
Article 3

Reaching Out to Sex Workers

by Melissa Ditmore, Network of Sex Work Projects

“We are people...and we want to be treated with respect and dignity, and we want rights the rest of you enjoy.”

—Dina Chan, Sex Workers Union of Toul Kork

Melissa Ditmore, also of the Network of Sex Work Projects, elaborates on this theme in her article about the best ways to serve the reproductive health and other needs of sex workers. The human rights of sex workers—male, female, gay, lesbian, bisexual, transgendered — are routinely violated. This article explains why projects with sex workers must go beyond AIDS prevention.

Introduction

SEX WORKERS ARE INDIVIDUALS WHO TRADE SEXUAL SERVICES for money, barter or other compensation. This simple definition, however, does not describe adequately the variety of services they offer, not the circumstances under which they labor. Sex workers may be women, men or transgendered persons spanning a wide range of ages, backgrounds and sexual orientations. Some are self-employed; some work for others. Sex work may be open and—in rare cases—legal, but it is more often covert and illegal. Some sex workers have secure and decent working environments, while others face abuse as well as danger from settings that lack even basic occupational safety requirements. Those who work in clandestine situations, often locked indoors and/or alone, are hardly reached due to their lack of visibility.

Some people have chosen and enjoy their work, while others tell chilling stories of coercion and abuse. Transgendered and young people may turn to sex work because other occupations will not have them. While this article uses the term “sex worker” throughout, many who do sex work do not identify themselves by this term. This is particularly true of young people and those who live in places where sex work is highly stigmatized. Such diversity should make it clear that while some may be elusive, not all sex workers are hard to find or approach with reproductive health information and services, and some may not require aid of any kind. For those who need and would appreciate assistance, the greatest difficulty comes in establishing trust. If they work in places where their livelihood is illegal, sex workers have good reason to be suspicious of “newcomers” who could potentially expose the sex worker to arrest and/or deportation.

This article advocates a service-oriented and partnership model of working with sex workers’ organizations, and advocates programs that promote self-determination of sex workers

and which draw on sex workers' insights and experiences. Suggestions for strategies to address sex workers' reproductive health and other issues are drawn from successful projects that have improved sex workers' lives without compromising their security or dignity.

Obstacles to Reaching Sex Workers

Project attitudes: One common obstacle is project staff's own ideas about what should be done to help sex workers. Project staff need to understand that “it is not WHO you are, but WHAT you do” that transmits HIV. It is not the use of cash and credit cards for sexual services but unprotected sex or intravenous drug use that are the risk factors for transmission of the virus. Even with this knowledge, some well-meaning programs retain pernicious stereotypes of sex workers. Sex workers will resist overtures from projects that do not respect their autonomy and their choices. Sex workers often do not wish to be “rehabilitated;” and have often resisted this approach, for example, during the demolition of the Tanbazar brothel in Bangladesh. In this case, sex workers spoke out against projects that encouraged or even required them to give up sex work in favor of other occupations, such as sewing, which were undesirable to those who wished to remain in sex work. “Exit programs” should only be geared toward those people who desire to leave the industry and should not be pushed on sex workers or made a prerequisite for obtaining services.

Project activities: Sometimes what makes sense to a program developer who is not a sex worker may seem superfluous to the sex workers to whom the services are offered. For example, a pamphlet illustrating how to apply a condom may not be helpful in a place where condoms are already frequently used. Successful projects listen to the needs of their intended beneficiaries. Asking for input from sex workers from the very beginning and then following through on their expressed concerns will demonstrate the genuine nature of the project efforts and will encourage trust. These concerns may vary by place of work and specific needs of the group. Sex workers who work on the street, for example, may desire different services from those who work indoors, including legal aid (more visible workers have more legal difficulties) and winter clothing. This does not apply to all outdoor workers, however; in some places outdoor work is the usual venue and not indicative of greater hardship.

Business owners: Business owners or managers can sometimes present obstacles, especially if they prevent or discourage sex workers from using the reproductive health options offered. In such cases, programs need appropriate strategies to gain the trust of management. For example, management may fear that condom use will lower prices and profits. Outreach efforts should foster positive attitudes about safe sex, emphasizing that safe sex is healthy for everybody involved, including clients, and can be good for business, too. Unhealthy workers cause managers to procure new workers, creating additional costs for the business. Sex workers may have the most innovative ideas of how to sway managers' opinions. It is important

not to demonize managers and business owners, and some sex workers think of them as wonderful allies. Others may resist change, as in every industry.

