

# UNDERSTANDING SEX WORKERS' RIGHT TO HEALTH: IMPACT OF CRIMINALISATION AND VIOLENCE



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## **FOR AN INTERSECTIONAL PERSPECTIVE ON SEX WORKERS' RIGHTS**

The struggle for sex workers' rights intersects with many other social movements. Contrary to the monolithic abolitionist discourse, which portrays all sex workers as "prostituted women" without agency, our communities are diverse and resilient. Sex workers are male, female and non-binary, LGBTQ, migrants and workers. Supporting sex workers' rights means understanding the diversity and complexity of our lives and involving sex workers from diverse communities in decision making, policy making and debates. This series of briefing papers will give sex workers, activists from other social movements and policy makers the tools to explore the intersection of sex workers' rights with other rights and social struggles such as those connected with LGBT people, women, workers, migrants and health.

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## **ABOUT ICRSE**

The International Committee on the Rights of Sex Workers in Europe (ICRSE) is a sex worker-led network representing more than 95 organisations led by or working with sex workers in Europe and Central Asia, as well as 150 individuals including sex workers, academics, trade unionists, human-rights advocates, and women's rights and LGBT rights activists. ICRSE opposes the criminalisation of sex work and calls for the removal of all punitive laws and regulations regarding and related to sex work as a necessary step to ensure that governments uphold the human rights of sex workers. As long as sex work is criminalised – directly or indirectly through laws and practices targeting sex workers, clients, or third parties – sex workers will be at increased risk of violence (including police violence), arrests, blackmail, deportations and other human rights violations.

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‘AIDS, Whores: First agents of prevention’ Demonstration by STRASS, french union of sex workers against the criminalisation of clients, Paris, 2nd of June 2011. (ALFRED/SIPA)

## INTRODUCTION

The right to health is recognised as one of the fundamental human rights of every person. However, sex workers’ enjoyment of their right to health is heavily compromised due to criminalisation and the legal oppression of sex work, prevalent in most European countries. Ongoing discussion about sex workers’ health and health rights are often politically and ideologically motivated and further propel the stigma experienced by people working in the sex industry. This stigmatisation and exclusion of sex workers also have highly negative consequences for sex workers’ physical, sexual and mental health.<sup>1</sup>

For a long time, sex workers have been considered vectors of disease, and a threat to public health. Thus, laws regulating and/or criminalising sex work have been developed and implemented to safeguard the health of the general population, often at the expense of sex workers’ rights. The outbreak of the HIV epidemic in the 1980s resulted in the scapegoating of sex workers, gay men and people who used drugs. Widely considered as groups at high risk of transmitting HIV, these communities have all been targeted with public health initiatives. However, in countries where such groups are directly and/or indirectly criminalised and stigmatised, these communities have faced human rights violations carried out under the guise of protecting public health, such as coercive and/or forced health programmes. Simultaneously however, and in line with international good practice recognition and guidelines, sex workers across Europe and Central Asia have founded sex worker-led health initiatives and programmes that have fundamentally challenged the idea that sex workers are passive recipients of services. These projects, some of which are highlighted throughout this paper,

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1 Sanders T., Cunningham S., Platt L., Grenfell P., Maciotti P.G. (2017), Reviewing The Occupational Risks of Sex Workers in Comparison to Other ‘Risky’ Professions, retrieved from: <http://www2.le.ac.uk/departments/criminology/people/teela-sanders/BriefingPaperSexWorkandMentalHealth.pdf>

have challenged the language and treatment of sex workers as the problem, and alongside academic and community based evidence, have proved sex workers to be a vital part of the solution!

This briefing paper focuses on sex workers' health and rights in Europe and Central Asia. It is intended to serve as an advocacy and activism tool for sex workers and allies to promote sex workers' health rights and to develop a better understanding of different factors affecting sex workers' health. The tool should underpin effective health programmes. This briefing paper focuses on several issues. Firstly, it explores what is the right to health and what does the right to mean to sex workers. Secondly, it gives an insight on how criminalisation and legal oppression impact on sex workers' health, and analyses relationship between sex work, violence and mental health. Finally, it highlights the basic principles of sex workers' occupational health and safety needs.

## **1. THE RIGHT TO HEALTH**

The right to health was first formally described in the Constitution of the World Health Organisation (WHO) in 1946<sup>2</sup>, where health was defined as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. The preamble of the WHO constitution states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. Therefore, the right to health means that sex workers, as all humans, are entitled to the enjoyment of the highest attainable standard of mental and physical health, as well as sexual and reproductive health. The right to health is not to be understood as the right to be healthy: it is impossible to provide protection against every possible cause of human ill-health. It is, rather, the right for everyone, without discrimination, to the enjoyment of different services, facilities and goods, as well as appropriate living conditions that are necessary for staying as healthy as possible.

### **THE RIGHT TO HEALTH HAS SEVERAL INTERCONNECTED COMPONENTS, IMPORTANT FOR SEX WORKERS TO BE AWARE OF:**

- The right to health is about addressing the underlying determinants of health, namely a wide range of social, economic and structural factors that impact on the quality of people's health and well-being. This means that states are obliged to safeguard people's living and working conditions, ensuring these are free from poverty, distress, harassment and disempowerment. Social determinants of health, such as criminalisation,

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<sup>2</sup> [http://www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf)

oppression, poverty and poor working conditions, have been repeatedly addressed by sex worker rights advocates and activists globally and in the European region.

