

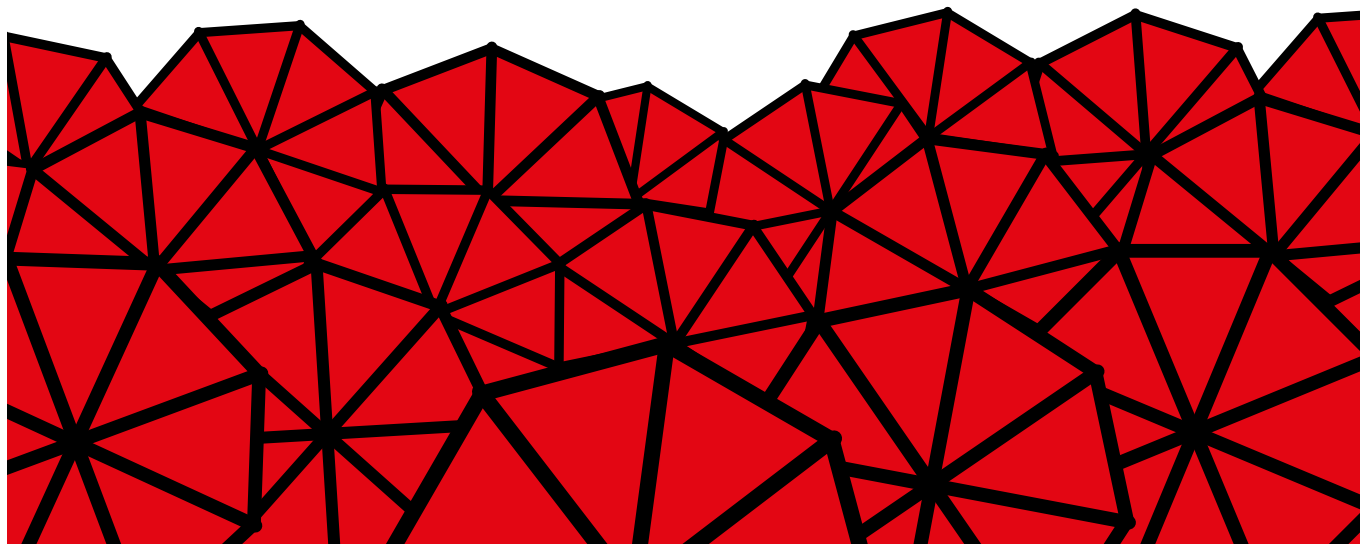


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**Global Network of Sex Work Projects**  
Promoting Health and Human Rights

**BRIEFING  
PAPER**

# **Stigma and Discrimination Experienced by Sex Workers Living with HIV**



# Stigma and Discrimination Experienced by Sex Workers Living with HIV

## Introduction

**Globally, sex workers and people living with HIV experience severe stigma and discrimination. This manifests as widespread violations of their human rights, repressive laws and policies, violence, lack of access to appropriate health and social care, and social marginalisation. Both sex workers and people living with HIV face similar types of stigma – of being seen as ‘unclean’, a danger to public health, unable to take care of themselves or make good decisions – which are detrimental to their families and communities. For sex workers living with HIV, this stigma is multiplied.**

People living at the intersections of marginalised populations face unique challenges and barriers to realising their human rights and full participation within their communities. Sex workers living with HIV are at increased risk of violence, criminalisation and vulnerability to other infections, such as tuberculosis and hepatitis.

**Addressing stigma and discrimination is essential to ensuring the human rights of sex workers and people living with HIV, and addressing the HIV epidemic.**

Sex workers are considered a key population in addressing HIV.<sup>1</sup> The prevalence of HIV among female sex workers in 50 countries is 12% higher than in the general populations of women.<sup>2</sup> Meaningful involvement of sex workers in prevention and treatment strategies is increasingly recognised as essential.

While there is substantive funding put toward HIV prevention in countries and regions with a high burden of HIV, only a small proportion of that goes directly to funding rights-based sex worker programmes. Prevention programmes developed

without meaningful input from sex workers may not meet the needs of sex workers living with HIV, failing to provide access to treatment, or treating sex workers living with HIV as a threat to public health rather than prioritising the needs of the individual.

Addressing stigma and discrimination is essential to ensuring the human rights of sex workers and people living with HIV, and addressing the HIV epidemic.

This briefing paper looks at the different types of stigma and discrimination experienced by sex workers living with HIV globally, and provides recommendations for policies and practices which respect their human rights. It uses case studies that highlight the experiences of sex workers living with HIV and the efforts required to meet their needs, and advocate for their rights.

1 World Health Organisation, 2013, Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions available at <http://www.nswp.org/resource/who-implementing-comprehensive-hivsti-programmes-sex-workers-practical-approaches-collabora> (last accessed 03/12/15).

2 Stefan Baral et al., “Burden of HIV Among Female Sex Workers in Low-Income and Middle-Income Countries: a Systematic Review and Meta-Analysis”, *The Lancet Infectious Diseases* 12 (2012): 538–549.

