

Understanding Sex Work

Cheryl Overs. 2006



Introduction

Who is this book for?

HIV prevention programmes for sex workers were established from the beginning of the HIV pandemic. The first were in rich countries and some cities in the developing world. Many were implemented by sex worker groups and by health and welfare services already engaged with sex workers. It has been increasingly recognised that if these programmes reach sufficient sex workers and clients they can reduce HIV vulnerability and consequent illness and death among the most vulnerable at the same time as significantly slowing the progress of epidemics. As a result sex work HIV prevention programmes are being expanded to more places in more countries. Sometimes called “scaling up”, this expansion means that many organisations are delivering services and commodities and working on social and policy issues with sex workers for the first time. This book aims to support the first steps of learning about issues around commercial sex and developing ways to work with sex workers to reduce HIV transmission during commercial sex.

Why is it important to focus HIV prevention and care services to sex workers and clients?

HIV epidemics disproportionately affect people who have unprotected sex with multiple partners and/or share injecting equipment almost everywhere. Governments as well as local and international NGOs have increasingly recognised that reducing the vulnerability of those most at risk is key to the human rights of the most vulnerable and to limiting HIV epidemics. This is often called a rights based approach.

What Makes Sex Workers Vulnerable?

The World Health Organisation has identified these factors: ¹

- Law and policy that criminalise and stigmatise sex workers
- Attitudes to sex and sexuality that simultaneously create a market for commercial sex and stigmatise those involved in it.
- Low status of women
- Lack of access to health services, social welfare and accurate information
- Competition, social isolation and lack of internal solidarity and support networks
- Exploitative working conditions
- Other risk behaviours such as injecting drugs.

¹ The Safety and effectiveness of female condoms – Report of the follow-up consultation, in Appendix: draft Protocol http://www.who.int/reproductive-health/rtis/docs/report_reuse.pdf

Although these factors combine to mean that commercial sex can contribute to expanding epidemics by involving unprotected sex with many partners, sex workers can play a key role in reducing HIV vulnerability by working as educators, outreach workers, counsellors and advocates. The international Network of Sex Work Projects expresses this idea succinctly in its strapline: *“Sex workers: part of the solution”*

Does supporting sex workers encourage abuse?

Many people who are beginning to work with sex workers are concerned about abuse and exploitation and may worry that providing information and condoms to help make commercial sex safer is colluding with abuse, particularly if children are involved or adults are coerced into selling sex. Commercial sexual abuse of children certainly occurs and some people are forced into sex work and these are discussed in more detail later.

Certainly some people are forced to sell sex and some choose it from a range of possibilities and see it as an occupation. However these are two extremes. In reality experiences in sex work are diverse and most are probably somewhere between these two extremes. Many sex workers have mixed feelings about their work and many speak about shame and discrimination. Probably most would prefer other work but continue to sell sex despite being able to stop if they wished because there are no better options or because, on balance, it is preferable to other available options. To work successfully with sex workers it is crucial to recognise the broad continuum of sex workers views and experiences rather than understanding sex work as either entirely “forced” or “voluntary”. While forced prostitution and slavery clearly generate extreme exploitation and abuse, lack of civil and labour rights render most sex workers vulnerable to abuse, exploitation and HIV. Effective HIV prevention addresses the range of factors that contribute to sex workers vulnerability.

Who is involved in Sex Work?

1. Who sells sex?

Sex is bought, sold, and traded in too many ways to describe and the people that sell, buy or broker commercial sex are from all kinds of backgrounds and classes. Sex workers should be involved in mapping and project planning to establish new projects. They can help NGOs to learn more about who is involved in the local commercial sex work scene². In most places they reveal that the patterns of behaviour and power relations that influence vulnerability are fluid and complex. The range of people involved is often broader than anticipated.

Women, men and transgendered people of all ages sell sex for many reasons, which can change over time. Reasons for selling sex are often discussed because, as UNAIDS comments,

“The factors that can increase sex workers’ vulnerability to HIV infection are often the same factors that cause an individual to enter sex work.”
Sex Work and HIV/AIDS - Technical Update, UNAIDS, June 2002

Commercial sex takes many forms. While some people sell or buy sex within a structured sex industry, others do so independently and occasionally, when the opportunity arises. For some selling sex is seen as work or regular income generation, for others it is a way of raising extra money, often along with other ways of making a living. Just as the way sex is sold varies, the lifestyle and characteristics of sex workers, their clients, families and others in the sex industry vary from person to person, situation to situation and place to place.