- The right to health is also about being able to access healthcare services and facilities. According to the international human rights instruments, health services and facilities have to be available, accessible, acceptable and of good quality for everyone, including sex workers, without discrimination.
- The last component of the right to health is participation, which means informed, meaningful and active involvement of the population and vulnerable communities, including sex workers, in decisions affecting their health and wellbeing. Sex workers should be treated as strategic partners in decision making, activities and programmes that deal with health problems relevant to them. Moreover, the states should provide a safe and supportive environment for sex workers that ensures the opportunities for such meaningful participation.



„Stills from video  
,United We Stand:  
introduction to Sex  
Worker Implementation  
Tool' filmed at ICRSE &  
SWAN regional training  
on SWIT, Budapest,  
Hungary in June 2016.  
With link: <http://www.sexworkeurope.org/news/general-news/icrse-launches-new-advocacy-video-united-we-stand-introduction-sex-worker>

## **VIGNETTE 1: SUMMARY OF DATA RELATED TO HIV & STI PREVALENCE AMONGST SEX WORKERS IN EUROPE & CENTRAL ASIA**

**Structural factors such as criminalisation, legal oppression, stigma, discrimination and violence, alongside social inequalities, including but not limited to, lack of safe housing, poverty, transphobia, racism, and lack of access to justice, all make it difficult to gather reliable statistics on HIV and other STIs amongst sex workers. The effect of these structural and social injustices and inequalities are to push sex work and sex workers further into the margins of society, working to avoid state authority attention and thus disengaging with health and social services or accessing these without disclosing involvement in sex work when possible. As noted by European Center for Diseases Control,**

**“there are little nationally representative data on HIV prevalence, HIV testing, condom use or treatment coverage, and that data cannot be compared over time or across countries. In addition, there are little data on new HIV diagnoses or late diagnosis in sex workers, and since most countries report data for female sex workers, there is a lack of data on male, transgender, or other subgroups of sex workers who may be at increased risk of HIV.”<sup>3</sup>**

**Whilst it is difficult to present a clear picture of the scale and scope of prevalence amongst sex workers in the region, available data does indicate that some sex workers are more affected by HIV and STIs than the general population. Here we provide a snapshot of available data to contextualise the themes of this paper.**

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<sup>3</sup> ECDC (2015) Thematic report: Sex workers. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2014 progress report, retrieved from: <https://ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/dublin-declaration-sex-workers-2014.pdf>; ECDC (2013) Thematic report: Sex workers. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2012 progress report; retrieved from: <https://ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/dublin-declaration-sex-workers.pdf>.

- **HIV/STI prevalence among sex workers varies significantly depending on the country and sub-region of Europe. HIV prevalence amongst female sex workers in Western Europe is rather low (1 percent or less), with considerably higher prevalence among sex workers who use drugs, migrant sex workers, and transgender sex workers.<sup>4</sup>**
- **In Central European countries HIV prevalence amongst sex workers is considered to be low: between 1 percent and 2 percent.<sup>5</sup>**
- **Eastern European countries reported higher rates of HIV among sex workers, even up to 7.3 percent in Ukraine, 11.6 percent in Moldova and over 22 percent in Latvia.<sup>6</sup>**
- **Studies indicate that HIV prevalence among male and transgender sex workers is variably higher than amongst female sex workers, and ranges from 2 percent in the Czech Republic, through 15 percent in Russia and 16.7 percent in Kyrgyzstan, to over 20 percent in the Netherlands and Germany.<sup>7</sup>**
- **Evidence also suggests that across the region sex workers who use drugs are more affected by HIV. One study showed that 15 percent of female sex workers who use drugs were**

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4 See, for example, ECDC (2015), ECDC (2013); Grath-Lone L., Marsh K., Hughes G., Ward H. (2014) The sexual health of female sex workers compared with other women in England: analysis of cross-sectional data from genitourinary medicine clinics, *Sexually Transmitted Infections* 90(4): 344-350; Platt L., Grenfell P., Bonell C., Creighton S., Wellings K., Parry J. (2011) Risk of sexually transmitted infections and violence among indoor-working female sex workers in London: the effect of migration from Eastern Europe, *Sexually Transmitted Infections* 87(5):377-384.

5 See, for example, ECDC (2015), ECDC (2013).

6 See, for example, ECDC (2015), ECDC (2013); Platt, L. et al, 2013, *Factors mediating HIV risk among female sex workers in Europe: a systematic review and ecological analysis*;

7 ECDC (2013); Lucy Platt et al (2015)., *HIV in the European Region: Vulnerability and Response*, Directions in Development--Human Development: Washington, DC: World Bank.

living with HIV compared to 0,7 percent of non-drug using female sex workers<sup>8</sup>, while another reported that 26,7 percent of male sex workers who use drugs were living with HIV compared to 7,2 percent of male sex workers not using drugs.<sup>9</sup>

- Most studies show that sex workers report very high rates of condom use with clients among sex workers in the region, with over 80-90 percent condom use in most of the European and Central Asia countries.<sup>10</sup> This shows that sex workers working in the European region, as elsewhere, are concerned with their sexual and reproductive health, and desire to use condoms in their work. The issue therefore does not lie with the individual behaviour of sex workers and their clients, but the barriers to condom use that exist in countries where sex work is legally oppressed and/or criminalised: thus condoms are not made available, accessible and affordable to sex workers. In terms of individual behavioural factors that may increase the risk of HIV amongst sex workers is that less frequent condom use has been reported between sex workers and their non-paying partners.<sup>11</sup> This is similar to the risks of people who do not sell sex and thus does not necessarily explain the higher prevalence rates of HIV amongst some sex workers.

