

THE RIGHT(S) EVIDENCE

SEX WORK, VIOLENCE AND HIV IN ASIA

A MULTI-COUNTRY QUALITATIVE STUDY: **SUMMARY REPORT**



Empowered lives.
Resilient nations.



ASIA • PACIFIC
NETWORK OF
SEX WORKERS



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INTRODUCTION

Sex workers experience extreme physical, sexual, emotional and economic violence at work, in health care and custodial settings, in their neighbourhoods and in their homes. This violence denies sex workers their fundamental human rights—to equal protection under the law; protection against torture, cruel, inhuman and degrading treatment; and their right to the highest attainable standard of physical and mental health. Research is increasingly demonstrating how violence contributes to the spread of HIV. In Asia, the HIV epidemic remains concentrated among key populations, including sex workers, people who inject drugs, men who have sex with men and transgender people. Realizing the human rights of female, male and transgender sex workers requires an understanding of the intersecting factors that affect their safety and their protection from violence.

BACKGROUND AND METHODOLOGY

In 2011, a research partnership among United Nations agencies, governments, sex worker community groups and academics was formed to address gaps in knowledge regarding the links between sex work, violence and HIV in Asia. A multi-country qualitative study: *The Rights(s) Evidence: Sex Work, Violence and HIV in Asia* (the study) was developed, with research carried out in Indonesia (Jakarta), Myanmar (Yangon), Nepal (Kathmandu) and Sri Lanka (Colombo). The objective of the study was to better understand female, male and transgender sex workers' experiences of violence, the factors that increase or decrease their vulnerability to violence and how violence relates to risk of HIV transmission. This regional report presents an analysis of the findings from the four country sites.

The study comprised a total of 123 peer-to-peer in-depth qualitative interviews with 73 female, 20 male and 30 transgender sex workers aged 18 and older. In addition, 41 key informant interviews were conducted with police personnel, NGO officers, health and legal service providers and national AIDS authorities for insight on contextual information to aid with the analysis and shape the recommendations. Data was collected between 2012 and 2013.