Transgender sex workers

“Transgender” is a term used to describe people born as one sex who live some, or all, of the time as the other gender. There are some female to male transgenders but it is mainly male to female transgenders who sell sex and whose vulnerability to HIV has become apparent. There are various categories within this broad term and many local or culturally specific terms and understandings of

Emmanuelle was born a boy in Quito but now lives as a woman in Paris. She goes to a large park at night to meet customers. Her irregular immigration status makes arrest and deportation a constant worry. She does not want to return to her country, where she fears she will be more ostracised for being transgender.

² 100 Participatory Learning and Action Tools for HIV/AIDS, International HIV/AIDS Alliance, Forthcoming (2005) and Participatory Site Assessment for FPP, International HIV/AIDS Alliance, <http://www.aidsalliance.org/sw7248.asp>

transgenders. Although some transsexuals and undergo a sex change or cosmetic surgery, most feminise primarily by using cosmetics and possibly hormones that change their bodies. In many places clothing, or even just accessories, indicate gender role.

Transgender sex workers face many of the same issues as female and male sex workers but have additional needs and issues related to their gender identity. Discrimination makes it very difficult for transgender people to find employment other than sex work. Social and cultural issues and health should be taken into account when working with transgender sex workers. Transgender sex workers have a range of particular, general and sexual health care needs, and are usually more vulnerable than others to STIs, HIV, violence, mental health problems, drug addiction, tuberculosis and hepatitis. Medical care, including HIV treatment is often very difficult for them to access due to the double stigma of sex work and transgender identity and the cost of treatment.



Maintaining femininity can be a source of health problems for transgenders. Dermatological problems are often the most visible sign of inappropriate use of feminising products but there are frequently less visible problems as well. These include side effects of hormones (often as large doses of contraceptive pills), cheap cosmetic surgery, and hair removal with or self-administrated treatments such as injected silicone. Sharing syringes used for injecting hormones creates risk and the cost of feminising can erode already low incomes and divert money from basic needs such as food and shelter.

Pilar is 28 and lives in southern Mexico. There are always clients available in her town, where there are many soldiers posted far from home. She left her village to do sex work here because she needs to support her two children.

Sixteen-year-old Ananya has left her village in Bangladesh and travelled to India. She owes money to the madam in her brothel for her transport, and pays this out of her earnings. She wants to save her money and become a madam herself in a few years' time.

Civil and legal rights are an important issue for those transgenders who want to change their legal name and status to match their adopted gender identity. In some places, it is possible to obtain personal documentation such as passports, but it is very difficult to alter a birth certificate. At present only some countries allow changes to a person's civil status and then usually only after undergoing sex-change surgery, which many transgender people either do not want or cannot afford. In many countries, sex change surgery is illegal.

Violence, including rape, is of great concern to transgender sex workers everywhere. Transgenders in the developing world are increasingly self-organising and advocating against violence and many are active in local sex worker groups or HIV prevention projects. Some health projects have found that links with transgender sex workers can be developed by providing specific legal and support services including primary health care, self-defence, safety skills and access to post-trauma support for transgender sex workers.

Female Sex Workers

It seems that men buy sex from women in all countries. In most places there are both formal sex industries and less systematic ways of selling sex. Most cities and larger towns throughout the world have bars, brothels and hotels where women sell sex with some degree of openness. Commercial sex in smaller communities is often more discreet and less formal. Places where men congregate are common places for female sex work. These might include truck stops, mines or large works where there are migrant labourers, military bases, war zones, and commercial centres frequented by single male travellers.

Some people see female sex work as symptomatic of the oppression of women while others stress underlying economic and cultural factors, the feminisation of poverty, laws, and policies, which discriminate against women. Although these views suggest that reduce or stop commercial sex, it is clear that women will continue to sell sex while there is demand for it. Women's economic position plays an important role in determining



Irene came to London from Ireland and works with one other girl in a small flat in Soho for three days each week. She and the other girl take turns to answer the phone to make appointments to clients who answer their ad in a local magazine.