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8 Belza M.J., Clavo P., Ballesteros J., Menéndez B., Castilla J., Sanz S., et al (2004) *Condiciones sociolaborales, conductas de riesgo y prevalencia de infecciones de transmisión sexual en mujeres inmigrantes que ejercen la prostitución en Madrid*. Gac Sanit 18(3): 177-83.

9 Sethi G., Holden B.M., Gaffney J., Greene L., Ghani A.C., Ward H. (2006) *HIV, sexually transmitted infections, and risk behaviours in male sex workers in London over a 10 year period*, Sexually Transmitted Infections 82(5): 359-363.

10 See, for example, ECDC (2013); Platt L. et al. (2011).

11 Ulibarri M. et al. (2012) *Condom use among female sex workers and their non-commercial partners: Effects of a sexual risk intervention in two Mexican cities*, International Journal of STD & AIDS 23(4): 229-234.

## **2. CRIMINALISATION, LEGAL OPPRESSION & SEX WORKER HEALTH**

Sex work, in itself, is not a factor of vulnerability to HIV and other sexually transmitted infections (STIs) and sexual ill-health in general. In New South Wales, Australia, where sex work is decriminalised, not a single case of HIV transmission has been reported between a sex worker and a client since the beginning of the epidemics.<sup>12</sup> However, different structural factors such as violence, stigma and criminalisation have been proven to be the main cause of increasing sex workers' vulnerability. It has been reported by sex worker collectives across the region that criminalisation and punitive laws and practices, targeting sex workers, are the main factors compromising sex workers' health and safety in Europe and globally. Forced 'underground' and stigmatised, sex workers are not only driven away from health care services and prevention education but also deprived of 'bargaining power' to engage in safer sex behaviours with clients. In these contexts, where sex work is criminalised, the threat of arrest, detention, prosecution, or other forms of punishment effectively prevents sex workers from seeking help in medical facilities. In many European countries, where sex work is not recognised as work, sex workers are stripped of legal protection and other essential civil entitlements, including health insurance and access to the public health care system. Stigma and discrimination by healthcare providers also remain powerful deterrents to accessing healthcare, particularly in mainstream services.

Academic research has also shown the negative impact of criminalisation and legal oppression on sex workers' vulnerability to HIV and other STIs. According to the study conducted by Kate Shannon and her team, sex work criminalisation pushes sex workers to accept more unsafe sex with clients and make them more vulnerable to violence, which, in turn, is a key factor of vulnerability to HIV/STI.<sup>13</sup> Criminalisation tends to displace sex work, driving it underground. Therefore when sex workers are forced to move to remote areas or are not allowed to work together or be indoors for their safety, they become more exposed to HIV and other STIs.

The criminalisation of the purchase of sex/clients is also considered a factor of vulnerability. Several studies have evidenced that these legislative approaches have similar effects to other forms of criminalisation, such as pushing sex workers more underground, leaving less time and space to negotiate with clients, and hence

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12 <https://kirby.unsw.edu.au/sites/default/files/hiv/attachment/NSWSexIndustryReportV4.pdf>

13 Shannon K. et al. (2015) Global epidemiology of HIV among female sex workers: influence of structural determinants, *The Lancet* 385: 55-71.

making sex workers more vulnerable.<sup>14</sup> Researchers in South Korea have also found a correlation between the new prostitution acts that criminalise clients and an increase in sexually transmitted infections.<sup>15</sup>

Given the wealth of research exposing the negative impact of criminalisation of sex work on public health and the human rights of sex workers, decriminalisation of sex work is upheld as best practice by United Nations Joint Programme on HIV and AIDS (UNAIDS),<sup>16</sup> the World Health Organisation (WHO),<sup>17</sup> and many more global HIV and health organisations and researchers. For instance, according to renowned Medical Journal, *The Lancet*:

“Decriminalisation of sex work would have the greatest effect on the course of HIV epidemics across all settings, averting 33–46% of HIV infections in the next decade.”<sup>18</sup>

This finding was based on modelling, using extensive international data, and made a convincing scientific case for the need to decriminalise sex work and promote safe working conditions for sex workers as part of a public health strategy.

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14 See, for example: Krüsi A. et al. (2014) Criminalisation of clients: reproducing vulnerabilities for violence and poor health among street-based sex workers in Canada—a qualitative study, *BMJ Open* 2014;4:e005191. doi: 10.1136/bmjopen-2014-005191; Landsberg A. et al. (2017) Criminalizing Sex Work Clients and Rushed Negotiations among Sex Workers Who Use Drugs in a Canadian Setting: *Journal of Urban Health* 94(4): 563-571.

15 Y. Lee & Y. Jung (2009), The Correlation between the New Prostitution Acts and Sexually Transmitted Diseases in Korea, *The Korean Journal of Policy Studies* 24(1): 111-125.