FIGURE 1

PROJECT PARTNERSHIPS

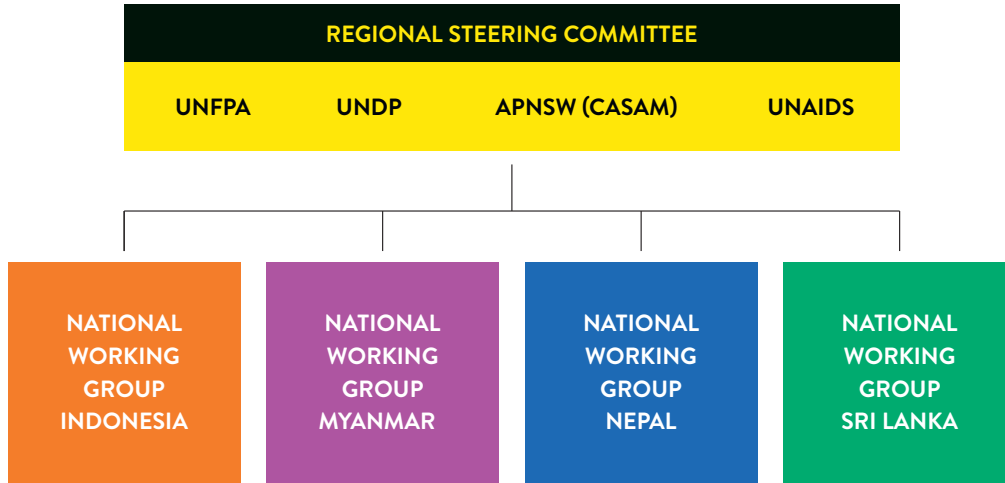


FIGURE 2

SAMPLE SIZE, BY GENDER CATEGORY AND SITE

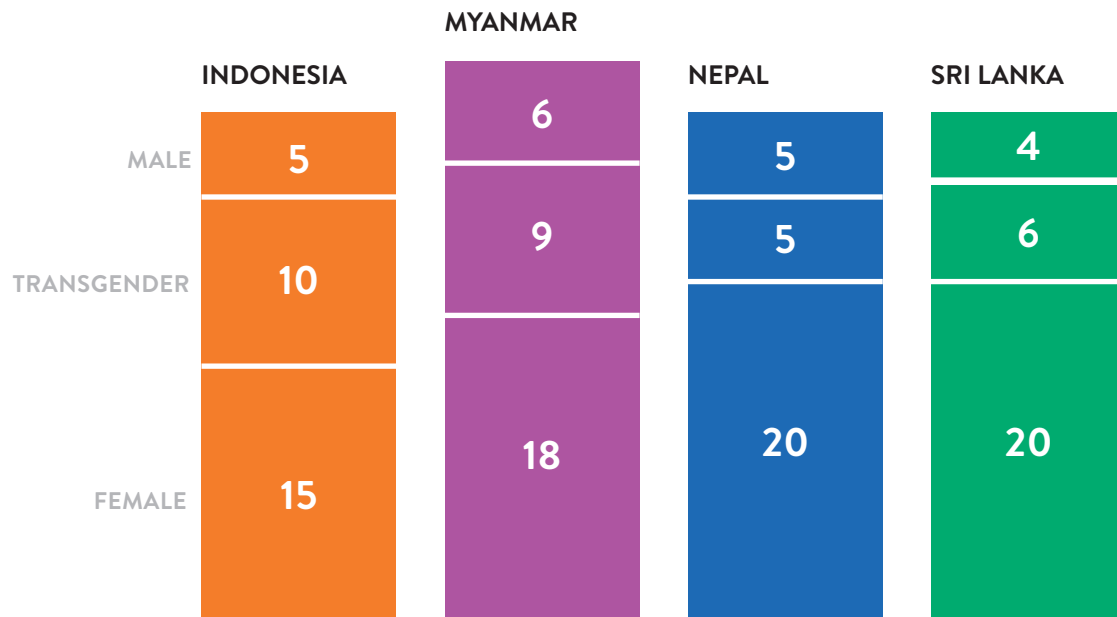


FIGURE 3

GUIDING PRINCIPLES OF THE STUDY



KEY FINDINGS

The study used a consistent methodology in all country sites to enable an examination of common trends across diverse cultural contexts as well as the experiences unique to sex workers in different settings. In-country ethics approval was obtained in each site. The study adhered to the World Health Organization's Ethical and Safety Recommendations for Research on Domestic Violence Against Women as well as specific considerations related to male and transgender participants in the sex work environment.¹ Participants were recruited using purposive and snowball sampling among self-identified sex workers through community organizations and sex worker networks. Semi-structured, qualitative interviews were conducted by peer interviewers who underwent comprehensive training in each country.² The peer interviewers were matched to participants by gender. The interviews were conducted in private settings, in local languages and lasted between one and three hours.

1 World Health Organization, *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women* (Geneva, 2003).

2 Peer interviewers underwent one week of intensive training that covered the objectives of the research, sampling strategies, ethics and safety issues and processes, and skill building in conducting in-depth interviews. The training was conducted by the lead researcher and sex worker organizations at the national level, with support from the Centre for Advocacy on Stigma and Marginalization and Partners for Prevention.

UNDERSTANDING THE SEX WORK CONTEXT

The majority of participants had entered sex work by their own choice and for financial reasons.

Most participants were internal migrants, having left rural and semi-urban areas to seek work in the capital/largest city of their country. Several noted that among the work options available to them, sex work was more flexible and better paid. The majority of female participants in all four countries reported that they began sex work to financially support their dependants, particularly their children.

“When I was working as a maid, washing and ironing clothes, I was only paid 200,000 rupiah [\$16]. How can I afford my daily needs? My child needed two cans of milk each week. I had no money to visit my home in the village. That’s why I asked a friend about another job and she [suggested] I get into this job.”

FEMALE PARTICIPANT IN JAKARTA

Male and transgender participants cited their own financial needs as a reason for entering sex work. Many also reported benefits, such as sexual satisfaction and the opportunity to explore their sexuality.

“I became involved in sex work because it would give me both money and sexual satisfaction... nobody introduced me. It came from my inner core... I could get money and get pleasure, too. Double advantage!”

MALE PARTICIPANT IN KATHMANDU

Entry into sex work varied by gender identity and was influenced by gender norms.

For financial needs, most transgender participants in all sites noted that exploring their gender identity and being able to be open about their transgender identity played a significant role in their entry into sex work. In addition, for many transgender participants, the discrimination they often encountered because of their gender identity had forced them to leave home and limited their other employment options. For many female participants, the circumstances under which they entered sex work were borne out of gender inequality and gender-based violence. This included early marriage, early widowhood, leaving abusive families and intimate partners, loss of family support due to stigma associated with premarital sex or after divorce and low levels of education that prevented them from finding other work.

SEX WORKERS' EXPERIENCE OF VIOLENCE AND HIV RISK

The sex worker participants experienced violence in all areas of their lives, at work, in custodial and health settings, in their neighbourhoods and in their homes.

Violence was experienced by all participants in all study sites.

Violence in work settings was an overarching experience, across all gender categories in the four country sites: 122 of the 123 participants reported experiencing violence in the context of their work. Many reported having experienced multiple forms of violence, including rape, gang rape, arbitrary detention, beatings, humiliation and public shaming. Participants reported violence in work settings by police personnel, clients, client procurers and managers or owners of establishments.

