendered people work in a variety of ways just like other sex workers. A few work as their adopted gender. However, the risk of customers discovering this, feeling they have been deceived and becoming violent discourages this way of working. Like all sex workers individual transsexual and transvestite sex workers have different experiences of the sex industry. As a group they often face different risks and have different support needs. Health information relevant to both genders may be appropriate as well as information about hormones, surgery and civil rights. Anti-violence and discrimination programmes are regular features of transgender projects.

Excerpt from: *Making Sex Work Safe*, NSWSP, 1997, Chapter 1.4

The experience and the follow-up of the 1999-2001 campaign conducted by Intilla shows that the success of any intervention with the objective of behaviour modification and the establishment of solidarity ties among the target group needs to be based on the respect for the characteristics of this group and the construction of their citizenship based on the fulfilment

of all human rights. Only on this basis can the building up of solidarity, assistance and self-help among transgenders be made possible. Also, for HIV prevention campaigns among transgender sex workers to be successful, it is necessary to develop appropriate messages and methods, which take into account their sexual orientation and gender identity.

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In 1999, the online *International Journal of Transgenderism (IJT)* published a special issue with the title 'Transgender and HIV: Risks, Prevention, and Care'. *IJT*, Vol. 3, No. 1&2, January-June 1999, www.symposium.com/ijt/index.html.



Few educational materials have been developed especially for transgender sex workers. A safer-sex brochure by P.A.S.T.T. (Prévention Action Santé auprès des Transsexuels et Travestis), a French community-based organization.



Absence of rights for women in prostitution in India – A major obstacle to improving their health

Meena Seshu

In many parts of India, sex workers' rights are violated by police, health care workers and locals alike. Strong moral objections against prostitution fuel stigmatization and discrimination of sex workers, e.g., when they attend health facilities or police stations. Out of the HIV prevention programme of SANGRAM, a local NGO in the western state of Maharashtra, two sex workers' collectives emerged which fight for the rights of women in prostitution under the name of VAMP.

Sex workers have traditionally had to bear the burden of being labelled *wanton* [liberated sexual beings], *worthless* [making money from sex] and *weak* [morally]. In the age of HIV/AIDS, society has further stigmatised those in sex work as 'carriers and vectors of HIV', instead of recognizing them as mere links in the broad networks of sexual transmission of HIV. The myth that sex workers are core transmitters of HIV serves the needs of 'prostitution bashers' who often view AIDS as an impure disease that afflicts the immoral and the evil. If sex workers are core transmitters of HIV and HIV is evil, then sex workers are clearly the ultimate evil, according to this worldview.

This ideology of morality has very real consequences for sex workers in the age of HIV, because it ultimately results in:

- Increasing public and police violence against sex workers
- Increasing the number of customers who demand and force unsafe sex, as under the influence of strong morality women are more vulnerable to abuse
- Reducing sex workers' ability and capacity to assert themselves
- Increasing the rate of HIV among sex workers, clients and the families of clients.

SANGRAM – a sustainable response to HIV

It was in this context that SANGRAM began its work in 1992 in Maharashtra, a state in western India. The organization aimed to create a sustainable response to the HIV pandemic by turning conventional wisdom on its head. Health interventions till then had regarded women in prostitution as victims with little capacity to change anything, let alone their health status. HIV programmes based on this approach naturally treated women in prostitution as 'vectors' to be targeted. SANGRAM – which means 'armed struggle' – saw the women a little differently:

as human beings. Underneath the flashy glitter and the struggle for survival was a human being. An individual who could be empowered to change her circumstances and to become an agent of change for herself and her community. Based on this philosophy, SANGRAM embarked on a peer-based condom intervention with sex workers in Sangli, a sugarcane-rich district with the highest incidence of HIV in Maharashtra.