16 UNAIDS (2014) *The Gap Report 2014: Sex Workers*, retrieved from: [http://www.unaids.org/sites/default/files/media\\_asset/06\\_Sexworkers.pdf](http://www.unaids.org/sites/default/files/media_asset/06_Sexworkers.pdf)

17 WHO (2012) *Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Low- and Middle-Income Countries: Recommendations for a Public Health Approach*, retrieved from: [http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf); WHO, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects & World Bank (2013) *Implementing Comprehensive HIV/STI Programmes With Sex Workers: Practical Approaches From Collaborative Interventions*, retrieved from: [http://www.who.int/hiv/pub/sti/sex\\_worker\\_implementation/en/](http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/)

18 <http://www.thelancet.com/series/HIV-and-sex-workers>

## **VIGNETTE 2: MANDATORY AND FORCED TESTING**

Stereotypes of sex workers fuel the perception that those who sell sexual services play a major role in the transmission of HIV and other STIs. Despite a strong evidence that links criminalisation and legal oppression of sex work with higher HIV prevalence, sex workers remain the target of many repressive control measures. Human rights violations of sex workers and other stigmatised and criminalised communities, such as mandatory and forced HIV/STI testing, often take place with impunity, justified as a 'public health' necessity – continues in many countries across the European region.

In some of the European countries which implemented a regulatory approach to sex work – such as Austria, Greece, Latvia and Turkey – periodic compulsory screenings for HIV and other STIs are attached to the procedure of sex worker registration. This means that sex workers are obliged to regularly undertake HIV and STI tests, as well as fulfilling other criteria e.g. being citizens of that country, in order to be granted permission to legally engage in sex work. Also, in some parts of Europe and Central Asia, where sex work is penalised, sex workers are quite often forced to undergo testing for HIV and other STIs during police raids or following arrest and detention. Cases of police driven enforced testing have been reported by sex worker communities in Greece, Kyrgyzstan, Macedonia, Tajikistan, and Ukraine.

Mandatory and forced testing for HIV and other STIs is not only a clear violation of sex workers' human rights, including their right to privacy, dignity, bodily integrity, autonomy, and non-discrimination, but also a repressive and degrading form of exercising control over sex workers and their health. Coercive testing practices severely stigmatise sex workers as 'vectors of disease', thus framing them as entirely accountable for the spread of HIV and other STIs. When sex workers are targeted for coerced testing in this way, results are often not kept anonymous and

shared with managers, third parties and families, and can be used as blackmail to deter sex workers from disclosing violence or other human rights violations. Also, in those contexts where sex workers' rights are not upheld or protected and HIV is heavily criminalised, HIV status is often not kept confidential, exposing sex workers to blackmail, discrimination, stigma, arrest and prosecution. This can also act to deter sex workers from testing, particularly where HIV positive sex workers are banned from working or obliged to disclose their status to clients (e.g. United States, China, Australia, New Zealand).

Mandatory, forced and coercive testing practices furthermore contradict the fundamental principles of good and effective public health policies and have been shown to be counterproductive in addressing HIV vulnerabilities among sex workers and other key populations. They push sex workers and other stigmatised communities underground, away from medical settings and HIV prevention programmes, and prevent them from accessing healthcare services in fear of discrimination, arrest, harassment and violence.

### **3. SEX WORK & MENTAL HEALTH**

Programmes and funding priorities concerning sex workers' health have traditionally focused on sex workers' sexual health. As a result, the diversity of sex workers' needs and concerns is often overlooked, as well as the impact of stigmatisation, criminalisation and violence on sex workers' well-being, general health and mental health. There are, however, a growing number of sex worker-led projects in the region that have begun their own health programmes, that use a peer-led approach to discuss and deliver services across a spectrum of sex worker health needs.<sup>19</sup> International guidance evidences that better health

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<sup>19</sup> See, for example, ICRSE (2015) Training Manual on Sex Work, HIV and Human Rights, retrieved from: [http://www.sexworkeurope.org/sites/default/files/userfiles/files/ICRSE\\_TRAINING\\_MANUAL\\_HIV\\_HUMAN\\_RIGHTS\\_2015%282%29.pdf](http://www.sexworkeurope.org/sites/default/files/userfiles/files/ICRSE_TRAINING_MANUAL_HIV_HUMAN_RIGHTS_2015%282%29.pdf); NSWP (2014) Europe Regional Report: Good Practice in Sex Worker-Led HIV Programming, retrieved from: <http://www.nswp.org/sites/nswp.org/files/Regional%20Europe.pdf>

outcomes are achieved when sex workers are meaningfully involved in and/or lead their own health projects.<sup>20</sup> This is slowly impacting on the focus of sex worker health programmes, expanding beyond just delivering programmes targeted at sexual health, to looking more holistically at sex worker health and expanding interventions accordingly. The following two sections focus on sex work, mental health and violence.