In a nightclub in Thailand, eighteen-year-old Jan serves drinks and performs in a sex show with five other girls every night. Sometimes a man will pay a bar fee for her to leave the club and then pay her to spend the night with him. She sends money to her parents in the country and wants to work in Japan next year. Jan has heard both good and bad stories from other sex workers who have been there, but she is determined to go nevertheless.

vulnerability by determining how many women sell sex, the price of sex and the conditions in which it is sold. There is widespread consensus among both sex workers organisations and anti-prostitution activists that poverty and violence means that many women are pushed into selling sex. This clearly creates an oversupply of commercial sex, low prices, poor conditions and more unprotected sex being sold than in places where there is less poverty and violence.

In many wealthy countries, HIV is no more prevalent among female sex workers than the general population. This is a result of access to prevention services and health care. Some sex workers have also suggested that there is

less demand for unprotected sex in the richer countries because clients have also been exposed to HIV messages and because attitudes to talking about sex are more open.

Women with many sex partners, including sex workers, in developing countries are more vulnerable to HIV by lack of access to STI and primary health care, accurate information and condoms; by stigma that prevents learning about sex and by gender inequality.

Pui-Yee has worked at a truck stop in central China since she was 18. The sign where she works says "barber", but all the drivers know that she is a sex worker.

Hosu lives in a Korean fishing village and takes her own small boat out to cook and offer sexual services to the men who work on the boats.

Laxshmi was born into a family of sex workers in Lucknow in India. Her mother did sex work and her aunts still do. She started working with them four years ago, when she was 16 years old. Her daughters will also do sex work.

Putul, 28, works in a red-light district in Calcutta. She sees two or three men each day, and teaches new arrivals to the red-light district about condoms and safe sex as a peer educator in the Sonagachi Project.

Thirty-two-year-old Kate sees men in her New York apartment. She is part of a small network of prostitutes who trade their clients' phone numbers with other sex workers. She could make more money if she placed an ad on the internet, but this way she doesn't have to worry about being arrested.

Suzanne, 31, works for a London escort agency. She began working when she was a student, but has continued to work in this field because she likes the flexibility and the money.

Although unprotected sex and its consequences are of primary interest to HIV prevention programming, to work successfully with female sex workers it is important to recognise and address other social needs, such as violence and reproductive and child health. Resisting stigma, violence and discrimination and increasing sex workers' incomes and ability to manage their money are also key strategies for reducing vulnerability.

The most oppressed and abused women are clearly the most vulnerable to HIV. Gender inequality drives the vulnerability to HIV and human rights abuses of girls and young teenagers, displaced women, women in conflict zones, migrants and mobile sex workers. Although it is usually beyond the scope of HIV programmes to respond to all of these issues the most effective services do address these issues by, for example supporting sex workers to organise and linking them with agencies that can provide support. NGOs have an important role in facilitating female sex workers self-organisation and their contribution to policy discussions.

Nineteen-year-old Issac is “dan daudu” in Kano, Nigeria. Dan daudu are effeminate men who have sex and provide some typically female services. Issac cooks and has sex with some of his customers.

Nikolay a 25-year-old heroin injector, sells sex in Kiev to help pay for drugs. He works on the street near to where he buys her drugs. Women also sell sex in this area in order to buy drugs.

Male Sex Workers.

Men sell sex to men in formal commercial sex venues such as brothels, bars, escort agencies and saunas as well as from public places such as parks, beaches and streets. In most places male sex workers are often less visible than female sex workers and can therefore be more difficult to reach, although in some places the opposite is true and women are less visible. Lack of visibility of male sex work is

usually related to taboos around homosexuality and possibly to the existence of established “underground” spaces for homosexual networking, especially in places where homosexual prostitution would not be tolerated. Quite a lot of male sex work is informal with men giving gifts or other resources to a sex partner rather than paying a set fee for a set service and time. Although women’s demand for commercial sex is clearly lower than men’s, it does occur in many places. Men selling sex to women has been widely publicised where the clients are female tourists, in Asia, the Caribbean and West Africa. Many men who sell sex to men are also available for women clients.

Male sex workers are not always homosexual. Some are heterosexual and maintain relationships with wives and girlfriends and only have sex with men for money. For others selling sex is an opportunity to explore their sexuality that plays an important role in their personal development and is even a “rite of passage”. Homosexuality is defined by identity and lifestyle, not by sexual behaviour alone. Many men who buy and sell sex do not identify as homosexual or gay. HIV-prevention projects directed at gay men may not reach those who do not identify as gay. The term “men who have sex with men” (MSM) is an attempt to identify men by their behaviour, not their self identify.