Today, more than ten years later, 120 sex workers distribute 350,000 condoms per month to 5,000 women in sex work in several districts in two states (Karnataka and Maharashtra) making it one of the largest peer education condom interventions in India. The concept of sex that SANGRAM promotes is one of 'responsible sex', rather than safe sex. This concept springs from the overall notion of taking responsibility for oneself and one's actions. Responsible sex is a whole range of things that together constitute a way of life. "It is responsibility to yourself that makes you ensure you use a condom every time you have penetrative sex", the women say. Responsible sex is not a moral concept, but a concept that encompasses more human dimensions than safe sex.

Self-organization to empower sex workers

Over the years, the peer-based HIV intervention has resulted in the formation of two registered collectives of sex workers, unified under the name Veshya AIDS Muquabla Parishad or VAMP. At the moment, there are approximately 2,000 women in the Solapur collective and 3,000 women in the Sangli collective. They are spread over a geographical area of over 500 miles in seven districts in South Maharashtra and North Karnataka. Core group members numbering about 63 meet every Monday in the Vamp office at Nippani (Karnataka).

These collectives grew out of the need to fight against the stigmatization of prostitution

per se – and to support women in their struggle to realize their rights. While the VAMP collectives rely on self-organization to empower sex workers, these collectives need training and capacity building to strengthen themselves to face the hostile atmosphere of mainstream society. SANGRAM strengthens these collectives through continuous systematic discourse, training workshops and information dissemination on a range of subjects including the human rights approach and practical strategies to combat violence.

Condoms are still not used in all sexual encounters – e.g., police, lovers, pimps, and persons with power in the community usually do not use condoms – however, there has been a gradual shift in behaviour. But the condom distribution programme and the collectivization of women have had a broader impact in terms of HIV prevention. Enforcing



Sex workers and their allies in Karnataka protest against threats of violence and intimidation by a local police officer and a politician, February 2002. Photo: Harish Yamgar for VAMP

condom use with a client means explaining why he must wear the condom. This creates a chain of information, a chain that is vital to prevent the spread of HIV. In this sense, women in prostitution have become a group that is not just creating theoretical awareness about AIDS, but is enforcing preventive measures in practice. The peers are changing sexual behaviour right there and then.

Absence of rights

Stigmatization, which has its roots in the standards set by patriarchal morality, is experienced as the major factor that keeps women from accessing their rights – and this impacts

the lives of women in more ways than one. Although women in sex work and prostitution are women and citizens, they do not enjoy the same rights as other women or citizens of India. Some of the rights denied to women – due to discrimination – are the right to education and information, health, medical care, social security and social services, housing and freedom from physical and mental abuse. The absence of rights has particularly severe consequences in the context of HIV. Women in sex work are denied adequate medical care resulting in extreme cases wherein HIV-positive sex workers are sometimes not even given the right to die in dignity, and sex workers face police violence while distributing condoms.



Talking to the police, asserting one's rights. Photo: Harish Yamgar for VAMP

No right to health and medical care

Accessing health care is a major concern for all women in sex work. While the 'immoral whore' image makes it difficult to get good medical treatment, the illiteracy, ignorance and fear of the medical establishment makes the women vulnerable to exploitation and extortion. Reproduced here are some of the women's responses regarding health care:

- Medical and paramedical staff at public hospitals have an unsympathetic, indifferent and often humiliating attitude to them
- Medical staff often ask sex workers about sexual positions, the client's enjoyment and other irrelevant questions that are embarrassing
- Doctors and social workers force the women to have free sex with them
- Doctors often refuse to treat or admit sex workers to hospital, saying they are AIDS carriers
- In many hospitals, doctors depute subordinates and attendants to do the physical examination – and then treat the women themselves.

In this context, sex workers typically shy away from medical treatment, which results in further declines in health status.

Sex work in Maharashtra

A mapping of sex work venues in Maharashtra conducted by FHI/AVERT in 2001 revealed that the majority of 'commercial sex access points' were brothels. More than half of the female sex workers were in their twenties. In the previous five years, the number of clients had dropped in all areas and was now in the range of one to four clients per day per sex worker. On many days, especially in rural areas, they had none. The usual charges ranged from 20 to 100 Rupees (10 Rs = 0,22 US\$).