## Whorephobia and HIV Stigma

Whorephobia<sup>3</sup> portrays sex workers as disempowered, ‘helpless victims’, unable to make decisions or take care of themselves, and alternately, as criminals, ‘deviants’, sexually dangerous, and ‘immoral’. Whorephobia has many parallels with HIV stigma, which portrays people living with HIV as tainted, cursed, sexually dangerous, and irresponsible, as well

**Whorephobia has many parallels with HIV stigma, which portrays people living with HIV as tainted, cursed, sexually dangerous, and irresponsible, as well as being ‘helpless victims’.**

as being ‘helpless victims’. Whorephobia may also include the assumption that all sex workers are HIV positive or ‘diseased’. Taboos and stigma around sexuality fuel both whorephobia and HIV stigma.

Sex workers living with HIV experience all of these layers of stigma. Sex workers who use drugs, male sex workers, migrant sex workers, and transgender sex workers living with HIV experience multiple layers of stigma, and in many cases, criminalisation.

Sex workers living with HIV are constantly exposed to negative stereotypes about themselves and may come to believe that these stereotypes are true, or that they ‘deserve’ to be HIV positive. Some sex workers living with HIV in the Democratic Republic of Congo said they consider themselves ‘already dead’. Some sex workers in Zimbabwe spoke of being ‘considered evil and a bad influence’ by community and family members and described the impact this has on their psychological wellbeing as they feel, ‘shunned’ and an ‘outcast’.

Stigma works within communities of key populations. Sex worker communities may distance themselves from sex workers living with HIV to resist the stereotype that sex workers are sexually dangerous or ‘vectors of disease’.

Communities of people living with HIV may distance themselves from sex workers to resist the stereotype that HIV is a result of ‘immoral’ or ‘deviant’ sexual behaviour. Given the increased vulnerability to HIV that sex workers experience, and the overall heavier burden of HIV globally, non-sex workers living with HIV may perceive sex workers to be ‘drivers’ of the epidemic, without recognising the complex intersections of stigma, discrimination and criminalisation that contribute to sex workers’ higher vulnerability.

Stigma from within communities can pose a great challenge for sex workers living with HIV in seeking social support – they may not always feel it is safe to disclose their status to friends or other workers, and may avoid seeking out community support and programmes for fear of discrimination. They may avoid talking about sex work and living with HIV in the same context, for fear of strengthening misconceptions and stereotypes about the connection between sex work and HIV. In Bulgaria, sex workers who test positive for HIV keep their status secret from their co-workers for fear of being mistreated and driven away from their place of work. In Jamaica, many sex workers living with HIV fear that other sex workers will discover their status, and so move away from their usual work locations.

<sup>3</sup> French activists Maitresse Nikita and Thierry Schaffauser coined the term ‘putophobia’ or ‘whorephobia’ thereby naming ‘all of the discrimination we face as prostitutes’ in Maitresse Nikita and Thierry Schaffauser, *Frères d’être putes*, (L’Altiplano: Montreuil, 2007).

Sex workers living with HIV who choose to disclose their status, or whose status is disclosed to the community without their consent may find that programmes designed to support sex workers or programmes designed to support people living with HIV are not safe or welcoming environments.

Finally, stigma operates within society, resulting in discrimination from individuals and within institutions, policy and law. Stigma results in the creation of laws and policies that harm sex workers and people living with HIV while creating barriers to HIV prevention and treatment services. While an increasing number of countries are including people living with HIV in legal protections against discrimination, the reality is that even in places where people living with HIV are protected, such as Australia and Europe, stigma and discrimination persist and are a daily experience for people living with HIV.

## Criminalisation of Sex Work and People Living with HIV

Sex work is criminalised in a variety of ways in different countries and localities. This includes criminalising buying and/or selling sex, legislation that criminalises third parties<sup>4</sup>, families, partners and friends, and criminalising activities associated with sex work (as opposed to sex work itself), such as soliciting, loitering and procuring. In places where

sex work is legalised, sex workers typically face restrictive regulations such as costly licensing schemes, mandatory health checks and limits on where and how they can work, those who are unable or unwilling to comply with regulations continue to be criminalised.

In 2014, 42 countries had laws which specifically criminalised HIV non-disclosure, exposure and transmission.<sup>5</sup> Additional countries have prosecuted people living with HIV under non-specific laws, such as other public health laws or laws against sexual assault. The difficulty in collecting evidence and police records, even

for local, civil society groups makes identifying specific numbers challenging. Prosecutions of individuals living with HIV for non-disclosure, exposure and transmission may be under reported.

There is no evidence to indicate that criminalising HIV non-disclosure, exposure or transmission is an effective strategy for reducing transmission of HIV. Rather, research indicates that laws which criminalise HIV non-disclosure, exposure and transmission discourage people from getting tested and undermine HIV prevention efforts.<sup>6</sup>

Some states and areas criminalise only transmission, while others criminalise behaviours that do not result in transmission, including consensual sex with a condom.

