

VIOLENCE AGAINST SEX WORKERS IN AFRICA

*“Every sex worker has
got a story to tell about
violence”*

violence





This study was commissioned by the African Sex Worker Alliance (ASWA), under the KP REACH Programme, a regional programme to address HIV amongst key populations in the SADC Region, funded by the Global Fund. KP REACH was managed by Principal Recipient Hivos, and implemented by 4 networks [ASWA; African Men for Sexual Health and Rights (AMSHer), Coalition of African Lesbians (CAL); and the Southern African Trans* Forum (SATF)], and 3 partner organisations [SAfAIDS, Positive Vibes, and M&C Saatchi]



Suggested Citation: African Sex Worker Alliance (2019). *“Every sex worker has got a story to tell about violence”*: Violence against sex workers in Africa. Nairobi.

Research by: Maria Stacey and Brian Kanyemba, Equal Africa
 DTP and artwork by Jaywalk Design, Cape Town, South Africa
 Cover image courtesy of Voice of our Voices, eSwatini

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ABBREVIATIONS

AMSHeR	African Men for Sexual Health and Rights
ASWA	African Sex Workers Alliance
AU	African Union
CAL	Coalition of African Lesbians
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHeRA	Community Health and Rights Advocacy (Malawi)
CTS	Continuous traumatic stress
FSW	Female sex worker
FSWA	Female Sex Worker Alliance (Malawi)
GBV	Gender-based violence
HIV	Human Immunodeficiency virus
IPV	Intimate partner violence
KaPAL	Key Populations Alliance of Lesotho
KP	Key Population
KP REACH	Key Populations Representation Evidence and Advocacy for Change in Health
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MRDA Plan	Meaningful Representation, Dialogue and Advocacy Action Plan
MSM	Men who have sex with men
NGO	Non-governmental organisation
PEP	Post exposure prophylaxis
PTSD	Post-traumatic stress disorder
PWID	People who inject drugs
SADC	Southern African Development Community
SWIT	Sex Worker Implementation tool
SWEAT	Sex Workers Education and Advocacy Taskforce
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
VooV	Voice of our Voices (eSwatini)
WHO	World Health Organisation
ZASWA	Zambian Sex Workers Alliance

ABOUT THIS STUDY

“Every sex worker has got a story to tell about violence”

Workshop participant, Malawi

BACKGROUND

Key Populations Representation Evidence and Advocacy for Change in Health [KP REACH] Programme

The Key Populations Representation Evidence and Advocacy for Change in Health Programme (KP REACH) was an innovative Southern African regional initiative made possible by a Global Fund (GF) grant to Hivos, with sub-grants to four networks representing key populations and marginalised people in eight countries of sub-Saharan Africa – namely, the African Sex Workers Association (ASWA), African Men for Sexual Health and Rights (AMSHer), the Coalition of African Lesbians (CAL) and the Southern Africa Trans Forum (SATF) – as well as three technical support partners – M&C Saatchi, Positive Vibes and SAfAIDS.

KP REACH has been formulated by KP networks and NGOs in Southern Africa to address the high levels of HIV infection among sex workers, men who have sex with men (MSM), transgender (TG) and women who have sex with women (WSW). The programme was implemented from 2016-2018 across eight SADC countries: Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

The goal of KP REACH was to support a KP-led approach to reducing levels of HIV infections and HIV-related deaths among key populations (KPs) in Southern Africa through improved access to HIV prevention, testing and treatment services. The programme had three key objectives:

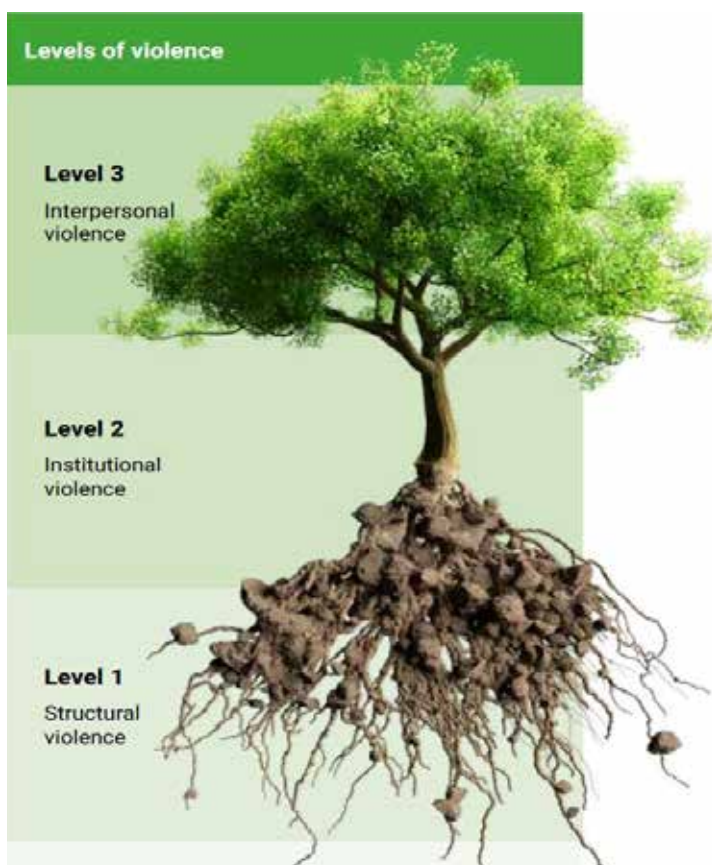
- ▶ **Objective 1:** To strengthen four existing and emerging regional networks in Southern Africa so that they work strategically and efficiently together and with others to contribute to the effective development, monitoring and reporting of HIV prevention, testing and treatment services, programs and policies for KPs at regional and national levels
- ▶ **Objective 2:** To improve data collection/evidence and use, knowledge management, scale up and replication of best practice for more responsive national level programming and policies for improved access to HIV prevention, testing and treatment services for KPs; and
- ▶ **Objective 3:** To develop a unified KP-led voice and disseminate messaging co-created with KPs that aims to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment services for KPs.

Meaningful Representation, Dialogue and Advocacy Action Plan

The current study is one of the outcomes of the KP REACH Meaningful Representation, Dialogue and Advocacy Action Plan (MRDA Plan). A brief description of the background will help to understand how this study arose.

Meaningful representation, dialogue and advocacy were at the core of the Key Populations Representation Evidence and Advocacy for Change in Health (KP REACH) programme. Achieving the aims and goals of KP REACH required an MRDA Plan which articulates the means by which key populations and marginalised people represented in the project worked together towards achieving the change that they want to see.

In 2016, a consultative process was held with the KP REACH networks, who collectively imagined a shared advocacy goal: **Freedom from Violence**. The question which was asked was, "What is the big change we're capable of creating together?". The answer which emerged was, "freedom from violence in all its manifestations". The vision was to talk about violence in new ways, expanding and deepening our understanding of violence, beyond a narrow focus on victimhood. In order to do this, we need to unearth the root causes of violence and address these.



Like a tree with roots, a trunk and branches, violence exists at different levels and in different forms - from its roots in social, economic and political structures, to the institutional level where individuals and groups are excluded to its manifestations in interpersonal interactions.

The tree metaphor provided a coherent framework for the three implementing partners in the MRDA Plan - CAL, AMSHeR and ASWA - to work together towards the shared advocacy goal of freedom from violence. CAL focused on interventions to address *structural violence*, AMSHeR worked at addressing *institutional violence*, and ASWA focused on *interpersonal violence*.

The need for a consolidated report on violence

Prior to this decade, little research had been done on violence against sex workers in Africa. ASWA's 2011 study: "*I expect to be abused and I have fear: sex workers' experiences of human rights violations and barriers to accessing healthcare in four African countries*", was a turning point. In recent years, the recognition of violence as driving the high rates of HIV amongst sex workers in Africa, has resulted in a growth in research, evidence, and information on this topic. For example, the Hands Off! Project, funded by Aidsfond Netherlands, from 2015-2018, was a comprehensive programme to address violence against sex workers in 5 SADC countries (Namibia, Mozambique, Botswana, Zimbabwe and South Africa), conducted comprehensive research on the experiences of violence by sex workers in those countries, and also investigated sex workers' strategies for responding to violence.

Despite the growing body of research, to our knowledge there do not seem to have been any previous efforts to consolidate and analyse this range of research, information and data on this topic, from diverse sources into a single report. ASWA has therefore identified the need for such a resource in order to provide a comprehensive, accessible and user-friendly catalogue of information. Sources of data for the consolidated report are broad, and include books, peer-reviewed journal articles, research reports, programme reports, media articles, conference/meeting proceedings and presentations.

We are mindful of the fact that sex workers are the experts in their own lives, and that sex worker organisations usually possess a wealth of information, which has not necessarily been formally published. In order to gain sex workers' contributions to this report, we conducted consultations with sex worker-led organisations in four Southern African countries: eSwatini (formerly Swaziland), Lesotho, Malawi and Zambia. We also communicated with all ASWA member organisations requesting them to share any resources they had which would be relevant for this report.

This report is structured into three parts:

- ◆ **PART 1: A THEMATIC OVERVIEW OF VIOLENCE AGAINST SEX WORKERS IN AFRICA**
- ◆ **PART 2: REPORT ON CONSULTATIONS WITH SEX WORKERS ON VIOLENCE, IN FOUR SADC COUNTRIES**
- ◆ **PART 3: A COUNTRY-BY-COUNTRY BIBLIOGRAPHY OF ALL AVAILABLE STUDIES ON VIOLENCE AGAINST SEX WORKERS IN AFRICA**

A FRAMEWORK FOR THIS STUDY

A definition of sex work which guided the scope of the literature review was *the consensual exchange of sexual intercourse between adults, for money or other goods, as a livelihood activity*. Studies which focused exclusively on transactional sex¹ were excluded. However, it is acknowledged that the distinction between sex work and transactional sex can be blurred, as well as subjective. Some studies involved both sex workers and people engaged in transactional sex, and these studies were included. Sex workers of all genders are included in this study. However, literature on male and transgender sex workers was very scarce.

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¹ Transactional sex occurs when something is informally provided in exchange for sexual services, but not within a formal or professional commercial transaction

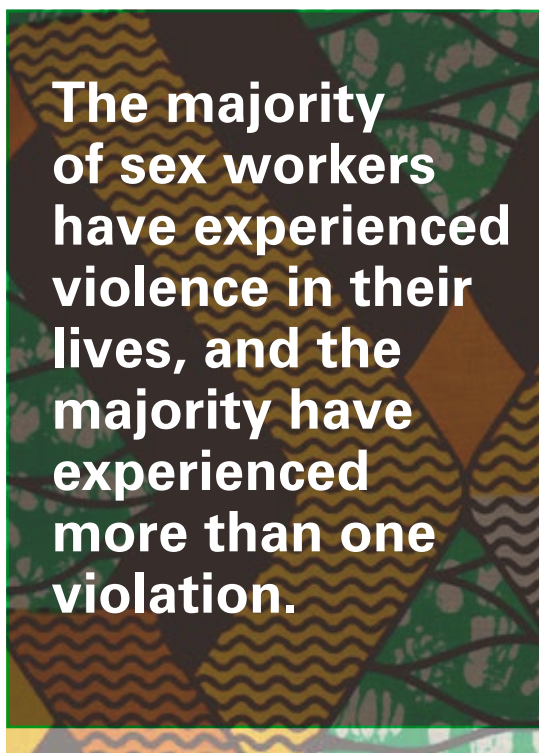
PART 1: A THEMATIC OVERVIEW OF VIOLENCE AGAINST SEX WORKERS IN AFRICA

All social justice movements begin with pain, birthed by stories of human suffering – of dreams deferred, lives lost. The African sex workers' rights movement is no different. In my travels throughout the continent, I heard countless stories chronicling police abuse, client abuse, lack of access to justice, poor working conditions, health care discrimination and social stigma. It's eerie how strikingly similar the stories were. Mauritius was one of the last countries I visited, and as I stood on the dark streets of Quarte Bornes speaking to Creole sex workers about the human rights abuses they face, I could not help but think that there I was in a little-known, tiny dot of a country in the Indian Ocean, and yet the stories I was hearing were nearly identical to sex workers stories in Kenya's bustling metropolises, Botswana's small border towns, and any number of the other places I'd visited during my fieldwork. The reason African sex workers experiences echo one another with such disturbing consistency, despite their countries' diverse social and political orientations, is that human rights abuses against sex workers originate from the same source. What ties them together is the fact that in all of these countries, sex work is criminalised. And it is from sex work's illegality, as well as deep-seated social stigma, that these abuses flow.

To Live Freely in This World (Chi Adanna Mgbako)

1.1. INTRODUCTION

All over the world, sex workers experience extraordinarily high rates of violence. Even where there are high rates of violence against women, sex workers experience a higher burden.



The majority of sex workers have experienced violence in their lives, and the majority have experienced more than one violation. Indeed, many research studies have concluded that violence pervades the lives of sex workers. For example, in Zambia, Agha and Chulu Nchima (2004) note that “Client and police harassment was part of the **daily routine** of street-based sex workers’ lives”. The pervasiveness of violence leads many sex workers to accept it as a normal part of the job.

And yet sex work is not inherently violent. Neither is violence against sex workers inevitable. Violence towards sex workers is driven by, and exacerbated by stigmatising beliefs about and attitudes towards sex workers, social marginalisation, and criminalisation of their occupation. In a global review of violence against sex workers, Decker et al. (2015) found that abuses occur across all policy regimes, but most profoundly where sex work is criminalised through punitive law.

The Global Commission on HIV and the Law (2012) states clearly that:
Criminalisation + Stigma = Danger.

The forces of criminalisation and stigma combine to create an environment in which violence against sex workers is viewed as being somehow less abhorrent than violence against women in the general population.

Sex workers of all genders are entitled to the human rights to which all people of the world are entitled, as enshrined in international human rights instruments. Similarly, they are entitled to all the constitutional and legal rights of citizens in the countries in which they live.

However, as a stigmatised, marginalised, oppressed, dehumanised and criminalised population, sex workers are not only more likely to experience violence, but are also less likely to receive help when they need it, from the police, health care workers and others tasked with assisting victims of violence. On the contrary, further abuse by service providers leads many sex workers to feel that reporting crimes against them is an exercise in futility, which further exacerbates marginalisation.

These systemic, structural challenges which sex workers face have many negative outcomes for their health and wellbeing. Globally, sex workers are at high risk for HIV, with one study estimating an average of 13.5 times’ greater prevalence among sex workers in low and middle income countries compared to women in the general population (Baral et al., 2012). Several studies have shown that sex workers also have higher rates of STIs than women in the general population. Recent research is starting to highlight that sex workers also face negative mental health outcomes, including high rates of depression, post-traumatic stress disorder, and substance abuse.

Africa is no exception to the global trend. Until very recently, there was a scarcity of evidence, with a 2014 review of all peer-reviewed studies on violence against sex workers found that only 3 out of 41 studies were from Africa.

However, in the past few years, the topic of violence against sex workers is getting more attention from researchers, possibly spurred on by the growth of advocacy for sex workers rights on the African continent. Studies published in recent years then have confirmed high rates of violence against sex workers in Africa, from a range of perpetrators. For example, Pack et al. (2014) found that 79% of a sample of female sex workers in Kenya reported violence from a client or partner in the past 30 days. Roberts (2018) found that 87% of sex workers in Mombasa had experienced gender-based violence (GBV) in their lifetimes. However, research has been concentrated in East and Southern Africa. Little is known about the situation of sex workers in Central, West and in particular, in North Africa.

1.2. UNDERSTANDING VIOLENCE

Violence is hard to define; understandings of violence vary in different contexts, and shift over time. However, a commonly-used definition is that of WHO (2002), which defines violence as:

“the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”

However, this study also draws on conceptualisations of violence which the KP REACH collective articulated in the process of developing the MRDA Plan. During that process, violence and the ever-present threat of violence were understood as the tools with which society controls, polices, coerces, regulates and punishes people to bring compliance and conformity. Thus, individuals and groups who transgress social, gender and sexual norms are more likely to experience violence. These individuals and groups includes marginalised people such as refugees, sex workers, gay men and other men who have sex with men, and women, including women living with HIV, lesbian women and women with same sex desire, women seeking abortion, and drug users amongst others.

1.2.1 Categories of violence

The WHO framework classifies violence into different categories:

Self-directed violence refers to violent acts a person inflicts upon him- or herself (for example self-harm and suicidal behaviour)

Interpersonal violence refers to violence inflicted by another individual or by a small group of individuals. Interpersonal violence can be further divided into family or interpersonal violence, on the one hand, and community violence on the other, which is violence between people who are unrelated.

Collective violence can be defined as the instrumental use of violence by people who identify themselves as members of a group, against another group or set of individuals, in order to achieve political, economic or social objectives. This can manifest in a number of forms, such as genocide, repression, terrorism and organised violent crime. In this study, it will become apparent that violence meted towards sex workers is a form of collective violence.

1.2.2. Types of Violence

Violence can also be classified according to different types: physical, sexual, psychological, and structural.

Physical violence is the intentional use of physical force, used with the potential for causing harm, injury, disability or death. This includes, but is not limited to: scratching, pushing, shoving, grabbing, biting, choking, shaking, slapping, punching, hitting, burning, use of a weapon, and use of restraint or one's body against another person.

Sexual violence involves a sexual act being committed or attempted against a victim who has not freely given consent, or who is unable to consent or refuse. This includes, but is not limited to: forced, alcohol/drug-facilitated or unwanted penetration, sexual touching, or non-contact acts of a sexual nature.

Psychological violence (also referred to as emotional or mental abuse) includes verbal and non-verbal communication used with the intent to harm another person mentally or emotionally, or to exert control over another person.

The impact of psychological violence can be just as significant as that of other, more physical forms of violence, as the perpetrator subjects the victim to behaviour which may result in some form of psychological trauma, such as anxiety, depression or post-traumatic stress disorder.

Structural violence is not a direct form of violence, but occurs when political, social, economic and cultural structures exert violence (in any of its forms) on individuals or communities. Structural violence exists when certain groups are systematically excluded from goods, resources and opportunities. Structural violence requires both political and social change in order to transform discriminatory structures and patterns.

From the literature which we review in this report as well as from the consultative workshops with sex workers, it is clear that sex workers all over the African continent experience very high rates of all types of violence, and that violence is a frequent occurrence.



Anita Mambumba

"Anita was a dutiful mother. She was the bread winner who was looking after her 4 siblings after her mother passed away and her own 3 beautiful children. Her elder child had her matric ball this year and she wasn't here to witness that. She was always full of smiles and life. You would never see her angry even if she was angry she was always polite. And she loved partying!"

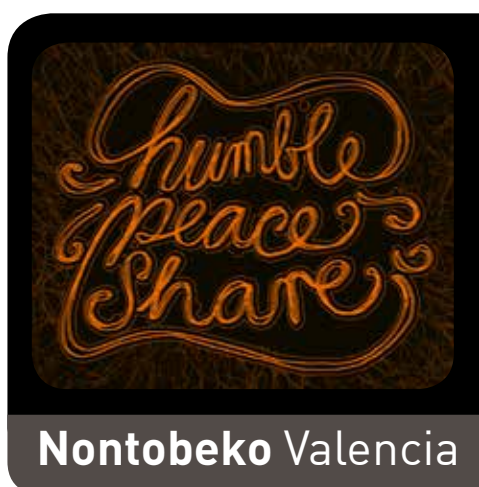
– by Ncumisa (friend)

Image courtesy of SWEAT

Below are some examples from a range of countries:

- ◆ In Mombasa, Kenya, lifetime prevalence of gender based violence was 87% (Roberts et al., 2018).
- ◆ In Uganda's Gulu region, an area recovering from civil war, Muldoon (2015) found that amongst female sex workers, rape from any partner in the last 6 months was 41.3%. Lifetime prevalence of rape was 49.0% with the most common perpetrator from the last rape being an intimate partner (18.2%), friend (8.2%), authority figure (3.4%), and family member (2.1%) (Muldoon, 2015).
- ◆ In Cote D'Ivoire, lifetime prevalence of physical violence was 60%, sexual violence was 44.1% and torture was 17% (Lyons et al 2017).
- ◆ In eSwatini, 40% of sex workers had experienced at least one rape; 17.4% reported being raped 6 or more times! Furthermore, blackmail was reported by 34.8% and torture by an astounding 53.2%! (Baral et al., 2014)
- ◆ In Soweto, South Africa, the prevalence of exposure to physical/sexual violence in the past year was 53.8% by intimate partner, 46.8% by clients, and 18.5% by police. Past year prevalence of sexual/physical violence by any perpetrator category was 70.8% and lifetime exposure was 76.0% (Coetzee et al. 2017).
- ◆ The Hands Off! study found that 70% of sex workers in 5 Southern African countries had experienced physical and sexual violence in the past 12 months, with sex workers in all countries being confronted with emotional, physical, sexual and economic violence on a regular basis. (Aidsfond, 2018).
- ◆ SWEAT and Sisonke, in South Africa, collected data on all sex workers' deaths reported to them between 2013 and 2017 and found that, of the 118 cases of sex workers' deaths documented, 65% were due to murder (SWEAT & Sisonke, 2017).

Despite these extraordinarily high levels of violence, sex workers often reported that psychological violence was most damaging and painful to them (e.g. Aidsfond, 2018a). For example, in Zambia, "Sex workers felt highly stigmatised because of their work. Several women had been rejected by their families. They were very conscious of being judged harshly by society and wished that their lives had been different" (Agha & Chulu Nchima, 2004)



"Valencia she was a good person and a humble girl. She was like peace to the sex workers and she loved to recruit people to come to SWEAT. She was supportive to everyone at sex worker's areas. She liked to share what she have."

– by Joyce (SWEAT Peer)

Image courtesy of SWEAT

1.3. WHO PERPETUATES THE VIOLENCE?

Violence towards sex workers comes from a broad spectrum of perpetrators: police, clients, intimate partners, health care workers; thugs and/or criminals, managers and/or controllers, and the community. In short, sex workers live and work in environments which are hostile, threatening and dangerous.

1.3.1. Clients

Physical, sexual, psychological and economic violence from clients is a common experience for many sex workers.

ZAMBIA



- “Clients harassed them by not paying them after having had sex or by abandoning them far away from where they had met” (Agha & Chulu Nchima, 2004)

KENYA



- “I can’t lie that I don’t know how important condoms are - I know. But I can’t count how many times I have slept with men without it, not because I like it, but some men tell you they like it without a condom,” said Eunice Mueni, 23, who plies her trade in Nairobi. “If you refuse, they beat you; some tell you they will give you double money. You fear being beaten and you like more money also, so you are in a dilemma and you just give in.

One time I met a client and he told me he will to do it without a condom - I tried to negotiate and he just removed a gun and placed it inside my mouth saying he would blow out my brains,” said Mueni. “You can’t reason with such a person.” “Some tell you they are police officers and they will arrest you because you are engaging in crime,” she added” (IRIN L’info au cœur des crises, 2011)

- “I was raped on the street by a client.” Martin explains it is common not to be paid or beaten up before, after or during sex. “I had to learn to take it, I had no other way of earning money. I was often beaten up but I had to learn to get back on the street the next day in order to earn more money,” he says sorrowfully (Wanyoni, 2018)

UGANDA



- In Kampala, 82% of female sex workers had experienced client-initiated gender-based violence and 49% had been raped at least once in their lifetime (Schwitters, 2017)

1.3.2. Police

Sex workers experience violence from police in two ways. Firstly, when sex work, or aspects of sex work are criminalised, police may abuse sex workers in the course of enforcing the law; may use subjective interpretations of national laws or municipal by laws to regularly harass sex workers, may not adhere to the legal requirements for arrest and detention, or may take advantage of sex workers' criminalised and marginalised status to commit crimes against sex workers, such as torture, rape, assault and extortion.

The second way in which police perpetrate abuse against sex workers is by denying them access to justice and other assistance when they have been violated, with statements such as "You are just whores; you can't be raped" (Pauw & Brener, 2003).

TANZANIA



"They were three police officers. They beat me with their hands, and kicked me. They were saying, "What are you doing here, you're a prostitute, a dog, you are a pig"... I went to the hospital because they had hurt me badly. I had damage on my skin. My whole body was hurting. I told the doctor that I fell down the stairs. If I had told them what really happened, they would need a PF3.² I was afraid to go to the police to get forms because they would ask me many questions and they would want to arrest the person who beat me—and if those police [officers] were arrested, they would say that I was a sex worker".

Male sex workers, Dar es Salaam (Human Rights Watch, 2013)

MOZAMBIQUE



"A police officer forced me to have sex with him and infected me with an STI. They shut us up in a cell and beat us up and we had to sleep on the floor. Next day, they made us clean the cells and the bathrooms. They told us that what we were doing wasn't legal and we were worth nothing. We had to pay them or have sex with them to get out. Some of the girls were shut up in prison for one or two months."

Female sex worker Mozambique (Hands Off! Southern Africa report, 2018)

SOUTH AFRICA



- Richard says he was picked up in Cape Town one evening by a group of police officers. The police put him in the back of their police van and took him to an isolated area nearby, where, he alleges, they forced him to have sex with them and then beat him up. After the incident, he went to Killarney Medical Centre for medical assistance. The doctors encouraged him to open a case. However, at that time, he says, he was "terrified". His family did not know that he was a sex worker or that he was gay. He therefore decided not to open a case.
- At least 70% of the sex workers who approach the SWEAT or Women's Legal Centre had complaints against the police. According to (an) attorney, these complaints include physical and sexual assault, unlawful arrest and detention, and being denied their basic rights while in prison, such as access to phone calls, food and water." (Dockney, 2013).

.....
² A police form required in Tanzania the case of assault in order to obtain emergency medical assistance

NAMIBIA



- *“The police have beaten me four times. They hit my friend with their car. Her head was hurt and she isn’t able to talk anymore,”* said Salinde, a street sex worker, during an interview with researchers in Windhoek, Namibia. (Arnott & Crago, 2009)

UGANDA



- *“In Gulu, police harassment was very common: 37.3% reported rushing negotiations with clients because of police presence, a practice that was significantly associated with increased odds of client violence”* (Muldoon, 2017)

LESOTHO



- *“Seven, a 23-year-old from Maseru speaks about how one Friday night in April 2016 she was forced into a police van and driven to an isolated place. There were three officers in the van, including the driver. They were verbally violent towards her throughout the drive, hurling insults. When the van eventually stopped they dragged her out. “All three officers raped me but I put up a serious fight. I was injured. Afterwards they even took all the money I had worked for that day.” Tears welled in her eyes as she showed us the scars on her legs. “I was left there, alone till morning.” Seven did not feel that she could report this violation to the police. She feared it would put her life in worse danger. “There is no use going there. We are treated like trash.””* (Kale, 2018)

KENYA



“Another officer asked how a prostitute like me could be raped as I was used to all sizes. He told me in act that man really spared me. He could have tested my ass too. He ended up asking me if my ass is already opened. Never will I again go to report a case. I’d rather die”

Female sex worker, Mombasa (Scorgie et al, 2013b)

1.3.3. Criminals and thugs

Street-based sex workers, in particular, work mainly at night, usually carry cash, and need to stand so that they are visible to potential customers, but this means they are also visible to potential criminals and thugs. They are therefore easy targets for criminals, who are emboldened by sex workers’ vulnerable social and legal status.