Cultural attitudes, law and policy shape the conditions of male sex work and the quality of support and services available to male sex workers. For example, in some places, police are more concerned with female sex workers, while in other places where sex between men is particularly repressed, there may be more harassment. In places where unrelated men and women cannot be seen together, it is often easier for a man to purchase sex from another man than it is to find a female sex worker.



2. Clients

Most research attention has been paid to understanding why some women sell sex. Men's reasons for buying sex are not so well explored. One of the most frequent questions about sex work is, "Why do women sell sex?" but few ask why men buy sex. Similarly, HIV programmes often focus exclusively on sex workers. This may be because clients are too large a group to reach, or because their behaviour is not seen as changeable. The question "how can we get sex workers to be safe" is often asked while the same question about clients is not.

Men pay for sex for various reasons. Some men want to have sexual relations without emotional ties, or like the thrill of illicit or forbidden sex. For others it is the only sex available and for others it is to fulfil sexual fantasies or have sex they can't have with their wife or partner. Some are looking for the illusion of love; others, to prove their masculinity or power. Many clients want to learn about sex, while others are looking for.

Lon is a 55-year-old man who works in the local market. He pays for sex, but he always wants to take more time than he can pay for. He likes to see sex workers who are much younger than he is.

Abbid is Rupul's regular customer. He spends two nights a week with her. When he drives his truck to other parts of India he sleeps with other girls, but he only sees Rupul when he is in Chennai.

3. Who else is involved?

Formal sex work frequently involves more people than sex workers and clients. There are management and staff of commercial sex venues; partners and families of sex workers; support staff such as maids, cleaners, receptionists, security staff; drivers, vendors, tourist guides, touts and hotel staff. In more informal settings families and others play these intermediary roles. Such people are sometimes called “third parties”, which is a very technical and broad term. But the people it describes vary widely. Some provide protection, spaces to work and services to sex workers, help them meet clients or to move to other places. “Third parties” often have significant influence over factors that determine HIV vulnerability.

Some, but not all, of these relationships are exploitative even though sex workers have little protection where they are. Some sex workers enjoy supportive relationships with families and other community members that contribute significantly to their wellbeing and safety. Others are treated very badly by the people with whom they have personal relationships and are rejected or forced into sex work by them.



Private sexual partners and husbands play an important role in sex workers lives and their health. In some countries STI rates have remained high despite sex workers using condoms with clients. This suggests that unprotected sex with private partners may be a significant source of STIs. Recognising this, many sex work projects and clinics have made STI treatment accessible to sex workers' partners.

Health and welfare programmes and researchers can be seen as a threat by third parties who can react negatively and even violently to intervention in their area. At the same time however negative stereotypes can distort understanding and alienate community members. Sex workers can be offended by their associates being quickly labelled by outsiders as exploiters and labelled as “pimps” or “traffickers”. Again, sex workers themselves can elaborate the role of third parties in commercial sex, and assess the feasibility of engaging them in HIV programming

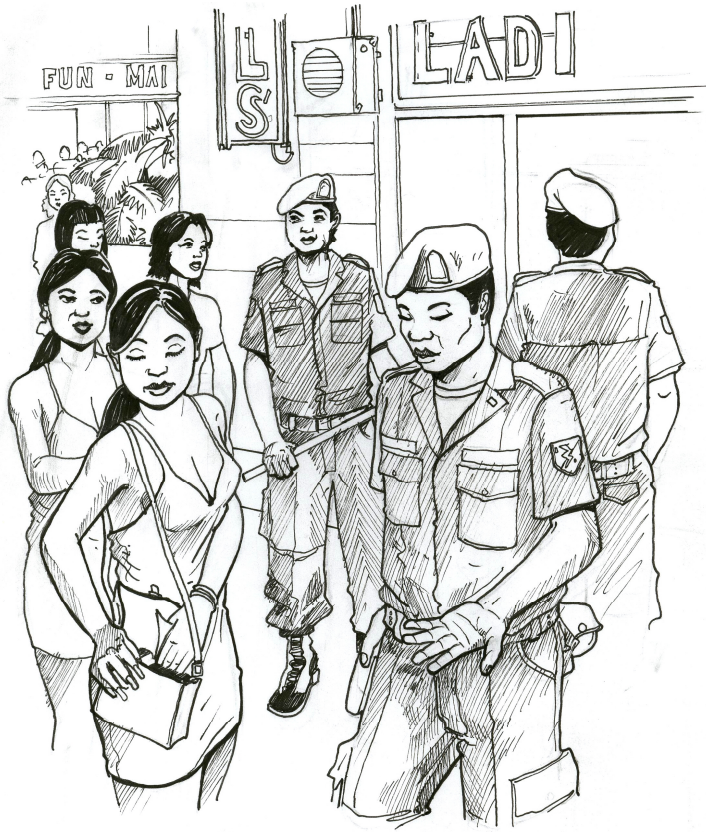
Sex workers almost everywhere say that police officers harass, abuse and extort money from them³ and, in many places; they are reported to be a major client group and/or operators of the sex industry and involved in human trafficking. However, the relationship between sex workers and the police is complex and not always only negative. Police may also have an understanding of sex work and protect sex workers from third parties, criminals and even the public. Sometimes, but not always, police are tolerant in exchange for free sex, money or information.