Sex workers experienced specific types of violence because of their work, such as sexual extortion and harassment by the police for carrying condoms.

Participants in all four countries reported that police personnel regularly extorted sex from them. Participants were coerced into unpaid sex (sexual extortion) to prevent their arrest, to secure their release from custody, in place of a monetary bribe, to avoid being beaten or abused or to prevent being exposed as a sex worker. Although the participants did not refer to this abuse as ‘rape’, it was sex without free consent

and often provided to avoid the custodial settings in which violence was commonly reported (sex under threat of violence) — circumstances that constitute rape under most legal definitions.

Participants also reported that police officers often used the possession of condoms (as evidence of engaging in sex work) to stop and search them in public places, harass them and detain them. Several participants reported extortion for money or sex and cases of rape and gang rape following such searches.

“I had 15 condoms hidden in the waist of my trousers. The police caught me, and when they checked me in the police station, they found the 15 condoms. The head officer in the police said to distribute the 15 condoms to the persons whose name he called. He called the names. I gave one condom to each. Then he said now you have to have sex with these 15 persons until the sun rises.”

TRANSGENDER PARTICIPANT IN COLOMBO

Police personnel and clients were the most commonly cited people who used violence against sex workers, across study sites and gender categories.

The vast majority of participants in all four sites had experienced some form of violence by police personnel, including violent raids in their work settings; custodial violence in police stations, police vans and in detention; rape and gang rape; and extortion for money and sex. Violence by police personnel included physical, sexual, economic and emotional violence, and commonly more than one type of violence was used at one time. In many instances cited, police personnel used their official status and power to rape the research participants or obtain sex without payment. Violence was aggravated during raids that were undertaken to ‘cleanse the city’, ‘arrest vagrants’ or ‘maintain law and order’. The study found that violence in prison was particularly brutal.

“A policeman took me to have sex. He took me to the lodge. He had a few drinks. He offered to pay 200 rupees at first. I asked for 500 rupees and he agreed. After having sex with me, he called another person. They beat me badly. They forcibly tore my clothes. They put my leg on their shoulder and had sex with me and a lot of blood came from my anus. The situation was very bad.”

MALE PARTICIPANT IN KATHMANDU

Participants in all four sites also reported frequent violence by clients, including by regular-paying clientele and those posing as clients who had no intention of paying. Client violence included economic, emotional, physical and sexual violence, with participants often experiencing multiple forms of abuse at once. More than one third of all the participants described experiences of gang rape by clients. Client violence took place across all work settings and in cars, guesthouses and clients' homes (in the case of outcall sex work).

"I had an agreement on the phone that the service would be oral sex and massage. But when I came to the client's house, he forcibly penetrated me with an instrument... I was crying in pain... I wanted to kick him, but I was scared... I was upset because it didn't meet with [our] agreement and at the end I asked for [extra] money. Then the quarrel started about fees... I was afraid that he would kill me. His house was big, no one could hear me."

MALE PARTICIPANT IN JAKARTA

Police violence fuelled impunity and increased sex workers' vulnerability to client violence.

This study revealed interconnections between police violence and client violence —client violence was more commonly described where police violence and harassment were more common, in part due to the impunity created by fear of reporting to the police and reduced ability to screen clients in the context of efforts to avoid interaction with the police.

"If we report any act of violence against us to the police, it is the same as suicide—revealing ourselves. Next time they could raid us. It's better to move to another place."

MALE PARTICIPANT IN JAKARTA

Sex workers also experienced violence by client procurers and managers of establishments.

Violence by client procurers was reported in two study sites where brothels and soliciting are illegal. The most common type of violence perpetrated by client procurers was economic violence and, in a few cases, emotional and sexual violence. Only female participants used client procurers, and participants working in street settings appeared to be the most at risk of violence by client procurers.

Several participants reported positive experiences with establishment owners and managers, particularly those who worked in places with decent working conditions and a supportive owner or manager. However, one third of the participants in two study sites reported violence by the owner or manager of the establishment in which they worked, including being coerced to provide sex without payment. Some participants in all countries reported neglectful, abusive and harmful practices at work.

“Earlier, when [I was starting out], only the brokers in the area decided [the fee]. ... They divided what they took and gave me a small amount... Those who chose for me are the ones who took the money, and I got only a small amount. Those days I did not know how to find [clients], so they found them and put me into vehicles... In those days, if I went alone for a task, the money was all mine. They didn't like me going by myself... If I said no and cried, they hit me because of my crying... I said 'can't' and by force, after being assaulted, I have gone.”

FEMALE PARTICIPANT IN COLOMBO

Participants experienced specific forms of violence even outside their work setting because of their work, such as violence and harassment by neighbours and the general public as well as discrimination and abuse in health settings.