Illegality: The illegality of sex work can impede outreach projects and undermine their health strategies. In some places condoms and safe sex information can be used as evidence against sex workers; clearly this can discourage condom use, and may contribute to improper storage and condom breakage. True partnership projects require respect for the needs of sex workers, including anonymity and confidentiality, and an understanding of their precarious legal situations. Sex workers clearly face greater victimization through punitive laws, under which they face arrest and prosecution, than they would if society recognized their rights and dealt with the health risks of prostitution through partnership and service-oriented programs. Efforts to change the status of illegal sex work and efforts to promote the civil and human rights of sex workers, especially freedom from violence and abuse of authority, can make an enormous difference in sex workers' lives, making sex work far safer for them and their clients.

Any discussion of legalities surrounding sex work must distinguish between legalization and decriminalization. Decriminalization not only legalizes sex work but removes all regulation save those to which any business might be subjected, and allows sex workers to work as they see fit. It thus removes the opportunity for abuse of authority. This is the system most recommended by sex worker organizations. Legalization, on the other hand, is often attended by regulations and licensing, usually with mandatory health inspections and health cards. The harm in requiring health cards is that it causes a two-tiered system. Some sex workers will comply with invasive and expensive exams, which are often disrespectful and not confidential, and may pose an additional health risk due to non-sterile equipment. Other workers will go underground, enduring the illegality of evading mandatory health inspections and risking the dangers of any covert activity. Clients may also reject condom use, believing that all sex workers are “certified safe.”

Clandestine situations: Finally, clandestine workers or people who work alone may be hardly reached, in part because by definition they are difficult to find and they do not form a natural group that health educators and providers can approach. Advertising the project's services in appropriate places and working through word-of-mouth networks may help overcome this obstacle. If a project keeps regular hours in a fixed place, clandestine or solitary sex workers will know where to find it. Even a mobile project with regular stopping places and times can be accessible.

Special Needs of Transgendered and Drug-Using Sex Workers

Transgendered workers: According to the handbook, *Making Sex Work Safe* (see resources section at end), “the word ‘transgendered’ incorporates both transsexuals and transvestites. Transsexuals are people who were born as one sex and live as the other. Transvestites are people who sometimes dress as the other gender because of a psychological need, for pleasure, or to sell sex.” Transgendered sex workers have all the concerns of their sex worker peers but also have other concerns, including additional risk of violence from clients and insensitivity or incomprehension on the part of medical care providers. Additional legal complications may include ambiguous or outright illegal status for simply being transgendered, apart from laws on sex work. These difficulties include laws in some places specifying how many garments “appropriate to one’s sex” one must wear in order to avoid prosecution for cross-dressing, which were common in the U.S. until the 1970s, as well as more general harassment endured by cross-dressers for their appearance. Such harassment from authorities has recently been used to grant asylum to a Mexican cross-dresser in the U.S. Transgendered sex workers sometimes even encounter discrimination from other sex workers and are frequently ostracized by them.

Outreach workers should not assume that all transgendered persons are sex workers. Transsexuals who are not sex workers have been arrested and charged as sex workers simply on the basis of their dress. Outreach workers could provide legal assistance to transgendered persons who may be seeking advice in such situations. Some transgendered persons, both sex workers and non-sex workers, may also appreciate sensitive psychological counseling because their lives are often made more difficult by their gender status.

Drug-using sex workers: Drug-using sex workers will also face ostracism not only from general society but also within the sex workers’ population. Their sex worker peers often fear that there will be additional scrutiny of their activities by authorities who seek to arrest drug sellers and users. Drug-using sex workers also face discrimination in drug rehabilitation and Alcoholic Anonymous/Narcotics Anonymous (AA/NA) programs. They are often forced to be closeted about being sex workers for fear of discrimination from their drug-using peers and counselors in the program.

Both transgendered persons who inject themselves with hormones and drug-using sex workers face the additional health risks associated with injections. These risks include blood-borne diseases such as HIV and Hepatitis B and C. Many have also endured detrimental effects of using impure black-market substances, including drugs, hormones and silicone. In addition, both transgendered and drug-addicted sex workers have fewer choices because their employment possibilities are limited.

Appropriate Program Design and Context

A participatory, partnership model of working with sex workers' organizations is more effective than the rescue, moralistic, or punitive approaches that are frequently found. Sex workers are not adverse to working with various organizations and are often eager not only to avail themselves of health services, but to contribute to them as well. Many sex workers are excellent safe-sex educators and may additionally draw on their experiences in other fields. Sex workers should not be "used" by well-meaning organizations to train their outreach workers. Sex workers should be compensated for their time as peer educators and also be included from the onset in designing the project.

