

THE RIGHT(S) EVIDENCE

SEX WORK, VIOLENCE AND HIV IN ASIA

A MULTI-COUNTRY QUALITATIVE STUDY



Empowered lives.
Resilient nations.



ASIA • PACIFIC
NETWORK OF
SEX WORKERS



“Human rights mean the right to live, to work, to produce something, to build the future. In my opinion, sex workers have those rights.... It’s my right to fight for them.”

MALE PARTICIPANT IN JAKARTA

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

BACKGROUND AND METHODOLOGY

In 2011, a research partnership among United Nations agencies, governments, sex worker community groups and academics was formed to address gaps in knowledge regarding the links between sex work, violence and HIV in Asia. A multicountry qualitative study, *The Rights(s) Evidence: Sex Work, Violence and HIV in Asia* (the study), was developed, with research carried out in Indonesia (Jakarta), Myanmar (Yangon), Nepal (Kathmandu)

and Sri Lanka (Colombo). The objective of the study was to better understand female, male and transgender sex workers' experiences of violence, the factors that increase or decrease their vulnerability to violence and how violence relates to risk of HIV transmission. This regional report presents an analysis of the findings from the four country sites.

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

The study used a consistent methodology in all country sites to enable an examination of common trends across diverse cultural contexts as well as the experiences unique to sex workers in different settings. In-country ethics approval was obtained in each site. The study adhered to the World Health Organization's Ethical and Safety Recommendations for Research on Domestic Violence Against Women as well as specific considerations related to male and transgender participants in the sex work environment.¹ Participants were recruited using purposive and snowball

¹ WHO, 2003.

sampling among self-identified sex workers through community organizations and sex worker networks. Semi-structured, qualitative interviews were conducted by peer interviewers who underwent comprehensive training in each country.² The peer interviewers were matched to participants by gender. The interviews were conducted in private settings, in local languages and lasted between one and three hours.

KEY FINDINGS

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

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

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

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

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

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

SEX WORKERS' EXPERIENCE OF VIOLENCE AND HIV RISK

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

Violence was experienced by all participants in all study sites.

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

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

Participants in all four countries reported that police personnel regularly extorted sex from them. Participants were coerced into unpaid sex (sexual extortion) to prevent their arrest, to secure their release from custody, in place of a monetary bribe, to avoid being beaten or abused or to prevent being exposed as a sex worker. Although

the participants did not refer to this abuse as 'rape', it was sex without free consent and often provided to avoid the custodial settings in which violence was commonly reported (sex under threat of violence)—circumstances that constitute rape under most legal definitions.

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

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

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

city’, ‘arrest vagrants’ or ‘maintain law and order’. The study found that violence in prison was particularly brutal.

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

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

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

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

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

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

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

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

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

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

participants were punished for having multiple sexual partners and sex outside of marriage, while male and transgender participants were punished for challenging masculine and heterosexual norms.

CONSEQUENCES OF AND RESPONSES TO VIOLENCE

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

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

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

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

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

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

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

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

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

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

Participants in all gender categories experienced violence, but this study is one of the first to highlight the important differences in the experiences of female, male and transgender sex workers. Female participants reported more frequent and severe incidents of intimate partner violence than the male and transgender participants. They were also at higher risk of economic and sexual violence from client procurers and owners or managers of establishments because of their gender-based social and economic vulnerability. Male and transgender participants were more likely to experience physical violence; for example, more transgender participants than female participants reported severe physical violence by police personnel during raids. Male participants experienced gang rape and more severe physical violence than female participants. The transgender participants encountered specific acts of transphobic violence, especially by police personnel, aimed at humiliating or shaming them. The transgender participants were also vulnerable to abuse by clients who did not initially realize that they were transgender.

There were some differences in the health consequences of sexual violence for female, male and transgender participants. Male and transgender participants reported bleeding, swelling, soreness and injuries to their anus and rectal lining as the result

of violence. Female participants reported experiencing unwanted pregnancies as a result of rape and, in some cases, an unsafe abortion. One woman suffered a miscarriage due to violence during her pregnancy. Many participants had to seek emergency contraception and post-exposure prophylaxis for HIV in cases of rape and gang rape in which condoms were not used. Female sex workers also reported more severe injuries from intimate partner violence.

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

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

Multiple and interconnected factors contribute to protection from or vulnerability to violence across the participants' lives.