Participants across sites and gender categories reported violence in community settings by neighbours and the general public, all of whom were cited as using emotional violence against participants. In three of the four study sites, the participants reported experiencing discrimination and violence in health care settings by doctors, nurses and other staff, including in relation to actual or perceived HIV status.

“The doctor said that I had to do a blood test. Then I told him that it was unnecessary to test because I am HIV-positive. Immediately he... put on a mask and gloves and chased me from there, saying that HIV-positive people were not treated there.”

FEMALE PARTICIPANT IN KATHMANDU

FIGURE 4

LAW, POLICY AND LAW ENFORCEMENT APPROACHES THAT AFFECT SEX WORKERS



Participants experienced gender-based violence that was directly related to harmful gender norms and patriarchy.

Participants experienced gender-based violence by all types of perpetrators. Intimate partner violence was the most common form of violence experienced by the participants outside the work setting, with the majority of participants in all four countries reporting violence by their intimate partners. Female participants in all study sites were more likely to experience intimate partner violence than were male or transgender participants. Participants in all countries experienced violence as punishment for stepping outside traditional gender roles — female participants were punished for having multiple sexual partners and sex outside of marriage, while male and transgender participants were punished for challenging masculine and heterosexual norms.

CONSEQUENCES OF AND RESPONSES TO VIOLENCE

Violence against sex workers has lifelong and life-threatening consequences for their physical, mental and sexual health.

The participants suffered extreme physical, sexual and mental health consequences as a result of violence, both inside and outside their work setting, as illustrated in figure 5. These consequences are interconnected and reinforcing. Violence against women has been defined as a global health issue of epidemic proportions, and sex workers (female, male and transgender) experience an even greater burden of violence and injuries than the general female population. More than two thirds of all study participants reported that they had suffered physical injuries that required medical attention. Some described lifelong disabilities and disfigurement, and almost half of all the participants explicitly reported suicidal thoughts or had attempted suicide in response to cumulative experiences of physical, sexual, emotional and economic violence.

“[Police] behaviour makes us feel sad. We become hopeless, feel pain, feel frustrated... The police and everybody always abuse us and hate us and we are mentally tortured.”

FEMALE PARTICIPANT IN KATHMANDU

FIGURE 5

PHYSICAL, SEXUAL AND MENTAL HEALTH CONSEQUENCES OF VIOLENCE

PHYSICAL HEALTH CONSEQUENCES	SEXUAL AND REPRODUCTIVE HEALTH CONSEQUENCES	MENTAL HEALTH CONSEQUENCES
Loss of consciousness	Tearing, cuts and swelling of genitals and anus	Suicidal ideation
Permanent disability and disfigurement	Vaginal and rectal bleeding during and after intercourse	Suicide attempts, including directly after violent incidents
Head injuries, including fractured skull	Bladder and urinary tract infections	Self-harm
Concussion	Problems passing urine and stool	Feeling depressed
Broken bones	Unintended pregnancies	Feelings of shame and self-hatred
Broken teeth	Miscarriage from violence	Low self-esteem
Eye injuries	Unsafe abortion, lack of post-abortion care	Internalization of stigma (believing they are 'dirty' or 'bad')
Ear injuries, including loss of hearing	Fissures and piles due to anal rape	Alienation, isolation and becoming withdrawn
Dislocated vertebrae	STIs, including syphilis	Feeling hopeless and powerlessness
Severe bruising and swelling	Inability to conceive due to untreated STIs	Stress, fear and anxiety
Cuts, gashes and wounds, including from weapons	HIV	Extreme anger
Burns from cigarettes, kerosene and acid or being set on fire		

Note: Table based on reports by participants in the study.

Violence against sex workers greatly increased their risk of HIV infection.

Sexual violence and genital or anal injury, forced or violent sex without a condom and non-violent sex without a condom pose a direct risk of HIV transmission. In a few cases, female participants reported that they had contracted sexually transmitted infections (STIs) after being raped, including in one case, HIV. Other forms of violence and harassment also increased sex workers' vulnerability to HIV via multiple and interlinked pathways. The sex workers in the study described sacrificing condom use in exchange for immediate safety from physical violence by clients and others.

This study further suggests that stigma and criminalization of sex work compromise HIV prevention. Discrimination in health settings increased the likelihood of STIs and genital injuries going untreated, in turn increasing the risk of HIV transmission. Confiscation of condoms as evidence, police surveillance and the threat of arrest led to higher levels of violence. It also limited participants' ability to negotiate condom use or screen clients and exposed them to increased risk of forced and extorted sex by a range of perpetrators, as illustrated in figure 6.