ZAMBIA



- *“Women were most fearful of being raped by gangs of young men. Several women reported having been forced to have sex with four or five men. One woman reported having been abducted by a gang of thieves and being repeatedly raped for 1 week”* (Agha & Chulu Nchima, 2004)

1.3.4. Third parties

In sex work, the term third parties refers to people who facilitate commercial sex. They can do this by arranging meetings between sex workers and clients and/or providing resources and services (such as providing a venue, or providing security or driving services). These roles vary from place to place and in terms of influence and power over commercial sex and sex workers (Overs, 2002).

Third parties can include owners and managers at venues (e.g. bars, brothels) and controllers (commonly referred to as 'pimps'). In Africa, sex work is typically conducted directly between sex worker and client, without the use of intermediaries (Scorgie, 2012). However, a few studies mentioned violence towards sex workers by third parties:

SOUTH AFRICA



- "In Cape Town, South Africa, gatekeepers fell into two categories: 'pimps' who were usually either boyfriends, husbands or ex-sex workers – they were not reported to be abusive or exploitative, and on the contrary were reported to be supportive towards sex workers and enabling towards community outreach workers. Gangsters on the other hand, were often dangerous and controlling, and were often connected to sex workers who used drugs, as gangsters controlled the drug trade". (Pauw and Brener, 2003)

1.3.5. General public

BOTSWANA



- "The general attitude towards sex workers in Botswana is moralistic, embedding sex working a context of stigma and discrimination. This study revealed that the majority of sex workers (73%) experienced discrimination in the past 12 months. More than half (55%) experienced being called names. The word *me-nice* is often used to humiliate them.

"When we walk in the streets we encounter violence of being called different names. We are being discriminated by what we wear. When I have put on stilettos it means I am a 'me nice'. I am the lady who sells her body. "

Female sex worker, Gaborone

- Forty-two percent (42%) of sex workers were blackmailed in the past year. All of this shows that sex workers are confronted with emotional violence from the community on a regular basis. In order to avoid violence and to avoid gossip and humiliation, respondents prefer keeping their work secret" (Hands Off!, 2017)

ZAMBIA



- "At times, passers-by would throw stones at street-based sex workers" (Agha & Chulu Nchima, 2004)

1.3.6. Intimate Partners

Violence from intimate partners has been reported in research from several African countries. The most extensive research has been conducted in East Africa, where researchers have also explored the type of relationship patterns which are more conducive towards intimate partner violence (IPV), as well as the impact of IPV on health outcomes.

UGANDA



- “Abuse by a male intimate partner was a common narrative in all the interviews. Participants recounted numerous episodes of physical violence and persistent threats of violence from past and current partners: *‘the man started behaving like a mad man’* (Mary, 35 years, bar-based sex worker); *‘he started quarrelling and promised to set us ablaze’* (Margaret, 38 years, former bar-based sex worker).

In co-habiting relationships in particular, respondents described how physical violence commonly occurred alongside emotional and economic abuse. Mary, whose husband was physically violent towards her during pregnancy, described how she also suffered neglect at that time: *‘my husband was silent and rendered no support’*....

Sexual violence or coercion within marriage was not often mentioned in the interviews. Counsellors, however, recount frequent reports of physical violence, marital rape and emotional abuse by women attending the clinic. The counsellors and interviewers described how intimate partner violence was frequently under-reported because it is so normalised within Uganda and because women fear that if they report violence they will face further abuse from their partners.” (Schulkind et al. 2016)

KENYA



- “286/357 women (80.4%) had an index partner, and 52/357 (14.6%) reported intimate partner violence by that partner in the past year. Women with severe alcohol problems and those experiencing controlling behaviours by the index partner were significantly more likely to report recent IPV.” (Wilson et al. 2016)
- “Low control over intimate relationships were reported by 36.9% of sex workers interviewed. Low control was linked with higher partner numbers, inconsistent condom use, and being physically forced to have sex by their emotional partners”. (Luchters et al., 2013)

eSWATINI



- A study by Berger et al. (2016) demonstrate that multiple actors perpetrate physical and sexual violence against FSW. While the majority of perpetrators of physical violence and forced sex were uniformed officers and one-time clients, consistently high proportions in both violence categories were non-paying partners (beaten up: 14.4%; forced sex 13%) and family members (beaten up: 19.2%; forced sex 21%).

- Many programs for FSW focus narrowly on condom use and negotiation skills to mitigate the risk of violence with clients but these results underscore the need for intervention programs to focus on both commercial *and* non-commercial actors in violence prevention and risk reduction strategies among this population



1.3.7. Health care workers

The violence experienced by sex workers at health care facilities is usually psychological, although it can also be physical (OSISA, in press). There have even been reports of male and transgender sex workers being reported to the police by health care workers in Malawi, where both homosexuality, and aspects of sex work are criminalised (OSISA, in press).

Abuse is not only perpetrated by health care workers, but also by others working at health care facilities, such as security guards and administrative staff, as has been documented in South Africa, such that sex workers experience health facilities as being discriminatory environments (Global Fund, 2018).

ZIMBABWE



- Key population participants in focus group discussions, including sex worker described considerable unmet needs and barriers to accessing basic healthcare due to discrimination regarding key population status, exacerbated by the sociopolitical/legal environment. Key populations experience unnecessary suffering from untreated conditions, exclusion from healthcare and extreme psychological distress.

“They can tell you to wait outside and that you want me to touch your rubbish and you are the ones destroying our marriages”.

Female sex worker female, Mutare (Hunt et al., 2017)

UGANDA



- “Female sex workers had major concerns with the quality of services especially discrimination and rude remarks from providers, denial or delay of services, and potential for breach of confidentiality.

“When they know that you are a sex worker, you will be the last person to be treated” (Wanyenze et al., 2017)

KENYA, SOUTH AFRICA, UGANDA AND ZIMBABWE



- In all four countries, sex workers reported that they received hostile and discriminatory services from health care workers. Denial of treatment for injuries following physical assault or rape was common



“I cannot go and tell a health worker that I have a genital problem when she doesn’t know about my work. I expect to be abused and I have fear”

Female sex worker, Kampala, Uganda (Scorgie et al., 2013a)

“We are despised in the hospitals. They [providers] say, “We don’t have time for prostitutes” and they also say that if one prostitute dies then the number reduces.’

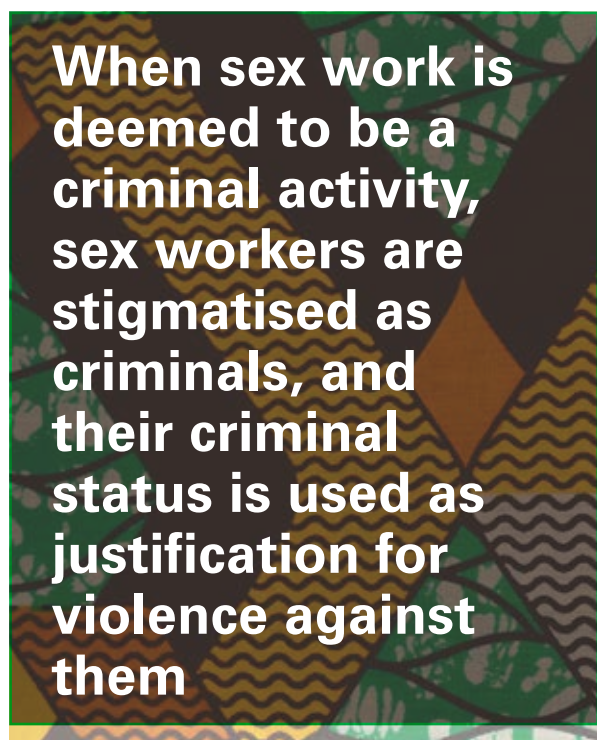
Female sex worker, Kampala, Uganda (Scorgie, 2013b)

1.3.8. Other sex workers

The Hands Off! study on violence against sex workers in five Southern African countries documented that sex workers can also be violent to each other (Hands Off!, 2018). This finding was supported by the in-country consultations in the four countries which formed part of the fieldwork for this research (described in Part 2).

1.4. FACTORS ASSOCIATED WITH VIOLENCE

There is a growing body of research which is elaborating our understanding of the factors which operate at different levels in sex workers' lives to influence their risks of experiencing violence. Some key contributing factors will be discussed briefly in this section



1.4.1. Criminal laws

In a global analysis of violence against sex workers, Decker et al (2015) concluded that “human rights abuses are most profoundly felt under regimes of criminalisation, with both state and non-state actors perpetrating physical and sexual violence, harassment, and discriminatory practices. In Africa, Chersich et al. (2013) argue that “persistent criminalisation of sex work... reduces sex workers’ control over working conditions and impedes their access to health services. It also obstructs health-service provision and legal protection.”

When sex work is deemed to be a criminal activity, sex workers are stigmatised as criminals, and their criminal status is used as justification for violence against them from a range of perpetrators.

1.4.2. Workplaces

Both the research and the consultative workshops (discussed in the next section) argue different sex working venues are associated with different risks, with street-based sex work thought to be the riskiest.

In Uganda, sex workers who were interviewed in one study judged street-based sex workers as possessing a lower social status and perceived higher risk behaviour compared to older, more experienced bar-based workers (Schulkind et al., 2016). This perception was backed up by another Ugandan study by Schwitters et al. (2015), which found that the risk of rape and GBV from clients was higher when sex occurred in open spaces, compared to when it occurred at a sex worker or client’s house, or at a hotel.

1.4.3. Gender

While the majority of sex workers are cisgender women, male and transgender people also engage in sex work. Stigma towards these sex workers is compounded by homo- and transphobia. In Namibia and Botswana, for example, where homosexuality is criminalised, Arnott and Crago (2009) found that male and transgender sex workers face additional abuse and criminalisation.

Overwhelmingly however, research into sex work deals exclusively with female sex workers, and there is very little research on male and transgender sex workers and violence in Africa.

1.4.3.1. Male sex workers

In a study based on in-depth interviews with male sex workers from East and Southern Africa, Boyce and Isaacs (2014) found that, like female sex workers, male sex workers report that their work has many risks, including the risk of violence from clients, including forced unsafe sex, and significant harassment and violence – often sexualised - from police. Still, while acknowledging that the profession can be risky, the male sex workers who were interviewed for this study also spoke about the positive aspects their work has had for them including an increased sense of independence from the money they earn, boosted self-esteem, ability to set their own working hours, developed social networks and the possibility to understand their own sexuality.

1.4.3.2. Transgender sex workers

There is very little research data on violence against transgender sex workers in Africa (Poteat et al., 2015). One study, from Togo, Burkino Faso and Cote d'Ivoire, transgender women who were involved in sex work were found to experience high levels of sexual behaviour stigma (Stahlman et al., 2016).

Globally, transgender sex workers face greater violence from clients, police and in their personal lives, compared to male and cisgender female sex workers (Poteat et al., 2017). Transgender women detained or imprisoned in connection with sex work are often placed in male facilities, where they are subject to the risk of sexual assault (Poteat et al., 2017).

These two examples below, from Namibia and South Africa give an idea of the pervasively violent and marginalising environment in which transgender sex workers exist.

NAMIBIA



A transgender female sex worker activist reported that members of the Namibian Defence Force ripped her clothes off and began to sexually assault her in the middle of the street. The Istanbul Protocol³ classifies this behaviour as torture. This same sex worker reported another incident of sexual violence as torture at the hands of police officers. The police arrested her when they found condoms in her bag. Because the police refused to acknowledge her gender identity as a transgender woman, they placed her in a holding cell with fourteen men who took turns raping her. Despite her cries for help, police officers ignored her and encouraged the inmates to continue sexually assaulting her. "When my assailants had finished, police officers applauded them, saying I deserved to be raped," she recounted (*Leitner Center, 2016*)

.....
³ The "Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.", commonly known as the **Istanbul Protocol**, is a 2004 UN document which outlines international legal standards and sets out specific guidelines on how to conduct effective investigations into allegations of torture and ill-treatment. The Istanbul Protocol can be accessed at: <https://www.ohchr.org/Documents/Publications/training8rev1en.pdf>



Do any of you know my language?

REST IN POWER
LEIGH DAVIDS
1979-2019



photo credit Astrid Warren

Let me give you an example. This is what it sounds like in my head in the morning when I wake up or when the other girls sleeping under a piece of plastic are talking to one another.

How will I get R40 today?

Who will fuck me today?

Who will be robbed by me today?

For who will I perform my poverty for today?

Who will humiliate me today when I ask for ARVs?

Who will send me away again this year when I say I was raped – again?

Will this be a day that a policeman won't make me suck his dick just because I walked to the shop while being trans?

Will I survive this day?

Who do we visit at court today?

Did you ever speak this language?

...

We are women with courage and strength and resilience and an impossible tolerance for daily violence.

Not just from the men who fuck us ... Not just from from medical places which turn us away ... Not just from families who desert us ...

Not just from schools which hit us bully us and cut us...

Not just all that violence

... but also from all the exclusion, exclusion – the terrible exclusion that we have to fight against every, every, every day. Violent, violent, violent.

Transgender sex worker activist, Leigh Davids,

2017

1.4.4. Substance use

Several studies have examined the link between alcohol and drug use and violence. For example, in Malawi, female sex workers said that they perceived alcohol as a facilitator for sex work by reducing inhibitions and attracting clients, but also acknowledged that alcohol leads to violence and/or unprotected sex. Despite these risks and a motivation to reduce use, sex workers feared that refusing to drink would be tantamount to turning away clients. (Lancaster et al., 2018).

In Kenya, Chersich et al. (2014) quantified the risks associated with alcohol: sex workers whose drinking was 'hazardous' were 3.1 times as likely to experience physical violence, compared to those who did not drink alcohol, while sex workers whose drinking was 'harmful' were 4.1 times more likely to experience sexual violence. Amongst male sex workers in Kenya, those who were dependent on alcohol had twice the risk of sexual violence (Luchters et al., 2011)

Similarly, when it comes to drugs, in South Africa, a study found that the majority of a drug-using sex workers interviewed reported experiencing some victimisation at the hand of men, either clients or boyfriends, with many reporting childhood abuse histories. The women also reported great fear of future victimisation. (Wechsberg et al. 2005).

1.4.5. Age

Globally, evidence shows that young people who sell sex are highly vulnerable for a variety of reasons (WHO, 2015).

The available research from Africa confirms the vulnerability of young people selling sex to violence. In Ethiopia, girls selling sex under the age of 18 were more likely to have experienced physical and sexual violence compared to adult sex workers (Ayelew & Berhane, 2000). In Lesotho, interviews with adult sex workers found that those who experienced child sexual exploitation were more likely to have been forced to have sex before age 18 than those who started selling sex as adults. In Maseru, participants who were sexually exploited as children were also more likely to avoid carrying condoms to prevent trouble with police. (Grosso et al., 2018)

In Mombasa, Kenya, twenty percent of female sex workers in one study reported early initiation of sex work. Although both early initiators and other female sex workers reported commonly experiencing recent violence, early initiators were significantly more likely to experience recent physical and sexual violence and verbal abuse from paying partners (Parcesepe, L'Engle, et al., 2016).

A study with 13 boys who sold sex in Niger found that most of the boys had experienced sexual abuse and sexual assault before starting to sell sex. There was no indication of involvement of pimps in the sexual transactions of the boys. There was a high level of awareness of risks and consequences of selling sex among the participants, and most used condoms consistently. Nevertheless, most of the participants experienced violence not only from clients and people in the community, but also from the police (Hounmenou, 2017).

1.4.6. Poverty

In our consultations for this research, sex workers argued strongly that sex workers who lived in circumstances of poverty were more likely to experience violence. They explained that, based on their experience, sex workers from poor backgrounds were more likely to be un- or undereducated, more likely to experience gender inequality, more likely to have experienced violence in their personal histories, were less likely to be knowledgeable about their rights, and tended to have lower access to resources and services.

These perceptions are backed up by the available literature. For example, in Kampala, Uganda, Schulkind et al. (2016) conducted in depth life history interviews with sex workers and found that "life histories are characterised by recurrent patterns of gender inequity related to violence, limited livelihood options and socioeconomic disadvantage".

1.5. EXPLOITATION IN SEX WORK, INCLUDING HUMAN TRAFFICKING

Discussions around human trafficking into prostitution/sex work have always been polarised, bitter and divisive. The disagreements boil down to two opposing ideologies: On the one hand, the sex worker rights movement prioritises the experiences and voices of sex workers, sees consensual sex work as work, and advocates for decriminalisation of sex work. On the other hand, the abolitionist movement views all sex work as inherently exploitative and harmful, and as a form of violence against women, and advocates for measures that, in their opinion, will lead to the eradication of the sex industry, including the so-called Nordic legal model which criminalises the buying of sex.

Unfortunately, these polarised debates often obscure the complex realities of sex workers' lives, and the day-to-day decisions they make as they attempt to survive, look after themselves and others, and make progress in their lives, whilst facing a range of challenges, and often with limited options. These debates also tend to characterise the 'sex industry' as being all the same, whereas sex workers' working conditions, and sex workers' themselves, are extremely diverse. So, a woman who is already working as a sex worker can become a victim of trafficking, and a woman whose entry into the industry was marked by coercion and deception, can continue working independently for herself, once she leaves the exploitative situation.

This complexity and nuance was brought out in a participatory research project Sex Workers Organising for Change, conducted by Global Alliance Against Trafficking in Women in 2017, in partnership with sex worker-led organisations in 7 countries, including South Africa. The study frames human trafficking into sex work as an extreme form of labour exploitation, on a continuum of exploitative labour conditions which sex workers may be exposed to. In South Africa, sex workers were familiar with – and concerned about – cases of trafficking, force and coercion. However, they felt that these instances were relatively small compared to the other, more 'mundane' forms of exploitation and violence they experienced.

A story told by a Zimbabwean migrant sex worker in one of the focus groups for the GAATW study shows the complexity of the issue. When the researchers explained the definition of trafficking, this woman realised that her experience fitted the definition of trafficking. Someone had promised her passage from Zimbabwe to South Africa, but made her sell sex to repay her debt. She told the researcher that the situation was painful at first, but that after she had 'paid off her debt', she opted to continue to work independently as she was able to support herself and her children.

Another sex worker leader from Cape Town, South Africa, Dudu Dlamini was trafficked into working in a shop about 15 years ago, escaped from the shop after several months, met some sex workers on the street, and decided to start selling sex (Mgbako, 2016).

The Sex Workers Organising for Change study shows how sex worker rights organisations are creatively responding to violence, exploitation and other abuses within the sex industry, including instances of human trafficking. They do this in various ways, through assisting individual sex workers, as well as through advocating for fair and decent labour conditions for sex workers. The report shows how sex worker rights organisations mobilise sex workers and their allies to resist stigma, discrimination and oppression, and to collectively voice their concerns, demand their rights, and participate in public and political life. This type of collective action builds confidence in sex workers and helps them better protect themselves and their peers against violence and abuse.



**CASE
STUDY:**

“Ayi, I almost died that day”

Asijiki Coalition coordinator Constance Mathe used to work as site coordinator for the South African national sex worker programme in the Boland District, South Africa. She related a case whereby a known gang leader helped the outreach team to rescue some sex worker’s children from traffickers. This was after the mothers had tried to report the kidnapped children to the police, but the police had arrested them for being sex workers.

SWEAT/Sisonke peer educators and Women’s Legal Centre paralegals managed to get the two women released on bail. They then went on to report the kidnapping to the leader of a local gang, who has good relations with sex workers in the area. They went together to the house where the children were being kept, and found the two children, aged 13 and 15, and another 15 year old girl. The girls were visibly drowsy from being forced to take drugs, and the traffickers threatened Constance and the other peer educators with drugs.

Ayi, I almost died that day. They locked us inside the house, because we went there as like. “No, we came here in peace; we just want to provide the safer sex material’ [...] ‘They said they can kill us immediately. And then luckily, they didn’t know that we came with the ringleader of the gangsters, who was still outside answering his phone. Then he came inside; that’s when we got released. So sometimes, as I said it’s not all gangsters and pimps that are bad. There are good pimps who protect the girls, because the police failed.

Source: GAATW, 2017

Despite the fact that sex worker empowerment may well be the ‘missing piece’ which can make anti-trafficking interventions more effective, the efforts of sex worker organisations have largely gone unrecognised, and worse, sex worker organisations are often depicted as the “villains”.

**CASE
STUDY:**

Sex workers intervene to rescue victims of trafficking

Thuli Khoza, one of the former Sisonke peer educators in KwaZulu-Natal (KZN) described a case that started in 2012 when she and her colleagues helped police in identifying 38 young women (some as young as 12-years old) who had been trafficked and forced into selling sex at a Durban brothel. Thuli explained that the women had also been forced to take drugs until addicted, so that the traffickers could keep them under their control. Throughout its investigation and trial this case enjoyed a lot of media coverage, and much was made of the fact that the owner of the lodge where the women had been kept was a doctor, but nothing in the news ever mentioned how Sisonke sex worker peer educators had been integral in unearthing the case.

Thuli described how Sisonke came across the trafficked girls:

We were doing outreach in KZN, it was at night, around the beach area—Point beach area. So we could see these young girls around the streets, and then when we were trying to talk to them they were shaky, and you could see they are scared to talk. And they kept on looking around to see if the people who are actually looking after them could see them. Then afterwards when we saw that they were scared we said, 'Okay fine, we're only going to give you the condoms. Then we'll take our pamphlets and write the numbers on the pamphlet, and then we'll take the pamphlet and throw it in the dustbin'. When we did that apparently the girl—because she really wanted to be helped— whilst her pimps were not looking, she went to the dustbin and took out the pamphlet with the numbers and then she actually called Cape Town. And then when she called Cape Town, the Sisonke helpline, that's when the case was actually brought forward to us. Then after that we took up the case, called the police and the police actually did the investigation; where they actually went to the place where the pimps were keeping the young women.

The doctor and his wife were acquitted, but three of their employees were found guilty on charges of human trafficking for sexual purposes, sexual exploitation of minors, racketeering, running a brothel (for 10 years), living off the earnings of sex work, and dealing in cocaine. In November 2016 the three men were sentenced; the main accused received a sentence of 35 years in prison, while his two accomplices each received 25 years.

Source: GAATW, 2017

1.6. IMPACT OF VIOLENCE

Violence experienced with the frequency and severity with which sex workers experience it, can have a profoundly negative impact on many areas of sex workers' lives. The outcomes will be broken down here into sexual and reproductive health impact; mental health and wellbeing impact; and impact in terms of access to health services.

1.6.1. Sexual and reproductive health

Most research into the impact of violence has focused on HIV. However, because of its connection with unprotected sex, violence also has negative effects in terms of STIs, unwanted pregnancies.

THE GAMBIA



- Women who reported forced sex by a client were more likely to report “no”, “difficult” or “somewhat difficult” access to condoms

and

- Women who reported forced sex by a client were more likely to report unwanted pregnancy

and finally;

- Female sex workers who experience sexual violence by a client are more likely to experience poor sexual and reproductive health outcomes. (Sherwood, 2015)

KENYA



- Recent IPV was associated with significantly higher risk of unprotected sex after adjusting for age, alcohol use, and sexual violence by someone besides the index partner. (Wilson et al., 2016)

ETHIOPIA



- Amongst female sex workers in Ethiopia, 59% reported work related violence and this was linked to a reduction in condom use with regular, non-paying partners (Mooney et al. 2013).

CAMEROON



- GBV was associated with inconsistent condom use with clients, being offered more money for condomless sex, having had a condom slip or break, and difficulty suggesting condoms with non-paying partners (Decker et al., 2016)

UGANDA



- Sex workers who reported having to rush sexual negotiations owing to police presence were less likely to use dual contraception (that is, condoms plus another modern contraceptive method) leading to greater risk of unintended pregnancy. (Erickson et al., 2015)

ZAMBIA



- Incarceration was associated with decreased odds of dual contraception use and increased odds of unplanned pregnancy (Chanda, Perez-Brumer, et al., 2017)

1.6.2. Mental health

Violence often has a negative impact on an individual's mental and emotional health and wellbeing. Violence is mostly directly linked to post-traumatic stress disorder (PTSD), but also to depressive, anxiety and substance abuse disorders (Briere and Jordan, 2004). There are also negative impacts which do not necessarily meet the criteria for a psychiatric diagnosis, but which still impair the person's quality of life.

For sex workers "violence, human rights violations and the ensuing trauma can be understood as ultimately stripping the person of a safe mental or physical space within which to retreat" (Scorgie et al., 2013a). Poor mental health in turn leads to poor sexual and reproductive health, because it not only places individuals at greater risk of acquiring HIV and STIs, but also has a negative effect on health-seeking behaviour and access to health services.

THE GAMBIA



- Women who reported forced sex by a client were more likely to report symptoms of depression (Sherwood et al., 2015).

MALAWI



- In Malawi, prevalence of both PTSD and major depression amongst sex workers was 8%. Nearly half (49%) of FSW were experiencing mild depression. FSW were more likely to have probable depression if they had only completed primary school or initiated sex work before 18 years. They were more likely to have probable PTSD if they had ≥ 20 clients per week or initiated sex work before 18 years (MacLean et al., 2018).

KENYA



- In Mombasa, prevalence of GBV was extremely high in a sample of Kenyan FSWs, and different GBV patterns were associated with distinct mental health and sexual risk outcomes. For example, severe GBV had higher scores for depressive symptoms, PTSD symptoms, and disordered alcohol use, and had more sex partners, compared to women with low GBV. Women with Sexual GBV had higher scores for disordered alcohol use than women with low GBV. (Roberts et al., 2018).

SOUTH AFRICA



- In Soweto, near Johannesburg, symptoms of severe depression were prevalent amongst 68.7% of the female sex workers interviewed, compared to rates of 4.9% in the general South African adult population. The rate of PTSD amongst sex workers was 39.6%, double that of the general population (16.5%). In addition, 32.7% suffered from both PTSD and depression.
- The prevalence of PTSD was double that of the general South African adult population (39.6% vs 16.5%). A major factor in both depression and PTSD was exposure to violence. This study confirms the impact which repeat occurrences of trauma is having on the lives of these women (Coetzee et al., 2018).

1.6.2.1. Continuous traumatic stress as a way of understanding sex workers' psychological responses to violence

Although studies have found that significant numbers of sex workers experience PTSD, the concept of PTSD may actually be inadequate to capture the pervasive threat of violence which many sex workers endure.

In fact, it may be more useful to frame their experiences as **continuous traumatic stress**.

The idea of **post** (as in after)-traumatic stress disorder assumes that a traumatic event has taken place, which is now in the past. In the conventional understanding of PTSD, the individual is troubled by disturbing and intrusive memories of the event, despite their wish to forget. However, many individuals and communities face daily exposure to violence and trauma, with an absence of safe spaces to escape from danger or threat. Thus, psychologists have proposed that the idea of **continuous traumatic stress** (CTS) is more appropriate way of describing what these individuals and communities go through.