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

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

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

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

RECOMMENDATIONS

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

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

- 1.1 Decriminalize sex work and activities associated with it, including removing criminal laws and penalties for the purchase and sale of sex, the management of sex workers, living off the earnings of sex work and other activities related to sex work.³
- 1.2 Public order laws or regulations should not be applied in ways that violate sex workers' rights.⁴

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

⁴ *ibid.*

- 1.3 Ensure the maintenance of confidentiality, especially where identity cards and other identifiers are used to 'track' sex workers by law enforcement agencies and health authorities.
- 1.4 The police practice of confiscating condoms and using possession of condoms as evidence of sex work should be eliminated.⁵
- 1.5 Ensure that national laws clearly differentiate between sex work and human trafficking; train law enforcement officials to understand and respect the distinctions to ensure that anti-trafficking efforts do not impinge on the rights of people in sex work.⁶
- 1.6 Repeal all laws that criminalize consensual sex between adults of the same sex and/or laws that punish homosexual identity.⁷
- 1.7 Ensure that transgender people are able to have their affirmed gender recognized under the law and in identification documents, without the need for prior medical procedures, such as sterilization, sex-reassignment surgery or hormonal therapy.⁸

⁵ *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (WHO, 2014).

⁶ *Risks, Rights and Health* (Global Commission on HIV and the Law, 2012).

⁷ *Risks, Rights and Health* (Global Commission on HIV and the Law, 2012); *Legal Environments, Human Rights and HIV Responses Among Men Who Have Sex with Men and Transgender People in Asia and the Pacific: An Agenda for Action* (Godwin, 2010); Economic and Social Commission for Asia and the Pacific Resolution 67/9 on the Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (ESCAP, 2011).

⁸ *ibid.*

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

- 2.1 End impunity for any act of torture, ill treatment or other human rights violation under either the International Covenant on Civil and Political Rights, which prohibits torture and cruel, inhuman or degrading treatment or punishment and calls on the State to protect an individual's right to life,⁹ or the Convention Against Torture.¹⁰ This means ending impunity for violence against sex workers, including when it is committed by police and other state officials.
- 2.2 Implement a monitoring system to ensure that all allegations and reports of violence against sex workers, including by police personnel and other state officials, are promptly and impartially investigated. All state officials responsible for abuses should be adequately disciplined.
- 2.3 Train law enforcement officials to recognize and uphold human rights, including those of sex workers; for example, by holding other police personnel who violate these rights accountable.¹¹

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

⁹ Articles 6 and 7, International Covenant on Civil and Political Rights (United Nations, 1966).

¹⁰ Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (United Nations, 1984).

¹¹ *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (WHO, 2014).

3 Strengthen sex workers' access to justice and empower them with knowledge of their rights.

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

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

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

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

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

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

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

- a strategies to prevent and respond to violence, such as referrals to services related to gender-based violence;
- b effective HIV prevention that ensures the availability of condoms and lubricant, builds social norms that encourage condom use by clients and

supports sex workers to negotiate condom use;

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

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

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

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

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

5.2 Under Economic and Social Commission for Asia and the Pacific resolutions 66/10 and 67/9, all States should call for universal access to HIV prevention, care and support.¹² And States should follow through on these commitments.

5.3 At the domestic level:

- a ensure sex workers of all genders can access affordable, acceptable and good-quality services to prevent and respond to violence,¹³ and expand other violence against women and gender-based violence programmes to include violence against sex workers;
- b ensure adequate training of medical professionals on non-discrimination and patients' rights and that sex workers of all genders can access health services without fear of discrimination and with confidence that they will be treated with dignity and respect and that their personal health data will be treated with confidentiality;

- c implement one-stop crisis centres within community-led organizations, and institute sex worker-led interventions specifically targeted to the needs of sex workers; and
- d ensure that care and support for sex workers who survive violence is, to the greatest degree possible, integrated into services for HIV prevention or care and for sexual, reproductive and mental health care.

¹² Economic and Social Commission for Asia and the Pacific Resolution 66/10 – Regional call for action to achieve universal access to HIV prevention, treatment, care and support and Resolution 67/9 on the Asia–Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (ESCAP, 2011).

¹³ In particular, persons experiencing sexual violence should have timely access to comprehensive post-rape care in accordance with the World Health Organization's 2013 clinical and policy guidelines in *Responding to Intimate Partner Violence and Sexual Violence Against Women*.

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
APNSW	Asia Pacific Network of Sex workers
CASAM	Centre for Advocacy on Stigma and Marginalization
HIV	human immunodeficiency virus
NGO	non-government organization
P4P	Partners for Prevention
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and Women's Empowerment
WHO	World Health Organization

GLOSSARY

The following definitions explain terms frequently used in this report.

CLIENT PROCURER A person who procures clients for a sex worker in exchange for a commission.

ESTABLISHMENT A place where sexual services are provided on the premises that is run by an owner and/or manager who receives a commission for the sexual services provided. The term 'brothel' is used where direct reference is made to legislation that uses the term.