**Research indicates that laws which criminalise HIV non-disclosure, exposure and transmission discourage people from getting tested and undermine HIV prevention efforts.**

4 The term 'third parties' includes managers, brothel keepers, receptionists, maids, drivers, landlords, hotels who rent rooms to sex workers and anyone else who is seen as facilitating sex work.

5 UNAIDS, 2014, The Gap Report available at <http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport> (last accessed 03/12/15).

6 UNDP, 2014, Effective laws to end HIV and AIDS: Next steps for parliaments available at <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/effective-laws-to-end-hiv-and-aids--next-steps-for-parliaments.html> (last accessed 03/12/15).

Sex workers living with HIV are placed in a particularly precarious situation in areas that criminalise HIV non-disclosure. Stigma and fear of HIV make disclosure to clients a virtual impossibility for sex workers who need to earn a living. However, laws place sex workers living with HIV, who do not disclose to clients, at risk of prosecution. Even in countries where sex work itself is decriminalised but non-disclosure is not, sex workers living with HIV continue to be criminalised, and are unable to work legally.

Sex workers in areas where sex work is criminalised report being unable to access help and report violence to the police. This problem is exacerbated for sex workers living with HIV. In making the decision to report violence to the police, sex workers living with HIV risk having their status revealed and any investigation into the violence they experience turned toward prosecuting them for HIV non-disclosure.

**Even when sex workers use condoms, HIV criminalisation and stigma make sex workers living with HIV vulnerable to violence and extortion.**

Given that sex workers frequently experience abuse and harassment at the hands of the police, this is a further deterrent to accessing justice. This makes sex workers living with HIV highly vulnerable to violence, coercion, and extortion.

Criminalisation of people living with HIV increases stigma and perpetuates the idea that sex workers living with HIV are a danger to public health, criminals and a detriment to society.

These issues are compounded in areas where sex workers face barriers to negotiating and ensuring condom use, such as condoms being confiscated by police and used as evidence of sex work. These actions undermine prevention efforts, in addition to impeding sex workers' individual efforts to engage in safe sex and discouraging sex workers from carrying condoms.

In situations where sex workers are not empowered and clients demand sex without a condom, potentially with the threat of violence, there is a power differential that favours the client and this can make it dangerous and virtually impossible to disclose HIV status or insist on using a condom. However, the state may identify a coercive client as the victim if the sex worker concedes to sex without a condom to protect themselves from violence.

In Canada, the criminalisation of non-disclosure of HIV creates an environment that is unsafe for sex workers living with HIV to negotiate openly and safely with clients. When sex work is taking place in an isolated and dangerous work environment, this is not amenable to disclosure in a moment where clients are demanding unprotected sex.

Even when sex workers use condoms, HIV criminalisation and stigma make sex workers living with HIV vulnerable to violence and extortion.

*“When the condom bursts during the act the client puts all the blame on me as sex worker and I’m forced to undergo tests. Clients can also blame you for their HIV status making your life miserable by shouting abusive words, beating you or blackmailing you.”*

ZIMBABWEAN SEX WORKER

## Regulation of Sex Work and HIV

In some areas, sex work can be conducted legally under specific circumstances. However, under legalisation models sex workers living with HIV are generally unable to continue working legally.

In the licensed brothels in Nevada, USA, sex workers undergo frequent, mandatory testing. Those who test positive for HIV are barred from working as brothel owners are considered legally liable if a client is exposed to HIV.

In New South Wales, Australia, sex workers living with HIV are able to work legally only if they disclose their status to clients and obtain informed consent, or limit their work activities to no-risk services, such as 'hands only'. Disclosure is required for all sex acts even with condom use.

In Indonesia, sex workers who work in entertainment venues are subjected to mandatory HIV tests. The results are shared with the venue's management and sex workers who test positive are dismissed from that workplace. In Jamaica, sex workers may have their HIV status reported by public health officials to their workplaces, resulting in their termination from employment.

**Regulation and licensing of sex workers can perpetuate the criminalisation of sex workers living with HIV...**

Regulation and licensing of sex workers can perpetuate the criminalisation of sex workers living with HIV, who may be ineligible to work legally, or who may avoid becoming licensed because of intrusive mandatory health checks and loss of confidentiality of their status.

Mandatory testing and licensing has a negative impact on HIV and STI prevention efforts. It results in clients believing that all sex workers are HIV and STI free, undermining safe sex messaging and increasing the likelihood that clients will pressure sex workers for sex without a condom.<sup>7</sup>

## Discrimination by Police and Law Enforcement

In many places sex workers report experiencing arbitrary arrest and detention. Sex workers are targeted not only under laws that criminalise sex work, but laws around loitering, noise and public order. Abuse and harassment by police is common, and police may be perpetrators of violence, sexual abuse and extortion of sex workers. Police officers often demand free sexual services from sex workers and may refuse to use a condom. Sex workers living with HIV are at heightened risk of additional violence in these situations, if their status is revealed.