Psychologists have suggested that CTS is a more appropriate way of understanding the kind of traumatic stress suffered primarily by systematically oppressed, deprived, and marginalised populations, such as refugees, people who live in conflict-affected areas, and those who live where there is ongoing gang violence (Eagle and Kaminer, 2013). To this list, we can certainly add sex workers.

CTS is different from PTSD in the following ways:

- **CTS occurs in contexts in which danger and threat are largely faceless and unpredictable, and yet real and pervasive.**
- **Secondly, people who experience CTS are more concerned with present and future challenges than discussing and resolving issues that happened in the past.**
- **Thirdly, being vigilant, suspicious, distrusting and tough becomes a completely reasonable way of adapting to the perpetual threat.**
- **Lastly, with CTS, there is an absence of protections from threat and danger, a failure of the usual systems of law and order, or even, as is the case with sex workers, that the system which is tasked with protecting citizens becomes the system which perpetrates violence and is the source of the trauma.**

1.6.3. Access to health care

Research shows that sex workers who experience physical, sexual and/or psychological violence are less likely to access health care services.

CAMEROON



Stigma and discrimination towards female sex workers was associated with low enrolment in ART care (Holland et al., 2015).

and

Violence was also associated with fear of health services and mistreatment in a health centre (Decker, 2016).

THE GAMBIA



Client-perpetrated forced sex was also negatively associated with receiving any sexually transmitted infection (STI) test in the past 12 months (Sherwood, 2015).

1.7. PREVENTING AND RESPONDING TO VIOLENCE

Preventing and responding to violence against sex workers is imperative, not just because violence is wrong and harmful, but also because, if violence is not addressed, efforts to reduce the incidence and prevalence of HIV and STIs amongst sex workers in Africa will only have limited success. For example, Decker et al. (2013) using mathematical modelling, showed that an approximate 25% reduction in incident HIV infections among FSWs in Kenya was observed when physical or sexual violence was reduced; cumulative infections averted were 21,200. Thus, reducing violence against FSWs appears to impart significant reductions in new infections among FSWs and in the general adult population in both generalized and concentrated epidemics (Decker et al., 2013).

Strategies to prevent and respond to violence can be informal, that is initiated by sex workers themselves in response to risks faced in their working environments, without the help of organisations, or formal, that is those interventions, projects or programmes implemented by organisations. It is critical that formal interventions learn from, support and supplement existing effective informal strategies.

1.7.1 Informal strategies

Faced with the continuous and pervasive threat of violence, sex workers become experts in assessing and managing risk, and developing sophisticated strategies to protect themselves in the workplace.

In the workshop discussions in Lesotho, eSwatini, Malawi and Zambia, discussed in the next section, sex workers described how the fact that clients can become violent is accepted as a given. Thus, sex workers use negotiations with potential clients to perform a rapid risk assessment. Many sex workers also have their own 'policies' of clients who they will refuse: this could be drunk or high clients, young clients, more than one client, clients who request certain sexual practices, or clients who they have been warned about by other sex workers. They may also have boundaries with regard to where they are prepared to go with a client. For example, in Uganda, Schulkind et al. (2016) report that participants were able to protect themselves to some extent by, for example, avoiding clients' homes, as this placed them at a greater risk of violence and abuse:

I refused to go with some when I saw that they were hooligans because with those ones, you can reach their homes and they instead beat you up and take everything else that you have.

Susan, 27 years, street-based sex worker

Sex workers also practice safety in numbers, and in many places have developed informal security systems, whereby they look out for other sex workers, or mobilise the assistance of bar staff, security guards and others who also populate the venues where sex workers work.

In Zambia, researchers report that some sex workers who faced physical abuse responded by fighting back (Agha & Chulu Nchima, 2004), and in Botswana, sex workers also felt that self-defence strategies were important: to defend themselves, sex workers bring all sorts of tools ranging from pepper spray and knives to sewing nails and chillies. Using chillies is most common amongst respondents:

“Put (chillies) into the toilet paper to make things easier so that he doesn’t know what you got. When he is delayed by the chillies on his eyes, you run for your life”.

Participant in Focus Group Discussion, Palapye, Botswana (Aidsfond HandsOff!, 2017).

Still, fighting back could backfire and result in heightening physical violence (Agha & Chulu Nchima, 2004).

An excellent ‘community-centric’ study which was developed with sex worker community representatives from Kenya, describes how sex workers navigate the social and working environments (or ecologies) which they occupy, in this case the bars of Nairobi. It describes the codes which govern the relationships between the sex workers, clients and bar staff in those ecologies. The authors say,

Although sex workers there encounter various forms of violence and harassment, as do sex workers globally, the authors highlight how they do not merely fall victim to a set of environmental risks but also act upon their social environment, thereby remaking it, as they strive to protect their health and financial interests (Lorway et al., 2018).

This study goes on to describe how sex workers participate in interdependent networks, such that the people who work in venues where sex work takes place will chat, joke, flatter, flirt, buy drinks for each other, etc, to nurture an environment where they protect each other’s safety and economic interests. Bar staff play an important role in mediating informally between sex workers and clients, by relaying messages back and forth between clients and sex workers, and also screening for potentially violent clients, and warning sex workers about them. The same study describes how bar staff and peers track the vehicles of clients after a sex worker has gone with a client.



Image courtesy of SWEAT

1.7.2. Formal strategies

Although there has been a rapid expansion in services available to sex workers throughout Africa, these have mostly adopted a narrow approach to managing HIV and STIs. For example, in research conducted with sex workers in Mombasa, Kenya; Tete, Mozambique and Durban, South Africa, the DIFFER study found that most basic services are widely available, but that violence prevention and response services were a gap (Lafort, Jocitala, et al., 2016). Similarly, in Uganda, Wanyenze et al. (2017) found that, according to sex workers, violence response services – including post-exposure prophylaxis - were perceived as absent or inadequate.

However, addressing violence against sex workers is an essential part of comprehensive HIV/STI programmes for sex workers, as outlined in the guidance by UNAIDS and other partners: *Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions*, also known as the *Sex Worker Implementation Tool* (and popularly known as the SWIT) (UNAIDS, 2015).

Some of the different formal strategies to address violence against sex workers will be discussed here, with examples from over the African continent. Many of these strategies were developed as good practices by sex workers themselves.

VALUES AND PRINCIPLES FOR ADDRESSING VIOLENCE AGAINST SEX WORKERS

CORE VALUES

- Promote the full protection of sex workers' human rights. This includes the rights to: non-discrimination; security of person and privacy; recognition and equality before the law; due process of law and the highest attainable standard of health; employment, and just and favourable conditions of employment; peaceful assembly and association; freedom from arbitrary arrest and detention, and from cruel and inhumane treatment; and protection from violence.
- Reject interventions based on the notion of rescue and rehabilitation.
- Promote gender equality by encouraging programme planners and implementers to challenge unequal gender roles, social norms and distribution and control of resources and power.
- Respect the right of sex workers to make informed choices about their lives, which may involve not reporting or seeking redress for violence, not seeking violence-related services, or continuing in an abusive relationship.

PROGRAMMING PRINCIPLES

- Gather information about local patterns of violence against sex workers, and the relationship of violence to HIV, as the basis for designing programmes
- Use participatory methods. Sex workers should be in decision-making positions where they can engage in processes to identify their problems and priorities, analyse causes and develop solutions.
- Use an integrated approach in designing interventions. Holistic programmes that include provision of health services, work with the legal and justice sectors and are community-based can have a greater impact on violence against sex workers and the risk of HIV.
- Build capacity of programme staff to understand and address the links between violence against sex workers and HIV.
- Recognize that programmes may have unintended harmful impacts for sex workers, such as "backlash" violence.
- Evaluate programmes in order to build the evidence base and ensure that resources are directed to the most beneficial strategies.

Source: UNAIDS (2015) *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions*, also known as the *Sex Worker Implementation Tool*

1.7.2.1 Community empowerment

Community empowerment is defined in the Sex Worker Implementation Tool (the SWIT)⁴ as “a process whereby sex workers take individual and collective ownership of programmes.. and take concrete action to address social and structural barriers to their broader health and human rights.”

While the removal of punitive laws may be ‘first prize’ for reducing violence against sex workers, as Scorgie et al. (2013b) argue, supporting sex work self-organisation and community-building are key interim strategies for safeguarding sex workers’ human rights and improving health outcomes in these communities. If developed at sufficient scale and intensity, sex work organisations could play a critical role in reducing the present harms caused by criminalisation and stigma.

Community empowerment can contribute to violence reduction by i) providing a mechanism for sex workers to engage in critical reflection on their rights, their problems, including violence, and the root causes of these problems, and by ii) building collective solidarity for sex workers to mobilize and advocate to challenge behaviours of powerful groups or institutions that deny them their rights and perpetuate violence and other abuses.

Although community empowerment projects have been shown to be effective in addressing violence and other challenges in sex workers lives, a 2014 review (by Moore et al.) found that these were still ‘fragmentary’ in Africa. However, there has almost certainly been a growth in these projects since that review was written.

An important study from eSwatini looked at the notions of social cohesion and social participation amongst sex workers, and found that community building and community empowering programming can potentially have an impact in reducing violence and HIV prevalence. (Fonner et al., 2014).

Some sex workers in Uganda reported having started up savings groups and other microfinance schemes among themselves. Aside from the financial and potentially political importance of initiatives to bring sex workers together, these were also described as important for psychological reasons:

“When we sex workers meet together, we discuss many issues and advise one another. We comfort ourselves and come with good ideas, which can help us and this makes us feel like we are also human beings and relieves us from stress.”

Focus group, Kampala, Scorgie et al., 2013b

An article about a savings group set up by sex workers in Iringa, Tanzania also described how this group strengthened economic empowerment and decreased HIV risk. (Mantsios, Shembilu, et al., 2018).

1.7.2.2. Building the capacity of sex workers

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

- i) training and sensitising sex workers about sex work-related laws and their human rights, and;
- ii) documenting violence faced by sex workers and defending their human rights. An example of a holistic model which trains sex workers to document and respond to human rights violations, and which has been very successful, is the REAct model (Positive Vibes, 2018). This model will be described more detail in Section 2.3.7 below.

.....
⁴ The Sex Worker Implementation Tool (SWIT) offers practical guidance on effective HIV and STI programming for sex workers. It provides evidence for the necessity of decriminalisation of sex work, the involvement of sex workers in developing policy, and the empowerment and self-determination of sex work communities as a fundamental part of the fight against HIV. The SWIT resource is based on the WHO, UNFPA, UNAIDS and NSWP 2012 recommendations on HIV and Sex Work.

CASE STUDY:

About SWAA Academy

The SWAA is a ground-breaking learning programme for community empowerment and capacity building led by and for sex workers. The Academy brings together sex workers' national teams from across Africa to develop organising skills, learn best practices, stimulate national sex worker movements, and strengthen the regional network.

SWAA aims to strengthen the sex workers' rights movement across Africa, implement the (SWIT) sex workers implementing tool, building the capacity of sex workers to engage in policy, programme development and implementing through strengthening sex worker led organisations, and national sex workers' networks.

The Academy uses theoretical and practical approaches to enrich learning experience using interactive and participatory methodology including presentations, plenary discussions, experience sharing, small group work, role plays, debates and art and performance advocacy sessions during the 7-day workshop carried out in Nairobi Kenya.

Since 2014 to date we have trained over 250 sex workers from across 33 African countries in 19 Academies. This has contributed to strengthening the African Sex Worker Movement as well as increased the capacity of existing national networks across Africa.

The Programme Officer during his country follow up visits help the graduates in developing the national action plan that the team countries use to implement the sex workers implementing tool (SWIT) with the support of small grant provided by ASWA and NSWP. Through the help of the grant and the knowledge gained in the academy sex workers have so far been able to carry out different advocacy activities such as Addressing violence, having sensitisation meetings with the stakeholders in their respective countries.



During art and advocacy, the participants are required to do some paintings and drawings in the banners containing key messages that they will be using during the advocacy.



This is team Benin during the 10th SWAA Edition showcasing their advocacy message in the banner.

1.7.2.3. Advocating for reforms and leveraging political commitments

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

- i) Aiming to change laws and policies that criminalise sex work and municipal laws that are used to harass and abuse sex workers
- ii) aiming to change law-enforcement practices that harass or abuse sex workers and deny them their human rights
- iii) building institutional accountability for existing laws and policies upholding the human rights of sex workers
- iv) countering stigma and discrimination against sex workers and promoting sex work as work

Leveraging political commitments

The international community has, since the formation of the United Nations, developed a number of core human rights treaties. Each of these treaties entrenches certain fundamental human rights. The treaties go through a process of being signed and ratified by Member States. A dashboard of the status of ratification per country can be accessed here: <http://indicators.ohchr.org>. The treaties also set out the procedures for their oversight. The majority of the treaties have been signed by the majority of African countries.

The pervasive violence experienced by sex workers from a range of perpetrators violate a number of these human rights treaties. Sex worker organisations can use these commitments to report human rights abuses, and to hold their governments accountable. (A table of the relevant articles from the relevant instruments is included in Annex 1)

Indeed, Kenyan and Nigerian sex workers have submitted shadow reports on their governments' violation of CEDAW (KESWA & BHESP, 2017; Nigeria Sex Workers Association, 2017). Namibian sex workers participated in a report on their government's violation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Voices of Hope et al., 2016).



Zimbabwe: Strategic litigation for the rights of sex worker organisations to assemble and protest

In 2016, organisations representing sex workers - Sexual Rights Centre (SRC), Zimbabwe Sex Workers Alliance (ZIMSWA) and Pow Wow wanted to commemorate International Day to End Violence against Sex Workers on 17 December by holding a march through the streets of Bulawayo. The focus of the march was to call attention to the violence experienced by sex workers, (see pictures below) and to call on government to take it seriously. Partners mobilised 300 sex workers who were ready to march. In terms of the Public Order Security Act, it was necessary to notify the police of their intention to march. However, the police prohibited the march. The reasons which were given were that, firstly, sex work was unconstitutional and secondly, that the (then) first lady, Grace Mugabe, had made statements to the effect that sex work is immoral. Partners then with the assistance of human rights lawyers (and later Southern African Litigation Centre), wrote to the magistrate's court to challenge the police decision, citing its unconstitutionality. However, the magistrate's court upheld the police decision. Partners then took the case to the Provincial Court, which also upheld the decision. Not prepared to give up, they then approached the High Court, who also upheld the decision of the lower court, but who however, instructed partners to apply to the Supreme Court if they were not happy with the decision. In Zimbabwe, the Supreme Court is also the Constitutional Court. Partners hoped was that not only would the decision be overturned, but that it would set a precedent for changing the prostitution laws completely. In October 2017, the Supreme Court ruled that the lower courts had erred in their judgements, as all Zimbabwean citizens have the right to protest and petition, and they instructed partners to go back to the High Court and make a fresh application to challenge their decision. Unfortunately, however, they did not recommend legal reform. (Aidsfond Netherlands: Hands Off! Project, 2018)



Evidence of police violence against sex workers in Zimbabwe documented by SRC

1.7.2.4. Fostering police accountability

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

- I. Sensitisation workshops with the police;
- II. Advocacy to reduce police harassment of sex workers and community outreach workers, and
- III. Building institutional accountability with police to uphold the rights of sex workers.

CASE STUDY:

Mobilising for safety and rights in Bahir Dar, Ethiopia

An area called Koshi Kosh in Bahir Dar functions as a 'red light' district. The community of sex workers there has mobilised to unite against violence by engaging with local police to protect sex workers and their children and bring order to the environment by forming a committee that performs 'overall peace keeping activities'. It aims to prevent minors, violent men and sexual abuse from entering the area and encourages condom use by clients, including offering support to women who want to eject men who refuse to use condoms. The idea for this self-help approach was developed by sex workers and a female police officer in the local Children and Women Protection Unit. The policewoman said that women's rights can only be protected and ensured when all women, including sex workers, are protected by the community in general and governmental bodies in particular. She also said the women were increasingly taking the much-needed step of empowering themselves and taking more responsibility for their environment, ensuring that children are not abused and minors do not engage in sex work.

Cited in: *Sex Workers, Empowerment and Poverty Alleviation in Ethiopia*, IDS Evidence Report 80 (Overs, 2014)

1.7.2.5. Promoting the safety and security of sex workers

Strategies to promote the safety and security of sex workers in their workplaces and communities may be formal or informal. Informal strategies have already been discussed above; some formal strategies include :

- I. Maintaining and sharing lists or reports of aggressors or incidents of violence against sex workers.
- II. Promoting workplace security by negotiating with owners and managers of sex establishments to protect sex workers from perpetrators of violence.
- III. Disseminating information or tips about safety to sex workers
- IV. Creating safe spaces (drop-in centres) or shelters that allow sex workers to come together and discuss common issues and problems they face, including violence, and develop and exchange solutions.

CASE STUDY:

Botswana: Hands Off! Community Safe Space

'Low threshold drop-in spaces' where there are no gatekeepers, appointments, or complicated referral procedures play a very important role in community empowerment. In the end of a dusty road in residential area of Palapye, Botswana, Segolame's house is a safe drop-in space for local sex workers. In her two-bedroomed house, her own bedroom doubles as a resource centre, with brochures and publications on sex workers health and rights. She always keeps supplies of male and female condoms, and lubricant. Sex workers sit together in the shade of the trees in the yard. Segolame has been trained as a focal point for the Hands Off! Programme, funded by Aidsfond. Sex workers who experience human rights violations come to her at any time of the day or night; she provides them with emotional support, supports them to access emergency health care and report cases to the police, and documents their cases.



Segolame's house is a safe space for sex workers in Palapye, Botswana



Segolame's room is also a resource centre for sex workers

1.7.2.6. Providing health services to sex workers who experience violence

Sex workers who experience physical, sexual and psychological violence may need medical care in both the short and long term. Therefore, it may be useful to integrate services for those who experience violence into the broader set of HIV prevention, treatment and care and other health services for sex workers. It's important to provide non-judgemental care that does not stigmatize those who experience violence.

For example, in South Sudan, the LINKAGES programme trained health care workers to proactively screen for violence, and provide first-line support to sex worker victims, including linking them to health, psychosocial, and legal services. VPR (Violence prevention and response) services have now been integrated into existing HIV prevention, care and treatment services. The intervention has yielded significant results: in a three month period in 2017, 608 female sex workers were screened for violence by health care workers, of which 293 (48%) reported sexual violence. In turn, 87 (30%) of those reporting sexual violence were eligible for PEP, which means that health care workers identified the sexual violence within 72 hours of the assault. Of the 87 women who were eligible for PEP, 87 (100%) received it and were able to reduce their risk of HIV infection.

As another example, in Kenya, a harm reduction intervention was implemented to address alcohol abuse amongst sex workers. The intervention was associated with significant decreases in physical violence and verbal abuse from clients (Parcesepe, L'Engle, et al., 2016).

1.7.2.7. Providing psychosocial, legal and other support services

Sex workers who experience violence often need a further range of immediate and longer-term services. Activities can include:

- I. Community members trained to respond to sex workers who experience violence
- II. Provision of or referral to legal support
- III. Provision of or referral to a shelter or safe space.

BONELA's Para-Legal Model

The BONELA paralegal model is designed to assist sex workers who experience violence to access justice and other key health services they need to prevent violence against sex workers. BONELA trains sex workers on laws, policies and peer education skills to become paralegals. Their primary role is conduct case finding outreach activities (focus group discussions, one on one sessions, cook out sessions, hot spots activations). Once the paralegals have found cases of violence against sex workers, they document these using case management forms, and report to the BONELA Legal Officer.

BONELA has a legal office, and its role is to take up cases that need litigation to the courts using BONELA's Lawyers. Furthermore, the legal office has established relationships with other law firms and Botswana Legal AID to assist violated sex workers on a pro-bono basis.

In 2017 using this model, BONELA and Sisonke Botswana Organization through the Hands Off Project supported by AIDS Fonds, managed to prosecute a client of a sex worker who had sexually assaulted her. The Magistrate in Phikwe, found the client guilty and sentenced them to 17 years in Prison.

This model works better when integrated with other community based structures and government structures such as the Village Development Committees and District Health Management Teams, just to name a few.

CASE STUDY:

South Africa SWEAT/Sisonke Helpline

The 24-hour, national toll-free Helpline was started by SWEAT and Sisonke in 2010 and is staffed by trained sex worker counsellors. The Helpline receives calls on a range of issues from all over South Africa (see a sample of cases from the helpline call log below). The Helpline is advertised during outreach on stickers that peer educators distribute and stick onto phone booths, public toilets, night clubs, and lamp posts, and other places where sex workers might see them. Callers are counselled and, when appropriate, referred to partner organisation closest to them. A "please-call-me" service was added to the helpline to ensure sex workers using cell phones can call the helpline at no cost to themselves.

Police abuse, domestic abuse, rape and a need for legal advice are some of the themes that have emerged from the Helpline. Sex workers also reach out to this resource when they have been arrested. The Helpline counsel callers, and if necessary, refer them to relevant partner organisations to assist with specific needs – such as the Women's Legal Centre to advise on court processes or organisations who are able to assist with emergency shelters (SWEAT, 2015).

Some examples of Helpline calls and actions taken

Phone call

Sex worker arrested at a massage parlour.

Sex worker was raped by a police officer.

Sex worker was reported to be very sick in hospital. Her condition is very bad: she is 7 months pregnant and has advanced breast cancer.

Sex worker was stabbed by a client.

Sex worker living on the streets called in – he is physically ill and in pain, has a CD4 count of around 368, realises he may need to start ARVs soon.

A sex worker who works at a brothel called in reporting unhealthy working conditions. The place is crowded with no windows in the room, no ventilation, nowhere to sit. Client reports back pain.

Sex workers reported that police came into their house with a cameraman and took pictures. The girls were told that they going to see themselves in the newspapers.

Sex worker called in to say that she realised, after doing business, that the client had taken out the condom prior to having sex.

Action Taken

✓ Referred to a paralegal in the area for immediate assistance (police bail application, etc.).

✓ Gave crisis counselling and called paralegal to follow up the case.

✓ SWEAT team went to visit her. Gave her full support and empathy, and will visit her again.

✓ Opened a case, referred to paralegal for ongoing support.

✓ Booked him in to see psychologist.

✓ The matter was referred for mediation with the owner and for outreach to visit the sex worker.

✓ Legal advice was given and a follow up scheduled.

✓ Counselling given about PEP, referred to the nearest appropriate clinic.

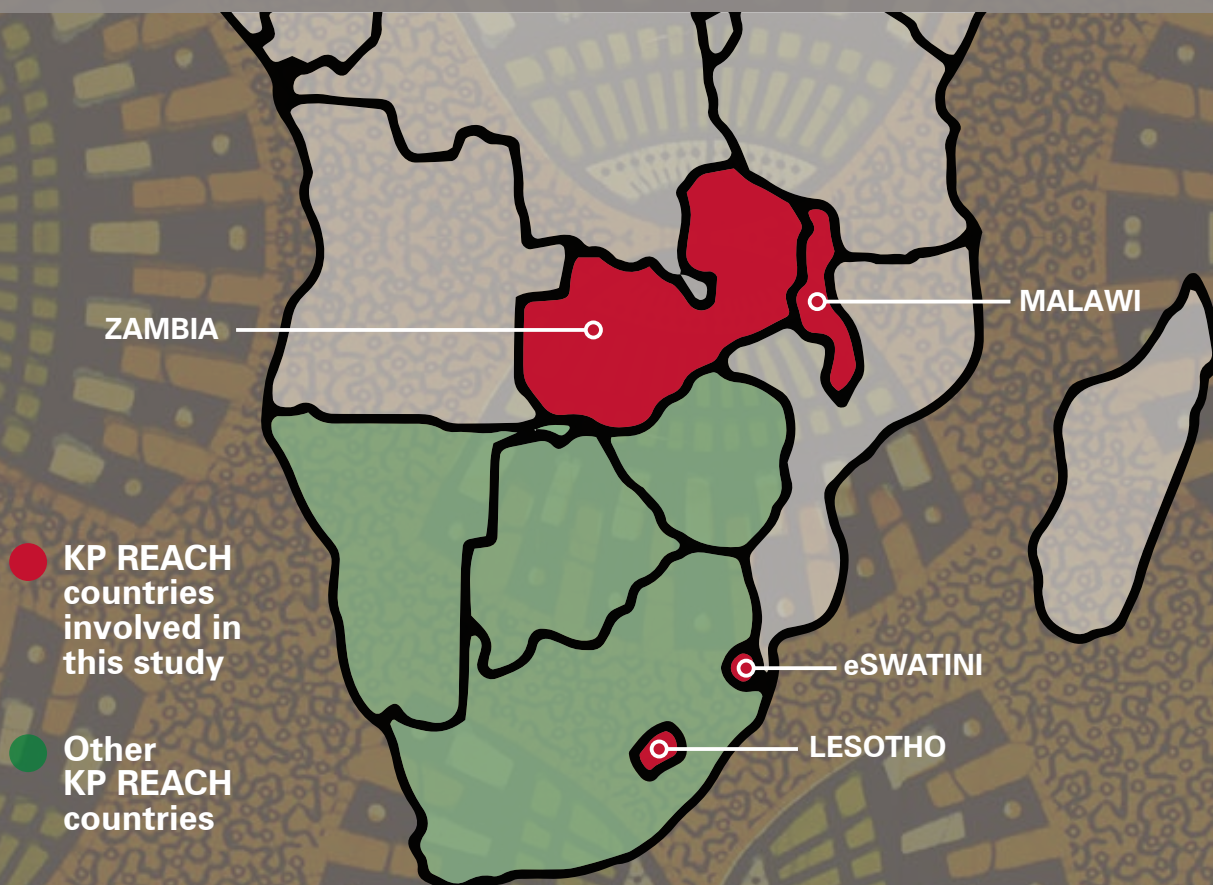
PART 2:

CONSULTATIONS WITH SEX WORKERS ON VIOLENCE IN 4 SADC COUNTRIES

“The issue of violence...it is happening even as we are sitting in this space now; somewhere, somehow, someone is being beaten or violated”

Workshop participant, Malawi

2.1. INTRODUCTION: WHY THESE FOUR COUNTRIES?



Consultations were held with sex workers in four SADC countries which were part of the KP REACH grant: Lesotho, eSwatini (formerly Swaziland), Malawi and Zambia. These four countries were selected because, in contrast to the other four KP REACH countries – Botswana, Namibia, South Africa and Zimbabwe – there had not been extensive research or programming to address violence against sex workers. In the latter four countries, the Aidsfond Netherlands Hands Off! Programme has worked intensively with sex worker-led organisations and other committed partners to tackle violence through a multi-pronged strategy, involving research, community systems strengthening, lobbying and advocacy, sensitisation of law enforcement and other stakeholders, monitoring, and rapid response.