According to the AVERT study, sex workers in rural areas are largely a hidden group: "To an outsider, they were not obviously visible and many did not use their houses for commercial sex. Although villagers were aware of the existence of sex workers in their midst, their presence was not openly acknowledged. Sex workers from rural areas also went to nearby towns during the weekly market to solicit clients".²

No right to freedom from violence

Sex workers have always faced violence from the police, but police violence has intensified in the context of HIV. Human Rights Watch has documented how police in India have beaten peer educators, claimed without basis that HIV/AIDS outreach work promotes prostitution, and brought invented criminal charges against HIV/AIDS workers.¹ Police extort money and sex from these workers, placing them at risk of contracting HIV. The very possession of condoms – a key tool in the work of peer educators – is enough to trigger police harassment.

Collectivization: giving women a voice

By giving women in prostitution a voice – and a space to grow – the collective has cultivated natural leaders. Uneducated women now confidently walk into government offices demanding their dues and asserting their rights. The women have started attending meetings outside the region as representatives of VAMP, in the process gaining exposure to diverse issues such as violence against women, alternative sexualities, and sexual minorities. As part of the National Network of Sex Workers, VAMP members are slowly building a common identity with other women in prostitution, and beginning to place their own demands on policy platforms. Decriminalizing prostitution is one such demand. "What we demand is the decriminalization of prostitution so that we can live safely and continue to choose to make money from sex without stigmatization", asserts a VAMP statement. "We demand the eradication of all laws concerning prostitution which are oppressive and help in criminalizing the trade". However, VAMP members are equally clear that they do not seek legalization in the form of state licensing of sex workers since they believe this will only restrict their mobility as workers. "If I were to feel like moving to another place, I would not be able to practice there till I'd got another license", explains one woman.

VAMP has also placed these demands on the policy agenda at district, state, national and international levels: If the collective has given women in prostitution their own voice, it has also subverted existing power structures. Today, by undergoing a process of collective empowerment, these women have emerged as the strongest players in the community. Thus, the process has helped reverse power structures even within the prostitution community.

Notes

1. Human Rights Watch, *Epidemic of abuse: police harassment of HIV/AIDS outreach workers in India*. July 2002, www.hrw.org/reports/2002/india2.
2. *Mapping of commercial sex access points and relevant service outlets in Maharashtra, conducted by the Social and Environmental Research Division (SERD), Blackstone Market Facts, for FHI/AVERT, www.fhi.org/en/publications*

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Labour organizing in the sex industry: The way forward? The IUSW experience

Jenn Clamen and Ana Lopes

One of the fundamental human rights is the right to form and to join trade unions, as stated by the Universal Declaration of Human Rights. However, all over the world the number of unions that are willing to fight for the rights of sex workers can be counted on the fingers of one hand. There are a few notable exceptions. The International Sex Workers Union's collaboration with British GMB union is one of them.

The British sex industry is a multi-million dollar business, profits of which are only granted to a few individuals. It is a varied industry, with operations ranging from legal to non-legal, much of which rests within semi-legal borders. Reasons for entering into the sex industry are varied – for most it is merely a choice occupation for economic gain.

While violence, threats, theft, rape, and exploitation permeate the British sex industry, such abuses are not inherent to sex work itself. Nor are these abuses unique to the sex industry. Jo Bindman's groundbreaking report *Redefining Prostitution as Sex Work on the International Agenda* (1997) reveals that most sex workers are subject to abuses similar in nature to those experienced by others working in other low status jobs. Bindman insists that distinguishing sex work from other forms of labour increases the marginalization and subsequent vulnerability of sex workers. She also defends the theory that current legislation and the stigma attached to sex work are responsi-

ble for sex workers' vulnerability to such abuses and violation of their human rights. In any other industry, rights violations and appalling working conditions trigger labour organizations to campaign for improved work conditions and to address rights violations. When there is discussion about the sex industry, however, recommendations for its eradication are recommended in response to the need for better working conditions. Demands from sex work organizations have traditionally been ignored by the labour and trade union movement in this country, until very recently.