"We had to do without one because we couldn't go out late at nights to buy condoms if there was a police project [raid/crackdown] Sometimes, I have many clients on that night and it's kind of urgent and didn't have time to find condoms. So I had to stay (provide sexual services) with them without condoms."

FEMALE PARTICIPANT IN YANGON

Most participants disclosed their experiences of violence, but few reported it to the police or medical services.

Overall, the majority of participants reported that they told someone about the violence they experienced. In most cases, they disclosed the violence to friends and peers rather than seeking support through formal services. Male and transgender participants were more likely to tell someone about violence they experienced than the female participants.

Less than a quarter of participants reported experiences of violence to the police, attributing their reluctance to fear and mistrust of the police. Participants were even less likely to report violence that police personnel had committed against them. In all but one case when they did report, no one was held accountable; in some instances the participant was subjected to more violence.

FIGURE 6

VIOLENCE, STIGMA AND HIV RISK

TYPE OF VIOLENCE	IMPACT ON HIV
Physical violence	<ul style="list-style-type: none"> • Used by clients to coerce unprotected or unsafe sex • Reduces ability to negotiate condom use
Sexual violence	<ul style="list-style-type: none"> • Usually perpetrated without a condom • Causes genital and anal injuries, which increase the risk of HIV transmission • Sometimes includes high-risk anal rape or gang rape • STIs contracted through sexual violence increase HIV risk • Multiple perpetrators in gang rape increase HIV risk
Intimate partner violence	<ul style="list-style-type: none"> • Sexual partner violence poses a direct risk of HIV infection • Reduces ability to negotiate condom use
Arbitrary arrest and detention	<ul style="list-style-type: none"> • Raids and detention are a context for police harassment and abuse, including sexual violence • Sexual abuse in detention leads to heightened HIV risk within a population at higher risk of HIV infection • Fear of arrest is a barrier to HIV testing, access to STI diagnosis and HIV treatment • Sex workers work in more hidden environments to avoid police detection, leading to greater difficulty accessing condoms or assistance when violence occurs
Police seizure of condoms	<ul style="list-style-type: none"> • Undermines access to and use of condoms inside and outside of sex work
Police violence and extortion	<ul style="list-style-type: none"> • Can prompt sex workers to take on riskier clients or riskier sex acts to recover lost money • Undermines sex workers' ability to obtain police protection or report and seek redress for violence
Stigma and discrimination in community and health care settings	<ul style="list-style-type: none"> • Prevents access to HIV testing, treatment, adherence and viral suppression as well as access to a wider range of health services • Can prevent seeking timely medical services following rape, including access to post-exposure prophylaxis

Note: Figure based on reports by participants in the study.

Even when participants had severe injuries from a violent incident or suspected STI or HIV transmission, few sought formal medical care. When they did seek medical care, they did not reveal the true cause of their injuries because they feared stigma, discrimination and/or mistreatment on the basis of their occupation, their sexual orientation, gender identity or HIV status.

Female, male and transgender participants experienced and responded to violence differently.

Participants in all gender categories experienced violence, but this study is one of the first to highlight the important differences in the experiences of female, male and transgender sex workers. Female participants reported more frequent and severe incidents of intimate partner violence than the male and transgender participants. They were also at higher risk of economic and sexual violence from client procurers and owners or managers of establishments because of their gender-based social and economic vulnerability. Male and transgender participants were more likely to experience physical violence; for example, more transgender participants than female participants reported severe physical violence by police personnel during raids. Male participants experienced gang rape and more severe physical violence than female participants. The transgender participants encountered specific acts of transphobic violence, especially by police personnel, aimed at humiliating or shaming them. The transgender participants were

also vulnerable to abuse by clients who did not initially realize that they were transgender.

There were some differences in the health consequences of sexual violence for female, male and transgender participants. Male and transgender participants reported bleeding, swelling, soreness and injuries to their anus and rectal lining as the result of violence. Female participants reported experiencing unwanted pregnancies as a result of rape and, in some cases, an unsafe abortion. One woman suffered a miscarriage due to violence during her pregnancy. Many participants had to seek emergency contraception and post-exposure prophylaxis for HIV in cases of rape and gang rape in which condoms were not used. Female sex workers also reported more severe injuries from intimate partner violence.

Overall, the male and transgender participants were more likely to disclose experiences of violence than the female participants. This may be related to the pervasive silence surrounding violence against women in many societies. The female participants usually called other friends who were sex workers or a manager or client procurer, whereas male and transgender participants who had strong ties with sex worker-led organizations and networks called them for help. However, when it came to reporting to the police, male participants were less likely to report violence than female participants because of concerns about how police personnel viewed homosexuality and male sex work.