Police frequently fail to safeguard confidential information, disclosing the HIV status of individuals to their families, communities and clients, placing them at increased risk of violence, discrimination and social exclusion. In Ukraine, sex workers regularly experience abuse by the police, including disclosing HIV status and dependence on drugs and alcohol to family members and clients, which leads to an increase in the violence sex workers living with HIV experience.

**"The police they normally abuse us, openly mentioning our HIV status."**

KENYAN SEX WORKER

<sup>7</sup> Elena Jeffreys, Janelle Fawkes and Zahra Stardust, "Mandatory Testing for HIV and Sexually Transmissible Infections among Sex Workers in Australia: A Barrier to HIV and STI Prevention", *World Journal of AIDS* 2 (3) (2012): 203-211.

Violence against sex workers takes many forms, including but not limited to threats, verbal abuse, psychological abuse, physical assault, sexual assault, rape, torture and murder.

## Lack of Protection and Access to Justice

Sex workers living with HIV are frequently unable to access equal protection from law enforcement or justice when they report offences committed against them, such as violence, rape and robbery. Sex workers who report offenses may not be taken seriously, and are at risk

of experiencing further violence at the hands of police or being prosecuted as sex workers. This acts as a deterrent to reporting. Violent offenders may view sex workers living with HIV as a group that can be targeted with impunity.

Some sex workers living with HIV in Kenya who reported violations to the police were not taken seriously. In one case, a sex worker was violently attacked by her husband because of her HIV status. Her injuries were so severe her uterus had to be removed. While the husband was found guilty of assault, he only received a three month prison sentence.<sup>8</sup>

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In Canada, serial killer Robert Pickton targeted at least 33 sex workers from Vancouver's Downtown Eastside, a neighbourhood with the highest HIV prevalence in the Global North.<sup>9</sup> Pickton was not arrested or charged until 2002, despite being identified in a violent attack against a sex worker in 1997. Police were aware of disappearances of sex workers in the Downtown Eastside, but did not investigate.

## Discrimination in Incarceration

In Zimbabwe and Kenya, sex workers living with HIV report that it is common to be denied access to treatment while in detention, violating their right to health. HIV treatment programmes are rarely made available to inmates, even in high-income countries, and family members and health care providers may not be allowed to deliver medication or continue care to those who are incarcerated. Lack of access to antiretroviral therapy (ART) has serious health consequences for people living with HIV, leading to additional infections, developing drug resistance and negative impacts that last beyond the length of detention. Even those with access to ARTs may have difficulties with adherence and efficacy due to lack of food or poor nutrition.<sup>10</sup>

In Kisii County, Kenya, 65 sex workers were arrested. An officer from the Governor's Office stated that the arrests were an attempt to eliminate sex workers from the town, who were "spreading HIV and STIs to married men". The arrested sex workers were forcibly tested, but those who tested positive for HIV or STIs were not offered or referred to treatment. Seven sex workers told the Kenya Sex Worker Alliance and Bar Hostess Empowerment and Support Programme that they were HIV positive and had missed their ARTs while in detention.

8 Global Network of People Living with HIV/AIDS, *Speaking Out Rights Violation Against Sex Workers in Kenya*, 2015, available at <http://www.gnpplus.net/resources/speaking-out-rights-violation-against-sex-workers-in-kenya/> (last accessed 03/12/15).

9 'Information about HIV/AIDS', B.C. Centre for Excellence in HIV/AIDS <http://www.cfenet.ubc.ca/healthcare-resources/about-hiv-aids> (last accessed 03/12/2015).

10 Global Network of People Living with HIV/AIDS, *Speaking Out Rights Violation Against Sex Workers in Kenya*, 2015, available at <http://www.gnpplus.net/resources/speaking-out-rights-violation-against-sex-workers-in-kenya/> (last accessed 03/12/15).

Incarcerated people living with HIV may be isolated and segregated from the general population, experience increased stigma and have their HIV status disclosed without their consent. In general, people in prison are at increased risk of STIs, blood-borne infections and tuberculosis, due to lack of access to condoms, rape and sexual abuse, lack of access to harm reduction equipment for injecting drugs, and overcrowding. People living with HIV, particularly those who are denied access to treatment in prison, are particularly vulnerable to acquiring opportunistic infections.

## Discrimination in Health Care

Sex workers and people living with HIV frequently experience stigma and discrimination when accessing health care. This discrimination manifests as:

- ▶ Denial or delay of health care.
- ▶ Breach of confidentiality.
- ▶ Health care providers who are indiscreet, judgemental and stigmatising.

In Australia, the effects of double stigma were most noticeable in the area of healthcare. The Scarlet Alliance *National Needs Assessment of sex workers who live with HIV* states: “It has been reported that instances of disclosure of both HIV status and sex work generally led to very poor treatment and harassment, and in one reported case included physical violence by a health care worker.”<sup>11</sup>

**For sex workers living with HIV, their HIV status may be blamed on their sex work, and they may be treated as less deserving of appropriate and respectful care.**

Sex workers in Zimbabwe report health care workers demanding that they bring their partners to the clinic before they receive HIV treatment, effectively excluding sex workers from receiving ARTs.