Our story

The International Union of Sex Workers (IUSW) collective was born in March 2000 in the wake of a sex workers' strike in Soho, London. In support of the local strike, the new collective of sex workers and allies took to the streets. We were, at first, a grassroots organization that demanded decriminalization of the sex industry and full labour rights for

sex workers. Our goals of joining a trade union, and having sex work publicly recognised as labour, were met within two years. In April 2002, the IUSW opened a branch of the GMB union entitled 'Sex Work and Fantasy'.

Health and safety

The direct result of unionization has been, to date, a rise in the standards of occupational health and safety within the workplace. This includes working contracts, codes of conduct, and increased responsibility of management. On a grander scale, however, unionization efforts have encouraged sex work as work, giving its workers standards of labour. It has initiated calls for decriminalization of the sex industry from within the labour movement and officially denounced violence and stigmatization against sex workers at the political level. IUSW joins with other sex worker rights activists in the struggle for decriminalization of the sex industry which would lead to increased safety and improved working conditions for all sex workers. Our inclusion within the labour movement in the UK has publicly legitimated this need and brought people together from all over the labour movement.



The history of the GMB is an interesting one; it began through the organization of Municipal Gas Workers in the early twentieth century. Other unions at that time did not support the campaign to organise these then heavily marginalised workers. They felt it impossible to organise them and, more importantly, they thought that welcoming them would reflect badly on the way unions were viewed by society. Organizing them was difficult – it required a new union and hence, the GMB was founded.

Joining the GMB exposed the fruits of our labour in the struggle for sex workers rights. We have established one basic labour right for every sex worker in the UK: the right to join and be represented by a recognised trade union. Our struggle is not over: we are working to expand this right into full labour, contractual, and health and safety rights for all sex workers. We have gained support not only



Where union recognition is not possible, individual sex workers can benefit from joining the union

from the entire GMB union but from other parts of the trade union movement as well. In March 2003, the IUSW presented the following motion at the Trade Unions Congress (TUC) Women's Conference in Liverpool. The motion was passed with only four abstentions and no votes against.

Motion at the TUC Women's Conference

The criminalization of many aspects of sex work is responsible for the lack of employment rights, widespread violence, exploitation and abuse in the global and, for some, profitable sex industry. Legislation does not provide adequate protection for sex workers. Conference recognises that sex workers are a vulnerable group, who need the voice that only the trade union movement can provide. Conference believes that workers in the industry should have:

1. Full legal protection from harassment, violence, threats, intimidation and theft
2. The consideration of the decriminalization of prostitution with a view to full and proper regulation in the interests of the workforce and the communities in which the industry operates
3. The right to the full range of employment, health and safety and contractual rights
4. The right to pursue alternative employment with support and assistance provided
5. The right to full, voluntary access to all NHS services, including non-judgemental medical advice.

Conference also believes that there is a vital need to de-stigmatise working in the industry. It therefore calls for the opening of a debate on how social policy should be applied to the sex industry in order to secure this aim.

Our argument is simple. While we acknowledge that some will not accept sex work as an ideal occupation, we demand full respect and dignity for those working in the sex industry. Our mandate is clear: we demand better working conditions for sex workers, full labour rights and law reform. The political power and strength of the GMB union has brought us closer to these goals. Organizing within the sex industry has not been an easy task. Numbers in our branch still remain small. Several factors are responsible: lack of political awareness, scepticism, and

fear of revealing one's identity. Others are simply not interested in organizing themselves because of lack of time, resources, and other obligations.