Sex workers, like many marginal groups, may be more effectively approached by their peers, as they do not have the same initial difficulties establishing trust or making contacts with sex workers. Peer outreach and peer educator training for adolescent sex workers in New York City spearheaded by Edith Springer has been enormously successful. This program focuses on youth without requiring them to give up sex work if they do not choose to, in recognition of their own volition and the few economic options available to them. However, there may also be cultural situations in which peer education may not be the best route. This might include educational situations in which authority or status is highly valued. In these situations, sex worker peers might be less respected than a credentialed healthworker or educator. Even so, outreach workers and sex workers can learn from each other, each offering their particular expertise.

Offering appropriate services will considerably aid sex workers. A narrow focus on sexually transmitted infections (STIs), for example, may not be what sex workers need. Sex workers' needs may range from protective services (against violence or abuse by legal authorities) to comprehensive health services for both sex workers and their children. This is particularly important in developing countries where the majority of sex workers are also supporting children and sometimes partners. Additional useful services may include general legal aid, translation, counseling, tutoring, microenterprise opportunities, day-care, child medical services, and alternative job training, if desired.

Successful Interventions

Most health policy about sex work addresses only the gynecological and ignores other aspects of health. This approach would be unacceptable in any other realm. The highly successful and much-praised Sonagachi Project (also known as the Durbar Mahila Samanwaya Committee) is one of the largest projects for sex workers and offers a less gynecologically focused and more holistic approach to sex workers' health than many other programs. It found that organized sex workers have a rate of infection of less than five per-

cent, less than one-tenth the infection rate of unorganized sex workers in Bombay. The Sonagachi Project trains and empowers sex workers through their participation in peer education programs. It also addresses general education and involves not only the workers but their children and clients. A hallmark of the Sonagachi Project is its emphasis on respect for sex workers.

Similarly, in Cambodia, where the HIV epidemic is one of the worst in Asia, the Sex Workers Union of Toul Kork calls for basic rights and freedom for sex workers, and law reform to legalize prostitution in a context empowering sex workers. Dina Chan, a member and organizer, spoke to the First National Conference on Gender and Development in Phnom Penh, in September of 1999. She reminded development agencies to listen to and understand the realities of those they wish to help. She highlighted the folly of expecting police to protect women from traffickers or poor labor practices in the sex industry, since police benefit from graft and participate in trafficking persons. Her words give testimony to the successful empowerment efforts of the Sex Workers Union of Toul Kork and the recognized programs supporting the union: “We are people; we are women and we want to be treated with respect and dignity, and we want rights the rest of you enjoy.”

Outreach through publications: Some organizations have produced excellent publications for sex workers, including Manchester Lifeline’s “On the Beat” with its health and safety tips for street prostitutes, and the South Australian Sex Industry Network’s “SIN Magazine,” which was well received by readers in these localities. Yet the illustrations in “On the Beat” were deemed too risqué by Bangladeshi sex workers, who prefer pictures of women not in mini-skirts but in saris. Publications for sex workers need not focus solely on the outreach project’s topics and will be more appealing to the reader if they contain additional topics, perhaps features on health and beauty, legal advice and general interest articles.

Integrated Programming: New projects may also need a “hook” in order to attract marginalized and often untrusting sex workers. Combining outreach and main program offerings with other interests (such as beauty salons, parties, workshops about taxation, legal rights, property rights, education, and guest speakers) has proved successful. This is the approach used by some sex workers’ organizations such as Prostitutes of New York and by the successful La Sala (“living room”) projects. Currently there are La Sala projects based in Costa Rica, Honduras, Guatemala, El Salvador, and Denmark. These projects offer a safe space for sex workers to share with each other and to receive a range of services including counseling, dental care, classes on topics the sex workers identify as important, voluntary counseling and testing, STI and general medical care, workshops on self-esteem, self-defense, and HIV and AIDS. These projects also have a strong emphasis on advocacy and organization of sex workers to ensure rights and respect. La Sala presents a model for approaching

sex workers on their own territory and seeing them not only as sex workers but as people with many interests and needs.

Unfortunately, in some cases projects may need to defer to the desires of their funding organizations, to the detriment of the project. Sex workers' organizations and outreach efforts that are fiscally independent have fewer such restrictions. It is worthwhile therefore to consider efforts to help sex workers gain fiscal independence, in whole or in part. Successful efforts include condom sales cooperatives, as demonstrated by members of the Sonagachi Project and SIN.

Legal Advocacy: In order to avoid arrest, sex workers are willing to take greater risks (of violence and disease) with potentially dangerous clients, if the clients are known to be officers of the law. Through projects like La Sala, several sex workers' organizations have developed strategies to fight punitive laws in the various countries and to report military and police abuses. Studies demonstrate that where prostitution is legal, as in the state of Nevada and in parts of Australia, rates of HIV transmission are lower than where prostitution is illegal. This fact strongly suggests that law enforcement of anti-prostitution legislation is a contextual vector for HIV. It also gives rise to recommendations to decriminalize prostitution, to abolish evidentiary use of condoms against sex workers, and to create and expand programs that train police officers, health care providers and social service workers to deal with sex workers in a non-discriminatory fashion.