For sex workers living with HIV, their HIV status may be blamed on their sex work, and they may be treated as less deserving of appropriate and respectful care.

*“I decided to go to the Busia district hospital where the doctor that I found in outpatient department knew my HIV status. I was received with these abusive words ‘This is a sex worker who has been out there snatching other women’s husband, just stitch her any how after all she is a prostitute if it heals let it heal if not let it be so’. This incidence took place in the year 2011. Nurses were the ones abusing me. They tied black polythene bags on their hands before wearing gloves to stitch me because I was HIV positive and a sex worker. During this entire episode the other patients were staring at me and observing how I was being handled. They (other patients) were called by the nurses into the treatment room and told them the reason to why they were tying polythene bags before wearing gloves is because I was HIV positive and therefore they should not wonder why.”*

KENYAN SEX WORKER

In Ukraine, some sex workers report being charged for medical services and treatment that are normally paid for by the state and which should be provided free of charge.

Sex workers also report being ‘last in line’ to receive treatment, being prioritised after others who need care and treatment or being offered ARTs with serious negative side effects.<sup>12</sup>

<sup>11</sup> Kane Matthews and Scarlet Alliance, *The National Needs Assessment of sex workers who live with HIV, 2008*, available at <http://www.scarletalliance.org.au/library/hiv-needsassessment08/view> (last accessed 03/12/15).

<sup>12</sup> NSWP, *The Voices and Demands of Positive Sex Workers, 2014*, available at <http://www.nswp.org/resource/briefing-paper-the-voices-and-demands-positive-sex-workers> (last accessed 03/12/15).



## Mandatory or Coercive Treatment

Sex workers living with HIV may also be the target of mandatory or coercive treatment. Rather than prioritising the individual needs of a sex worker living with HIV, health care providers may attempt to justify

coercive treatment as a public health measure.

Both testing and treatment should only proceed with informed consent. Sex workers have the right to decide on their own treatment and refuse services.

The increasing promotion of treatment as prevention (TasP), if not contextualised in a human rights framework, could potentially lead to the development of more mandatory or coercive treatment policies directed towards sex workers.

TasP recognises that the use of antiretroviral

therapy can be effective in reducing the risk of transmission of HIV.

However, informed consent and the rights of individuals living with HIV must be prioritised.

The international *Community consensus statement on the use of antiretroviral therapy in preventing HIV transmission* states that, “HIV prevention should not be viewed as an aim of ART that is separate from the overall health and wellbeing of the person taking it”, and, “The provision of ART for prevention purposes should never violate individuals’ rights to health, self-determination, consent or confidentiality.”<sup>13</sup>

## Sexual and Reproductive Health Care

Sex workers are often stereotyped as being ‘deviant’, criminal and unfit parents, unable to make good decisions for themselves or their families.

Sex workers have historically been targeted for forced sterilisation in Europe and North America, through eugenics programmes, intended to eliminate ‘social undesirables’, which included ‘sexually promiscuous women’. These programmes viewed participation in sex work as a result of biologically based moral flaws.<sup>14 15</sup>

Today, sex workers frequently experience removal of their children by the state,<sup>16 17</sup> and in some countries, such as India, sex workers may be unable to register the birth of their children if they are not able to confirm the identity of the father.<sup>18</sup>

People living with HIV who wish to have children require both education and appropriate medical interventions to reduce the risk of vertical transmission during pregnancy, childbirth and breast feeding, and still face significant stigma about the choice to have a family.

The South African National AIDS Council’s 2014 Stigma Index found that nearly 500 women living with HIV had been forcibly sterilised. Of the 10,473 people living with HIV who participated in the study, 37% reported that access to ARTs was conditional on use of contraceptives. 5% were coerced into having an abortion because of their HIV status.<sup>19</sup>

Sex workers living with HIV face these combined stigmas, and may be discouraged from having children, pressured or coerced into abortion or sterilisation, or denied access to appropriate reproductive health care, under the assumption that they will be unfit parents.

**Both testing and treatment should only proceed with informed consent. Sex workers have the right to decide on their own treatment and refuse services.**

13 NAM, 2014, Community Consensus Statement on the Use of Antiretroviral Therapy in Preventing HIV Transmission, available at <http://www.hivt4p.org/> (last accessed 03/12/15).

14 NSWP, 2014, The End of Forced Sterilisation, available at <http://www.nswp.org/timeline/event/the-end-forced-sterilisation> (last accessed 03/12/15).

15 Melissa Hope Ditmore, *Encyclopedia of Prostitution and Sex Work: Volume 1* (Greenwood Press, 2006): 146–148.

16 NSWP, 2015, Impacts of Other Legislation and Policy – The Danger of Seeing the Swedish Model in a Vacuum, Swedish Model Advocacy Toolkit available at: <http://www.nswp.org/resource/the-real-impact-the-swedish-model-sex-workers-advocacy-toolkit> (last accessed 03/12/15).