Union recognition

The structure and process of organizing, however, has been made easier through our affiliation with the GMB union. Current law states that where more than 50% of employees of an establishment are members of the same union, management is obliged to recognise that union. We have achieved such recognition in a small number of cases, all at table dancing clubs. Such recognition has enabled us to negotiate several mechanisms to address and reduce exploitation. For example, codes of conduct (for workers, managers and clients) have been achieved, as well as contractual rights and disciplinary and grievance procedures. Management has agreed to inform the union of any changes to club regulations and union officers have rights to enter the club and call workers' meetings at any time. Union representatives (including health and safety representatives) have also been elected and trained by the GMB. In cases of grievances or disciplinary issues, workers have the right to be represented by a union officer in any audience or meeting with management.

Legal representation and training

Where union recognition is not possible, individual workers can benefit from joining the union. Free legal representation and advice is often sought by our branch members. Also available and often requested is the service of the union's tax advisers. Empowering sex workers and members through access to training has also resulted through our unionization. Training for sex workers (e.g. training in self-defence or in a new area of the industry like pole dancing), or finding alternative employment (e.g. training in IT skills, CV writing, union organizing, etc.) are two benefits of union membership.

Discussions about sex work within the labour rights movement are increasing in frequency. Sex workers in several European countries have recently achieved recognition by trade unions – in the Netherlands, Sweden, and Germany. As an international collective, the IUSW joins the interest of sex workers and the labour movement. We can share ideas and concerns about unionizing attempts around the globe and encourage each other to take action based on the lessons learned from other sex worker rights groups. Unionization efforts are discussed throughout the international sex worker rights movement, and have support through discussion through the IUSW.

Regulations that protect workers in other industries are common. Workers in these industries have access to mechanisms to address exploitation. These rights and standards were not granted because their industry is less exploitative than the sex industry. Nor were their bosses more generous with their demands. They were achieved through the struggle of the workers themselves through campaigning and lobbying. It is our right and



responsibility to collectively organise and claim rights for sex workers. To that end we claim the old slogans of the workers' struggle and proudly state: Sex Workers of the World, Unite!

Note

1. J. Bindman, *Redefining Prostitution as Sex Work on the International Agenda*. *Anti-Slavery International*, London, 1997, www.walnet.org/csis/papers/redefining.html.

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Human rights issues in semi-legal foreign sex work in Panama

All these articles can be found online at www.med.vu.nl/hcc.



Online resources on sex work and health

Making Sex Work Safe

Network of Sex Work Projects, 1997

English: <http://nswp.org/safety/msws>

Spanish: www.nswp.org/pdf/HTSS.PDF

Sex Workers: Part of the Solution. An analysis of HIV prevention programming to prevent HIV transmission during commercial sex in developing countries

Network of Sex Work Projects, 2002

English only: www.nswp.org/safety/SOLUTION.DOC (9 MB file)

Hustling for Health: Developing services for sex workers in Europe
European Network for HIV/STD Prevention in Prostitution (EUROPAP/TAMPEP), London 1999

English: www.europap.net/dl/archive/publications/H4H%20UK_version.pdf

Spanish: www.europap.net/dl/archive/publications/H4H%20SP_version.pdf

Also available in 8 other languages (check out: www.europap.net)

Sex Work in Asia

WHO Regional Office for the Western Pacific, July 2001

English only: [www.wpro.who.int/document/FINAL-Sex Work in Asia.doc](http://www.wpro.who.int/document/FINAL-Sex%20Work%20in%20Asia.doc)

Female Sex Worker Projects in the Asia-Pacific Region: three case studies
UNAIDS Case Study, November 2000

English only: www.unaids.org/publications/documents/care/general/JC-FemSexWork-E.pdf

Prostitution et Sida

Infotheque Sida/AIDS Infothek, journal of the AIDS Info Docu Switzerland, Vol. 12, no. 6, 2000