In some places, condoms are used by police as evidence of sex work or to justify abuse. Police sometimes interfere with HIV prevention and many projects that offer services and many outreach workers have been harassed and even arrested by police⁴. These actions severely discourage condom use and are a serious threat to the health of sex workers and clients.

Establishing and balancing contact with local authorities, police and others involved in the sex industry has been a key strategy of many sex work programmes.

³ Anti-trafficking measures increase health risks of voluntary migrants, Busza J., Castle S., Diarra A., British Medical Journal (BMJ), 2004

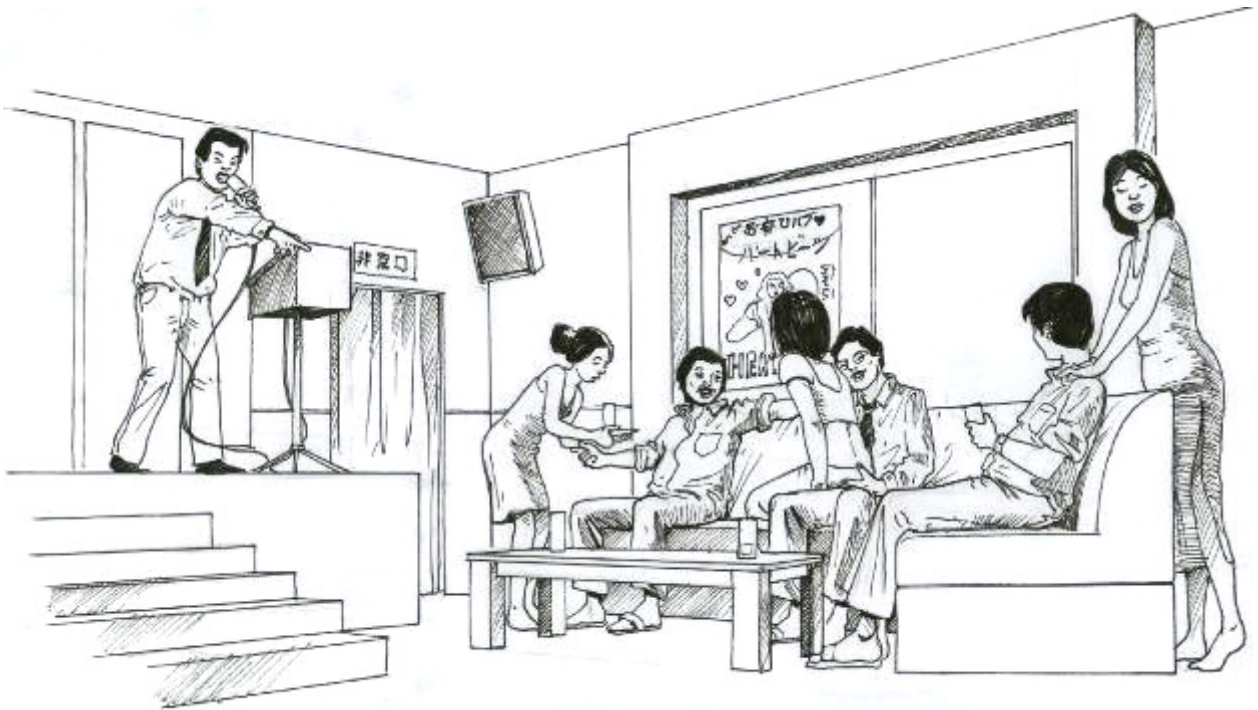
⁴ *Epidemic of abuse: Police harassment of HIV/AIDS outreach workers in India*, July 2002, Human Rights Watch <http://www.hrw.org/reports/2002/india2/india0602.pdf>