On the other hand, in the countries selected for the consultations for this project, sex worker led organisations were, by comparison, relatively new, and sex worker advocacy was still developing. In these countries, there was not extensive data on violence against sex workers. It was thought that the consultations could provide some data which the emergent sex worker organisations could use to raise awareness of their situation.

2.2 METHODOLOGY

A standardised semi-structured focus group interview guide was developed (See Annex 2). The consultant was introduced by ASWA to leaders of sex worker organisations in the 4 countries, to arrange country visits.

The sex worker organisations were: Key Populations Alliance of Lesotho (KAPAL) in Lesotho; Voice of our Voices (VooV) in eSwatini; Zambian Sex Workers Alliance (ZASWA) in Zambia and Female Sex Workers Alliance (FSWA) and Community Health and Rights Advocacy (ChERA) in Malawi.

Sex worker leaders invited fellow community members to participate. It was requested that, as much as possible, the focus group participants be representative of the local sex worker population in terms of demographics such as gender, language, age, migrant status, and working venues. The consultant visited each of the four countries, and facilitated one-day workshops in each. An average of 10 sex workers participated in each group.



The groups were facilitated in English. In each group, the majority of participants were fluent in English. Those who were not were consciously included by consistently checking that they had understood and giving them ample opportunities to share in the language in which they felt most comfortable, with other group members assisting with translation.

The workshops were facilitated in such a way as to create a safe space where participants felt free to share their experiences and opinions. As always in such participatory workshops, the group is an opportunity for participants to share not only with the facilitator, but also to explore, discuss and debate with each other. The role of the facilitator, too, is not merely to extract information, but also to create a space where, out of the problems and challenges which are identified, members can work together to strategise and imagine solutions.

The workshop alternated between larger group discussions, and small group breakaway discussions – the latter to promote deeper interrogation of specific questions, as well as active participation of all group members.

Finally, it was necessary to be mindful of the potentially emotionally distressing nature of the topic under discussion: violence. The facilitator needed to be cognisant of the likelihood, given high rates of violence experienced by sex workers, that many of the participants would probably themselves have had traumatic violent experiences. The facilitator also had to be mindful of the fact that in all four countries, and particularly in sex workers’ “universes”, mental health care services were scarce or non-existent. It was therefore vital, from an ethical standpoint, that the workshop should not open psychological wounds which might leave participants emotionally distressed and uncontained. It was important that participants only share experiences which they felt safe or ready to share. The facilitator made a point of ‘checking in’ with participants, as a group, and with individuals, after traumatic experiences had been shared. The individual and collective strength and resilience of sex workers, despite high levels of exposure to multiple forms of violence, was also highlighted.

The facilitator also taught participants a simple, do-it—yourself, evidence-based exercise called EFT Tapping. EFT tapping can be used to manage and clear negative or overwhelming emotions, and to promote feelings of calm and competence.

2.3 RESULTS FROM THE CONSULTATIONS

2.3.1. What is violence?

In all four countries, participants conceptualised definitions of violence that involved the following elements:

- ◆ Violence involves *intent*
- ◆ Violence is a *brutal act*
- ◆ Violence *causes harm*
- ◆ Violence involves one or more *perpetrators*, and one or more *victims*
- ◆ Sometimes violence is committed against people because they belong to a particular group, such as sex workers. This violence meets the definition of a *hate crime*
- ◆ Violence can take different forms. These forms include *physical, sexual, verbal, emotional and spiritual* violence.

The notion of spiritual violence is not typically found in the literature on violence. However, in three of the four countries, participants specifically mentioned spiritual violence, perpetrated by faith leaders and faith communities as being a common and painful form of violence experienced by sex workers.

“When you are busy taking your moral values and throwing it to me in judgment, you are tampering with the belief system that keeps me alive”

Several participants stated that physical violence is easier to bear than verbal, emotional and spiritual violence.

2.3.2. Who are the perpetrators of violence?

THE STATE

- *The point is that violence in Zambia against us is state-sanctioned. In as much as Zambia is a Christian nation, people want to pretend that they are Christians, but underneath their nature, there are transgenders, gay people, sex workers, drug users . People have two sides to themselves. They don't want to risk showing who they really are. Sometimes people who speak the loudest in judgment are those who are having a conflict inside themselves. (Zambia)*

CLIENTS

- *Clients threaten to kill us after sex. (Lesotho)*

POLICE

- *Police abuse us and beat us in the street. (Lesotho)*
- *In X Road, they just normalise the situation whereby the policemen will come, and maybe sometimes those sex workers have worked, they will get money to give to the policemen, so that the police will not harass them, and will allow them to work. If they don't have money, they will tell them "Let's go". Then they sleep with them in the park. For free. If you have money, you pay the police, if you don't have money, you sleep with them. So you can work. (Zambia)*

HEALTH CARE WORKERS

- *Nurses are violent. We also consider verbal abuse as violence. When you have gonorrhoea, they insult us, they are rude. (eSwatini)*

COMMUNITY

- *Even in our communities, they call us ingwadla (bitch) and magosha (whore). (eSwatini)*
- *Clients of gay sex workers insult and abuse them in front of other people, and then later on, they buy the services. In some instances, they are the ones perpetrating attacks, but then on the side, they will take you aside from the mob, and they will ask for services. (Zambia)*

THUGS AND STREET KIDS

- *Street kids try to rob us, because they believe we have money. Or they watch us, they see that you have a client, and when you come back, they rob you. They sniff glue, and they want money for drugs. They ask for money, and if you say no, they can threaten you with knives or stab you. (Lesotho)*
- *Sometimes they force sex workers to have sex with them. (Lesotho)*

CHURCHES

- *I expect compassion from faith community, but instead I experience rejection and brutality, and this leads to depression, addiction, or even attempted suicide. (Zambia)*
- *Zambia is defined as a Christian nation, so being rejected by the church is really to be ostracised from society. (Zambia)*
- *They will pray for you assuming you have been possessed by a demon, and in the process, they will maybe want to 'test drive'. He will insist that you have sex with him, then the demon will go away. (Lesotho)*

OTHER SEX WORKERS

- *Sex workers are among the perpetrators. They may be marking their territory or they may fight over clients. (Zambia)*
- *Sex workers also fight amongst themselves, over clients or over territory. (Lesotho)*

2.3.3. Why are sex workers at risk for violence?

CRIMINALISING LAWS AND LACK OF PROTECTIVE LAWS

- *There is no law to protect sex workers. Our Constitution is silent on sex work. They arrest sex workers because of the Penal Code. (Lesotho)*
- *In Zambia, the Penal code speaks of “unnatural acts”. Any sex which is not penile-vaginal is considered unnatural. But the police do not understand how to apply the Penal Code.*
- *Because the unnatural acts and sex work laws are vague and broad, the police can use their discretion to interpret the law, and they rely on stereotypes and ignorance and taking advantage. And just extortion. (Zambia)*
- *Laws are contradictory, not clear, so police officers are in between, they don't know which is which. They are just under the impression that they must stop sex work from happening. (Malawi)*
- *Then they put them in the cells, Last time it was more than 48 hours. They were forced to appear in the National Court. This is a traditional court, not with judges but with chiefs. Police take you in front of this court, they will say, ‘We found this woman loitering’. The law says it is loitering if a woman is walking at night with a mini skirt. But that time all the women were wearing trousers. (eSwatini)*

POLICE BEHAVIOUR

- *The police will say you are roaming the street at night. (Lesotho)*
- *We fear to report violence because the cops also abuse us. (eSwatini)*
- *Police do not take violence against sex workers seriously. (eSwatini)*
- *When they arrest, they don't introduce themselves, or tell you why they are arresting you. If you say you are going to your boyfriend's house, they ask to look in your bag, when they see the condoms they say, ‘Why do you need condoms if you are going to your boyfriend's house? Why should your boyfriend use a condom? (eSwatini)*
- *All of the time, if something goes wrong in a transaction, the person who is arrested is the sex worker. (eSwatini)*
- *How do we hold the perpetrator to book if it is the police who perpetrated the crime? (Zambia)*

CASE STUDY:

Zambia

Two girls were taken from a brothel to a night club. There they were used and beaten by a number of guys. Then they were taken to a house, where the beating continued, and they were forced to have sex with a dead person. They managed to escape. They ran to the first police station, which was close by. The police officer said to them said he was alone, and he doesn't have forms. Then he said, if you want me to come to the place, you need to provide transport. They were close to the house they had escaped from. They could have run there. They were bleeding. If they had gone immediately, the perpetrators were still at the house. But he was not prepared to help, or even radio for back up.

CLIENT BEHAVIOUR

- *When clients do not want to use condoms, they may threaten sex workers or force sex workers to have condom-less sex. (Lesotho)*
- *Some clients don't want condoms at all. If you refuse, they will increase the money. And if you still say no, they will start beating you, and they will do it anyway. Or if he pays more, he will be rough because he thinks he is entitled to it because he paid for it. (eSwatini)*

WORKING VENUES AND CONDITIONS

- *Sex workers work at night and work in dangerous places. (Lesotho)*
- *There's jealousy and competition between sex workers. Younger ones charge less because they don't have the same financial responsibilities as older sex workers and this leads to conflict. (Malawi)*

STIGMA AND DISCRIMINATION

- *There is stigma against sex workers in the community, which renders them vulnerable to abuse. (Lesotho)*
- *There are high misconceptions about sex work from the community. Clients think you can get a sex worker, go in the room, refuse to pay her, beat her...the perception is that sex workers will never do anything, never progress. (Zambia)*
- *There is discrimination because of sexual orientation and gender identity. We are not free, there is a tendency to be violent towards people who transgress political social norms. They think they can get away with it, because there is a widespread belief that you are not a proper human being. (Malawi)*
- *Politicians, priests and police are also clients, but they push that to one side, and put on their public face. (Malawi)*

RELIGIOUS AND CULTURAL BELIEFS

- *You are not regarded as a whole person if you are a sex worker. When you are a sex worker, and you go to church, they change topics. The pastor will call you to go to the front and they will pray for you. (Malawi)*
- *There is a union for women in the church (called chitenge), but because you are a sex worker you are not allowed to join them. (Malawi)*

GENDER INEQUALITY

- *eSwatini is a patriarchal State. (eSwatini)*
- *As women, we are not supposed to enjoy sex, we are not supposed to work, we must stay home with the children. (eSwatini)*
- *In rural Zambia, you sometimes still find that young girls are offered up as 'gifts' to visitors. (Zambia)*

LACK OF PROGRAMMES TO ADDRESS VIOLENCE AGAINST SEX WORKERS

- *We don't know where to report cases of violence. (eSwatini)*
- *There is a lack of systems and structures to support sex workers. (Zambia)*
- *There is also inadequate support and inclusion of sex workers in national programmes. We are called as community members, but do not participate meaningfully. Its tokenistic. (Zambia)*

LACK OF RIGHTS AWARENESS AND ORGANISING AMONGST SEX WORKERS

- *We don't know our rights. (eSwatini)*
- *Lack of unity between sex workers. (eSwatini)*
- *Intimidation plays a very big role in someone not opening up and not coming forward. Because it is normalised. It's also happened to me whereby I was beaten and my eyes were swollen and everything, and I think, 'What next?'. By then I wasn't well informed. We are starting to change the narrative. We need to claim our space. Because it is actually a violation. (Zambia)*

POVERTY AND LACK OF EDUCATION

- *Many of us live on the margins of society. We are excluded from opportunities and services. (eSwatini)*
- *Some of us did not go to school, so you find we are not confident. (eSwatini)*
- *Lower class sex workers have low bargaining power, because they have no other income options. Teachers or a bankers or whatever are using sex work to supplement their income, but the low class do not have other options. (Zambia)*

2.3.4. Are there groups of sex workers who are at higher risk for violence, and why?

WORKING VENUES

In Lesotho, participants felt that street-based sex workers are the most vulnerable. They are more likely to experience police brutality. They are also more vulnerable to violence from clients, thugs and street kids.

- *Sometimes the client says, let's not do business here, let's go to a quieter place where it's comfortable for them. After you have provided the client with services, there may be people who know you are there, and afterwards they take advantage of you.*
- *Clients take you and do not bring you back. For you to go back to your hotspot, you find some problems.*
- *You've gone to a darker place to do your business. I don't realise that this person has warts, and if I refuse, he will force me (to do a blowjob).*

Participants in Lesotho also felt that street-based sex workers were more vulnerable to human trafficking. They were aware of cases of sex workers who had been trafficked from Lesotho to South Africa.

- *They will say, 'Let me take you to a certain place where I can find you a proper job'. If your business is not going so well, you consider maybe I should go with this person and earn a salary.*

On the other hand, Lesotho participants felt that bar-based sex workers face different risks. Firstly, their drinks can be spiked. Secondly, some clients refuse to pay after sex:

- *He buys you beer, he knows you are a sex worker, you go to his house – the fact that he bought you booze, he tells you after that that was the payment.*

Participants also felt that doing business at a client's house also came with the threat of danger. When alone at a client's house, the client could use drugs, become violent, and force sex workers to perform sexual acts that they had not agreed to and which left them feeling disgusted, violated and traumatised. When asked if they knew of sex workers who had been murdered at clients' houses, they replied "Yes. A lot".

- *I go to this person's house, I'm not being forced to go there. But it's not easy for people outside to know that something bad has happened inside there.*

AGE

Participants expressed empathy for the grave vulnerability of young people who were selling sex. However, for many, their empathy was based on personal experience of having started selling sex before the age of 18.

- *Most of us, we are from less fortunate families. Sometimes I have to take responsibilities as a 16-year old, to look after my siblings. Where else can I work? (Lesotho)*
- *It happens to orphans, it's their only option. What's worse is that the community doesn't see it as sex work. For them sex work is standing on the streets. They say, "Where else are they going to get money?" (Lesotho)*
- *They are vulnerable to violence because they don't even know that violence is wrong. (Lesotho)*

- *They are young and vulnerable, they are not fully matured. They are driven by lack of poverty and lack of support. They are pressurized by their family to earn money. Some are from child-headed families, the oldest girl has to provide food for the young ones. Or else the mother is a sex worker, that's the culture of the household, that's how we eat, the mother is teaching her daughter to enter the industry. (eSwatini)*
- *The young are abused by older sex workers and by clients. Clients can trick or force young sex workers not to use condoms. (Malawi)*

GENDER

- *Female sex workers are regarded as carriers of diseases. They are also regarded as a thief, you are always suspected when something is stolen. They think you are doing it for pleasure, they don't understand that it is an occupation. They think that you can just have sex for free. (Malawi)*
- *Women are seen as being inferior to men in Zambia, so they are not given a chance to negotiate price or condom use. Women are expected to be submissive. (Zambia)*
- *Women are supposed to be subservient. When I speak out, the police say to me: 'You! You shut up! Shut up!'" (eSwatini)*
- *Male sex workers are vulnerable because sodomy is also illegal. You are regarded as a useless creature, and someone who is lazy, and doesn't want to work. (Malawi)*
- *Transgender sex workers feel the most abuse because of being gender non-conforming. (Malawi)*

CASE STUDY:

Zambia

This is a story that actually happened to me about four years ago. It was in rural Zambia. I was new in that area, and I went out with my fellow transgender friends. When I got to the bar, there were four guys, who said, 'Mmm, that person is looking nice'. My friends warned me, 'They were talking about you, something is going to happen'.

Then those guys quickly chased us from the bar, and my friends ran faster, and I was behind because I was kind of the feminine type, so I was caught. So they said 'Don't shout, because if you shout, we will do something bad to you, you will be beaten, or we will burn you alive'. So, I was held by the hand and they took me to their house. And when we reached the house, the two undressed. And I was undressed. With no lubricant, and no condom, and so in short, I was raped. So, they were exchanging, so I was giving one a blowjob, the other one was at my back and the other one was waiting. So, when one finishes, the one has to go and the one has to come back. But fortunately, the last person felt sorry for me, hence then he was like, 'Let me escort you home. Otherwise these people they can call other people to beat you up, thinking you might go to the police'.

So the following morning, I told my friends who had actually been with me at the bar, and they escorted me to the police station. When I went to the police station, they see me, I have long hair, my dress code is kind of weird, when they see me, they just go 'It's your own fault, why are you looking like a girl. There's nothing we can do'. 'Ah, we can't go and find those people, because that is a dangerous area'. And at that time, I did not know where to go, there were no organisations or health centres to go to. So, I had to go to the pharmacy, and said just give me a few medicines to clean up myself. And I had to pay for it.

*Such experiences are very common.
Transgender sex worker, Lusaka, Zambia*

SEX WORKERS IN RURAL AREAS

Participants in eSwatini felt that sex workers in rural areas are more vulnerable to violence for several reasons: poverty and lack of education are more pronounced in rural areas; rural areas were more influenced by patriarchal cultural norms; it was felt that there was more intimate partner violence in rural areas, and finally, rural sex workers were infrequently reached with services.

MIGRANT SEX WORKERS

In Malawi, it was suggested that undocumented migrant sex workers were at risk because of their illegal status. *"Someone will sleep with a foreigner and say 'You are illegal in my country, why should I pay you?'"*

In the eSwatini group, a sex worker who had travelled from a village on the border with South Africa to attend the workshop, became emotional and related a story in siSwati to another participant, who translated it thus:

"She's realising that she's got her own abuse cases that she hasn't dealt with. After she had a C-section, the father of the child forced her to have sex with him, so much so that her wound tore, and she was bleeding. He also brought another woman back to the house to have sex with him in front of her. She sees now where her tough character comes from.

When she tried reporting this man, they [the police] ended up locking her up with her baby [as an illegal migrant]. She was in South Africa. The father of child was South African, they were in his village."

DISABILITY

Participants in Zambia mentioned that sex workers with either physical or mental disabilities were vulnerable to abuse. In Malawi, participants said that sex workers with albinism were highly vulnerable to being raped and murdered, due to cultural beliefs that sex with an albino could cure STIs, or that the bones of an albino had healing powers.

2.3.5. What is the impact of violence on sex workers?

Sex workers linked the persistent violent experiences which they had been exposed to with a range of negative thoughts, feelings and behaviours. In the previous section, we have shown how research has found that sex workers experience high rates of psychological problems, due to the traumatic experiences which they have faced. Even when participants in the four groups did not necessarily know the psychological labels, many described the symptoms of depression and post-traumatic stress disorder.

THOUGHTS

Generalised negative beliefs about all clients:

- *You think "All clients are the same, they are all bad". (Lesotho)*

Generalised negative beliefs about the police:

- *With the bad experiences with the police, their mental processes are now to generalising the whole cop issue. Now they believe that all of them don't understand, and all of them are here to get them. Even if the police is here for a good reason, they won't want to collaborate. They don't trust any police. (eSwatini)*
- *Even if we see the police, we run away, without even waiting to hear what they have to say. We assume they are there to hurt us, because they have always done it. (eSwatini)*

Believing that violence is normal and expecting to be violated

- *Last year sex workers were being harassed by a group of policemen. They would get them on the street, put them in the back of the police vehicle, take them to the police station, rape them, and then in the morning get them to sweep the police premises, and then leave. So that became a trend. When I went there to document the experiences, we sat down with them, it had just become a routine for them, so they tend to normalise the violations. So it was very difficult for them to come forward and share their experiences. Why? Because they feel like as long as these police are there, nothing is going to change. (Zambia)*

Suicidal thoughts or wishes; Thinking about giving up

- *You are hyper. Or else you are so down in a way you wish to let go. (eSwatini).*
- *I used to want to kill myself. It was only after I met this bitch here (fellow gay male sex worker) that I started to feel different. (Malawi)*

Other

- Distrust and hatred for all men
- Thinking that you are worthless

FEELINGS

Fear

- *Every time you go to work, you feel scared it's going to happen again. We stand together and share stories. If we see the same colour car that rapists used to use....Or for example, there was a white car, with a GP registration, he was raping sex workers, when they see that kind of car, they become choked with fear; paralysed. (eSwatini)*
- *You have feelings of constant fear and shock, you become withdrawn, you are jumpy, you get startled easily. (eSwatini)*

Depression

- *You are like, 'I don't want to get out of bed'. (Lesotho)*
- *Coming from a Catholic background, mostly, when I attended mass, I would find that the priest would usually preach more on hate speech than love. So it used to affect me spiritually, and emotionally. It made me feel uncomfortable to attend mass, and it has played a very major role in my life, and I'm still trying to cope with that despite putting on a façade on a daily basis. (Zambia)*

Anger

- *You feel angry and you end up being angry to other people. Police was beating me vigorously and I ended up wanting to bite his nose. (eSwatini)*

Low self-esteem

- *You do not feel worthy, you do not value oneself. (Lesotho)*
- *You feel worthless. You come to have low-self-esteem. (eSwatini)*

Others

- Sadness
- Loneliness
- Shame

BEHAVIOUR

Verbal aggression

- *People say that sex workers are rude, or they have no filter. Now I know they have decided to be so hard in character. The way they think now is me being safe, get the job done, and me keeping the money I worked for. (eSwatini)*

Physical aggression

- *Sometimes we end up taking out our frustration on those more vulnerable than ourselves, for example our children. (eSwatini)*

Revenge

- *Sex workers start to hate all clients and they take revenge on them by robbing or tricking them. But your behaviour towards clients causes you to lose business. (Lesotho)*

Ignoring the violation: doing nothing

- *Some of us if we've been beaten up, if we've been abused, if we've been violated in any way, we just stay silent, we don't even tell our friends. Like not even reporting to the police. We just stay quiet. We don't want anyone to know. (Malawi)*

Others

- Drinking and drugs to numb feelings
- Crying

IMPACT ON HIV

In the previous section of this report, we discussed how violence is associated with HIV, in the general population, amongst other key populations, as well as specifically amongst sex workers. Participants in all four workshops were able to describe the multiple pathways by which violence increases the risk of HIV: both through increasing the risk of acquisition, but also in terms of constraining access to, uptake of, and retention in treatment. Themes included: sexual violence as a cause of HIV; lack of access to post-violence care; poor mental health; and interruptions in treatment due to detention.

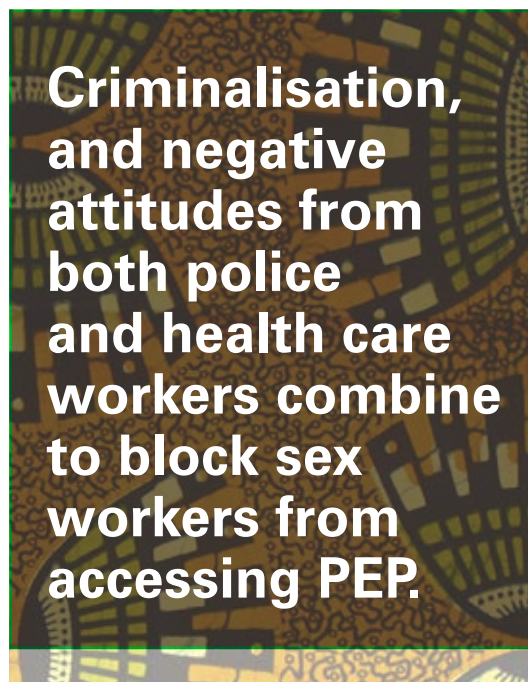
Sexual violence

Participants described the pervasiveness of sexual violence in sex workers' lives. They emphasised that forced sex was usually unprotected.

- *The choice to use a condom is not that of the sex worker: the perpetrator decides. (Lesotho)*
- *The police force sex workers to have sex, or demand free services, and usually do not use condoms. (Lesotho)*

Lack of access to post-violence care

People who are raped and are HIV negative, can avoid acquiring HIV through taking Post-Exposure Prophylaxis (PEP) within 72 hours of the rape. However, criminalisation, and negative attitudes from both police and health care workers combine to block sex workers from accessing PEP. For example, in Zambia, if you are a victim of an attack, you must first file a police report, without which you cannot receive health care. However, in the case of sex workers, police often refuse to provide the necessary form, and therefore health care workers refuse to attend to sex workers who are wounded.



- *There were these sex workers who live in a particular part of Lusaka, they are known to the community because they have a brothel there, and they were walking to town and a mob attacked them and beat them. Police said, “What do you want us to do?”. So they went to the clinic and the people said they could not help them without the form. They asked “Why were you beaten?” – at the clinic –when they started to tell story about the brothel, they said “No no no, you go back, we don’t allow such thing’. They went to the police, the police would not issue the form.*

Participants described environments where stigma towards sex workers normalises rape:

- *They say, “You are already a slut”; “You can’t rape a whore”. (Lesotho)*

For sex workers themselves, the experience of violence is so common that it is accepted as a normal part of the job. When all previous attempts to seek access to police protection or health care have been dismissed, or worse, have led to further abuse, sex workers have given up trying to seek assistance after having been raped. Sex worker organisations have to work hard to convince sex workers to accept any kind of support after they experience sexual violence:

- *When they tell us they were raped, and we say can we help, they say to us, “How will it help?”. We know women get blamed for rape. (eSwatini)*
- *They [the police] say “You shut up. You talk too much. You need to be arrested. You have to look for places you can talk your issues. This is not a revolutionary area”. (eSwatini)*

Thus, the simple act of requesting that a person who has been raped is able to open a case in order that justice might be done, is seen as an act of disruption.

Poor mental health

Participants described how the negative thoughts, feelings and behaviours outlined above make sex workers more vulnerable to HIV in several ways.

Firstly, some participants suggested that many sex workers have personal histories in which they experienced violence before entering sex work:

- *Many sex workers experienced forced sex in adolescence which makes them more likely to engage in risky sex and sex work. (Lesotho)*

However, it was stressed that family violence and gender-based violence were common in many communities, especially the poor communities from which many sex workers originate:

- *There is a background of violence in families. Its normal to solve problems with violence. Its normal for people to beat their children, and for husbands to beat their wives. (eSwatini)*

Secondly, they linked violence to substance abuse:

- *It makes sex workers drink more. The people who are violating others, you will find most of the time they will do it while drunk. And then, the same time, the woman, because of the trauma, she will drink. So, it's one of those alcohol vicious circles that goes on. (eSwatini)*
- *But if it comes back in my mind, the joint is there to help me forget. (eSwatini)*

The experience of continuous abuse and violence, coupled with the experience that help is not forthcoming from those who are supposed to help, leads to feelings of hopelessness, helplessness, depression, worthlessness, low self-esteem, mistrust and anger. These feelings have a negative effect on one's ability to care about one's health, take measures to look after one's health, to seek health care, and to remain in health care.

- *You feel depressed and have low self-esteem so you don't care. You feel like it's the end of the world already. (Lesotho)*
- *Sometimes you find that as a sex worker you are on the street,...but then maybe one client that comes and rapes you, and from your good record of taking care of yourself, he still stains you with the virus. So now you find that you have that anger that spreads to all other people (clients) because you tried to be a good sex worker by following all the protection and prevention rules. But now there's just one person who decides to take that all away from you. (eSwatini)*
- *If you are traumatised, and don't care about your life anymore, you are not bothered to take your medication. (eSwatini)*
- *If you have a violent thought, means you are increasing someone else's risk of HIV, because you find that person being violent in their sexual activity, that person might not care if the condom breaks. (eSwatini).*

Arrest interrupts treatment

Participants described how frequent arrests, usually of short duration, in the police cells, interfere with the ability of HIV-positive sex workers to adhere to anti-retroviral treatment (ARVs). Typically with these arrests, sex workers are not allowed phone calls to alert family members to bring them their medication, or else their medication is confiscated by the police.