During medieval times, “prostitutes”<sup>21</sup> were considered devil creatures by the church. Medical powers attributed them a warm temper and masculine characteristics, as well as infertility. Late nineteenth century, Italian criminologist Cesare Lombroso thought that working class women suffered from “individual degeneracy” that led many of them to become prostitutes.<sup>22</sup> In France, Pauline Tarnowski, a medical doctor operating at the second half of the XIX century, measured sex workers’ skulls with similar objectives.<sup>23</sup>

Theories still exist today that pathologise sex workers so attempting to “explain” why some people become sex workers. For instance, sex workers are often said to overwhelmingly have suffered from traumatic experiences, such as sexual violence during childhood<sup>24</sup> and these experiences are often given as reasons as to why a person would sell sex as an adult. Sex workers may or may not have these experiences, like any other group of adults. However, theories that suggest that all, or most sex workers, have experienced sexual violence during childhood are rooted with the aim of proving lack of agency of sex workers as well as the inherent harm of sex work, and, to do so, they generalise from particularly vulnerable populations of workers and do not take into account other factors.<sup>25</sup> To conclude that these experiences are the reasons people decide to enter sex work,

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20 WHO (2012); WHO et al. (2013).

21 The term “sex worker” was not used then, as it was coined in 1978 by American sex workers’ right activist, Carol Leigh, who sought to shift the stigmatizing and negative connotations attached to the term “prostitution” and to directly indicate that sex work ought to be recognized as a form of work. For more details see: Leigh, C. (1997) *Inventing Sex Work*. In J. Nagle (ed.), *Whores and Other Feminists*. New York: Routledge, pp. 223–231.

22 [http://www.persee.fr/doc/roman\\_0048-8593\\_1981\\_num\\_11\\_31\\_4479](http://www.persee.fr/doc/roman_0048-8593_1981_num_11_31_4479)

23 *Etude Anthropométrique sur les Prostituées et les Voleuses*, par le Docteur Pauline Tarnowsky, (Anthropometric Study of Prostitutes and Female Thieves, by Dr. Pauline Tarnowsky.) Paris, 1889: Bureaux du Progrès Médical. 8vo., pp. 226

24 Farley M., Cotton A., Lynne J., Zumbek S., Spiwak F., Reyes M.E. (2004) *Prostitution and trafficking in nine countries: an update on violence and posttraumatic stress disorder*, *Journal of Trauma Practice* 2(3/4): 33-74; Trinquart J. (2002) *La décorporalisation dans la pratique prostitutionnelle: un obstacle majeur à l'accès aux soins*. [Thèse Doctorat de médecine générale]. Bobigny: Paris 13, retrieved from [http://www.memoiretraumatique.org/assets/files/doc\\_violences\\_sex/these\\_sur\\_la\\_decorporalisation\\_dans\\_la\\_pratique-prostitutionnelle-Judith\\_Trinquart.pdf](http://www.memoiretraumatique.org/assets/files/doc_violences_sex/these_sur_la_decorporalisation_dans_la_pratique-prostitutionnelle-Judith_Trinquart.pdf)

25 Sanders et al. (2017).

is not only flawed and ignorant of the many other factors in peoples' lives that have acted as reasons for their decisions, but also denies sex workers' agency and capacity to consent or to define themselves their multiple reasons for doing so.

Pathologising sex workers as a group is not only scientifically flawed, but is utterly harmful to sex workers' mental health. It denies sex workers' own agency, reinforces stigma and leads practitioners to focus on sex work instead of identifying the individual's mental health needs, therefore acting as a real barrier for sex workers to access good mental health services.<sup>26</sup> Flawed research is being repeatedly used to falsely demonstrate that sex work itself is damaging to mental health and to push for policies that reinforce criminalisation and social exclusion of sex workers. In fact, research aimed at understanding and improving sex workers' mental health is still quite limited. However, whenever studies approach the subject sensibly, the findings show that the mental health of sex workers varies considerably according to their working conditions.<sup>27</sup> Indeed, a recent review of existing research on mental health and sex work concluded that factors such as violence, isolation, coercion and financial pressures negatively influence the mental health of sex workers, rather than sex work itself.

It is also necessary to stress that worsening working and living conditions in Europe and the increased policing of sex work can negatively affect sex workers' mental health. The criminalisation of clients, as implemented in several European countries, or campaigns for the "abolition of prostitution", have caused strong disruptions in sex work settings, leading to displacements, sometimes a decrease in the number of (good) clients, and an increased reliance on third parties, resulting in sex workers (especially street based) being more precarious. The impact of precarity on mental health includes anxiety, insecurity, isolation, depression and suicide<sup>28</sup> as reported by researchers, civil society and sex workers organisations.<sup>29</sup>

Currently, comparative research is being undertaken to find out what type of support sex workers with mental health issues receive in the UK, Germany, Italy and Sweden. Preliminary findings report that sex workers with mental health problems often do not get proper support or refuse to access services because of stigma and prejudice against sex work, particularly in countries such as Sweden, where sex work is highly stigmatised. In fact, stigma against sex work is itself a

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26 Burnes T., Long S., Schept R. (2012) *A resilience-based lens of sex work: Implications for professional psychologists*, *Professional Psychology: Research and Practice*, 43(2): 137-144.

27 Rössler W., Koch U., Lauber C., Hass A.K., Altwegg M., Ajdacic Gross V., Landolt, K. (2010) *The mental health of female sex workers*. *Acta Psychiatrica Scandinavica*, 122(2): 143-152.