Sex work settings

1. The sex industry

Sex industries, sometimes vast, have been recorded for thousands of years and it is clear that sex has always been bought and sold in various ways. Most cities have a mix of all of several types of sex work while it is often more discreet in small communities, rural areas, islands etc. Commercial sex takes place in various settings. Sometimes it is open such as brothels and street sex trade and sometimes it is more hidden, usually to avoid police attention and societal condemnation. There are telephone and hotel operations that rely on word of mouth or are disguised as entertainment such as striptease, restaurants, karaoke and cinema, or as services such as hairdressing, massage or domestic service. Usually these disguises are thin and the true nature of activities is well known, if not articulated. Men sell sex in the same ways as women as well as in gay saunas and “cruising” areas for men like parks, swimming pools and public toilets.



Mobile phones and the internet have influenced the way sex workers and clients meet, including in many resource-poor settings. Cheaper transport and political changes have created new migration routes and increased the mobility of all workers, including sex workers. Increased business travel and tourism have also expanded commercial sex industries in some places.

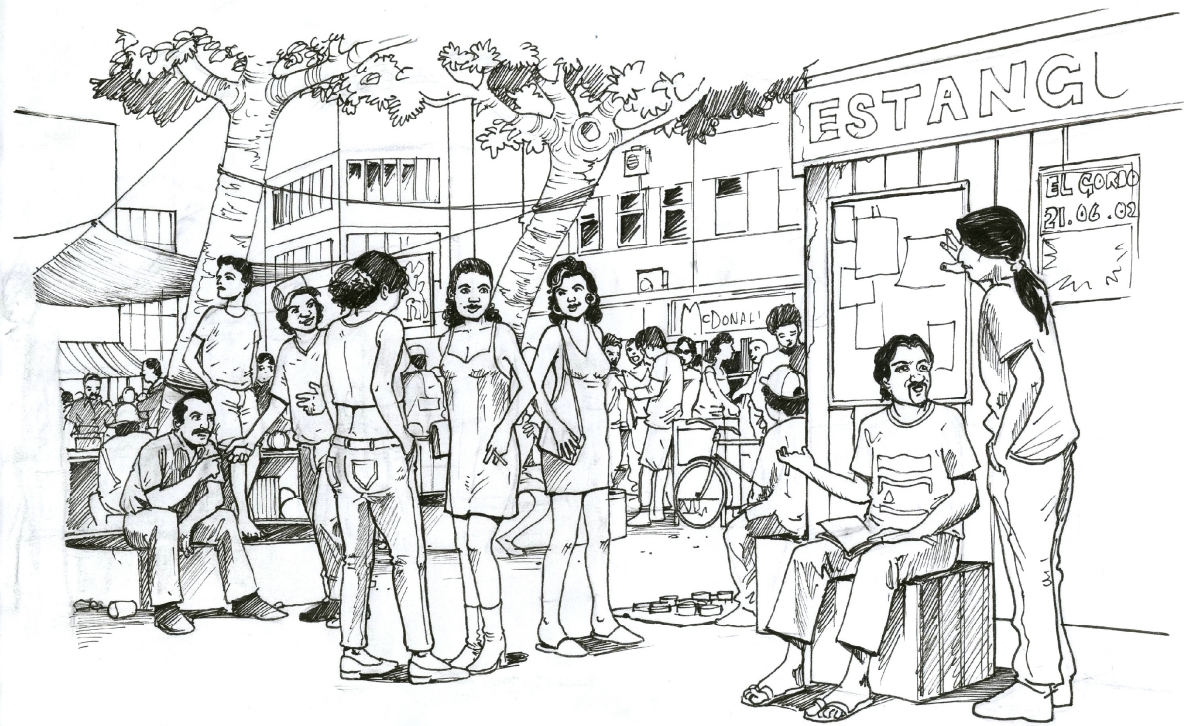
In many places, the main activities related to sex work, such as soliciting and operating a place of prostitution, are either illegal or treated as if they are illegal. The enforcement and application of these laws, policies (and quasi-policies) determines how the sex industry operates and therefore affects sex workers' opportunity to work safely. There are concerns that brothel closures force sex workers relocate to places that are more hidden and less organised such as streets and truck stops.



Safe sex is more likely to take place where conditions are hygienic and there is access to water and safe-sex accessories such as condoms and water-based lubricants, support staff, security and fair working hours and where there are not too many sex workers for too few clients.