- *Police arrest us, keep us in the cell for up to 5 days, you are not allowed to take treatment, you become a defaulter. I felt that I stayed there for 5 days, I did not feel any different when I came out, so I think it's not necessary to carry on with my treatment. (eSwatini)*
- *If the police arrest you and throw you in the cell, they don't allow you to have your medication. (Lesotho)*
- *Police are promoting defaulting. (eSwatini)*

Sex workers shared that they then anticipate being reprimanded by health care workers for defaulting on their treatment. As most sex workers try to keep their occupation a secret from health care workers to avoid stigma and judgement, they are not able to explain the real reason for their defaulting, and would rather avoid going to the clinic.

2.3.6. What are sex workers' strategies for preventing, mitigating and responding to violence?

Despite the dangers which they face in the course of their work, and despite the lack of protection from law enforcement, sex workers have devised many ways of supporting and protecting each other. In the four workshops, participants shared a number of innovative strategies. These include the following:

- Working and walking in groups
- When clients become hostile, groups of sex workers come to the defence of individual sex workers to chase the client, attack him or apprehend him.
- Avoiding 'dodgy' places where street thugs and street kids live.
- If client asks to meet at a certain place where the sex worker does not feel comfortable, suggesting another venue.
- Warning each other about bad clients and finding ways of sharing information about clients with fellow sex workers for security. Some sex workers said they had code language for warning each other. For example, sex workers who worked at a truck stop might ask: "Is this the right taxi to take to get to such and such a place?", and others might say "No, that is the wrong taxi", indicating this was a bad client.
- Taking photos of clients' cars, especially their number plates.
- When meeting a new client, sex workers tell a friend who they are meeting and where they are going. They sometimes forward details of clients to friends for security, such as Whatsapp conversations, photos and phone numbers.
- Others said that if they went to a venue with a client, they would share their location on arrival with a friend, or, ask to use the client's cellphone to make a quick phone call to a friend: the friend would then have the client's phone number if something went wrong.
- Sex workers warn each other via their networks of where the police are patrolling.
- Sex workers also bribe the police to leave them alone, or alternatively to gain protection.
- It was stressed that it was important to develop relationships with potential allies at working venues. These could include security guards, bouncers at clubs, waiters, people working in lodges and hotels.

It's important to befriend them. When I get into a difficult situation, those are our potential allies in the future (Zambia)

- Dress code was mentioned by several participants as being important. It was important to be 'smart' about one's choice of clothing. For example, eSwatini's loitering laws apparently specifically mention mini-skirts, thus sex workers are advised not to wear mini-skirts, so as not to give police grounds to arrest them. In Malawi, a gay male sex worker said that he dressed conservatively whenever he appeared in public, and only dressed in a sexy way in places where it was safe to do so.
- Sex workers carry means to protect themselves physically, like pepper spray, bottles and knives.
- One very innovative strategy shared in eSwatini was to use cashless payment platforms as much as possible, to reduce the chances of being robbed, either by clients or thugs. In eSwatini, many sex workers have an app on their phones, which enables payment by just tapping phones together.

- In three of the countries, sex workers suggested that brothels provide a safer working venue than the streets. Sex workers wanted safer, indoor places to work, and there would be safety in numbers, because, if a client became violent, they could press a panic button, or scream, and help would be close at hand. The brothels could also have health and safety rules, like mandatory condom use. Ideally, these brothels should be established and managed by sex workers themselves.

2.3.7. What are sex worker-led organisations doing about violence?

In three of the countries, sex worker organisations had no funding, and were staffed by volunteers. In the case of Malawi, organisations had received a small amount of funding for a specific, time-bound project. Thus, while all organisations were involved in activities to prevent violence and support sex workers who had experienced violence, the scale of these was limited by the lack of funding. Nevertheless, what the organisations had been able to achieve with limited resources was impressive. Two examples are discussed here: Zambia's Sister Sister Network, and the REAct programme in Malawi.



Sister Sister Networks: Zambia

The Sister Sister network is a Zambian community-led and community-based project for sex workers to respond to the issues and challenges faced by the entire community. The model is based on the idea that sex workers are very well networked with each other. The project works with existing networks of sex workers, to strengthen these, and build their capacity to mobilise, coordinate, support, advocate, represent sex workers on local platforms, gather and document information, and implement small projects.

The Sister Sister network concept has been piloted by ZASWA in selected districts, and has been so successful, that they aim to mobilise funds to scale it up to more regions in Zambia. The networks also enable ZASWA to use their limited resources to grow their national networks, through linking local networks to each other, as well as to decentralise community empowerment.



Members of ZASWA

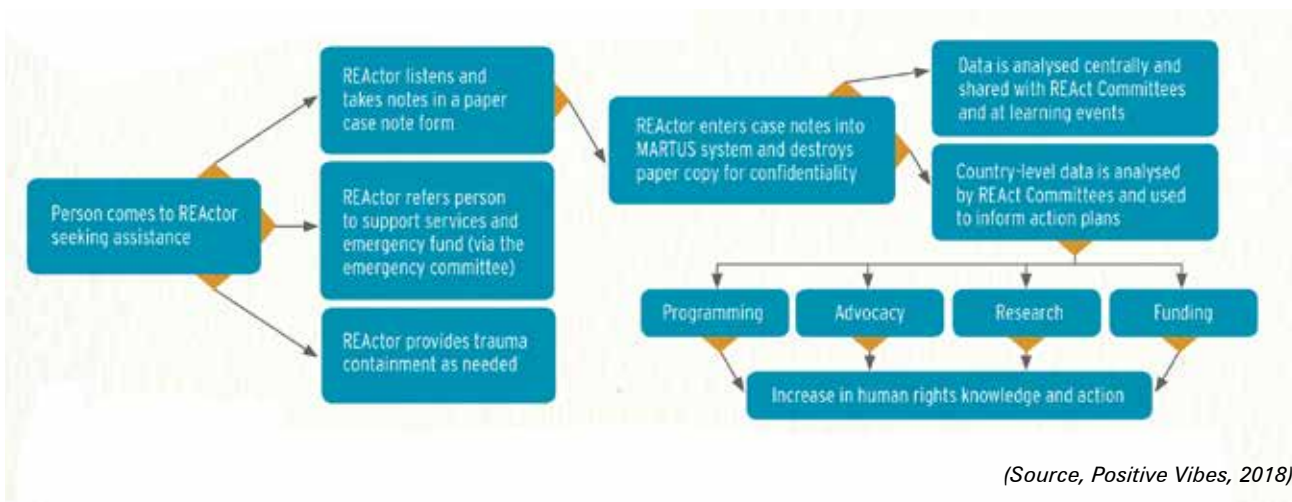
CASE STUDY:

REAct: Malawi

Malawi is one of the 8 countries in the KP REACH grant, which has been involved in the REAct programme. REAct is a model developed by the International HIV/AIDS Alliance wherein key population community members are trained as REActors to document and respond to human rights violations against them. REAct, through the KP REACH programme, was coordinated by Positive Vibes and delivered by local partner organisations in Zimbabwe, Malawi, Botswana, South Africa, Zambia, eSwatini, Lesotho and Namibia from 2016-18.

REAct is much more than a monitoring tool, and the programme has had multiple beneficial outcomes. Firstly, the REAct training has strengthened the ability of REActors, to understand and identify what a human rights violation is. Secondly, documented incidents of human rights violations can be consolidated and analysed for trends. This data can then be used for evidence-based advocacy and lobbying. Finally, community members who have experienced human rights violations are also provided with support in the form of referrals to services, and access to emergency funds (Positive Vibes, 2018).

The flow chart below shows how REActors engage with community members who have experienced human rights violations, document cases, and use the case data to inform advocacy and programming.



Two participants in the Malawi workshop were REActors. One said:

“REAct has helped. We now participate in the National Technical Working Group for key populations, and are sitting on CCM (Global Fund Country Coordinating Mechanism). We have been presenting the REAct data, and they are starting to realise this is real.”

2.3.8. What are other organisations doing about violence towards sex workers?

Participants in the four countries were asked to name the organisations in their countries which were providing services to sex workers, and describe which services contributed to addressing violence. Participants named many organisations, but on closer scrutiny, many of these had what was perceived as a narrow focus on HIV. In other words, these organisations tended to focus on the individual biological and behavioural aspects of HIV, such as distributing condoms; screening for HIV; as well as sometimes STIs and TB; initiating and supporting on treatment; monitoring adherence.

In all countries, participants felt that interventions to address violence against them were either non-existent or insufficient. They felt that HIV organisations should broaden their framing of sex workers' HIV vulnerabilities, and should address the social and structural drivers, such as criminalisation, stigma and discrimination and violence. For example, one participant said, *"They encourage you to stay on treatment, but if you are arrested, they disappear"*.

Many of the participants voiced skepticism about the organisations which received funding from the major HIV donors (primarily PEPFAR and Global Fund) to provide services to sex workers. They felt that they felt that their engagement with sex workers was not underpinned by any genuine concern, respect or inclusiveness, but that organisations were driven by meeting programme targets, and ticking boxes. In their interactions with NGO staff, they often felt discriminated against.

They are culturally groomed, they do it unconsciously. We pick it up in their body language. The atmosphere changes when we enter the room. They 'other' us.

In one of the countries, participants were convinced that NGO's sex worker peer educators were not sex workers but were simply unemployed female friends and family members or the programme managers. Whether this accusation is true or not, the perception of the sex worker organisations in all four countries was that sex workers' own realities and needs were not adequately and appropriately addressed within donor-funded HIV programmes, and that such programmes were not properly listening to sex workers. Participants felt that the ability of HIV programmes to meet the 90-90-90 targets would be limited if they did not take action to address violence against sex workers.

2.3.9. Imagining sex worker-led violence prevention and response programmes

Participants were asked:

If you were to design a project to prevent and respond to violence, for sex workers by sex workers, what would that project look like? They had many creative and innovative ideas which are described below.

HUMAN RIGHTS AWARENESS

Raise awareness amongst sex workers that they have human rights, and educate them on what those rights are and how to claim them.

"Many do not even know that they have rights" (Lesotho).

MOBILISATION AND COLLECTIVE ACTION

- Mobilise sex workers to unite and form collectives to support each other, and to advocate for their rights. Advise them that they will be safer when they support each other, as opposed to competing and clashing with each other.

TRAINING ON WORKING SAFELY

Train sex workers on how to work safely, using informal discussions (for example on outreach), and formal workshops. Some mentioned they would like to publish a guide or brochure on working safely for sex workers

DOCUMENTATION TO HUMAN RIGHTS VIOLATION

Document all human rights violations, and encourage sex workers to report.

We have to record everything. Say I've been raped. Not just for our organisations, but also for policy makers. Policymakers say that we don't have evidence that we've been violated each and every day. Because the issue of violence...it is happening even as we are sitting in this space now, somewhere, somehow, someone is being beaten or violated. But since we don't have the concrete data that we are being violated, even the policy makers cannot change anything. (Malawi)

ADULT EDUCATION

As discussed above, poverty and lack of education make sex workers more vulnerable to violence. Participants suggested that adult education could benefit sex workers in several ways: by making their lives less precarious, by improving their negotiating power and skills, by developing skills that could enable them to work to strengthen sex worker organisations, and to access other income-generating and work opportunities.

SAVINGS CLUBS AND 'STOKVELS'

Participants argued that when sex workers come together to save money, they are less burdened by poverty, and less pressurised to accept risky sex. In Part 1, we also cited literature from Tanzania which argues that savings clubs can also be a means for mutual psychological and social support.

FIRST AID TRAINING

In eSwatini, it was proposed that one sex worker per hotspot should be trained in first aid.

SAFE HOUSES AND DROP-IN SPACES

Participants felt that there was a need for spaces where they could come together informally to chat, speak openly about their issues, support each other and just be themselves. The safe houses could also be a place where emergency assistance could be provided.

RAPID RESPONSE TEAMS

Related to the above point, participants felt they would like to be able to provide an immediate, adequate and appropriate response when sex workers are violated. In eSwatini, participants imagined a multi-disciplinary rapid response team, consisting of sex worker activists, and an on-call social worker, counsellor, and lawyer and/or paralegals.

HELPLINE

Sex workers voiced that existing emergency helplines tended to discriminate against sex workers.

“When they find you are a sex worker, the response is not friendly or helpful” (eSwatini).

They therefore felt that a helpline number for sex workers, ideally associated with the rapid response team described above, would be useful. However, leaders of sex worker organisations also mentioned that they are already being contacted by other sex workers in case of emergencies, and already spend a lot of their own time and money providing assistance.

DATA BASE OF SEX WORKERS

In Malawi and eSwatini, participants suggested that sex worker organisations should maintain data bases of sex workers, with important information such as their contact details, their identity numbers and their next of kin. This information could prove vital if sex workers went missing, or were found injured, unconscious or even dead. However, participants stressed that ways would have to be found to keep this information secure, as otherwise it could prove to be a goldmine for police.

ESTABLISH PARTNERSHIPS AND COALITIONS WITH OTHER ORGANISATIONS

Participants acknowledged that, while they could reach and mobilise sex workers, it was necessary to form partnership with other organisations that could provide support which was appropriate the range of sex workers’ needs. In addition, partnerships and coalitions would enable organisations to do more, to amplify their voices, and improve their reach. Many of the sex worker organisations already had partnerships with LGBTI organisations, as the two communities overlapped and experienced many of the same challenges, which created opportunities for solidarity.



Image courtesy of SWEAT

PART 3: ANNOTATED BIBLIOGRAPHY BY AFRICAN REGION AND COUNTRY

This section provides a bibliography of all literature that could be found relating to violence against sex workers in Africa. All literature sources are cited, with a brief summary of the findings which are relevant to this study.

Literature is organised by region. In each region, countries are listed in alphabetical order. Each country section includes a table providing a snapshot of strategic information on sex work (where these exist), namely the population size estimate, the legal status of sex work, and the HIV prevalence data.



NORTH AFRICA

Algeria

Algeria snapshot	
Sex worker size estimation	-
HIV Prevalence Sex workers	5.2% •
Legal status	Prostitution legal but brothels, procurement and solicitation illegal*

• UNAIDS, 2017

* <http://spl.ids.ac.uk/sexworklaw/countries>

No literature on violence against sex workers could be found.

Chad

Chad snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	- •
Legal Status	Illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Africa#Northern_Africa

No literature on violence against sex workers could be found.

Djibouti

Djibouti snapshot	
Sex worker size estimation	-
HIV Prevalence Sex workers	12.9% •
Legal Status	Illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Djibouti

No literature on violence against sex workers could be found.

Egypt

Egypt snapshot	
Sex worker size estimation	-
HIV Prevalence Sex workers	2.8% •
Legal Status	Illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Africa#Northern_Africa

No literature on violence against sex workers could be found.

Libya

Libya snapshot

Sex worker size estimation	- •
HIV Prevalence Sex workers	- •
Legal Status	Illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Africa#Northern_Africa

No literature on violence against sex workers could be found.

Mauritania

Mauritania snapshot

Sex worker size estimation	315 •
HIV Prevalence Sex workers	4% •
Legal Status	Illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Africa#Northern_Africa

No literature on violence against sex workers could be found.

Morocco

Morocco snapshot

Sex worker size estimation	75 000 •
HIV Prevalence Sex workers	1.3% •
Legal Status	Illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Morocco

No literature on violence against sex workers could be found.

Niger

Niger snapshot

Sex worker size estimation	46 630 •
HIV Prevalence Sex workers	17% •
Legal status	Illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Africa#Northern_Africa

No literature on violence against sex workers could be found.

Somalia

Somalia snapshot

Sex worker size estimation	10 957 *
HIV Prevalence Sex workers	5.2% *
Legal status	Prostitution and procurement are illegal*

* Source: UNAIDS, 2017

No literature on violence against sex workers could be found.

Sudan

Sudan snapshot	
Sex worker size estimation	
HIV Prevalence Sex workers	1.3%*
Legal status	According to the Sudanese Criminal Code, the following acts are criminalised: <ol style="list-style-type: none">1. Performing sexual acts in a brothel - punished with flogging up to 100 lashes or prison for up to 3 years2. Earning money from the performance of sexual acts - punished with flogging up to 100 lashes or prison for up to 3 years3. Running a brothel - punished with flogging up to 100 lashes or prison for up to 5 years as well as the confiscation of relevant property; this punishment escalates to 10 years if perpetrated a second time and to death if committed a third time •

* Source: UNAIDS, 2017

• <http://sexualrightsdatabase.org/static/country-400.html>

No literature on violence against sex workers could be found.

Tunisia

Tunisia snapshot	
Sex worker size estimation	25 000 •
HIV Prevalence Sex workers	0.9% •
Legal Status	Regulated, confined to two areas*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Africa#Northern_Africa

No literature on violence against sex workers could be found.

WEST AFRICA

Benin

Benin snapshot	
Sex worker size estimation	14 926 •
HIV Prevalence Sex workers	15.7% •
Legal Status	Prostitution legal, related activities such as brothel-keeping, are illegal

• UNAIDS, 2017

* <http://chartsbin.com/view/snb>

No literature on violence against sex workers could be found.

Burkina Faso

Burkina Faso snapshot	
Sex worker size estimation	30 945 •
HIV Prevalence Sex workers	16.2% •
Legal Status	Prostitution legal, related activities such as pimping and soliciting, are illegal*

• UNAIDS, 2017

* <https://www.state.gov/j/drl/rls/hrrpt/2009/af/135940.htm>

No literature on violence against sex workers could be found.

Cape Verde

Cape Verde snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	- •
Legal Status	No laws regarding adult consensual sex work*

• UNAIDS, 2017

* <http://chartsbin.com/view/snb>

No literature on violence against sex workers could be found.

Cote d'Ivoire

Cote d'Ivoire snapshot	
Sex worker size estimation	9 211 •
HIV Prevalence Sex workers	11% •
Legal Status	Prostitution is legal, but related activities such as soliciting and brothel-keeping are illegal*

• UNAIDS, 2017

* <http://chartsbin.com/view/snb>

Relevant Literature

◆ Physical and Sexual Violence Affecting Female Sex Workers in Abidjan, Côte d'Ivoire: Prevalence, and the Relationship with the Work Environment, HIV, and Access to Health Services (Lyons et al., 2017)

- Prevalence of physical violence was 53.6% and sexual violence was 43.2% among female sex workers in this study.
- Police refusal of protection was associated with physical and sexual violence.
- Blackmail was associated with physical and sexual violence.
- Physical violence was associated with fear and avoidance of seeking health services.

The Gambia

The Gambia snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	11% ≠
Legal Status	Illegal*

• UNAIDS, 2017

≠IBBS 2018

* <https://www.state.gov/j/tip/rls/tiprpt/countries/2013/215466.htm>

Relevant literature

◆ Sexual violence against female sex workers in The Gambia: a cross-sectional examination of the associations between victimization and reproductive, sexual and mental health (Sherwood et al., 2015)

- There is a high prevalence of sexual violence against female sex workers in The Gambia, with 29% of participants reporting a client forced them to have sex in their lifetime.
- Women who reported forced sex by a client were more likely to report symptoms of depression, unwanted pregnancy and report “no”, “difficult” or “somewhat difficult” access to condoms compared to women who did not report forced sex.
- Client-perpetrated forced sex was also negatively associated with receiving any sexually transmitted infection (STI) test in the past 12 months.
- Responding to sexual violence among FSW, including providing survivors with access to post-exposure prophylaxis, emergency contraception, and mental health services, must be a priority given the prevalence of forced sex and links with poor health outcomes.
- Efforts to reduce sexual violence against FSW is a vital strategy to improve the health and safety of FSW as well as impact the spread of HIV/STIs in The Gambia.

◆ Integrated Biological Behavioural Surveillance Survey of Vulnerable Groups The Gambia 2018: Final Report (Enda Sante, Actionaid, Johns Hopkins, 2018)

- Female sex workers reported high amounts of *enacted* stigma, whether it was being verbally harassed (5.1%), physical harassed or hurt (38.1%), arrested because of sex work (33.9%) or forced sex (14.3%) in the last 6 months.
- It should be noted that as a large number of participants (62%) were migrant sex workers they often become the target of police and immigration officers
- 84% of FSW showed signs of clinical depression.
- 67% had experienced traditional genital mutilation or cutting
- However, in contrast, experience of being afraid to seek health care, or avoiding health care was low (0.8% & 0.3%). Additionally, there was relatively low incidence of police confiscating condoms or refusing to protect sex workers in the past 6 months (3.6% & 2.3%)

Ghana

Ghana snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	6.9% •
Legal Status	Illegal*

• UNAIDS, 2017

* Mgbako, C (2010). Sex work and human rights in Africa

No literature on violence against sex workers could be found.

Guinea

Guinea snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	14.2 % •
Legal Status	Illegal*

• UNAIDS, 2017

* Mgbako, C (2010). Sex work and human rights in Africa

No literature on violence against sex workers could be found.

Guinea-Bissau

Guinea-Bissau snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	- •
Legal Status	No laws pertaining to sex work*

• UNAIDS, 2017

* <http://chartsbin.com/view/snb>

No literature on violence against sex workers could be found.

Liberia

Liberia snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	- •
Legal Status	Illegal*

• UNAIDS, 2017

* Mgbako, C (2010). Sex work and human rights in Africa

No literature on violence against sex workers could be found.



White Rose Alliance marching, Liberia

Mali

Mali snapshot	
Sex worker size estimation	35 903 •
HIV Prevalence Sex workers	- •
Legal Status	Prostitution in Mali is legal but third party activities such as procuring are illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Mali

No literature on violence against sex workers could be found.

Nigeria

Nigeria snapshot	
Sex worker size estimation	103 506 •
HIV Prevalence Sex workers	14.4% •
Legal Status	Selling sex is made illegal by a law that defines commercial sex as 'carnal knowledge', which is illegal. Associated activities such as procurement, living off the proceeds, habitually being in the company of a prostitute, and brothel-keeping are illegal. "Nuisance" laws, e.g. relating to vagrancy, loitering are used to prosecute sex workers *

• UNAIDS, 2017

* <http://spl.ids.ac.uk/sexworklaw/countries>

Surprisingly, no literature on violence against sex workers could be found.

Sao Tome and Principe

Sao Tome and Principe snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	- •
Legal Status	Illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Africa

No literature on violence against sex workers could be found.

Senegal

Senegal snapshot	
Sex worker size estimation	20 763 •
HIV Prevalence Sex workers	6.6% •
Legal Status	Legal and regulated. Under Senegal's Penal Code (articles 318 to 327) sex workers must be at least 21-years-old, register with the police, carry a valid sanitary card, and test negative for sexually transmitted infections... While prostitution itself is legal, soliciting, brothel ownership, and pimping are prohibited. The government strictly regulates locations for commercial sex work *≠

• UNAIDS, 2017

* Mgbako, C (2010). Sex work and human rights in Africa

≠ <https://prostitution.procon.org>

No literature on physical violence against sex workers could be found. However, the article below explored the experience of stigma by Senegalese sex workers.

◆ **Regulating sex work: subjectivity and stigma in Senegal (Foley, 2016)**

- Senegal provides a unique example of a sub-Saharan African country with a legal framework for the regulation of commercial sex work.
- Despite being 'legalised' sex work is condemned by Senegalese society, and sex workers occupy a socially marginal status and confront a variety of stigmatising discourses and practices that legitimate their marginality.
- Sex workers report experiencing stigma within health care services.
- Women's accounts reveal a variety of strategies for managing stigma, from discretion and deception to asserting self-worth. As registered sex workers negotiate their precarious social position, their strategies both reproduce and challenge stigmatising representations of sex work.

Sierra Leone

Sierra Leone snapshot	
Sex worker size estimation	240 000 •
HIV Prevalence Sex workers	- •
Legal Status	Prostitution is not illegal, but soliciting and 3 rd party involvement are illegal*

• UNAIDS, 2017

* <http://chartsbin.com/view/snb>

No literature on violence against sex workers could be found.

Togo

Togo snapshot	
Sex worker size estimation	10 824 •
HIV Prevalence Sex workers	11.7% •
Legal Status	Prostitution is legal, but solicitation, procuring and living off the proceeds are illegal*

• UNAIDS, 2017

* https://en.wikipedia.org/wiki/Prostitution_in_Africa

No literature on violence against sex workers could be found.

CENTRAL AFRICA

Cameroon

Cameroon snapshot	
Sex worker size estimation	112 580 •
HIV Prevalence Sex workers	24.3 % •
Legal Status	Selling sex is illegal, as are solicitation, procuring and living off the proceeds*

• UNAIDS, 2017

*<http://spl.ids.ac.uk/sexworklaw/countries>

Relevant literature

◆ Gender-based violence against female sex workers in Cameroon: prevalence and associations with sexual HIV risk and access to health services and justice (Decker et al., 2016)

- 60% of female sex workers interviewed (1098 out of 1817) had experienced physical or sexual violence in their lifetime.

Central African Republic

Central African Republic snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	9.2% •
Legal Status	Selling sex is not illegal, but solicitation, procuring and living off the proceeds are*

• UNAIDS, 2017

No literature on violence against sex workers could be found.

Congo

Congo snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	- •
Legal Status	Selling sex is not illegal, but solicitation, procuring and living off the proceeds are *

• UNAIDS, 2017

* Mgbako, C (2010). Sex work and human rights in Africa

No literature on violence against sex workers could be found.

Democratic Republic of Congo

Democratic Republic of Congo snapshot	
Sex worker size estimation	55 905 •
HIV Prevalence Sex workers	- •
Legal Status	Selling sex is not illegal, but solicitation, procuring and living off the proceeds are *

• UNAIDS, 2018

* https://en.wikipedia.org/wiki/Prostitution_in_Africa#Central_Africa

No literature on violence against sex workers could be found.

Equatorial Guinea

Equatorial Guinea snapshot	
Sex worker size estimation	5791 •
HIV Prevalence Sex workers	- •
Legal Status	Illegal *

• UNAIDS, 2018

* Mgbako, C (2010). Sex work and human rights in Africa

No literature on violence against sex workers could be found.

Gabon

Gabon snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	- •
Legal Status	Illegal *

• UNAIDS, 2018

* Mgbako, C (2010). Sex work and human rights in Africa

No literature on violence against sex workers could be found.

EAST AFRICA

Burundi

Burundi snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	21.3 •
Legal Status	Selling and buying sex is criminalised •

• UNAIDS, 2018

No literature on violence against sex workers could be found.

Comoros

Comoros snapshot	
Sex worker size estimation	200 •
HIV Prevalence Sex workers	0% •
Legal Status	Article 310 of the penal code prohibits aiding or assisting in the prostitution of others, prescribing penalties of six months to three years imprisonment and fines *

• UNAIDS, 2018

* <https://www.state.gov/j/tip/rls/tiprpt/countries/2017/271167.htm>

No literature on violence against sex workers could be found.