17 Janette Norrington, “Does Parental Sexual Behavior Influence ‘Parental Fitness’ and Child Custody Determinations?”, *The University of Maryland McNair Scholars Undergraduate Research Journal* 3 (2011): 161–169.

18 UNDP, 2013, Sex Work and the Law in Asia and the Pacific available at <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/sex-work-and-the-law-in-asia-and-the-pacific.html> (last accessed 03/12/15).

19 South African National AIDS Council, 2014, The People Living With HIV Stigma Index: South Africa 2014 available at [http://www.sanac.org.za/resources/publications/reports/doc\\_download/157-the-people-living-with-hiv-stigma-index-south-africa-2014-summary-report](http://www.sanac.org.za/resources/publications/reports/doc_download/157-the-people-living-with-hiv-stigma-index-south-africa-2014-summary-report) (last accessed 03/12/15).

In a study of women living with HIV (which included sex workers), in Latin America, 23% reported being pressured into being sterilised after receiving a positive diagnosis.<sup>20</sup>

Sex workers living with HIV who have children or dependents are at risk of involvement of social services because of negative stereotypes about their ability to be fit parents.

## Research and Ethics

Sex workers are a key population in the fight against HIV and are frequently targeted for participation in clinical trials and research. With an increasing focus on prevention, including early treatment as prevention (TasP), sex workers living with HIV are often the subject of biomedical prevention trials. Ensuring that sex workers do not feel

obliged to take part in trials due to their insecure legal and social status must be made a priority, for true informed consent to be given.<sup>21</sup>

Sex workers living with HIV in Africa reported poor and unethical treatment in research. It is essential that researchers follow ethical guidelines and consult with the sex workers living with HIV to ensure that they will directly benefit from, rather than being harmed by research.

**Ensuring that sex workers do not feel obliged to take part in trials due to their insecure legal and social status must be made a priority, for true informed consent to be given.**

Sex workers living with HIV already experience significant barriers to accessing health care, and harmful research practices may further serve to erode trust and cause sex workers living with HIV to distance themselves from medical institutions.

## Impact of Discrimination and Stigma in Health Care

*“The worse harm that sex workers face mostly are living under denial, not seeking medical treatment and not adhering.”*

KENYAN SEX WORKER

Negative experiences with discrimination in health care may lead sex workers living with HIV to avoid seeking or adhering to treatment. Given the increased vulnerability of sex workers to STIs and violence, and the increased vulnerability of people living with HIV to opportunistic infection, health complications, and co-infections, any deterrent to accessing care is deeply concerning and multiplies the harms created by stigma and discrimination.

Sex workers may avoid getting tested if they feel that their confidentiality will not be respected. This is a particular concern in small communities where health care workers may have social ties to sex workers and their families. Some sex workers in Jamaica report refusing to access health services because they do not want health care workers who are part of their community to know their HIV status.

In a study of sex workers living with HIV in Kenya, 13 out of 30 respondents shared experiences where confidentiality and right to privacy was breached. A Kenyan sex worker reported *“The doctor took my phone, scrolled and found a contact saved ‘mama’. He dialled it and called my mother. My mother came and she was informed of my HIV status.”*<sup>22</sup>

20 Kendall T and Albert C. “Experiences of Coercion to Sterilize and Forced Sterilization Among Women Living with HIV in Latin America”, *Journal of the International AIDS Society* 2015, 18: 19462

21 NSWP, “The Voices and Demands of Positive Sex Workers”.

22 GNP+, “Speaking Out. Rights violation against sex workers in Kenya”.

## Social Exclusion

Both sex workers and people living with HIV experience high degrees of social exclusion, isolation and discrimination from their families and communities.

Even where sex workers living with HIV have the support of their families, they may be driven out of their communities, removing them from the support that they do have. In Bangladesh, ‘when a sex worker finds out they are HIV positive they just disappear to avoid stigma and discrimination’.

*“It’s like to give fuel into the fire. They may be unable to stay with family, because no one wants to take care of a positive person because of stigma from neighbours, relatives, friends and other people. Family members also face stigma and discrimination from other people because they could not control their children. Children of positive sex workers face double stigma. In fact, all the stigma mentioned earlier become 10 times more when a sex workers become HIV positive, not just double.”*

MYANMAR SEX WORKER

**Isolation as a result of social exclusion increases the vulnerability of sex workers living with HIV to violence, drug use, negative health outcomes, poverty and mental health issues.**

Isolation as a result of social exclusion increases the vulnerability of sex workers living with HIV to violence, drug use, negative health outcomes, poverty and mental health issues. Some sex workers in Myanmar reported experiencing internalised stigma, often based on religious views that sex work is immoral, which sometimes leads to depression. Some sex workers in Jamaica report bleaching their skin in an attempt to hide physical signs of HIV, out of fear that others will be able to know their HIV status by looking at them.