As well as working in different kinds of places sex workers have different kinds of working arrangements; some are self-employed while others are effectively employees, some work set hours while others work occasionally or only when the opportunity presents itself.

Commercial sex also takes place in luxurious settings and, although HIV and violence usually affect the poorest in any group, it is important to remember that being “high-class” does not protect sex workers who provide unprotected sex. A sex worker visiting a client in a five-star hotel may even be more vulnerable to violence or unprotected sex because clients who pay more can make more demands.



2. Legal systems

Laws on sex work differ from place to place and affect sex workers' lives differently. Law can also have an important impact on HIV prevention and care programs. The most common legal model for addressing female prostitution is regulation although many countries legal codes say nothing about prostitution and a few ban it completely. Men who sell sex are more usually affected by sexual offence laws including those against sodomy. Both are affected by laws about public nuisance, vagrancy etc.

Regulation

certain activities associated with selling sex are illegal, such as advertising, operating brothels, soliciting and recruiting sex workers, but selling or buying sex itself is not illegal.
e.g. most European and Latin American countries, Canada, Australia, India, Thailand, Senegal

No Law

the penal code does not mention prostitution e.g. Tanzania

Prohibition

the act of selling sex is itself illegal. eg. The United States, Saudi Arabia, Cuba. In Sweden the act of buying sex is also illegal and several other countries are considering introducing such a law.

Laws are enforced differently. One place may have a strict law against sex work that is not enforced, while another may have less repressive laws but with stricter enforcement.



Sex work is a difficult issue for legislators in all countries. Few legal systems prohibit it completely but almost all have a legal framework which keeps prostitution within some ambit of the law. In an attempt to limit HIV transmission in brothels, several countries claim to tolerate brothels that comply with certain public health requirements such as enforcing condom use and ensuring the sex workers are tested for STIs, although in practice this is rarely practiced. In other places governments have responded to the argument that laws that penalise female sex workers but not their clients are unfair and sexist by introducing penalties for buying sex. Sex workers complain that the criminalisation of clients makes their work more difficult and dangerous because they have to reduce the amount of time they spend negotiating with clients, which makes it more difficult to negotiate safe sex and identify potentially violent clients.

3. The effects of laws against sex work

There is widespread consensus that the laws that govern or prohibit sex work and homosexuality can increase HIV vulnerability by fuelling stigma and discrimination, limiting access to health services and preserving the conditions of vulnerability. Law reform advocates suggest that where the sex industry is legitimised sex workers can be protected from exploitation and violence by the same laws and mechanisms that protect other citizens and workers. These include the human right of association that enables workers to trade freely, form unions and professional associations industrial rights such as sick pay, accident compensation, health and safety regulations, and security in the workplace civil rights such as access to health care, housing, education, banking facilities and social assistance. On the other hand those who believe in abolishing prostitution advocate for stronger criminal laws against voluntary female sex workers and sex business operators and more support for women who are forced in prostitution.

Sex workers consistently claim that their daily lives are affected by lack of rights. The result, they say, is harassment, arrest, poor working conditions, frequent relocation; contact with criminal activities; corruption and debt, exorbitant prices for services or goods and discrimination. .

Sex workers often express particular concern about the effect of law and stigma on their children. They may lose custody of their children because of their occupation and in some places, family members, including adult children, risk being charged with "living off the earnings of prostitution" if they live with their sex worker relative. In some countries, many sex workers lack the documents they need to enrol their children in school, which obviously limits their children's future options and perpetuates poverty and sexual exploitation across generations.

Studies of female sex workers routinely show that they are exposed endemic levels of violence and many sex workers complain that it is not taken seriously by society and the police. Multiple murders of sex workers are not uncommon.

The work of outreach and other services is made more difficult by both legal and illegal police activity. In some circumstances, people who need information and prevention services cannot risk accessing them, particularly where possessing condoms or syringes can lead to harassment or arrest and even prosecution. Staff of HIV prevention programmes have been abused and arrested by police, even where projects have taken all possible steps to protect their staff and volunteers.



Although legal systems can inflame or justify violence, many organisations have found that it is productive to liaise with police so they understand better the health and social issues that the project is addressing. By establishing communication with police and other local legal authorities projects are well placed to advocate for policy and operations procedures that contribute to reducing the STIs, HIV and violence to which sex workers are exposed.