FACTORS THAT INCREASE OR DECREASE SEX WORKERS' RISK OF VIOLENCE AND HIV

The factors that contributed to the protection of the research participants from or vulnerability to violence are outlined in figure 7. As the figure shows, multiple and interconnected factors operate across different areas of sex workers' lives.

Factors that decreased participants' exposure to violence and HIV risk included:

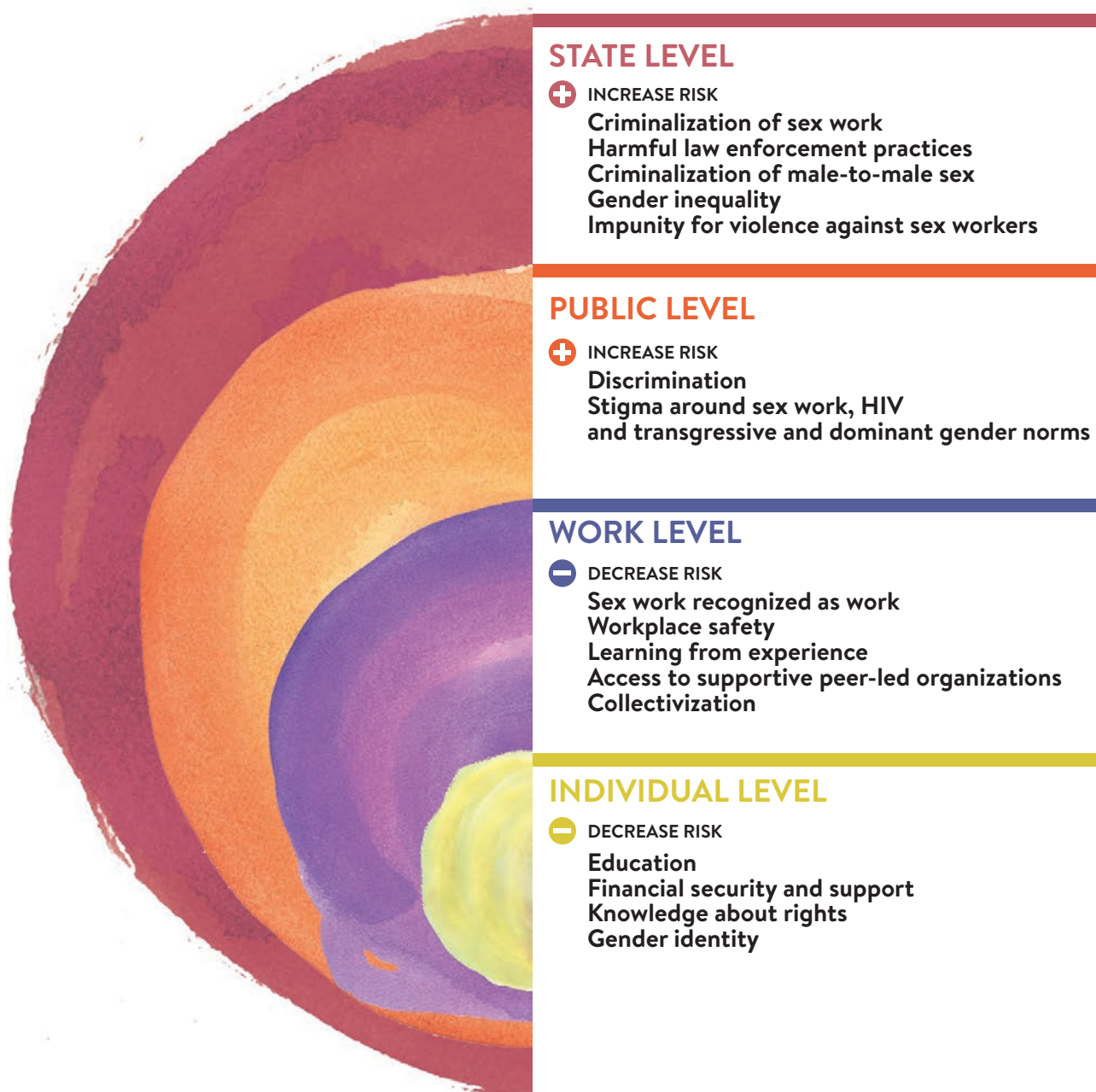
- Safe workplaces, including those with more well-defined workplace safety frameworks, decent work conditions, responsible and responsive establishment owners or managers and supportive employers and co-workers.
- Information on rights, complaint mechanisms and access to redress for experiences of violence.
- Collectivization, strong sex worker-led networks and individual access to knowledge and skills to conduct sex work more safely.
- Learning from past experiences on how to keep safe.
- Access to non-stigmatizing and non-discriminatory health care services.