GENDER The socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women.¹⁴

GENDER IDENTITY An individual's deeply held sense of their own gender.

HOTEL A place (also called lodge or guesthouse) where sex workers take clients to provide sexual services; rooms are rented, but no commission from sexual services is paid.

IMPUNITY Exemption from punishment or freedom from the injurious consequences of an action. In this report, impunity is usually discussed in relation to the lack of legal consequences faced by those who perpetrate violence against sex workers.

INTIMATE PARTNER Someone with whom a person is (or was) in an intimate relationship identified as a couple. For example, husband, wife, boyfriend or girlfriend or non-commercial sexual partner, regardless of sex or gender.

INTIMATE PARTNER VIOLENCE Physical, sexual, economic or emotional abuse by a current or former intimate partner. It can occur within heterosexual or same-sex relationships and does not require sexual relations.

KEY INFORMANT Stakeholders who were selected for interview because of their knowledge about the sex worker community, violence and HIV in the relevant contexts.

MANAGER Refers to a manager of an establishment, unless otherwise stated.

OWNER The owner of an establishment, unless otherwise stated.

OUTCALL SEX WORK Arranging sexual service through remote contact with clients, such as via the Internet or by mobile phone.

POLICE The terms 'police' or 'police personnel' are used broadly in this study to refer to law enforcement officers or wherever the term was used by participants. Law enforcement is conducted by a range of public officials in the four study sites; police or police personnel may refer to different arms of a country's police force, such as local, federal and civil, and potentially includes detention staff working

¹⁴ WHO, 2014.

at police stations whom participants did not differentiate from police officers.

SEX The biological and physiological characteristics that define men and women.¹⁵

SEXUAL ORIENTATION Describes an individual's enduring physical, romantic and/or emotional attraction to another person.¹⁶

SEX WORKER Female, male and transgender adults who receive money or goods in exchange for sexual services, either regularly or occasionally. All participants in this report self-identified as sex workers.

THUGS This term was chosen as the best English translation of terms used across the study sites to refer to individuals who commonly used violence, often in the course of committing other crimes, such as theft or extortion.¹⁷

TORTURE Unless specified otherwise, the term torture is used in accordance with its ordinary meaning: the act of inflicting great physical pain or mental suffering.

TRANSGENDER People whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth.¹⁸

VENUE A place where clients are sought but sexual services are not necessarily provided. For example, beer stalls, informal cafes, cinema complexes and street locations, including parks.

DEFINITION OF TYPES OF VIOLENCE (SEE TABLE 4 FOR MORE DETAIL)

ECONOMIC VIOLENCE Denying or reducing economic remuneration for sexual services and/or access to and control over financial resources. In many cases in this study, this overlaps with sexual violence.

EMOTIONAL VIOLENCE Any act, or threat of act, or coercive tactics that cause trauma or damage the self-esteem, identity or development of an individual.

PHYSICAL VIOLENCE The intentional use of physical force or physical deprivation, with the potential for causing harm, injury or death.

SEXUAL VIOLENCE Any sexual act or attempt to obtain a sexual act that uses force or coercion against a person's will.

RAPE Non-consensual vaginal, anal or oral penetration with a penis, other body part or object, including through the use of physical violence and by putting a person in a situation in which they cannot say no or they comply out of fear.¹⁹

¹⁵ WHO, 2014.

¹⁶ Gay and Lesbian Alliance Against Defamation, 2014.

¹⁷ The term has Sanskrit origins and was therefore recognizable to participants in some sites.

¹⁸ APCOM, 2006.

¹⁹ See the *Guidelines for Producing Statistics on Violence against Women* (UN Statistics Division, 2013).



Sex workers experience extreme physical, sexual, emotional and economic violence at work, in health care and custodial settings, in their neighbourhoods and in their homes.²⁰ This violence denies sex workers their fundamental human rights—to equal protection under the law; protection against torture, cruel, inhuman and degrading treatment; and their right to the highest attainable standard of physical and mental health. Violence also contributes to HIV risk, a risk that in the Asia region is disproportionately borne by certain populations.²¹

In Asia, the epidemic is concentrated among key populations, including sex workers, men who have sex with men, transgender people and people who inject drugs.²² A 2014 global systematic review found that female sex workers in low- and middle-income countries were 13.5 times more likely to acquire HIV than the general adult female population.²³ In the Asia-Pacific region, this likelihood is 29 times higher for female sex workers, compared with all adult women in the region.²⁴ Data on male and transgender sex workers are scarce, but where available, they reveal high HIV prevalence. In 2012, 18 percent of male sex workers in Indonesia

and Thailand were living with HIV.²⁵ In Jakarta, 31 percent of transgender sex workers were HIV-positive, according to the 2012 data, while prevalence was 19 percent in Maharashtra State in India.