Police Outreach: Respectful treatment of sex workers by police officers could be the aim of another type of peer learning program, through which police trainers encourage better treatment of sex workers by law enforcement and other authorities. Sex workers and their families are often singled out for abuse even in places where sex work is not a criminal offense. Such training programs should involve similar curricula begun in the 1960's to train police officers dealing with rape victims. The training should clearly communicate that prostitutes and other sex workers can be raped, that extortion of sex and money from sex workers cannot be tolerated, and that when sex workers are victims of violence, their complaints must be taken seriously and addressed promptly. Police liaison officers have worked well in Edinburgh, Scotland, and Sydney, Australia, and training based on such programs could be expanded elsewhere. Additionally, one effort in Papua New Guinea saw a marked decline in police abuse after sex workers promised to go to officers' wives with their true stories of extortion and sexual violence.

Sex workers' voices must be promoted at all levels of policy creation and advocacy work, especially those addressing health and human rights. Training programs should also instruct sex workers about their rights, while linking with more broad-based rights initiatives that include general anti-discrimination practices. Sex workers' participation in these fora necessarily relies on training, funding and anti-discrimination efforts.

Implications for Reaching Sex Workers

The implications of the descriptions above can be summarized as follows:

- Partnership projects that involve the workers from the beginning and which utilize peer education approaches are more likely to be successful;
- Projects should respect sex workers' choices and should not undertake “rehabilitation” or alternative job training activities unless specifically asked for;
- Projects need to be flexible in order to reflect the self-identified needs and preferences of the sex workers whom they wish to serve; and
- Projects are advised not to address sex workers in general but to focus on one subset of sex workers according to location or type of working conditions (i.e. street-based and/or brothel-based). This focus will enhance the project's ability to provide appropriate services and form stronger partnerships with the specific groups.

Specific Recommendations

These recommendations are based on those given by Dina Chan of the Sex Workers Union of Toul Kork, in her speech to the First National Conference on Gender and Development in Cambodia, September 1999.

1. Recognition of sex work as a legitimate occupation: **sex work is work**. While sex work may be repellent to some, much like housework and factory work, it is not degrading. It is presumptuous and condescending to assume that all sex workers would prefer to do any other work. Those who wish to leave the sex industry should be enabled to do so, while the choices of those who wish to remain in the sex industry should be respected.
2. Formulation of legislation that protects—rather than prosecutes—sex workers. This should include decriminalization of sex work and attendant activities that do not involve coercion or deception of the sex workers. Arguments for addressing sex work as labor and decriminalizing the sex industry relate to workers' autonomy and ability to organize. Organized workers have power to protect themselves from abuses and to insist on safe sex. A licit sex industry would enable sex workers to call on police in cases of physical abuse, including child abuse and trafficking of individuals.
3. Human rights for sex workers. Successful projects share the rights-based philosophy that encourages organizing sex workers, supporting them to then pursue their own goals. Human rights include the right of sex workers to live with their families, co-workers or anyone they choose; the right to medical information and services; freedom from abuse by authorities, including bribery; and a guarantee of the same civil rights accorded other members of society.

4. An end to police harassment, abuse and violence. All over the world sex workers are greatly harassed by law enforcement, particularly for bribes. In the Netherlands and Australia, two of the few developed countries where sex workers have rights, sex workers have attained a legal status that protects them from police harassment and abuse. The illegality of sex work has been linked to the transmission of STIs, including HIV because condoms have been used as evidence against sex workers. In addition, police and other officials are often complicit in coercive and abusive situations, including immigration scams, which could not operate without their cooperation.
5. Partnership-oriented development projects which include sex workers from the start. Sex workers must be compensated for their time and work.
6. Confidential and non-mandatory reproductive health services for women and their children, free from discrimination and mandatory disclosure.

References & Resources

The Network of Sex Work Projects

The Network of Sex Work Projects (NSWP) is a network of projects for sex workers, particularly those that include sex workers at all levels. There are members on every continent. Projects addressing sex workers are strongly recommended to contact NSWP members near them. Contact the NSWP at the addresses below for referrals in your area.

Making Sex Work Safe is an NSWP publication that is invaluable for projects addressing sex work, and is available for US \$24 including postage (single copies free of charge to developing countries) from AHRTAG, Farringdon Point, 29-35 Farringdon Point, London, EC1M 3JB, United Kingdom.

The URL for the NSWP Website is <http://www.walnet.org/csis/groups/nswp/>. Additional information may be found at <http://www.bayswan.org/>. Contact information for the NSWP regional offices:

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