*“Before I opened my status of being HIV positive to my partner, our lives were very romantic and happy, just like any other couple in their early 7 months of relationship. When we decided to stay together, I have to honestly tell my partner about my positive status, but the results of telling my status to my partner is: he left me without even saying that our relationship is over.”*

INDONESIAN SEX WORKER

Fear of their status being revealed may prevent sex workers living with HIV from accessing appropriate health care and support. An HIV care clinic in Mexico City, Mexico, has a special programme offering comprehensive care for transgender women living with HIV. Some transgender women who are known in their community to be sex workers indicated that, while the option to access specialised care was a great advantage, they did not feel comfortable being seen entering the clinic. As a result they did not access HIV treatment.

## Housing

Sex workers and people living with HIV experience housing discrimination. Sex workers are frequently evicted from their homes, or denied housing based on the assumption that the property will be used for sex work. In some countries sex workers are unable to obtain documents, or lack evidence of citizenship or legal status that would allow them to own or rent property.<sup>23</sup>

Social exclusion and economic discrimination compound the issue of safe, affordable housing for sex workers living with HIV, further limiting their options. Sex workers living with HIV in Cambodia and Malawi report experiencing eviction and being denied housing. Some sex workers in Kenya received threats of violence if they did not move out of their homes.<sup>24</sup>

**Sex workers are frequently evicted from their homes, or denied housing based on the assumption that the property will be used for sex work.**

Sex workers experience pressure to migrate, in order to escape discrimination or to find work in an area where their HIV status is unknown in the community. This pressure to leave their homes contributes to housing insecurity experienced by sex workers living with HIV.

## Economic Discrimination

Social exclusion and rejection by family puts people living with HIV in a dangerous economic position. Discrimination within communities results in people living with HIV losing their jobs and being unable to find employment.

Workplace discrimination exists within sex work spaces as well. In countries such as Myanmar, which criminalises soliciting and working or operating in a brothel, sex work occurs informally in locations like karaoke bars, nightclubs and hotels. A sex worker living with HIV reported having to leave her job when co-workers and clients found out about her HIV status:

*“I am living with my family after I found out I have HIV. I have no place to live in my home and my family members are discriminative as I am a person living with and jobless. This is very difficult during the monsoon where I have to live in small place beside of my family’s house. I don’t want to live in this wet place and I wish to live in a clean place in the front. But my family members do not allow me to stay in front of their faces as I am HIV positive. They are very afraid that people from the residence might know I am a person living with HIV. I myself don’t want to transmit this to anyone. I am totally discriminated against by my family, even though I was supporting them when I worked as sex workers before I was infected. I want to die quickly and I feel so sorry.”*

MYANMAR SEX WORKER

Sex workers who are known to be living with HIV often experience fewer clients. Stigma, fear and misinformation about HIV transmission and safe sex limit the pool of clients available to sex workers living with HIV. Having a reduced number of clients negatively impacts upon their income and can leave some sex workers living with HIV disempowered when negotiating services and condom use.

<sup>23</sup> UNDP, “Sex Work and the Law in Asia and the Pacific”.

<sup>24</sup> GNP+, “Speaking Out. Rights violation against sex workers in Kenya”.

In Malawi sex workers living with HIV reported having “no access to social services, including loans, based on HIV status”, and are unable to open bank accounts or own property. Inability to participate in formal economies is a significant barrier to full participation in society.

## Migration

The Global Criminalisation Scan, done by the Global Network of People Living With HIV (GNP+), identifies 79 countries and territories that have laws that restrict entry, stay or residence based on HIV status<sup>25</sup>.

Furthermore, sex workers frequently face restrictions on their ability to enter, stay or live in a country or locality. Countries such as the USA and Canada have ‘moral turpitude’ restrictions on entry – people known or suspected to be sex workers may be denied entry, even without a criminal record or evidence that they are migrating for the purpose of doing sex work.

**The combined restrictions on mobility and migration faced by sex workers and people living with HIV greatly restrict the movements of sex workers living with HIV.**

The combined restrictions on mobility and migration faced by sex workers and people living with HIV greatly restrict the movements of sex workers living with HIV. They are at increased risk of being denied entry to countries or removed when discovered. For example, a group of eleven sex workers in Mwanza, Malawi were arrested and tested for HIV without their consent. The results were made public and the sex workers who were not from Mwanza were ordered by the Magistrate to leave the county.<sup>26</sup>

Sex workers living with HIV who are placed in detention, awaiting deportation, face many of the same issues with access to ARTs, isolation and discrimination, as those in prison.

## Conclusions and Good Practices

Sex workers living with HIV face multiple layers of stigma, resulting in severe discrimination and violations of their human rights. The negative impacts of stigma extend into all areas of their lives and occur at both individual and institutional levels.

Laws criminalising sex work and HIV non-disclosure, exposure and transmission create barriers for sex workers living with HIV to realising their human rights and accessing justice. In addition to violating the human rights of sex workers living with HIV, these laws are not evidence-based and undermine HIV prevention efforts.

Fear, misinformation and lack of education perpetuate many of the harms sex workers living with HIV experience. Addressing stigma and discrimination requires better education for police and health care providers, and a commitment on all levels, from government ministries, to local police forces and clinics, to treating sex workers living with HIV with dignity and respect.