Eritrea

Eritrea snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	10.4% •
Legal Status	Legal and regulated *

• UNAIDS, 2018

After decades of conflict with neighbouring Ethiopia, there is apparent political easing of tension between the two countries. The presence of uniform forces, either regular military or UN peacekeepers, has been said to have raised the demand for commercial sex work⁵. However, no formal studies on violence against sex workers could be found.

Ethiopia

Ethiopia snapshot	
Sex worker size estimation	32 629 •
HIV Prevalence Sex workers	24.3 % •
Legal Status	Selling sex is legal; however, the law prohibits soliciting in public, pimping and benefiting from the prostitution of others.*

• UNAIDS, 2018

* <http://spl.ids.ac.uk/sexworklaw/countries>

Relevant literature

◆ **Work-related violence and inconsistent condom use with non-paying partners among female sex workers in Adama City, Ethiopia (Mooney et al., 2013)**

- A study in Adama City found that 59% of sex workers experienced work-related violence (59%). There was an association between work-related violence and was unprotected sex with regular, non-paying partners. This association was true whether or not sex workers abused alcohol.

◆ **Assessment of sexual violence among street females in Bahir-Dar town, North West Ethiopia: a mixed method study (Misganaw & Worku, 2013)**

- In this study, 'street females' were defined as women who lived or worked mainly on the streets. Out of the women surveyed, 9.1% were sex workers.
- Life time prevalence of rape was 24.3%. Prevalence of rape in the last year was 11.4%.
- Being a sex worker was associated with a higher chance of being raped, compared to the other women.

◆ **Prevalence and predictors of sexual violence among commercial sex workers in Northern Ethiopia (Alemayehu et al., 2015)**

- In Mekele City, Northern Ethiopia, of 250 commercial sex workers surveyed, prevalence of sexual violence was 75.6 %.
- Violence was associated with being new in sex work (1-4 years) and drug use.
- Sex workers with lower monthly income were also more likely to experience sexual violence.

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⁵ https://en.wikipedia.org/wiki/Prostitution_in_Eritrea

◆ **Sex Workers, Empowerment and Poverty Alleviation in Ethiopia, IDS Evidence Report 80 (Overs, 2014)**

- Focus groups discussed the question of whether coercion, trickery or violence were used to recruit girls and women into the sex industry or keep them in it against their will. There was unanimous agreement that this is rare. According to each group, women's employment is so poorly paid and women workers so badly treated that sex work can actually be a less exploitative or violent option than other available choices.
- Regarding coercion, one sex worker said, 'it probably happens but none of us have ever seen it or known anyone in that situation.' Another, however, indicated, that she had been tricked into sex work by a man she thought was taking her to a town to become a domestic worker. She added that on arrival she decided to 'get rid of him' but carry on working in the bar as a sex worker, because it offered relatively satisfactory work conditions.
- Conflict with police is most often a result of disputes about prices, payment, services, condom use and accusations of robbery. Older participants strongly agreed that these disputes involving police used to almost invariably lead to police taking the man's side and possibly beating the 'unruly' sex worker/s, but that these incidents had declined since the roll out of the Wise Up Programme.
- Rape by police was also described as rare and no group raised, or recognised when prompted, the systematic violent rape of sex workers reported in other countries. Although there were some anecdotes about violence by police there was a clear indication from each group that it is rare.
- Participants in each group who had been working in the sex industry for some time said that violence was far more prevalent before the establishment of the Wise Up programme in 2009. Wise Up trains police, raises awareness of rights and provides direct support to sex workers at police stations throughout Ethiopia.

◆ **Child prostitution: magnitude and related problems (Ayalew & Berhane, 2000)**

- Ethiopia is one of the few countries in Africa where there has been some study of childhood sex work. This 2000 study found that 41.2% of sex workers had been under 18 years of age when they started selling sex. Poverty, disagreement with family, and peer influence were the major reasons leading to prostitution.
- Girls selling sex under the age of 18 were more likely to have experienced physical and sexual violence compared to adult sex workers.

Kenya

Kenya snapshot	
Sex worker size estimation	133,675 •
HIV Prevalence Sex workers	- •
Legal Status	<p>The Kenyan Penal Code does not criminalise the selling of sex. However, it criminalizes third parties who live on the earnings of prostitution. The Penal Code defines two types of offences with respect to sex work, namely 'living on the earnings of prostitution' and 'soliciting or importuning for immoral purposes.' The Sexual Offences Act 2006 does not specifically criminalize sex work. The SOA aims at protecting persons who may be forced into sex work or may be exploited for prostitution. *</p> <p>Women who sell sex can be arrested by both secular and religious police for breaches of various municipal by-laws against 'loitering for the purpose of prostitution,' 'importuning' and 'indecent exposure' ≠</p>

• UNAIDS, 2018

* <https://prostitution.procon.org/view.resource.php?resourceID=000772>

≠ <http://spl.ids.ac.uk/sexworklaw/countries>

Relevant literature

◆ **Changes in HIV prevention programme outcomes among key populations in Kenya: Data from periodic surveys (Musyoki et al., 2018)**

- The Kenya National AIDS and STI Control Programme (NASCO) conducted annual polling booth surveys (PBS) in 2014 and 2015 to measure outcomes from the national HIV prevention programme for key populations (KPs), comprising behavioural, biomedical and structural interventions. KPs included female sex workers (FSWs). compared survey results from the first and second rounds. While the experience of forced intercourse by partners declined among FSWs (18% vs. 22%) and MSM (13% vs. 17%), more FSWs reported violence by law enforcement personnel (49% vs. 44%).

◆ **Patterns of Gender-Based Violence and Associations with Mental Health and HIV Risk Behavior Among Female Sex Workers in Mombasa, Kenya: A Latent Class Analysis. (Roberts et al., 2018)**

- Gender-based violence (GBV) is common among female sex workers (FSWs) and is associated with multiple HIV risk factors, including poor mental health, high-risk sexual behaviour, and sexually transmitted infections (STIs).
- Prior studies have focused on GBV of one type (e.g. physical or sexual) or from one kind of perpetrator (e.g., clients or regular partners), but many FSWs experience overlapping types of violence from multiple perpetrators, with varying frequency and severity.
- In this study, lifetime prevalence of GBV was 87%. We identified 4 GBV patterns, labeled *Low* (21% prevalence), *Sexual* (23%), *Physical/Moderate Emotional* (18%), and *Severe* (39%).

- Compared to women with *Low GBV*, those with *Severe GBV* had higher scores for depressive symptoms, PTSD symptoms, and disordered alcohol use, and had more sex partners. Women with *Sexual GBV* had higher scores for disordered alcohol use than women with *Low GBV*, but similar sexual risk behavior. Women with *Physical/Moderate Emotional GBV* had more sex partners and a higher prevalence of unprotected sex than women with *Low GBV*, but no differences in mental health.
- HIV/STI incidence did not differ significantly by GBV pattern.
- The prevalence of GBV was extremely high in this sample of Kenyan FSWs, and different GBV patterns were associated with distinct mental health and sexual risk outcomes.

◆ **Sexual and physical violence against female sex workers in Kenya: a qualitative enquiry (Okal et al., 2011)**

- Analysis of interviews conducted showed the pervasiveness of sexual and physical violence among FSW, commonly triggered by negotiation around condoms and payment.
- Pressing financial needs of FSW, gender-power differentials, illegality of trading in sex and cultural subscriptions to men's entitlement for sex sans money underscore much of this violence.
- Sex workers with more experience had developed skills to avoid threats of violence by identifying potentially violent clients, finding safer working areas and minimising conflict with the police.
- Addressing violence and concomitant HIV risks and vulnerabilities faced by FSW should be included in Kenya's national HIV/AIDS strategic plan.
- This study indicates the need for multilevel interventions, including legal reforms so that laws governing sex work promote the health and human rights of sex workers in Kenya.

◆ **Risk of sexual, physical and verbal assaults on men who have sex with men and female sex workers in coastal Kenya. (Micheni et al., 2015)**

- Data gathered between 2005 and 2014 were analysed MSM and FSW experienced a similarly high incidence of sexual assault in coastal Kenya, in addition to physical and verbal assault. Current national policies focus heavily on gender-based violence against women and young girls, but need to be inclusive of MSM and FSW.

◆ **Prevalence and correlates of intimate partner violence in HIV-positive women engaged in transactional sex in Mombasa, Kenya. (K. S. Wilson, Deya, Masese, et al., 2016)**

- "286/357 women (80.4%) had an index partner, and 52/357 reported intimate partner violence by that partner in the past year. In multivariate analysis, women with severe alcohol problems and those experiencing controlling behaviours by the index partner were significantly more likely to report recent IPV.

◆ **The contribution of emotional partners to sexual risk taking and violence among female sex workers in Mombasa, Kenya: a cohort study. (Luchters et al., 2013)**

- Low control over these intimate relationships, common to many of the sex workers surveyed (36.9%), was linked with higher partner numbers, inconsistent condom use, and being physically forced to have sex by their emotional partners.
- Half experienced sexual or physical violence in the past year, similarly associated with partner numbers and inconsistent condom use

- ◆ **A Prospective Cohort Study of Intimate Partner Violence and Unprotected Sex in HIV-Positive Female Sex Workers in Mombasa, Kenya (K. S. Wilson, Deya, Yuhas, et al., 2016)**
 - The researchers conducted a prospective cohort study to test the hypothesis that intimate partner violence (IPV) is associated with unprotected sex in HIV-positive female sex workers in Mombasa, Kenya.
 - Recent IPV was associated with significantly higher risk of unprotected sex, after adjusting for age, alcohol use, and sexual violence by someone besides the index partner.
 - Addressing IPV in comprehensive HIV programs for HIV-positive women in this key population is important to improve wellbeing and reduce risk of sexual transmission of HIV.

- ◆ **A Prospective Study of Intimate Partner Violence as a Risk Factor for Detectable Plasma Viral Load in HIV-Positive Women Engaged in Transactional Sex in Mombasa, Kenya (K. S. Wilson, Wanje, et al., 2016)**
 - Unexpectedly, IPV was associated with significantly lower risk of detectable viral load. Qualitative findings revealed that women valued emotional and financial support from index partners, despite IPV.

- ◆ **Intimate partner violence against female sex workers in Mombasa, Kenya (K. S. Wilson, Deya, Masese, et al., 2016)**
 - For female sex workers who were HIV positive and had an intimate partner, 52/357 (14.6%) reported intimate partner violence by that partner in the past year.

- ◆ **Early Sex Work Initiation and Violence against Female Sex Workers in Mombasa, Kenya (Parcesepe, L'Engle, et al., 2016)**
 - Twenty percent of the sample reported early initiation of sex work.
 - Although both early initiators and other FSWs reported commonly experiencing recent violence, early initiators were significantly more likely to experience recent physical and sexual violence and verbal abuse from paying partners.
 - Early initiation was not associated with physical or sexual violence from non-paying partners.
 - Many FSWs begin sex work before age 18. Effective interventions focused on preventing this are needed.
 - In addition, interventions are needed to prevent violence against all FSWs, in particular, those who initiated sex work during childhood or adolescence.

- ◆ **Heavy episodic drinking among Kenyan female sex workers is associated with unsafe sex, sexual violence and sexually transmitted infections (Chersich et al., 2007)**
 - Compared with non-binge drinkers, binge drinkers were more likely to report unprotected sex and sexual violence (AOR=1.85, 95% CI=1.27–2.71; $P=0.001$) and to have either syphilis, gonorrhoea or *Trichomonas vaginalis* infection.

- ◆ **The impact of an alcohol harm reduction intervention on interpersonal violence and engagement in sex work among female sex workers in Mombasa, Kenya: Results from a randomized controlled trial (Parcesepe, L'Engle, et al., 2016)**
 - An alcohol harm reduction intervention was associated with significant decreases in physical violence from sex workers' paying partners 6 months after the intervention and verbal abuse from paying partners immediately after and 6-months after the intervention.

◆ **Effects of hazardous and harmful alcohol use on HIV incidence and sexual behaviour: a cohort study of Kenyan female sex workers (Chersich, Bosire, King'ola, Temmerman, & Luchters, 2014)**

- Compared with non-drinkers, women with harmful drinking had 4.1-fold higher sexual violence and 8.4 higher odds of physical violence, while hazardous drinkers had 3.1-fold higher physical violence.

◆ **Use of AUDIT, and measures of drinking frequency and patterns to detect associations between alcohol and sexual behaviour in male sex workers in Kenya. (Luchters et al., 2011)**

- Compared with abstinence, alcohol dependence was associated with inconsistent condom use, penile or anal discharge, and two-fold higher odds of sexual violence.

◆ **Impact of stigma on utilization of health services among sex workers in Kenya (Mbote et al., 2015)**

- This study examined the experiences of different kinds of stigma by female and male sex workers in Kenya, and its impact on HIV-related outcomes.
- Approximately 81% of males and 72 % of females had either avoided or delayed health services when they needed them in the 12 months preceding the study.
- Of those who either avoided or delayed seeking health services, 70% of men and 48% of females avoided seeking services for sexually transmitted diseases, sexual and reproductive health, or HIV.
- Stigma was associated with participants' avoiding and delaying seeking health services in the 12 months preceding the study.
- For both FSWs and MSWs, experiencing stigma from health providers in the 12 months before the study was significantly related to both the avoidance and delay of seeking needed health services.
- Data clearly show that anticipating or experiencing stigma outside the health facility (from family, community, or police) can negatively impact health-seeking behaviour. For example, FSWs and MSWs who had experienced stigma from the general community were significantly more likely to delay needed health services.

◆ **Ecologies of security: On the everyday security tactics of female sex workers in Nairobi, Kenya (Lorway et al., 2018)**

Although sex workers in Nairobi encounter various forms of violence and harassment, as do sex workers globally, the authors highlight how they do not merely fall victim to a set of environmental risks but also act upon their social environment, thereby remaking it, as they strive to protect their health and financial interests. The findings point to the need to expand the focus of interventions to consider local ecologies of security in order to place the local knowledges, tactics, and capacities that communities might already possess on centre stage in interventions. Planning, implementing, and monitoring interventions with a consideration of these ecologies would tie interventions not only to the risk reduction goals of global public health policy, but also to the very real and grounded financial priorities of what it means to try to safely earn a living through sex work.

◆ **Can a national government implement a violence prevention and response strategy for key populations in a criminalized setting? A case study from Kenya. (Bhattacharjee et al., 2018)**

- Over the previous four years in Kenya, a national violence prevention and response programme was implemented for key population, including FSW, PWID and MSM.
- As a result of the programme there has been an increase in reporting of violence from FSWs and PWID.
- The authors of this case study argue that violence against KP members can be effectively addressed under the leadership of the national government, even in an environment where KP members behaviours are criminalised. The authors also argue that creating an enabling environment to promote wellbeing and safety for KP members is a critical enabler for HIV prevention programmes to achieve 95-95-95 goals.

◆ **Estimating the impact of reducing violence against female sex workers on HIV epidemics in Kenya and Ukraine: a policy modeling exercise (Decker et al., 2013)**

- Mathematical modelling was used to estimate the impact of reduced sexual or physical violence towards sex workers on HIV outcomes, in Kenya and Ukraine.
- An approximate 25% reduction in incident HIV infections among FSWs was observed when physical or sexual violence was reduced.
- In Kenya, cumulative infections averted were 21,200 Kenya and Ukraine, respectively. Similar percent reductions were observed assuming ART coverage expansion, with approximately 18,200 infections averted among FSWs in Kenya.
- New infections were also averted in the general population.
- Reducing violence against FSWs appears to impart significant reductions in new infections among FSWs and in the general adult population in both generalised and concentrated epidemics.

Rwanda

Rwanda snapshot	
Sex worker size estimation	12 278 •
HIV Prevalence Sex workers	45.8%≠
Legal Status	Prostitution is illegal under Article 205 of the Penal Code 2012.*

•UNAIDS, 2017

≠UNAIDS, 2018

* <https://prostitution.procon.org>

No literature could be found on violence against sex workers.

South Sudan

South Sudan snapshot	
Sex worker size estimation	- •
HIV Prevalence Sex workers	- •
Legal Status	Buying and selling sex is Illegal •

• UNAIDS, 2018

Relevant literature

No peer-reviewed research could be found on sex work and violence in South Sudan. The following are two examples of articles in the grey literature:

◆ **Sex workers risk violence, HIV in Juba's brothels (irinnews, 2011)**

This 2011 article on humanitarian news website, irinnews.org, describes the growth of sex work in Juba, one of the fastest growing cities in the world. Many of the sex workers are migrants from Kenya and Uganda. In this article, some of the sex workers describe the violence they experience from clients at so-called "sex camps" – rows of business stalls at the market.

- "They [clients] tell you they want you, then they take you to a room and when you ask them to use a condom they pull out a knife or [hold] you at gunpoint," says Charity*, who came from Uganda looking for waitressing or domestic work. "They are beating you, slapping you, saying: 'why you want to use a condom if you come here?'" the 30-year-old says, her experience echoed by many other women.
- "Sometimes after the customer enjoys with you they refuse to pay," and especially if the matter of condoms is brought up, says Mary*, 35. Mary's work enables her to send around US\$35 a month to her six children in Uganda. "Sometimes you enter the room with them, they give you 10 pounds [around \$3.50] and say they don't want to use a condom," Anna said, adding that "some take you by force" if you insist on a condom.

◆ **Making the case for asking key populations about violence: A success story from South Sudan (Dixon, 2017)**

- The Linkages programme has trained health care workers to proactively screen for violence. In South Sudan, health care workers were trained on sex and gender, harmful gender norms, and the connection between violence and HIV. They then developed skills for screening individuals from key populations, including sex workers, for violence and providing first-line support to key population victims, including linking them to health, psychosocial, and legal services.
- VPR (Violence prevention and response) services have been integrated into existing HIV prevention, care and treatment services.
- During July-September 2017, 608 female sex workers were screened for violence by health care workers during mobile clinics. Of those screened, 293 (48%) reported sexual violence. In turn, 87 (30%) of those reporting sexual violence were eligible for PEP, which means that health care workers identified the sexual violence within 72 hours of the assault. Of the 87 women who were eligible for PEP, 87 (100%) received it and were able to reduce their risk of HIV infection.

Tanzania

Tanzania snapshot	
Sex worker size estimation	155 450 •
HIV Prevalence Sex workers	28% •
Legal Status	Selling sex is illegal •

- UNAIDS, 2018

Relevant literature

◆ **'That's how we help each other': Community savings groups, economic empowerment and HIV risk among female sex workers in Iringa, Tanzania (Mantsios, Shembilu, et al., 2018)**

- This useful article describes the benefits of community savings groups, set up by sex workers in Iringa, Tanzania. Beyond the primary objective of creating greater economic security, the groups also serve as a vehicle for mutual support and community empowerment. As sex workers experience greater financial security, they are less inclined to engage in high-risk sex, and more empowered to negotiate with clients. Respondents in this study also mentioned that in the event of violence, the groups offer both material and emotional support.

◆ **"Treat Us Like Human Beings": Discrimination against Sex Workers, Sexual and Gender Minorities, and People Who Use Drugs in Tanzania (Human Rights Watch, 2013)**

- In Tanzania, victims of assault are required to present a form, confirming that the assault has been reported to the police, in order to be treated at hospitals. The PF3 impedes access to health, as sex workers may either be refused the form, or may be afraid to request it. The following two cases cited in a Human Rights Watch report are indicative of the challenges sex workers face after experiencing violence:
- Susan N., a sex worker, went to a public hospital in 2011 after a client forced her to have anal sex, but she could not get treatment without filing a police report:

When I went to the hospital on that night with a bruised anus they refused to treat me unless I reported to the police first. This made me decide to go home and seek medical attention the following day at a private hospital. It cost a lot of money but at least I got the service I required.

- Mwamini K., a sex worker in Dar es Salaam, lied to hospital staff in order to get treatment after being beaten by police officers in Kinondoni District in 2011:

They were three police officers. They beat me with their hands, and kicked me. They were saying, "What are you doing here, you're a prostitute, a dog, you are a pig".... I went to the hospital because they had hurt me badly. I had damage on my skin. My whole body was hurting. I told the doctor that I fell down the stairs. If I had told them what really happened, they would need a PF3. I was afraid to go to the police to get forms because they would ask me many questions and they would want to arrest the person who beat me—and if those police [officers] were arrested, they would say that I was a sex worker.

Uganda

Uganda snapshot	
Sex worker size estimation	No data •
HIV Prevalence Sex workers	32.4 – 52% *
Legal Status	Selling and buying sexual services is criminalised •

• UNAIDS, 2018

* Muldoon, 2015

Relevant Literature

Uganda is one of the strongest countries in this review in terms of research into violence and sex work.

◆ **A systematic review of the clinical and social epidemiological research among sex workers in Uganda. (Muldoon, 2015)**

- In the previous 6 months:
 - over 80% of sex workers experienced client-perpetrated violence and
 - 18% experienced intimate partner violence.
 - Over 30% had a history of extreme war-related trauma.
- Rape from any partner in the last 6 months was 41.3 %
- Lifetime prevalence of rape was 49.0 % with the most common perpetrator from the last rape being an intimate partner (18.2 %), friend (8.2 %), authority figure (3.4 %), and family member (2.1 %).

◆ **The social context of gender-based violence, alcohol use and HIV risk among women involved in high-risk sexual behaviour and their intimate partners in Kampala, Uganda (Schulkind, Mbonye, Watts, & Seeley, 2016)**

This study conducted life history interviews with 10 women who sold sex, some of whom identified as sex workers, and their intimate partners.

- Violence was pervasive, both in the life histories and the current circumstances, of both the women and the men in the study.
- Street-based sex workers were perceived as being at greater risk of violence and abuse.
- Personal factors, in particular a woman's individual assertiveness or decision-making, appear to play an equally important role in determining condom use and risk of violence from clients.
- High levels of economic need among sex workers, referred to as 'survival sex' in the literature, reduce individual participants' autonomy to refuse potentially violent clients.
- In terms of women's risk of violence and abuse from their partners, interviews with the men showed widespread patriarchal beliefs, reflecting deep-rooted gender inequities at a macrosystem level.
- The role of alcohol was central. Alcohol led to increased disinhibition, perpetration of intimate partner violence and high levels of sexual-risk taking.
- The findings highlight the difficulty in disentangling the relationship between alcohol use, violence and risky sexual behaviour in this population, and the need for an overarching framework.
- The interviews show high levels of overlap between emotional, economic and physical abuse from partners.
- There is a large amount of fluidity between clients and regular partners. Therefore, intimate partner violence and client violence cannot be treated as separate entities when designing interventions.
- The criminalisation of sex work at the macro-level stigmatises women within their communities, placing them at a high risk of violence and abuse from police, partners and clients and vulnerability to HIV.

◆ **Policing the epidemic: High burden of workplace violence among female sex workers in conflict-affected northern Uganda (Muldoon et al., 2017)**

This study, in Gulu, northern Uganda looked at the association between policing and recent physical/sexual violence from clients.

- 49.0% sex workers experienced physical/sexual violence by a client.
- From those who experienced client violence the most common forms included physical assault (58.7%), rape (38.3%), and gang rape (15.8%).
- Police harassment was very common: 37.3% reported rushing negotiations with clients because of police presence, a practice that was significantly associated with increased odds of client violence.
- Inconsistent condom use with clients, servicing clients in a bar, and working for a manager/pimp were also independently associated with recent client violence.
- Structural and community-led responses, including decriminalisation, and engagement with police and policy stakeholders, remain critical to addressing violence, both a human rights and public health imperative.

◆ **Structural determinants of dual contraceptive use among female sex workers in Gulu, northern Uganda (Erickson et al., 2015)**

- In this study, rushing negotiations with clients owing to policing was negatively associated with dual contraceptive use (i.e condoms plus another modern contraceptive method).
- Stigma and lack of protection from police and other authorities place FSWs at increased risk of violence from clients, because rushed negotiations can lead to an inability to screen clients properly or to negotiate the terms of a transaction (e.g. condom use).
- In settings where sex work is criminalized, the ability to negotiate for safer sex practices is jeopardised when FSWs are forced to provide services in remote or unsafe occupational environments.
- Participants in the present study encountered high levels of sexual and physical violence from clients (78.5%).

◆ **Interpersonal and structural contexts of intimate partner violence among female sex workers in conflict-affected northern Uganda (Erickson et al., 2017)**

- This study, linked to the community-based survey on which the two articles above are also based, looked at the factors associated with intimate partner violence against sex workers.
- Greater odds of intimate partner violence among sex workers were associated with recent workplace violence, forced sexual debut, and gendered power dynamics favouring control by the male partner.
- Programmes and policies promoting the safety and health of marginalized women and addressing gender dynamics and violence are needed.

◆ **War-Related Abduction and History of Incarceration Linked to High Burden of HIV Among Female Sex Workers in Conflict-Affected Northern Uganda (Goldenberg, 2016)**

- This study, also part of the Gulu community-based sex worker survey examines links between HIV prevalence and 1) war-time abduction and 2) any incarceration during the sex worker's lifetime.

- The study found that the group sex workers who were HIV positive were more likely to have had an experience of being abducted by the Lords Resistance Army (the LRA) than those who were HIV negative.
- 26.5% of the sex workers had been incarcerated, mostly due to sex work-related charges or public nuisance charges. Sex workers living with HIV were significantly more likely to have been incarcerated.
- Collectively, these results call for attention critical need to better understand and address conflict-related human rights and criminalization among marginalised SWs in conflict-affected settings.
- These findings underscore the importance of program and policy efforts to comprehensively address and support the health and human rights needs of SWs in conflict-affected settings.

◆ **“When they know that you are a sex worker, you will be the last person to be treated”:
Perceptions and experiences of female sex workers in accessing HIV services in Uganda
(Wanyenze et al., 2017)**

- FSWs indicated that HIV services were available and these included condoms, HIV testing and treatment, and management of sexually transmitted infections. However, access to HIV services was affected by several individual, societal, structural, and policy related barriers.
- FSWs had major concerns with the quality of services especially discrimination and rude remarks from providers, denial or delay of services, and potential for breach of confidentiality. However, some FSWs reported positive experiences including interface with friendly providers and participated in formal and informal FSW groups, which supported them to access health services.
- Violence response services – including post-exposure prophylaxis were perceived as absent or inadequate.

◆ **Prevalence of Rape and Client-Initiated Gender-Based Violence Among Female Sex Workers: Kampala, Uganda (Schwitters et al., 2015)**

Among 1,467 FSWs who were interviewed, 82% experienced client-initiated GBV and 49 % had been raped at least once in their lifetime.

- GBV risk increased with increasing frequency of client demands for unprotected sex, length of time engaged in sex work, and FSW alcohol consumption.
- Risk decreased when sex with clients occurred at the FSW’s or client’s house or a hotel compared to when sex occurred in open spaces.