French: www.aidsnet.ch/download/00-6f.pdf

German: www.aidsnet.ch/download/00-6d.pdf

Services in the window. A manual for interventions in the world of migrant prostitution

Transnet – Transnational Empowerment of Local Networks project, 2001

English: <http://transnet.exclusion.net/handbook/en.asp> (pdf)

Italian: <http://transnet.exclusion.net/handbook/it.asp> (pdf)

Russian: <http://transnet.exclusion.net/handbook/ru.asp> (pdf)

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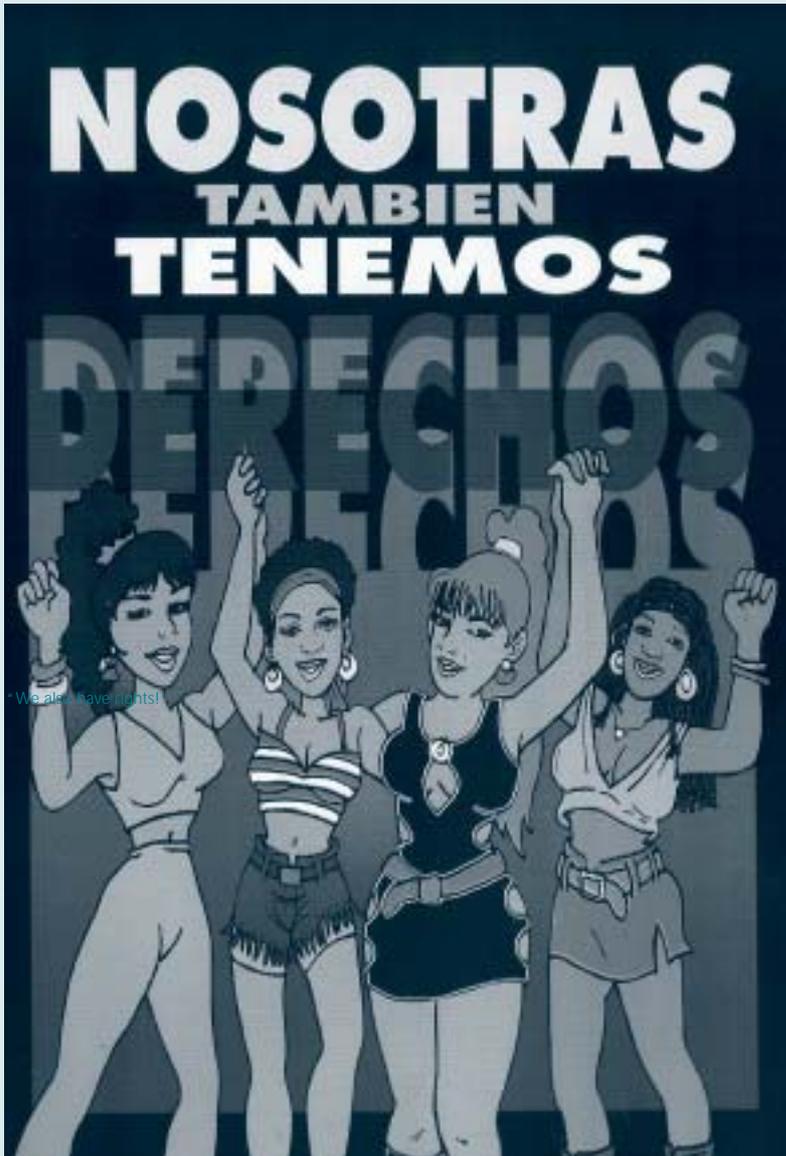
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* We also have rights!

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Acronyms

NGO: non-governmental organization
CBO: community-based organization
STI: sexually transmitted infection
IEC: Information, Education and Communication
CUP: 100% Condom Use Programme
NSWP: Network of Sex Work Projects
NSW: New South Wales (Australia)
DHA: Disorderly Houses Amendment (Australia)
SWOP: Sex Workers Outreach Project
PWA: Private Worker Alliance