<sup>25</sup> GNP+, “Global Criminalisation Scan”, available at <http://criminalisation.gnpplus.net/> (last accessed 03/12/15).

<sup>26</sup> Paulo Longo Research Initiative, 2011, Malawi: Case Challenging Mandatory HIV Testing of Sex Workers Filed in High Court, available at <http://www.plri.org/story/malawi-case-challenging-mandatory-hiv-testing-sex-workers-filed-high-court> (last accessed 03/12/15).

Sex workers living with HIV need to be included and supported within their communities. Many of the harms they experience are a result of, or are made worse by, social exclusion. Education is needed to address misinformation about sex work and HIV, particularly around prevention and transmission.

Sex workers living with HIV should be meaningfully included in the development of new laws, policies, programmes and services.

Recommendations include:

## Laws and law enforcement

- Do not create or enforce criminal laws specific to HIV non-disclosure, exposure or transmission. Where these laws exist they should be repealed.<sup>27</sup>
- Decriminalise sex work and recognise sex work as work, ensuring that sex workers, including sex workers living with HIV, have protections of labour laws.
- Ensure HIV status is legally protected against discrimination, including in employment law.
- Police should be trained and sensitised on issues pertaining to sex workers and all people living with HIV, including on their right to confidentiality of their HIV status.
- Condoms should not be confiscated or used as evidence of sex work.
- Ensure that sex workers living with HIV are able to report offences against them and that perpetrators are brought to justice.
- Repeal immigration laws that restrict the entry, stay and residence of people living with HIV.
- Repeal laws that restrict free movement of people living with HIV.

## Health care

- Health care workers should be trained and sensitised to treat sex workers living with HIV with respect and ensure confidentiality is protected.
- Sex workers living with HIV must have consistent and affordable access to ARTs and appropriate care.
- Mandatory and coercive HIV testing and treatment must be eliminated. Testing and treatment must be based on informed consent. Sex workers living with HIV have the right to make their own decisions about their health.
- Health care should be available at hours and locations that are accessible to sex workers. This may require additional flexibility on the part of health care providers, or offering other services from the same location, reducing the HIV stigma associated with a particular location.
- Education about condom use and harm reduction, as well as supplies should be made available and accessible to all sex workers and people living with HIV.

<sup>27</sup> This recommendation is supported by UNAIDS and the United Nations High Commissioner for Human Rights (OHCHR) available at [http://www.unaids.org/en/resources/documents/2013/20130530\\_Guidance\\_Ending\\_Criminalisation](http://www.unaids.org/en/resources/documents/2013/20130530_Guidance_Ending_Criminalisation)

- ▶ Mental health and psychosocial support should be available for sex workers living with HIV.
- ▶ Sex workers living with HIV should be offered comprehensive sexual and reproductive health care, including prevention of mother-to-child transmission. Sex workers living with HIV have the right to decide whether or not to have children.
- ▶ Ensure that systems are put in place to monitor health service delivery, including effective complaints procedures.

## Research and Clinical Trials<sup>28</sup>

- ▶ Sex workers living with HIV must be consulted prior to participation in clinical trials to ensure that any risks are known and consequently mitigated in the trial process.
- ▶ All trial sponsors and implementers follow strict ethical guidelines that must be adhered to when carrying out trials with key affected populations.
- ▶ To be able to give informed consent, based on truthful and unbiased factual knowledge about the treatment being trialled, including any side effects or possible development of drug resistance.
- ▶ To participate as partners in the design and implementation of clinical trials.
- ▶ To be given appropriate compensation for participation in trials.

## Social Support and Protection

- ▶ Sex workers living with HIV need targeted programmes for:
  - Education about legal and human rights.
  - Improving employment opportunities.
  - Economic empowerment, including access to savings, loans and other financial services Access to housing, including owning property.
- ▶ Provide funding and capacity building for the development of community-led support groups for sex workers living with HIV.
- ▶ Build strong partnerships between organisations to address the needs of sex workers living with HIV.

<sup>28</sup> These recommendations were developed for the NSWP briefing paper, "The Voices and Demands of Positive Sex Workers".

The Global Network of Sex Work Projects uses a methodology that ensures the grassroots voices of sex workers and sex worker-led organisations are heard. The briefing papers document issues faced by sex workers at local, national, and regional levels while identifying global trends.

The NSWP Secretariat manages the production of briefing papers and conducts consultations among its members to document evidence. To do this, NSWP contracts:

- Global Consultants to undertake desk research, coordinate and collate inputs from Regional Consultants and draft the global briefing papers.
- Regional Consultants to coordinate inputs from National Key Informants and draft regional reports, including case studies.
- National Key Informants, identified by the regional networks, to gather information and document case studies.



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NSWP is part of Bridging the Gaps – health and rights for key populations.

Together with almost 100 local and international organisations we have united to reach 1 mission: achieving universal access to HIV/STI prevention, treatment, care and support for key populations, including sex workers, LGBT people and people who use drugs.

Go to: [www.hivgaps.org](http://www.hivgaps.org) for more information.