Factors that increased participants' exposure to violence included:

- The criminalization of various aspects of sex work and male-to-male sex as well as law enforcement practices exacerbated the incidence of violence by police personnel and clients by giving the police broad powers to arrest and detain sex workers, promoting impunity, pushing sex work underground, reducing sex workers' ability to negotiate safe work practices and increasing stigma and discrimination.
- A culture of impunity in which perpetrators of violence are not held accountable, and which undermines sex workers' access to justice and creates an environment in which violence against sex workers is normalized and justified.
- The stigma and discrimination associated with sex work, which allows for violence against sex workers.
- Gender inequality, whereby violence is used to uphold and reinforce harmful gender norms and maintain existing power relations.

FIGURE 7

USING THE SOCIO-ECOLOGICAL MODEL TO UNDERSTAND FACTORS THAT INCREASE OR DECREASE SEX WORKERS' RISK OF VIOLENCE AND HIV



RECOMMENDATIONS

This study finds that violence against sex workers in the four country sites is pervasive and severe, with clear patterns of violence across all categories of participants. The following recommendations address reform of laws, law enforcement practices and policies and programmes to prevent and respond to violence against female, male and transgender sex workers in the region.

1 Reform punitive laws, policies and law enforcement practices to protect sex workers' rights, including the right to be free of violence.

- 1.1 Decriminalize sex work and activities associated with it, including removing criminal laws and penalties for the purchase and sale of sex, the management of sex workers, living off the earnings of sex work and other activities related to sex work.³
- 1.2 Public order laws or regulations should not be applied in ways that violate sex workers' rights.⁴
- 1.3 Ensure the maintenance of confidentiality, especially where identity cards and other identifiers are used to 'track' sex workers by law enforcement agencies and health authorities.

3 UNAIDS, *Guidance Note on HIV and Sex Work*, Annex 1 (Geneva, 2012); Global Commission on HIV and the Law, *Risks, Rights and Health* (New York, 2012); World Health Organization, *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (Geneva, 2014); Economic and Social Commission for Asia and the Pacific, *Resolution 67/9 on the Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS* (Bangkok, 2011)

4 *ibid.*

- 1.4 The police practice of confiscating condoms and using possession of condoms as evidence of sex work should be eliminated.⁵
- 1.5 Ensure that national laws clearly differentiate between sex work and human trafficking; train law enforcement officials to understand and respect the distinctions to ensure that anti-trafficking efforts do not impinge on the rights of people in sex work.⁶
- 1.6 Repeal all laws that criminalize consensual sex between adults of the same sex and/or laws that punish homosexual identity.⁷
- 1.7 Ensure that transgender people are able to have their affirmed gender recognized under the law and in identification documents, without the need for prior medical procedures, such as sterilization, sex-reassignment surgery or hormonal therapy.

5 *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (see footnote 3).

6 *Risks, Rights and Health* (see footnote 3).

7 *Risks, Rights and Health* (see footnote 3); John Godwin, *Legal Environments, Human Rights and HIV Responses Among Men Who Have Sex with Men and Transgender People in Asia and the Pacific: An Agenda for Action* (Bangkok, United Nations Development Programme and Asia Pacific Coalition on Male Sexual Health, 2010); *Resolution 67/9 on the Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS* (see footnote 3).

2 End impunity of those who commit violence against sex workers.

- 2.1 End impunity for any act of torture, ill treatment or other human rights violation under either the International Covenant on Civil and Political Rights, which prohibits torture and cruel, inhuman or degrading treatment or punishment and calls on the State to protect an individual's right to life,⁸ or the Convention Against Torture.⁹ This means ending impunity for violence against sex workers, including when it is committed by police and other state officials.
- 2.2 Implement a monitoring system to ensure that all allegations and reports of violence against sex workers, including by police personnel and other state officials, are promptly and impartially investigated. All state officials responsible for abuses should be adequately disciplined.
- 2.3 Train law enforcement officials to recognize and uphold human rights, including those of sex workers; for example, by holding other police personnel who violate these rights accountable.¹⁰

⁸ Articles 6 and 7, United Nations, *Treaty Series*, vol. 999, No. 14668 (International Covenant on Civil and Political Rights).

⁹ United Nations, *Treaty Series*, vol. 1465, No. 24841 (Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment).

¹⁰ *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (see footnote 3).

- 2.4 Expand all programmes on gender-based violence to expressly include violence against sex workers and ensure the direct involvement of sex worker leadership in the design, implementation and evaluation of national programmes and initiatives on gender-based violence and domestic violence.
- 2.5 Review and amend as necessary all legislation against domestic and gender-based violence to ensure adequate protection to people of all gender identities, including those in same-sex relationships and relationships in which at least one partner is transgender. Law enforcement officials should be trained to respond to reports of violence in domestic relationships involving all genders and to treat individuals with respect and dignity.
- 2.6 National human rights institutions should monitor and respond to incidents of violence and violations by state and non-state actors. Human rights institutions should seek to ensure that all guidelines and programmes to prevent and eliminate gender-based violence expressly address the needs of sex workers.
- 2.7 Build and/or strengthen community-police partnership programmes that create a culture of police accountability to the sex worker community.