◆ **A life of fear: Sex workers and the threat of HIV in Uganda (Schoemaker & Twikirize, 2012)**

- Sex workers were well aware of their risk of HIV infection, but this risk was eclipsed by other more immediate and frightening threats. Sex workers' willingness to gamble with HIV is explained by the fact that their existence is already very dangerous, and taking risks is an inherent part of their trade.
- Decriminalising sex work could make their lives somewhat safer, motivating them to better protect themselves, but this is unlikely to happen in Uganda. Law enforcement and the judiciary are not trusted and are viewed as being pervasively corrupt.

SOUTHERN AFRICA

Angola

Angola snapshot	
Sex worker size estimation	32 629 •
HIV Prevalence Sex workers	4.7% •
Legal Status	Sex work is Illegal *

• UNAIDS, 2018

* <https://prostitution.procon.org/view.resource.php?resourceID=000772#angola>

No literature on violence against sex workers could be found.

Botswana

Botswana snapshot	
Sex worker size estimation	6718 •
HIV Prevalence Sex workers	53.5 – 68.5% ≠
Legal Status	Although selling sex is not illegal, sex work is in effect criminalised by the Botswana Penal Code (section 149, 154, 155, 156, 157, 184 and 176) that prohibit a wide range of activities associated with sex work such as soliciting clients, public indecency or living on the earnings of sex work*

• Botswana Mapping and Size Estimation Study 2017

≠ Merrigan et al., 2015

* Source: <http://spl.ids.ac.uk/sexworklaw>

Relevant Literature

◆ Sex work and violence in Botswana: Needs Assessment report (AIDS Fonds Netherlands, Hands Off!, 2017)

- Results from the Hands Off! Project baseline assessment in four towns in Botswana show that sex workers experience high levels of violence, ranging from societal stigma and discrimination to beatings, theft and rape. The main perpetrators are clients and law enforcement workers, although sex workers can be highly violent towards each other as well.
- **Sixty-six percent of sex workers in this study experienced violence in the past year.**
- Sex workers from Francistown and Gaborone experience increased violence compared to those from Kasane/Kazungula and Palapye.
- Substance use significantly impacts sex workers' risk of experiencing violence. The study also uncovered a surprising correlation between being HIV negative, or not being aware of one's HIV status, and increased risk of experiencing violence.
- Relationships of sex workers with law enforcement workers are problematic and characterised by mistrust. Many law enforcement workers abuse their power, and demand bribes in exchange for freedom. Although some sex workers do report positive police assistance, many are reluctant to seek help.
- In an environment in which sex work is criminalised and violence is widespread, sex workers have various strategies to promote safety and mitigate the risk of violence. Clients and working locations are carefully chosen. On the streets, sex workers work in pairs or groups to increase their security. To avoid economic violence, sex workers hide their money or give it to their friends for safekeeping.

- Forty eight percent (48%) of the sex workers had been arrested in the past year. The average number of arrests was 6, and the average period of detention was 24 hours
- To avoid being arrested, 32% of sex workers had had sex with a police officer, and 37% had paid a bribe
- Thirty four percent (34%) of the sex workers had laid cases with the police, but only 19% had been investigated
- 51% had been yelled at or stigmatised by a health work in the past 12 months

Type of violence against sex workers by perpetrator experienced in the past twelve months

	 client	 police	 health worker	 community	 other sex workers
physical	40%	39%	-	26%	39%
sexual	35%	25%	9%	13%	13%
economic	49%	39%	-	-	45%
emotional	-	40%	45%	55%	-

eSwatini (Swaziland)

eSwatini snapshot	
Sex worker size estimation	4043 •
HIV Prevalence Sex workers	60.5% •
Legal Status	Legal and regulated *

- UNAIDS, 2018

Relevant literature

◆ **The Prevalence and Correlates of Physical and Sexual Violence Affecting Female Sex Workers in Swaziland (Berger et al., 2018)**

- Prevalence of Physical and Sexual Violence was 48.4%. Estimates of being beaten up as a result of sex work and ever being forced to have sex were 32.4% and 33.1% respectively
- Experiencing physical and sexual violence was associated with
 - being blackmailed
 - drug use in the last 12 months (non-injecting), and
 - feeling afraid to seek health services as a result of selling sex

◆ **Social cohesion, social participation, and HIV related risk among female sex workers in Swaziland (Fonner et al., 2014)**

- This important study looked at social cohesion and social participation amongst sex workers, and found that community building and community empowering programming can potentially have an impact in reducing violence and HIV prevalence.

◆ **Re-conceptualizing the HIV epidemiology and prevention needs of Female Sex Workers (FSW) in Swaziland (Baral et al., 2014)**

- Rape was common with nearly 40% reporting at least one rape.
- 17.4% reported being raped 6 or more times!
- Blackmail was reported by 34.8% and torture by an astounding 53.2%!

Lesotho

Lesotho snapshot	
Sex worker size estimation	6 300 •
HIV Prevalence Sex workers	71.9% •
Legal Status	Prostitution is neither illegal nor regulated, but organized activities such as brothels and pimping are illegal*

• UNAIDS, 2018

* https://en.wikipedia.org/wiki/Prostitution_in_Africa

Relevant Literature

For a country which has had a huge mature HIV epidemic, Lesotho has strikingly little information on sex workers, and only one relevant article could be found, dealing with sex workers who experienced commercial sexual exploitation as children:

◆ HIV risks and needs related to the Sustainable Development Goals among female sex workers who were commercially sexually exploited as children in Lesotho. (Grosso et al., 2018)

- 86% of female sex workers have experienced gender-based violence

◆ Criminalisation objectifies sex workers (Kale, 2018)

This is an article by a key correspondent, Mamofuta Kale, under the KP REACH programme.

- Delicious, a 28-year-old sex worker from Mafeteng in Lesotho has worked in the industry for three years. She spoke to how many of her colleagues work under a constant state of duress. Their fear of being harassed by the police causes them to meet with clients in unsafe locations where they run the risk of being physically attacked and beaten.
- Sex workers often don't report violence to the police as it may open them up to abuse in that space. But many, in fact all the sex workers interviewed, can speak to experiences of gang rape and physical abuse at the hands of the police. They consider police as perpetrators and abusers.
- *Seven, a 23-year-old from Maseru speaks about how one Friday night in April 2016 she was forced into a police van and driven to an isolated place. There were three officers in the van, including the driver. They were verbally violent towards her throughout the drive, hurling insults. When the van eventually stopped they dragged her out. "All three officers raped me but I put up a serious fight. I was injured. Afterwards they even took all the money I had worked for that day." Tears welled in her eyes as she showed us the scars on her legs. "I was left there, alone till morning." Seven did not feel that she could report this violation to the police. She feared it would put her life in worse danger. "There is no use going there. We are treated like trash."*
- Another sex worker from Maseru recalled a traumatic experience at the discovery that two of her colleagues were found dead. No arrests were made. *"We knew who the suspect was – the man they were last seen with. He was in the habit of assaulting us badly after having sex with us. It was painful losing people so close to us. It was worse because the murderer got away with it. We also felt guilty because we were afraid to share this information with police"*.
- *"In July last year, five police officers took me and my friend to Mohakare River. They ordered us to remove our clothes. They threw us into the water. We were freezing." She say that she finally manage to escape and ran away barefoot, leaving her friend behind. "For two weeks afterwards I was confined to bed feeling very sick. This was just one of many incidents of abuse by the police. They happen almost every day but no one protects us."*

- The sex workers cited numerous incidents of discrimination and stigma experiences at the hands of their communities. Stigma and discrimination is also experienced at health facilities: “Once people know what we do they call us names. We are called Likuena (meaning prostitutes). I have suffered.” According to Lebo from Maseru: *Once I was not feeling well so I visited a hospital. While at the centre I met one of my clients who was working there as a nurse. Next thing I knew I found myself surrounded by nurses posing questions at me, like: ‘Why would you choose to be a sex worker at such a young age?’ Even patients got on my case – pointing their fingers at me. I stormed out crying. Without treatment.”*

Madagascar

Madagascar snapshot	
Sex worker size estimation	167 443 •
HIV Prevalence Sex workers	5.5% •
Legal Status	<p>Selling and buying sex is not illegal, but living off the earnings, operating a brothel, and soliciting to sell sex in public places is illegal. Public order laws are used to justify police arresting, detaining or fining sex workers, especially transwomen.</p> <p>There are laws or regulations that require sex workers to undergo medical examination*</p>

• UNAIDS, 2018

*<http://spl.ids.ac.uk/sexworklaw/countries>

Surprisingly, given the large sex worker population, no literature could be found on violence against sex workers.

Malawi

Malawi snapshot	
Sex worker size estimation	31 200 •
HIV Prevalence Sex workers	60% •
Legal Status	<p>Section 146 of the Penal Act makes it illegal to live off the earnings of a sex worker. In the past, this was understood by lower order courts to include sex worker’s own earnings as well as those of other sex workers. It has been used to bring charges against sex workers. In 2016 the High Court clarified that the intent behind Section 146 was to protect sex workers from those who exploit them, and does not criminalise sex work*</p> <p>Previously, Section 184(c) of the Penal Code provided that a person found in a place in circumstances which lead to the conclusion that such person is there for an illegal purpose, was deemed a rogue and vagabond. The “Rogue and Vagabond” clause was frequently used to harass sex workers. However, in X, the Rogue and Vagabond law was struck down following strategic litigation by CHREAA and SALC on behalf of a street vendor. However, the police are now simply using laws prohibiting “idle and disorderly behaviour” to prosecute sex workers. ≠</p>

• UNAIDS, 2018

*<http://spl.ids.ac.uk/sexworklaw/countries>

≠ <http://www.keycorrespondents.org/sex-workers-survive-hostility/#more>

Relevant literature

◆ **Socioecological Factors Related to Hazardous Alcohol use among Female Sex Workers in Lilongwe, Malawi: A Mixed Methods Study (Lancaster et al., 2018)**

- In focus group discussions with sex workers about their alcohol use, sex workers perceived alcohol as a facilitator for sex work by reducing inhibitions and attracting clients, but acknowledged that alcohol leads to violence and/or unprotected sex.
- Despite these risks and a motivation to reduce use, sex workers feared that refusing to drink would be tantamount to turning away clients.

◆ **Sex Workers Survive Hostility (Padatha, 2018)**

This article by Key Correspondent, Chimwemwe Padatha, describes how, despite the changes in the legal framework with the nullifying of the 'rogue and vagabond' law, abuses and harassment of sex workers by police continue in Malawi:

- "On numerous occasions sex workers have been the victims of abuse, extortion and sexual harassment, oftentimes at the hands of police.
- Worse still, these crimes go unreported and the women rarely receive medical attention when they are raped. Instead they endure additional trauma at the hands of health practitioners whose stigma often results in their hurling their own abuses rather than offering the required medical care".
- "Still, this could be a stepping stone to creating a safer and more conducive environment for sex work in the country".
- "Despite equal rights being enshrined in Malawi's constitution and the regional and international conventions to which Malawi is a party, the continued abuse and arrest of sex workers violates their inherent right to dignity and freedom of privacy".

Mauritius

Mauritius snapshot

Sex worker size estimation	5500 •
HIV Prevalence Sex workers	15% •
Legal Status	Selling sex is Illegal •

- UNAIDS, 2018

Relevant literature

◆ **Mauritius: Sex workers deserve protection (Virahsawmy, 2011)**

This is an online article at Pambazuka News:

- Lack of protection, stigma and fear mean many women and most sex workers do not even report instances of gender-based violence and rape.
- Sex work is also illegal in Mauritius, so sex workers are not protected under any legislation. They are arrested and put in jail while their clients get away with murder. Sex workers cannot even seek treatment in hospitals. Stigmatisation and discrimination are rife.

Mozambique

Mozambique snapshot	
Sex worker size estimation	31 200 •
HIV Prevalence Sex workers	60% •
Legal Status	Issue is determined/differs at subnational level •

•UNAIDS, 2018

Relevant literature

◆ **Final Report: The Integrated Biological and Behavioral Survey among Female Sex Workers, Mozambique 2011– 2012. San Francisco: UCSF. MISAU, INS, CDC, UCSF, Pathfinder & I-TECH. 2013**

- The Integrated Biological and Behavioural Survey (IBBS) conducted in 2011/2012 assessed violence against sex workers in the previous 6 months and found that 6% of sex workers in Maputo, 16% of those in Beira and 19% of those in Nampula had been beaten in the past 6 months.
- Rape or forced sex in the past 6 months had been experienced by 4% of sex workers in Maputo, 12% in Beira and 15% in Nampula.
- The IBBS suggests that in most cases of violence, sex workers do not seek health care. Some of the sex workers sought health services but did not received treatment.
- Regarding justice and protection, most sex workers are reluctant to report incidents to police or to the Women and Child Services office

◆ **Sex work and violence in Mozambique: Needs Assessment report (AIDS Fonds Netherlands, Hands Off!, 2016a)**

- The Hands Off! baseline assessment found that sex workers in Mozambique experience high levels and multiple forms of violence, ranging from societal stigma, discrimination, verbal abuse and humiliation to beatings, rape and theft. The main perpetrators are clients and law enforcement workers. Overall, 70% percent of sex workers experienced violence in the past year.



- Law enforcement officers were found to act both as protectors of sex workers, but also as perpetrators of violence. Law enforcement workers are involved with physical and sexual violence towards sex workers, and deprive sex workers of their money in various ways. While there are those who provide protection to sex workers, this is unreliable and depends on the individual officer. As a result, many sex workers are reluctant to trust police and avoid reporting violence or seeking legal aid. Interestingly, improved relationships are observed between sex workers and law enforcement units which have been sensitised towards effectively engaging with sex workers.

- In terms of health care facilities, the study found that most centres are characterised by a context of discrimination and stigma towards sex workers, which hampers sex workers' willingness to access prevention and treatment services.

◆ **Barriers to HIV and sexual and reproductive health care for female sex workers in Tete, Mozambique: results from a cross-sectional survey and focus group discussions (Lafort, Lessitala, et al., 2016)**

- The DIFFER project assessed sex workers perceived barriers to health care in 4 sites, including Tete, Mozambique. The study found that FSWs expressed dissatisfaction with the public health services, as a result of being asked for bribes, being badly attended by some care providers, stigmatisation and breaches of confidentiality, and concluded that the use of most HIV and SRH services is insufficient in this FSW population.

◆ **Impact of a "Diagonal" Intervention on Uptake of Sexual and Reproductive Health Services by Female Sex Workers in Mozambique: A Mixed-Methods Implementation Study (Lafort, Lessitala, et al., 2018)**

- The DIFFER project provided a two-pronged intervention which firstly, provided vertical sex worker targeted services, and secondly, provided capacity-strengthening and sensitisation for public health facilities, an evaluation found that the vertical services had seen a very high uptake by sex workers. However, while some sex workers reported a slight improvement in the quality of care at public health facilities, stigmatisation, insults and requests for bribes continued. Zimbabwean sex workers were more likely to be insulted compared to Mozambican sex workers.

Namibia

Namibia snapshot	
Sex worker size estimation	8082 •
HIV Prevalence Sex workers	The 2012-2014 IBBS conducted in four sites estimated HIV prevalence to be 37.5% among FSW in Windhoek, 52.3% in Katima Mulilo, 39.3% in Walvis Bay/Swakopmund, and 31.0% in Oshikango *
Legal Status	Criminalisation of sex work is enforced by means of The Combating of Immoral Practices Act (1980) and municipal by-laws ≠.

• UNAIDS, 2018

* Results of the 2012-2014 Integrated Biological and Behavioral Surveillance Studies among Female Sex Workers in Namibia (Ministry of Health and Social Services, 2015)

≠ <http://spl.ids.ac.uk/sexworklaw/countries>

Relevant literature

◆ **Results of the 2012-2014 Integrated Biological and Behavioral Surveillance Studies among Female Sex Workers in Namibia (Ministry of Health and Social Services, 2015)**

An IBBS was conducted at Katima Mulilo, Oshikango, Windhoeld and Walvis bay/Swakopmund during 2012-2014. The study found the following:

- Cases of discrimination, verbal abuse, and physical violence experienced by FSW varied between the different sites. The percentage of FSW who experienced any discrimination as a result of being FSW (including any of the following: refused health care service, refused employment, refused church or religious services, refused restaurant, refused housing, or refused police service or assistance) during the twelve months preceding the survey ranged from 3.6% in Katima Mulilo to 25.6% in Windhoek.

- Experience of verbal abuse was frequent among FSW in each site, and especially so in Oshikango and Swakopmund/Walvis Bay, where 57.5% and 50.1% of FSW, respectively, were verbally abused in the last twelve months.
- Physical assault and rape were experienced by less than 10% of FSW in Katima Mulilo, Oshikango and Swakopmund/Walvis Bay, while in Windhoek, 18.2% of FSW were physically assaulted and 12.9% were sexually assaulted.

◆ **Sex work and violence in Namibia: Needs assessment report (Aidsfond Netherlands Hands Off! Project, 2016b)**

- The Namibia baseline assessment for the Hands Off! Project found that sex workers in Namibia experience extremely high levels and multifarious forms of violence, ranging from societal stigma, discrimination, and humiliation to beatings, rape and theft. The main perpetrators are clients and law enforcement workers.
- ***Ninety-four percent of the sex workers experienced violence in the past year!***

Type of violence against sex workers by perpetrator experienced in the past twelve months

	client	police	health worker	community	other sex worker
physical	87,3%	81,0%	13,7%	42,4%	78%
sexual	89,9%	78,4%	-	35%	-
economic	86,7%	82,5%	-	-	86,3%
emotional	-	82,2%	91,2%	-	-

- The survey found that maltreatment of sex workers is endemic in police behaviour: rather than protecting sex workers, police have themselves become a threat to sex workers' safety and they regularly force their authority on sex workers through sexual violence. Sex workers can often only receive protection from police officers by paying money or sex bribes. Due to repressive and abusive police behaviour towards them, sex workers mistrust police and are reluctant to get involved with them. As a result very few sex workers file cases of violence against the police.
- 65% of the sex workers had been arrested within the last 12 months. Reasons for arrest included soliciting clients on the street, stealing from clients, being known as a sex worker and carrying a condom. 81% of the sex workers experienced violence after arrest.
- In Windhoek, the key risks factors associated with higher levels of violence are: being known as a sex worker, using a condom consistently and being HIV positive. The level of alcohol use is also directly correlated with the level of violence experienced. Sex workers working on the street face more violence compared to sex workers in bars, hotels and brothels.

◆ **Torture of sex workers in Namibia: Committee against Torture: Written information for the examination of the State party's report for the 59th Session, October 2016 (Voices of Hope, Rights not Rescue & Leitner Center, 2016)**

- This is a significant report since it frames systematic violence and abuse against sex workers, especially by state actors as torture, or other cruel, inhuman or degrading treatment or punishment.
- The report finds that Namibia has failed to meet multiple obligations under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ("CAT") in regards to its treatment of sex workers.

- The criminalisation of sex work in Namibia has resulted in the torture and cruel, inhuman, and degrading treatment of sex workers, both female and male, including lesbian, gay, bisexual, and transgender (“LGBT”) sex workers.
- Law enforcement in Namibia engage in acts of physical and sexual abuse of sex workers which amount to torture.
- Law enforcement and public health workers in Namibia also engage in discriminatory abuse of sex workers that amounts to cruel, inhuman, and degrading treatment. Furthermore, Namibia fails to prevent and adequately investigate and prosecute the torture of sex workers by private actors.

A transgender female sex worker activist reported that members of the Namibian Defense Force ripped her clothes off and began to sexually assault her in the middle of the street. The Istanbul Protocol classifies this behaviour as torture. This same sex worker reported another incident of sexual violence as torture at the hands of police officers. The police arrested her when they found condoms in her bag. Because the police refused to acknowledge her gender identity as a transgender woman, they placed her in a holding cell with fourteen men who took turns raping her. Despite her cries for help, police officers ignored her and encouraged the inmates to continue sexually assaulting her. “When my assailants had finished, police officers applauded them, saying I deserved to be raped,” she recounted.

Seychelles

Seychelles snapshot	
Sex worker size estimation	590 •
HIV Prevalence Sex workers	4.6%≠
Legal Status	Illegal *

• UNAIDS, 2018

≠ UNAIDS, 2017

*https://en.wikipedia.org/wiki/Prostitution_in_Africa

No literature could be found on violence against sex workers.

South Africa

South Africa snapshot	
Sex worker size estimation	153 000 *
HIV Prevalence Sex workers	57.7% ≠
Legal Status	Both selling and buying sex are Illegal •

* SWEAT, 2013

≠ UNAIDS, 2018

•<http://spl.ids.ac.uk/sexworklaw/countries>

Relevant Literature

◆ ‘You are just whores – you can’t be raped’: barriers to safer sex practices among women street sex workers in Cape Town (Pauw and Brener, 2003)

- This early study was co-authored by one of the two founders of Sex Workers Education and Advocacy Taskforce (SWEAT), Ilse Pauw, and documents the results of a 9-month

qualitative study with sex workers. The contribution of the various barriers to safe sex are described in detail: the barriers include, the role of regular partners and 'special clients'. client resistance to condom use; client violence and forced unprotected sex; police violence and lack of protection; substance use amongst workers; access to health care, and the role of gatekeepers.

- Gatekeepers fell into two categories: 'pimps' who were usually either boyfriends, husbands or ex-sex workers – they were not reported to be abusive or exploitative, and on the contrary were reported to be supportive towards sex workers and enabling towards community outreach workers. Gangsters on the other hand, were often dangerous and controlling, and were often connected to sex workers who used drugs, as gangsters controlled the drug trade.

◆ **Prevalence and patterns of victimization and poly-victimization among female sex workers in Soweto, a South African township: a cross-sectional, respondent-driven sampling study (Coetzee, Gray, & Jewkes, 2017)**

- The prevalence of exposure to physical/sexual violence in the past year was 53.8% by intimate partner, 46.8% by clients, and 18.5% by police.
- Past year prevalence of sexual/physical violence by any perpetrator category was 70.8% and lifetime exposure was 76.0%.
- Childhood sexual violence was reported by 44.3% amongst FSWs compared to 35.4% for the general population (male and female) in South Africa.
- Lifetime non-partner rape was 55.5% and all rape exposure was 62.4%.
- As a result of engaging in sex work in the past year, 65.2% women had been discriminated against.
- Client, police, IPV, and childhood trauma were all significantly associated with one another, with IPV being the most common co-occurrence.
- Poly-victimization was seen in almost two-thirds of FSWs, and increased with exposure to discrimination. In Soweto, FSWs are exposed to high rates of violence in multiple forms across their lifetime.
- Our findings show that violence occurs at levels far higher than in the general population and overall at higher levels than previously recorded among SWs in South Africa. The authors argue that violence against FSWs is rooted in discrimination.

◆ **Depression and Post-Traumatic Stress amongst female sex workers in Soweto, South Africa: A cross-sectional, respondent driven sample (Coetzee et al., 2018)**

- Symptoms of severe depression were prevalent amongst 68.7%, PTSD was 39.6%, and 32.7% suffered from both PTSD and depression.
- Experiencing 3 or more kinds of violence increased the likelihood of suffering from both PTSD and depression.
- The prevalence of PTSD was double that of the general South African adult population (39.6% vs 16.5%).
- The prevalence of depression amongst FSWs in Soweto was much higher than those documented in South Africa, with more than two thirds of FSW in Soweto suffering from depression (68.7%) as compared with 4.9% in the total adult population.
- Exposure to violence was most strongly associated with both depression and PTSD.
- This study confirms the impact which repeat occurrences of trauma is having on the lives of these women.

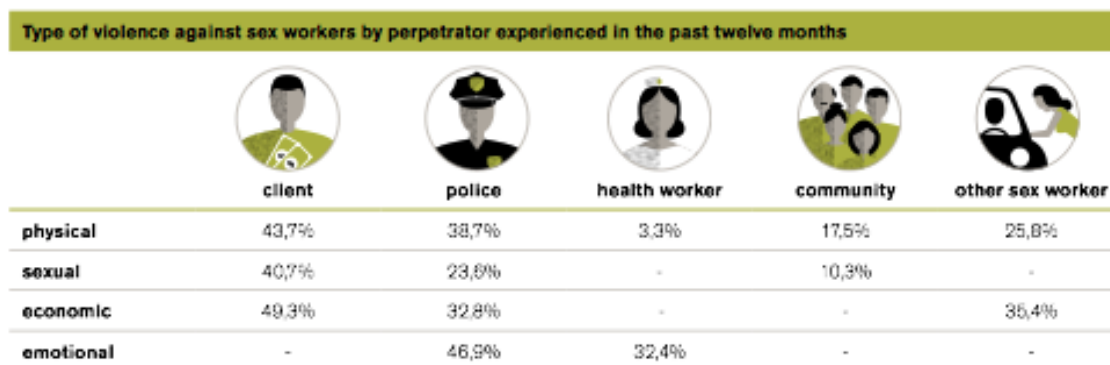
◆ Stop harassing us, tackle real crime (Manoek, 2012)

This report was published by Women’s Legal Centre (WLC), SWEAT and Sisonke, and is based on cases of sex workers human rights violations reported to the Women’s Legal Centre. The study found the following:

- Seven out of 10 sex workers who approached the WLC to report a violation had experienced some form of abuse by the police. Sex workers experience violence during arrest by police officers who routinely beat them, pepper spray them and sexually assault them.
- Sex workers are also assaulted by clients, particularly with regards to payment and condom negotiation. Unsurprisingly, most sex workers are reluctant to approach the police to report crimes committed against themselves or others. Unreported crimes include verbal abuse, refusal by clients to pay, being robbed, threats of physical assault, physical assault and rape.
- There is great scepticism about the police as a mechanism for protection or redress, especially in light of the fact that some police officers are themselves perpetrators of these very crimes.
- The findings in this report highlight the gap between the rights enshrined in the South African Constitution and treatment meted out to sex workers.

◆ Sex work and violence in South Africa: Needs assessment report (Aidsfond Netherlands Hands Off! Project, 2016c)

- The results show that sex workers in South Africa experience high levels and many forms of violence, ranging from societal stigma, discrimination, and humiliation to beatings, rape and theft.
- The main perpetrators of this violence are clients and police officers.
- **Seventy-one percent of sex workers experienced violence in the past year.**



- Sex workers reported emotional violence to be most damaging and painful to them.
- The role of police officers in relation to sex workers in South Africa is ambiguous, but maltreatment and abuse of sex workers is ingrained in police behaviour. However, very few sex workers have filed cases of violence. They can receive protection from police officers in return for money or sex bribes. Fifty-seven percent of sex workers were arrested in the past 12 months. Specific grounds for arrest were: being known as a sex worker, carrying a condom and soliciting clients on the streets. More than half of sex workers (60%) experienced violence on arrest.