28 <http://www.sexworkeurope.org/news/general-news/vero>

29 <https://psychagainstausterity.files.wordpress.com/2015/03/paa-briefing-paper.pdf> ; <http://titsandsass.com/were-not-crazy-for-doing-this-sex-workers-with-mental-illness/>

great burden on the mental health of sex workers, who often have to manage a double life to hide their work and may end up internalising society's negative perceptions.<sup>30</sup>

The high levels of mental disorders that can be found in the sex worker community are therefore related to violence, and the subjectively perceived burden of sex work stigmatisation, which are both exacerbated by the criminalisation of sex work. There is no evidence that sex work is in itself inherently harmful to sex workers' mental health.

More research is needed to identify sex workers' mental health issues. But above all, it is crucial to provide adequate and non-judgemental services for sex workers' mental health, which do not assume the inherent harm of sex work but aim at supporting sex workers in their individual needs.

## **4. SEX WORK, VIOLENCE & HEALTH**

Sex workers' health, safety and well-being in the European region is severely compromised by alarming levels of violence, harassment and other forms of human rights violations. Violence, in and of itself, is now well recognised as both an individual and public health concern. Sex workers suffer greater exposure to violence and HIV as a result of hostile social environments, repressive sex work and related policies, criminalisation, stigma and discrimination, marginalisation, social exclusion and lack of safe work places and spaces. Furthermore, sex workers are often affected by intersecting structural inequalities and injustices, for example transphobia, poverty, racism and lack of access to safe housing. In most contexts, where sex workers are criminalised or otherwise legally oppressed by laws, policies and practices, they do not have access to justice when they become victims of violence. Sex workers are often targeted by perpetrators of violence who know that they are unlikely to report crimes against them to the police, as those reports are unlikely to be taken seriously and can, in effect, lead to incrimination of the victims themselves. Importantly, according to international literature, sex workers who belong to sex worker organisations and collectives, or access sex worker-led health services, are shown to be less likely to experience violence in their work, perhaps due to community empowerment strategies and initiatives. For example, some sex worker-led organisations globally have worked to improve relationships between police and sex workers as a way of increasing reporting and sex workers' access to justice. Other sex worker-led groups have focused on individual empowerment and peer-led safety workshops to equip sex workers with tools and

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30 Day S., Ward H. (2004) Approaching health through the prism of stigma: a longer term perspective. In S. Day and W. Day, H. (eds.), *Sex Work, Mobility and Health in Europe*. London: Kegan Paul.

strategies to prevent, deal with and respond to violence from a range of people including clients, managers, third parties, the public and the police.<sup>31</sup>

Evidence shows that elimination of direct violence, including physical, sexual and psychological violence against sex workers would lead to improvement of sex workers' health. For example, modelling estimates in Ukraine show that a reduction of approximately 25 percent in HIV infections among sex workers may be achieved when physical or sexual violence is reduced.<sup>32</sup> Also, as reported in the issue of *The Lancet* dedicated to sex workers and HIV, elimination of sexual violence against sex workers would lead to 17-20 percent reduction in the odds of HIV infection among sex workers and their clients.<sup>33</sup>

According to WHO "violence against sex workers is a risk factor for HIV and must be prevented and addressed in partnership with sex workers and sex worker led organisations".<sup>34</sup> What should be recognised, however, while being a risk-factor for sex workers' mental ill-health, poor physical health and reduced access to healthcare, and other, services, violence is the primary health concern for many sex workers across the European region. As such, it must be framed and addressed as a priority in itself, not solely in the context of HIV and STIs prevention efforts, which is still too often the case in both research and public health interventions.<sup>35</sup>

Advocates for good practice in health programming with sex workers must pursue the need to encourage holistic programmes for sex worker health, that support the individual behavioural aspects of risk and safety, challenge the structural inequalities that lend themselves to risk for sex workers, including criminalisation and legal oppression, and ensure programmes address the wide range of issues faced by sex workers, including sexual and reproductive health, mental health issues, violence response, improving working conditions and access to justice. All of these components of a health programme must be underpinned by the empowerment of the sex worker community, which will ensure the programme is effective at meeting needs, acceptable to the people being served by the project and ensure the sustainability of the project.

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31 See, for example, NSWP (2014) *Good Practice in Sex Worker-led HIV Programming: Regional Report—Europe*, retrieved from: [www.nswp.org/sites/nswp.org/files/Regional%20Europe.pdf](http://www.nswp.org/sites/nswp.org/files/Regional%20Europe.pdf)

32 Decker M. et al. (2013) *Estimating the impact of reducing violence against female sex workers on HIV epidemics in Kenya and Ukraine: a policy modeling exercise*, *American Journal of Reprod Immunology* 69 Suppl 1:122-132.

33 Shannon, K. et al. (2014) *Global epidemiology of HIV among female sex workers: influence of structural determinants*, *Lancet*.

34 [http://www.who.int/hiv/pub/sti/sex\\_worker\\_implementation/swit\\_chpt2.pdf](http://www.who.int/hiv/pub/sti/sex_worker_implementation/swit_chpt2.pdf)

35 Grenfell P, Platt L, Stevenson L (forthcoming). *Examining and challenging the everyday power relations affecting sex workers' health*. In *Realising a Real Politics of Justice for Sex Workers: An Agenda for Change* eds Fitzgerald SA, McGarry K. Rowman.