3 Strengthen sex workers' access to justice, and empower sex workers with information about their rights.

- 3.1 Support the collectivization of and network-building among sex workers to enhance their access to peer support to prevent and mitigate the effects of violence.
- 3.2 Implement community-led empowerment initiatives for sex workers, and create mechanisms to enable governments, sex worker organizations and other interested civil society groups in locally appropriate ways to create environments conducive to eliminating violence.
- 3.3 Ensure sex workers' access to legal literacy programmes and legal aid services, including through the training of legal aid providers on sex workers' rights and establishing networks of paralegal peers to provide legal support.
- 3.4 Implement community-led monitoring systems to ensure that all reports of violence by clients, client procurers, establishment owners or managers and the general public are officially recorded and that these systems link to authorities mandated to take follow-up action.

- 3.5 Implement education interventions to improve negotiation skills among sex workers for preventing violence, seeking redress for violations and maximizing condom use.
- 3.6 Build capacity among sex worker communities to ensure that progress in relation to violence against sex workers is reported through the Universal Periodic Review, the Convention on the Elimination of All Forms of Discrimination Against Women and other human rights reporting mechanisms. States should include efforts to eliminate violence against sex workers in their reports, and sex worker communities should be supported in developing thematic shadow reports that hold States accountable to their treaty obligations.
- 3.7 Ensure that States ratify and implement the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention Against Torture and all the related optional protocols, including all necessary steps to enable complaints or communications to the treaty bodies established under each of those instruments.

3.8 Implement programmes and policies that address the broader context of gender inequality and discrimination against sex workers, such as strengthening financial independence and stability, social protection and access to education for sex workers.

3.9 Build sex worker communities social capital through the forging of partnerships with local leaders, establishment owners and managers and the media.

4 Recognize sex work as legitimate work and ensure that sex workers have legally enforceable rights to occupational health and safety protection.

4.1 Implement the International Labour Organization's Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200) in relation to sex work.

4.2 Develop workplace health and safety standards for venues where sex work takes place, including:

4.2.1 strategies to prevent and respond to violence, such as referrals to services related to gender-based violence;

4.2.2 effective HIV prevention that ensures the availability of condoms and lubricant, builds social norms that encourage condom use by clients and supports sex workers to negotiate condom use;

4.2.3 occupational health and safety measures that do not include mandatory testing and always include ready access to antiretroviral treatment and post-exposure prophylaxis; and

4.2.4 training and sensitization of establishment owners and managers in occupational health and safety issues.

4.3 Ensure that sex work is included in the implementation of and reporting on article 6 of the International Covenant on Economic, Social and Cultural Rights and any corresponding national legislation. The covenant recognizes the right to work, defined as the opportunity of everyone to gain their living by freely chosen or accepted work in "just and favourable" working conditions.

5 Improve sex workers' access to sexual and reproductive health, HIV and gender-based violence services.

5.1 Ensure that sex workers of all genders enjoy the highest attainable standard of physical and mental health, in line with article 12 of the International Covenant of Economic, Social and Cultural Rights.

5.2 Under Economic and Social Commission for Asia and the Pacific resolutions 66/10 and 67/9, all States should call for universal access to HIV prevention, care and support.¹¹ And States should follow through on these commitments.

5.3 At the domestic level:

5.3.1 ensure sex workers of all genders can access affordable, acceptable and good quality services to prevent and respond to violence,¹² and expand other violence against women and gender-based violence programmes to include violence against sex workers;

5.3.2 ensure adequate training of medical professionals on non-discrimination and patients' rights and ensure that sex workers of all genders can access health services without fear of discrimination and with confidence that they will be treated with dignity and respect and that their personal health data will be treated with confidentiality;

5.3.3 implement one-stop crisis centres within community-led organizations, and institute sex worker-led interventions specifically targeted to the needs of sex workers; and

5.3.4 ensure that care and support for sex workers who survive violence is, to the greatest degree possible, integrated into services for HIV prevention or care and for sexual, reproductive and mental health care.

¹¹ Economic and Social Commission for Asia and the Pacific Resolution 66/10 – Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific and Economic and Social Commission for Asia and the Pacific Resolution 67/9 on the Asia–Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

¹² In particular, persons experiencing sexual violence should have timely access to comprehensive post-rape care in accordance with the World Health Organization's 2013 clinical and policy guidelines in *Responding to Intimate Partner Violence and Sexual Violence Against Women*.



**THE
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