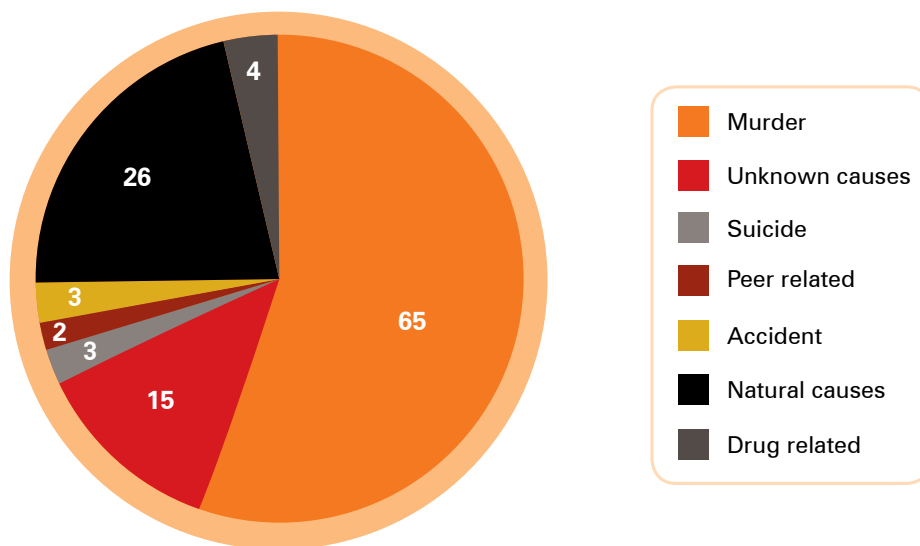
- Key risks factors associated with higher levels of violence are working with a pimp and not always using a condom with clients. The level of alcohol use is positively correlated to levels of violence also, and sex workers working on the street face more violence compared to sex workers in bars, hotels and brothels.
- Psychological and trauma support is a key service gap, and better health and legal support are also needed.

◆ **Violence against substance-abusing South African sex workers: intersection with culture and HIV risk (Wechsberg, Luseno, & Lam, 2005)**

- In this study from Tshwane/Pretoria, the majority of sex workers reported experiencing some victimisation at the hand of men, either clients or boyfriends, with many reporting childhood abuse histories
- Young women also report great fear of future victimisation.
- Findings also suggest that as a result of their decreased likelihood of using protection, women who reported any sexual or physical victimisation are at increased risk for HIV and other STIs.
- Results support the critical need for targeted, comprehensive interventions that address substance abuse, sexual risk, and violence as interrelated phenomena.

◆ **Say her Name report: 2013-2017 (SWEAT & Sisonke, 2017)**

- This report analyses information on deaths of sex workers collected by SWEAT from 2013-2017



- Of the 118 cases of sex workers' deaths documented, 65% were due to murder.
- In 2016, SWEAT launched the **#SayHerName Campaign** to protect and uphold sex worker's human rights including the constitutional rights to access to healthcare, freedom from violence, access to justice and labour law protections. Through the campaign, SWEAT aims to humanise sex workers to ensure that violence against them is recognised and that justice is sought for those who were murdered and further sought to address stigma and the way in which police investigate crimes committed against sex workers. The campaign also encourages sex workers to report crimes they experience or witness.

◆ **'I am more than just a sex worker but you have to also know that I sell sex and its okay': Lived Experiences of Migrant Sex Workers in Inner-City Johannesburg, South Africa (Oliviera, 2016)**

- This paper is based on in-depth discussions over an extended period with a group of migrant sex workers in Hillbrow, Johannesburg. The paper grapples with how a group of people who both live and work in 'dangerous' areas navigate, experience and survive the stereotypes often associated with their lives.
- As illustrated by the participants in this study, although the choice to enter sex work was often a result of low skills and high economic demands, through their involvement in the sex industry, the women in this study have been able to escape poverty, send their kids to private schools, build homes and support elderly parents.
- The ways in which the women in study navigated risk, hope, danger and fulfilment highlight a very complex lived experience that is currently missing from the polarised debates around sex work.
- Although participants often described client and brothel managers as perpetrators of violence, depictions of police brutality were especially prolific.

When the police need money, they raid the brothels or tell us that we are soliciting sex because we are standing outside. They arrest us and make us pay 100 rand. If we don't have it, they take us to jail and rape us



In the past, murders of sex workers were viewed as 'lesser crimes'. Sex worker activism is increasingly holding the justice system accountable.

Image courtesy of SWEAT

◆ **The Policing Of Sex Work In South Africa: A Research Report On The Human Rights Challenges Across Two South African Provinces (Sonke Gender Justice & SWEAT, 2017)**

- Within a context where gender-based violence (GBV) is endemic, sex workers in South Africa experience particular vulnerabilities to systematic violence, abuse, extortion, rape, and even torture.
- In this study, involving 120 sex workers in two provinces of South Africa, a major theme that emerged was that sex workers do not trust the police; the qualitative data in particular showed that sex workers fear the police. A careful content analysis of the data provided possible reasons for this fear: police reportedly perpetuate serious criminal offences against sex workers and with a high frequency. These offences include **violence, torture and intimidation; rape and sexual assault; harassment; corruption and bribes; unlawful arrests and detention.**

- The report concludes that violence against sex workers by police is pervasive and entrenched. Where crimes are being reported, and sex workers are seeking the protection and support of police, they are often met with a refusal to co-operate and obstruction of the course of justice.

Extract from The Policing Of Sex Work In South Africa: A Research Report On The Human Rights Challenges Across Two South African Provinces

In addition to the levels of violence experienced, sex workers also report the tactics used by the police to humiliate and shame sex workers – leading to trauma and on-going fear of police for individuals who sell sex. One participant Mbali, who supports four family members through her earnings, describes five Police Officers entering the brothel where she was sitting outside with other women one Friday evening on a cold winter's night – she states that a female Police Officer forced the women to strip and get into a bath of cold water one by one.

“The police woman told us we must wash our prostitution. The male Police Officers were watching so they saw us naked. Some ladies refused to get into the bath, this woman beat those women who refused to get in with her hands”.

(Mbali, Female, 28, MP: #51)

The participant states that they were also forced to eat used condoms out of the dust-bin,

“She was shouting that her husband was taken by a prostitute so she was going to teach all the prostitutes a lesson. The other ladies refused to eat the used condoms. The male Police Officers grabbed those ladies so the lady could force the condoms into each lady's mouth”.

(Mbali, Female, 28, MP: #51)

In another incident two male participants explain how they were having sex with a taxi driver (client) in a parked taxi when the police ordered them out and made them stand, semi-naked with their arms in the air. The participants describe the humiliating ordeal in which the Police Officers made them turn around and show their behinds and also took photographs of their genitalia and faces,

“The tall Police Officer pulled out a mobile phone and took photos of my penis and groin while the other one held the torch”.

(Baleka, Male, 35, GP: #22)

◆ The Hate and Bias Crimes Monitoring Form Project: January 2013 – September 2017

- A hate crime is a prejudice-motivated crime which occurs when a perpetrator targets a victim because of his or her membership in a certain social group or race. Crimes against sex workers can be motivated by prejudice against them.
- The Hate and Bias Crime Monitoring Form Project set out to document cases of hate crime, hate speech, and intentional unfair discrimination covering a wide range of vulnerable marginalised, or historically marginalised, sectors of society, including sex workers.
- Findings indicated that prejudice is rife in South African communities across all socio-economic levels and that it facilitates discrimination and ultimately the dehumanisation that preludes and accompanies hate crime.
- The impact of hate crimes on victims is significant.

◆ **‘Scared of going to the clinic’: Contextualising healthcare access for men who have sex with men, female sex workers and people who use drugs in two South African cities (Duby, Nkosi, Scheibe, Brown, & Bekker, 2018)**

This research interviewed both health care workers and members of key population groups in the cities of Bloemfontein and Mafikeng.

- Female SW respondents described situations in which nurses adopted a scolding tone, which caused feelings of embarrassment and shame, resulting in a reluctance to return to the clinic for treatment.

‘They (nurses) embarrass you ... you end up telling yourself that you are no longer going to the clinic ... they (nurses) make you uncomfortable, you become reluctant to go to the clinic.’ [Female sex worker, Free State]

- Perceived and experienced stigma and discrimination within healthcare settings by Key Populations, led to internalised stigma which manifested in delayed care-seeking, travel to distant clinics and missed opportunities to receive appropriate services. One female SW respondent explained that she defaulted on her antiretroviral treatment because of the judgemental attitude of healthcare workers, which made her scared of going to the clinic.

There’s nowhere else I can go (for healthcare) ... it has been three months since I last had my treatment. I take pills (ARVs) but because the Sisters don’t treat me well I have decided to stay without the treatment (implying HIV). This thing also makes me feel bad because I know that it is my life ... They (nurses) just scold at you that you have come to irritate them. “We are not able to help you, go” ... Nurses don’t treat us like people.’ [Female sex worker, Free State]

- Interviews with the health care workers illustrates prejudiced, discriminatory and judgemental views held by some healthcare workers in the areas in which this research was conducted, shaped by the prevalent social and religious norms and attitudes in their communities. There was high self-reporting of moralistic and judgemental views by healthcare workers, coupled with a belief that healthcare professionals should provide ‘moral guidance’.

Zambia

Zambia snapshot	
Sex worker size estimation	18 000 •
HIV Prevalence Sex workers	48.8% •
Legal Status	<p>It is illegal to live off the earnings of a prostitute (S 146 Penal Code), to procure a women for prostitution (S 140), and to keep premises for the purposes of prostitution (S 149).</p> <p>Prostitution is not defined in Zambian legislation but courts have recognised it as lewdness for money on an habitual or vocational basis.</p> <p>Soliciting to sell sex is made illegal by the Public Order Act Chapter 87 of the Laws of Zambia which bans nuisance, idling and disorderliness and carries jail sentences as well as fines.</p> <p>Sex workers have reported abusive and inconsistent law enforcement and made allegations of police corruption. ≠</p>

• UNAIDS, 2018

≠ <http://spl.ids.ac.uk/sexworklaw/countries>

Relevant literature

◆ **They should protect us because that is their job: A preliminary assessment of sex workers experiences of Police Abuse in Lusaka, Zambia (Southern African Litigation Centre, 2016)**

- While sex workers are fully entitled to the rights and freedoms enshrined in the Constitution of Zambia, which expressly imposes an obligation on police officials to uphold the fundamental rights and freedoms of all persons, sex workers who participated in this research, however, related experiences of pervasive abuse:
 - Ninety one percent (91%) of participants indicated they had a bad experience with the police and that they were often not treated well during arrest and detention.
 - Ninety percent (90%) of participants reported that they have experienced violence from police or other men during their time as sex workers.
 - Eighty seven percent (87%) of participants reported that the police have harassed them because they engage in sex work.
 - Sixty one percent (61%) of participants said they would be unwilling to lay a complaint against the police because they fear further abuse, that the complaint will not change anything, that the police think they are “above the law”; and because they are unfamiliar with all the complaints options available to them.
- Police officials often use the vagrancy and nuisance provisions in the Zambian Penal Code to arbitrarily arrest and detain sex workers. These offences are over-broad and are subjectively and arbitrarily applied by police officials. The subjective application of these offences by police officials creates a culture of impunity – in which both the clients and police officials can abuse sex workers.
- Key recommendations were: 1) legislative reform; 2) training of police officials; 3) empowerment of sex workers; and 4) improving accessibility of complaints mechanisms.

◆ **Brief Report: Intimate Partner Violence and Antiretroviral Therapy Initiation Among Female Sex Workers Newly Diagnosed With HIV in Zambia (Oldenburg et al., 2018)**

- FSW living with HIV in Zambia reported very high rates of IPV. HIV positive sex workers who reported intimate partner violence were much less likely to have enrolled in care and started anti-retroviral therapy.
- Structural and individual interventions for violence prevention are urgently needed to better protect this population. Given the strong negative relationship between IPV and engagement in HIV-related care, such interventions could also substantially improve HIV-related health outcomes.

◆ **Barriers and Facilitators to HIV Testing Among Zambian Female Sex Workers in Three Transit Hubs (Chanda, Perez-Brumer, et al., 2017)**

- Emerging themes demonstrated barriers and facilitators to HIV testing occurring at multiple levels, including individual, social network, and structural. Stigma and discrimination, including healthcare provider stigma, were a particularly salient barrier.

◆ **Life-circumstances, working conditions and HIV risk among street and nightclub-based sex workers in Lusaka, Zambia (Agha & Chulu Nchima, 2004)**

This qualitative study from 2004 compared the experiences of sex workers who were street-based, and those who worked in nightclubs. The street-based sex workers were more likely to identify as sex workers, whilst those in clubs were less likely to see what they were doing as work. The study further found that:

- The lack of legal protection for sex workers, the stigma associated with sex work, and mass-media reinforcement of negative stereotypes of sex workers contribute toward placing them at heightened risk of violence
- Client and police harassment was part of the daily routine of street-based sex workers' lives. Clients harassed them by not paying them after having had sex or by abandoning them far away from where they had met. At times, passers-by would throw stones at street-based sex workers.

To be on the streets is a very hard job. Because here we get beaten up, we get harassed, we get picked by these cops to sleep in cells. Sometimes people just come with stones, throwing stones on us. (Street-based sex worker, aged 24)

Others are violent and start beating you up. Maybe after fucking you he will take you to a place like Leopard's Hill Cemetery. He may not even pay you and even push you out from the moving car. He may even take out a pistol. (Street-based sex worker, aged 27)

Some men are savages, especially the younger ones. They make you suck their penis. These younger men don't pay much. They may even beat you up and threaten you with a knife and may give you a mere K10,000. (Nightclub-based sex worker, aged 27)

- Women were most fearful of being raped by gangs of young men. Several women reported having been forced to have sex with four or five men. One woman reported having been abducted by a gang of thieves and being repeatedly raped for 1 week.

Others will be about four and all have sex with you ... At times when you go out with one, you find a large group waiting. (Nightclub-based sex worker, aged 24)

The young ones sometimes force you to have sex with a group of about five. (Nightclub-based sex worker, aged 26)

- Some women had tried to resist physical abuse by fighting back, but this frequently resulted in heightening physical violence.

We began to quarrel. The man was a savage, but he found that I was equally a savage. We went outside fighting and naked until someone came to separate us. (Nightclub-based sex worker, aged 26)

- Women who had been forced to have sex without a condom were fearful of having acquired HIV.

He got a cab and arranged with the driver without my knowledge. The driver parked near the sewerage ponds. There the man said that he had no condoms and that he never used condoms. He slept with me without condoms, got the K10,000 that he had paid me and beat me up. I am afraid because I am not sure about my status. (Nightclub-based sex worker, aged 24)

- Rejection, stigmatisation and low self-esteem: Sex workers felt highly stigmatised because of their work. Several women had been rejected by their families. They were very conscious of being judged harshly by society and wished that their lives had been different.

My parents say that they do not want a person of my character to visit their home. I think I would be axed if they saw me at their home. (Nightclub-based sex worker, aged 26)

We are not happy with this kind of life ... We are standing here looking stupid, but it is the suffering that brings us here. So do not laugh at us. (Street-based sex worker, aged 22)

Zimbabwe

Zimbabwe snapshot	
Sex worker size estimation	45 000 •
HIV Prevalence Sex workers	56.2% •
Legal Status	Criminalisation of sex work in Zimbabwe is enforced by means of different sections of The Criminal Codification and Reform Act. Laws make it illegal to solicit, live off or facilitate or procure sex work in order to engage in 'unlawful sexual conduct'. ≠

• UNAIDS, 2018

≠ <http://spl.ids.ac.uk/sexworklaw/countries>

Relevant literature

◆ Sex work and violence in Zimbabwe: Needs assessment report (Aidsfond Netherlands Hands Off! Project, 2016d)

- Sex workers in Zimbabwe experience many forms of violence ranging from social stigma, discrimination, and humiliation to beatings, rape and theft. The main perpetrators are clients and police, but sex workers can be violent towards each other also.
- **Sixty-three percent of sex workers experienced violence in the past year.**

Type of violence against sex workers by perpetrator experienced in the past twelve months

	client	police	health worker	community	other sex worker
physical	38,5%	31,7%	0,4%	13,7%	21,8%
sexual	33,0%	22,9%	-	10,1%	-
economic	57,6%	27,1%	-	-	34,0%
emotional	-	40,7%	22,5%	-	-

- The relationship between the police and sex workers in Zimbabwe varies but is generally negative. Maltreatment of sex workers by police is commonplace. Police regularly force their authority on sex workers by means of sexual violence. In this way, rather than protecting sex workers, police have become an actual threat to sex workers' safety. Protection can be secured by paying bribes, either in money or in sex. Sex workers tend to mistrust policy and are reluctant to get involved with them because of their repressive and abusive behaviour.

- Fifty-eight percent of the sex workers were arrested within the last 12 months. Reasons for arrest were: being known as a sex worker, being caught in a police raid, soliciting on the street and carrying a condom. On arrest, 61 percent of sex workers experienced violence.
- In Zimbabwe, the key risk factors associated with higher levels of violence are: the level of alcohol and drug use, the amount of working days and geographical area of the sex worker. Sex workers working in Bulawayo, Forbes and Plumtree face more violence than sex workers from Victoria Falls.

◆ **'They will be afraid to touch you': LGBTI people and sex workers' experiences of accessing healthcare in Zimbabwean in-depth qualitative study. (Hunt, Bristowe, Chidyamatore, & Harding, 2017)**

This qualitative study describes the experiences of sex workers and LGBTI people in Zimbabwe of perceptions regarding access to health care.

- Participants described barriers to accessing even basic healthcare due to discrimination perpetrated by healthcare professionals.
- Equal access to care was dependent on conforming to 'sexual norms'.
- Healthcare professionals' personal attitudes affected care delivery, and key populations were perceived to have brought illnesses on themselves through sexual behaviour.

They can tell you to wait outside and that you want me to touch your rubbish and you are the ones destroying our marriages.

(Female sex worker, 30, Mutare)

CONCLUSION

For sex workers throughout Africa, their existence is characterised by pervasive and persistent physical, sexual, psychological and structural violence. Perpetrators of violence are clients, police, criminals and thugs, intimate partners, health care workers, the general public, and other sex workers. Violence is excessive, even where rates of violence, including gender-based violence, are high in the general population.

We need to start to recognise that violence against sex workers often has certain characteristics, and as sex worker advocates, our terminology should reflect this. Violence is a logical outcome of the condition of sex workers as being oppressed, dehumanised, stigmatised, marginalised, and criminalised.

Because sex workers are either women, or gender non-conforming, violence against them is **gender-based violence** in the sense that it is based on harmful social norms about gender and sexuality, and in which violence is a tool to enforce conformity to those norms, and to punish non-conformity.

Because violence against sex workers is based on prejudice and intolerance towards them as a group, we need to start thinking about crimes against sex workers as hate crimes.

Because violence against sex workers is based on prejudice and intolerance towards them as a group, we need to start thinking about crimes against sex workers as **hate crimes**. Likewise, abusive or threatening speech or writing towards sex workers can often be classified as **hate speech**. Indeed, a report from South Africa cited in this study documented cases of hate crimes against sex workers.

Finally, the actions of law enforcement against sex workers often amounts to **torture**. Torture consists of three elements: i) the intentional infliction of severe mental or physical suffering, ii) by a public official, who is directly or indirectly involved, iii) for a specific purpose. Studies from countries such as Cote d'Ivoire, eSwatini, Namibia and South Africa have all reported torture against sex workers. Most countries on the continent are signatories to, or have ratified the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and the oversight mechanisms can be used in attempting to hold governments to account, and to bring an end to the practice.

Research into violence against sex workers is growing steadily. Studies have evolved from merely describing violence, to developing a more sophisticated understanding of which sex workers are at greater risk, why they are at risk, and what works to reduce violence against sex workers. Still, worryingly, there are major data gaps, and the circumstances of sex workers in all countries in North Africa, and many countries in West and Central Africa, are unknown. There is also very little research data on the situation of male and transgender sex workers.

Most studies address violence against sex workers through the lens of HIV: research is focused on understanding how violence increases sex workers' HIV risk, and how interventions to address violence reduce sex workers' vulnerability to HIV.

In the view of sex worker activists interviewed for this study, the fact that sex workers are a key population for HIV is a double-edged sword when it comes to addressing violence. On the one hand, the intensive HIV response has brought funding, programmes, and opportunities for advocacy, and has raised awareness of the pervasive violence which sex workers face. On the other hand though, most organisations working with sex workers (that are not led by sex workers) have a narrow biological and behavioural focus on HIV, and do not address the social and structural drivers of HIV, including violence. As a participant in one of the consultations said:

“They encourage you to stay on treatment, but if you are arrested, they disappear”.

As we have shown in this study, from both research studies and the four in-country consultations, violence can have a damaging impact on physical, psychological and social wellbeing. Sex workers tend to have higher rates of PTSD, as well as anxiety, mood and substance disorders, compared to the general population. Indeed, the fact that the threat of violence *does not end* might make it more appropriate to use concepts such as Continuous Traumatic Stress, as opposed to Post-traumatic Stress.

And yet, the takeaway from this study should not be one that foregrounds the victimhood of sex workers. Sex workers know that, for the foreseeable future, the daily threat of violence is part of the job. They have developed ingenious strategies to prevent and mitigate the risk of violence. Sex workers on the whole are extremely resilient.

Sex worker-led organisations in many countries, including the four SADC countries in which consultations were conducted for this research, have commitment and irreplaceable community knowledge, but are under- or unfunded. Sex workers are experts in their own lives, and the consultations produced a range of clever, innovative ideas for solutions to the problem of violence. In short, sex workers know what needs to be done, and what will work. Governments, funders and programmers should take heed of, and support their ideas. As Lorway et al. point out, developing interventions which tap into sex workers' knowledge and ideas “would tie interventions not only to the risk reduction goals of global public health policy, but also to the very real and grounded financial priorities of what it means to try to safely earn a living through sex work.

Reducing violence against sex workers is not only imperative in order to reduce their incidence and prevalence of HIV, but is also a fundamental ethical and human rights obligation.

ANNEX 1: GLOBAL, CONTINENTAL AND REGIONAL POLITICAL COMMITMENTS AND INSTRUMENTS

GLOBAL INSTRUMENTS

International and Continental Human Rights Instruments, and Articles relevant relating to the prohibition of violence against sex workers	
Human Rights Instrument	Relevant articles
<p>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</p> <p>https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx</p>	<p>Article 2: States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women</p> <p>Article 6: States Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.</p> <p>[Although this Article has been interpreted by abolitionists to prohibit sex work, a committee emphasised sex workers' vulnerability to violence because of marginalisation and criminalisation of sex work, and affirmed their need for equal protection against abuse]⁶</p> <p>Article 11: States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: (a) The right to work as an inalienable right of all human beings</p> <p>Article 12: States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning</p>
<p>International Covenant on Civil and Political Rights (ICCPR)</p> <p>https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx</p>	<p>Article 6: Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life</p> <p>Article 7: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment</p> <p>Article 9: Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention</p>

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⁶ CEDAW Committee. General Recommendation 19, Violence against women (Eleventh session, 1992). UN Doc. A/47/38 at 1 Geneva, 1993

<p>International Covenant on Economic, Social and Cultural Rights (ICESCR)</p> <p>https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx</p>	<p>Article 6 : The States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right</p> <p>Article 7: The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular:</p> <p>(a) Remuneration which provides all workers, as a minimum, with:</p> <p>(i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work;</p> <p>(ii) A decent living for themselves and their families in accordance with the provisions of the present Covenant;</p> <p>(b) Safe and healthy working conditions</p>
<p>Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment</p> <p>https://www.ohchr.org/EN/ProfessionalInterest/Pages/CAT.aspx</p>	<p>Article 1...the term “torture” means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as...punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity</p> <p>Article 10: Each State Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of law enforcement personnel, civil or military, medical personnel & public officials</p> <p>Article 13: Each State Party shall ensure that any individual who alleges he has been subjected to torture in any territory under its jurisdiction has the right to complain to, and to have his case promptly and impartially examined by, its competent authorities.</p>
<p>International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families</p> <p>https://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx</p>	<p>Article 10: No migrant worker or member of his or her family shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment</p>

<p>African Charter on Human and Peoples Rights (the Banjul Charter)</p> <p>http://www.achpr.org/instruments/achpr/</p>	<p>Article 3: 1) Every individual shall be equal before the law; 2) Every individual shall be entitled to equal protection of the law</p> <p>Article 4: Human beings are inviolable. Every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right.</p> <p>Article 5: Every individual shall have the right to the respect of the dignity inherent in a human being and to the recognition of his legal status. All forms of exploitation and degradation of man particularly slavery, slave trade, torture, cruel, inhuman or degrading punishment and treatment shall be prohibited.</p> <p>Article 6: Every individual shall have the right to liberty and to the security of his person. No one may be deprived of his freedom except for reasons and conditions previously laid down by law. In particular, no one may be arbitrarily arrested or detained</p>
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CONTINENTAL INSTRUMENTS

The African Union Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030 (2016)

The AU Catalytic Framework outlines milestones towards ending AIDS, TB and malaria in line with the Abuja +12 targets, and explicitly addresses actions relating to the health and human rights of key populations. For example, the Framework notes the following:

“Governments should accelerate efforts to address all forms of violence, stigma, discrimination, social exclusion and ensure access to services for key populations and vulnerable groups”

The Catalytic Framework sets out objectives, targets and milestones for 2020 and 2030, for example:

By 2020, 90% and by 2030, all PLHIV, key populations and other affected populations who report experiencing discrimination have access to justice and can challenge violations.

REGIONAL INSTRUMENTS

SADC Regional Strategy for HIV and AIDS Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations

In November 2017, SADC Health Ministers endorsed the SADC Regional Strategy for HIV and AIDS Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations: 2017-2020. The strategy seeks to operationalise current global, continental and regional commitments and address the vulnerabilities faced by key populations by providing Member States with a framework to develop specific key population programming.

The strategic framework provides details on how key populations remain more vulnerable to HIV than the general population. It further identifies the key barriers they face in accessing HIV and sexual and reproductive health (SRH) services, and identifies steps Member States can take to address these obstacles and thereby lower the vulnerability of key populations to HIV and increase their access to HIV and SRH services.

ANNEX 2: CONSULTATION SEMI-STRUCTURED DISCUSSION PROTOCOL

- Introductions
- Introduction to the research
- Aims of the workshop

- Group Discussion
 - What is violence?
 - What are the different forms of violence which sex workers experience?
 - Who are the perpetrators of violence?

- Small group discussions:
 - Group 1
 - Why are sex workers at risk for violence?
 - How does the law contribute to violence against sex workers?

 - Group 2
 - Are there groups of sex workers who are at higher risk for violence, and why?

- Facilitated Group Discussion:
 - What is the psychological, social and behavioural impact of violence on sex workers?
 - How does violence impact on access to, uptake of and retention in HIV prevention, treatment and care?

- Small group discussions:
 - Group 1:
 - What are sex workers' informal Strategies for preventing, mitigating and responding to violence

 - Group 2:
 - Which organisations in your country are addressing violence against sex workers, and how?

- Group discussion
 - What are your recommendations for programmes to address violence against sex workers?

- Conclusion and check in

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