## 5. OCCUPATIONAL HEALTH IN SEX WORK

According to the principles of the United Nations, WHO and International Labour Organisation (ILO), every person has a right to work and the right to enjoy just and favourable conditions of work, which ensure, in particular, safe and healthy work environment.<sup>36</sup> One's work-related health is usually captured in the notion of occupational health, defined by the WHO and ILO as: "is the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health."<sup>37</sup> All workers, regardless of the industry they work in, should have access to measures, which protect their health at work.<sup>38</sup>

Sex workers, like all the other workers, have the right to not have their health put at risk when at work. Thus, the occupational health in sex work refers to work-related sex workers' health concerns, health risks and hazards associated with performance of sexual labour and specific features of the work environment. It also refers to measures aiming at promotion and maintenance of sex workers' health at work. However, due to the criminalisation of sex work and/or lack of recognition of sex work as a legitimate occupation, in the vast majority of European and Central Asian countries, the sex industry is rarely covered by occupational health and safety legislation or other labour laws that hold employers accountable for safeguarding sex workers' health. As a result, sex workers across the region often work in hazardous work environments and are deprived of the means to protect themselves from health risks associated with their work.

Implementation of occupational health and safety measures in sex work venues can improve working conditions and health outcomes for sex workers regardless of the legal frameworks in which they operate. To be helpful and beneficial to people working in the sex industry, occupational health and safety measures should recognise the diversity of sex workers' realities, needs and health concerns and ought to be developed in close partnership with or under the leadership of sex worker communities.

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36 Universal Declaration on Human Rights (UN, 1948); International Covenant on Economic, Social and Cultural Rights (UN, 1976); WHO, 1995, Global strategy on occupational health for all: The way to health at work. Recommendation of the second meeting of the WHO Collaborating Centres in Occupational Health, 11-14 October 1994, Beijing, China; [http://www.who.int/occupational\\_health/globstrategy/en/](http://www.who.int/occupational_health/globstrategy/en/);

37 (Joint ILO/WHO Committee on Occupational Health, 1995)

38 ICRSE (2015) Structural Violence: Social and Institutional Oppression Experienced by Sex Workers in Europe, retrieved from: [www.sexworkeurope.org/sites/default/files/userfiles/files/](http://www.sexworkeurope.org/sites/default/files/userfiles/files/)

[ICRSE%20CR%20StrctrViolence-final.pdf](#); ICRSE (2016) Exploitation: Unfair labour arrangements and precarious working conditions in the sex industry, retrieved from: [http://www.sexworkeurope.org/sites/default/files/userfiles/files/ICRSE\\_Exploitation%20Report\\_April2016\\_04\\_final.pdf](http://www.sexworkeurope.org/sites/default/files/userfiles/files/ICRSE_Exploitation%20Report_April2016_04_final.pdf).

### **VIGNETTE 3: WHAT ARE SEX WORKERS' OCCUPATIONAL HEALTH NEEDS BOTH IN THE WORKPLACE AND THROUGH SERVICE PROVISION?**

In the workplace, sex workers, as a minimum standard, should have access to:

- Information, support, and communication on sex work health-related issues
- Management support in accessing regular screening and management of sexually transmitted infections, HIV infection, cervical and anogenital cancer, hepatitis B and C viruses, tuberculosis, and drug, alcohol, and tobacco dependence
- Access to a range of contraceptive options, and access to safe abortions and post abortion care
- Violence prevention tools, strategies and peer-led workshops
- Safe and secure workspaces

In sex worker service provision settings, sex workers as a minimum standard, should have access to:

- Regular screening and management of sexually transmitted infections, HIV infection, cervical and anogenital cancer, hepatitis B and C viruses, tuberculosis, and drug, alcohol, and tobacco dependence
- Focused linkage to care for HIV-positive sex workers, including regular access to diagnostics for the long term management of HIV, including in their consideration of Pre Exposure Prophylaxis

- Information and access to hormonal therapy and/or gender reassignment surgery
- Emergency and long-term support services for sex workers who experience violence, including sexual violence. This would include addressing the immediate and long term associated medical and psychological needs of the person, but also providing support in accessing justice and promoting workplaces and strategies that can enable sex workers to work in safer conditions



‘Six main components of the Sex Worker Implementation Tool (SWIT). Community empowerment is at the core of all of the SWIT recommendations.’  
<http://www.nswp.org/resource/the-smart-sex-worker-s-guide-swit>

## CONCLUSIONS AND RECOMMENDATIONS IN SUPPORTING THE REALISATION OF SEX WORKERS' RIGHT TO HEALTH

Although the right to health is recognised as one of the fundamental human rights, sex workers across Europe and Central Asia face severe violations in the realm of health, as highlighted in this paper. Sex workers' right to health is heavily compromised due to criminalisation and the legal oppression of sex work prevalent in most of the European countries. Ongoing discussion about sex workers' health and health rights, central to debates on sex work, are often politically and ideologically motivated, and further increase stigma experienced by people working in the sex industry, which, in itself, can also have highly negative consequences for sex workers' (mental) health.<sup>39</sup> While the World Health Organisation (WHO) and different UN agencies have published recommendations<sup>40</sup> to improve sex workers' empowerment and significant participation in HIV and health programs directed towards them, in Europe, many sex work projects could still improve their practices to secure sex workers' unfettered access to and enjoyment of their fundamental right to health. Some concrete recommendations include:

- Recognising the significant benefits of sex worker involvement in health programming, from peer education, input into programme design and ensuring sex workers are aware of and engaged in feedback mechanisms for programme improvement.
- Engaging sex workers in the documentation of violence and human rights violations, either targeted towards themselves or their peers. This documentation can be used to inform sex worker communities of violent individuals, and can also be drawn on as evidence when seeking justice for crimes committed against sex workers
- Ensuring addressing violence is a key component of health programming for sex workers. Violence is in itself a risk factor for HIV, thus without addressing violence as part of a health programme, the vulnerabilities of sex workers will not be addressed and furthermore, the most immediate needs and realities of sex workers, i.e. dealing with and responding to violence will not be being met.
- Working with sex worker-led projects in the city/country to ensure accountability to sex workers and their advocacy priorities, including

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39 Sanders T. et al. (2017).

40 [http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182_eng.pdf)

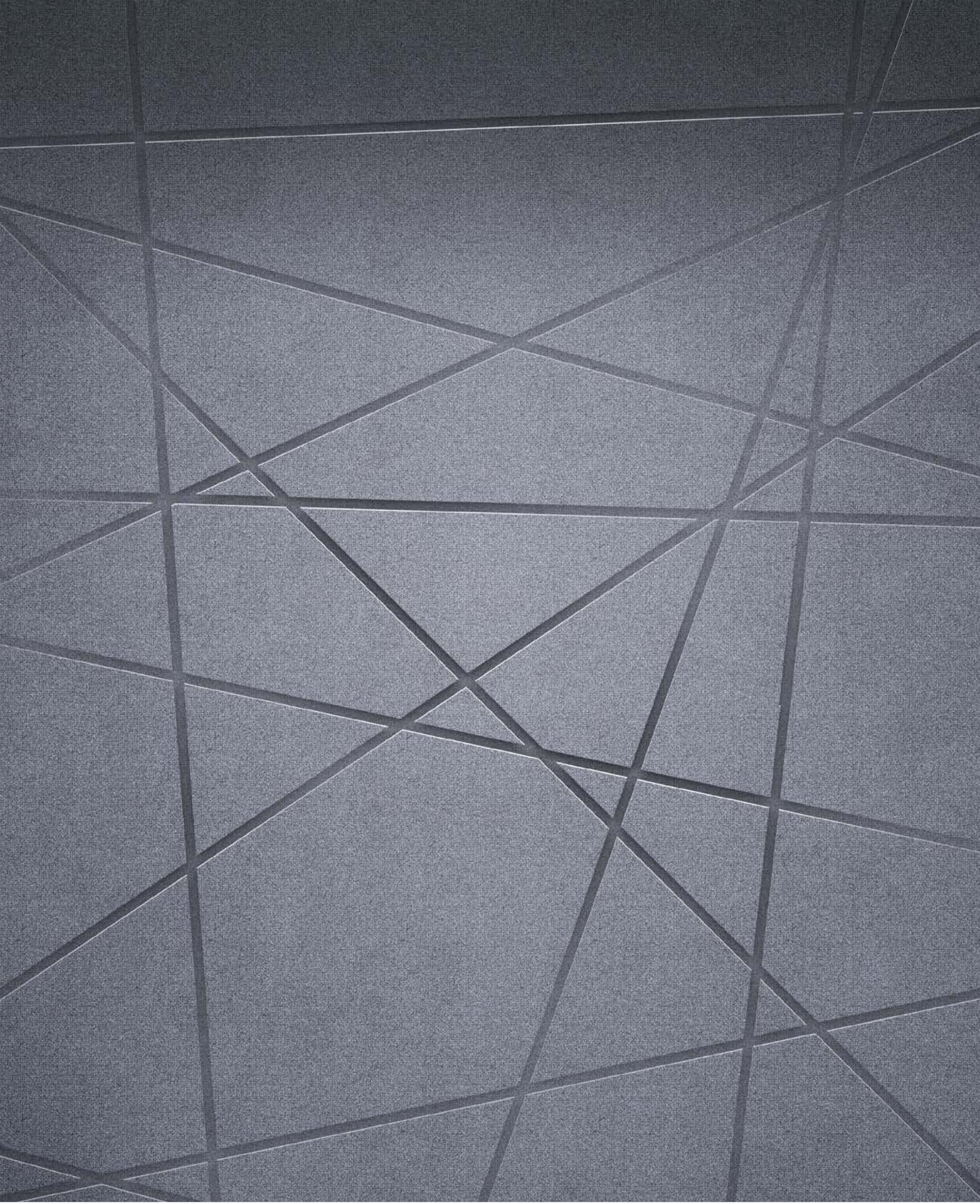
support for full decriminalisation and removal of legal oppression of sex work.

The most important document to date with regards to sex worker health programming is the Sex Worker Implementation Tool (The SWIT)<sup>41</sup>. Guidance and practical recommendations in this tool were developed in partnership with sex workers globally and should be recognised as best practice and implemented as a minimum standard in all health programmes for, with and by sex workers. More information about the SWIT can also be found in ICRSE's recent video developed in partnership with SWAN, Robert Carr Fund and UNFPA, available at: <http://www.sexworkeurope.org/news/general-news/icrse-launches-new-advocacy-video-united-we-stand-introduction-sex-worker>

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41 [http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182_eng.pdf?ua=1)





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