Realizing the human rights of female, male and transgender sex workers requires an understanding of the intersecting factors that affect their safety and their protection from violence and the need for evidence-based action to address the causes.²⁶ This regional study brings together evidence from four Asian countries (Indonesia, Myanmar, Nepal and Sri Lanka) to make practical recommendations for law, policy and service reform.

1.1 BACKGROUND AND LITERATURE

Sex workers endure a disproportionate burden of violence in both their work and personal lives.²⁷ An expanding body of literature suggests that they experience frequent and severe incidents of violence, including rape and gang rape.²⁸ They experience a range of specific abuse and discrimination, such as forcible and coercive HIV testing,²⁹ persecution and arrest for carrying condoms, violence

20 Decker and others, 2013b, p. 876, 1; Beattie and others, 2010, p. 476; Decker and others, 2012, pp. 278–283; Reed and others, 2010, pp. 81–89; Swain and others, 2011, p. 357.

21 UNAIDS, 2013.

22 *ibid.*

23 UNAIDS, 2014.

24 Baral and others, 2012.

25 National AIDS Control Organization, 2012 reported in UNAIDS, 2013.

26 Decker and others, 2013b.

27 Decker and others, 2013b, pp. 876, 1; Beattie and others, 2010, p. 476; Decker and others, 2012, pp. 278–283; Reed and others, 2010, pp. 81–89; Swain and others, 2011, p. 357.

28 Crago, 2009; Mayhew and others, 2009, pp. ii, 31–36; Decker and others, 2012, pp. 278–83; Rhodes and others, 2008, pp. 811; Infante, Sosa-Rubi and Cuadra, 2009, pp. 125–137.

29 Jeffreys, Fawkes and Stardust, 2012, pp. 203–211.

during arrests or raids, forced rehabilitation and detention³⁰ and discrimination in accessing the criminal justice system and health care.³¹

The link between gender-based violence and HIV risk is also firmly established³² and has been examined in the context of sex work.³³ However, research has only recently begun to examine violence against sex workers in the context of a wider risk environment, including the risk implications associated with different perpetrators and the relationship between disclosure of violence and the protective role of collectivization.³⁴ Data on male and transgender sex workers are also sparse. Male and transgender sex workers have so far received little focus in global policy and programming, in part because of inadequate attention to the defining role of gender in sex workers' lives—an approach still absent from most discussions of sex workers' rights.

There is a vital need to know more about the nature of the violence that sex workers experience, both inside and outside of sex work, the types of perpetrators, the environments in which violence takes place and the roles that disclosure and reporting of violence have in access to justice, support

and services. Understanding these factors is essential to developing policies and programmes that work towards preventing and responding to violence against sex workers and reducing their HIV risk.³⁵ The gendered dimensions of female, male and transgender sex workers' experiences must be at the centre of this process.

1.2 OBJECTIVES OF THE STUDY

In 2011, United Nations agencies, government, sex worker community groups and academics came together to address gaps in knowledge on the links among sex work, violence and HIV in Asia. They developed this multi-country study, *The Rights(s) Evidence: Sex Work, Violence and HIV in Asia* (hereafter referred to as 'the study'), to better understand female, male and transgender sex workers' experiences of violence, both inside and outside of sex work; how violence relates to risk of transmission of HIV and to explore the factors that increase and reduce exposure to violence. The research was designed to inform policies and programmes to prevent and respond effectively to HIV risk and violence against female, male and transgender sex workers across the Asia region. This report presents the findings from the multi-country study.

30 Open Society Foundation Sexual Health and Rights Project, 2012; Human Rights Watch, 2010.

31 UNAIDS (2014) and Decker and others (2014) address human rights violations against sex workers.

32 Decker and others, 2013a, pp. 122–132; Baral and others, 2012; Decker and others, 2010, pp. 236–240; Deering and others, 2013a, pp. 168–174.

33 Ulibarri, 2011; Decker and others, 2014; WHO, 2013.

34 Decker and others, 2013b.

35 *ibid.*

The specific objectives of the study were to better understand:

- the sex work context in each study location, the range of services provided by sex workers and the profile of clients;
- sex workers' experiences of violence, both inside and outside of sex work, including the types of violence, the perpetrators of violence and the contexts in which violence occurs;
- the consequences of violence, including the impact on HIV risk;
- how sex workers respond to violence, negotiate safety and seek services;
- differences and similarities in the experiences and needs of female, male and transgender sex workers; and
- sex workers' knowledge of their rights and their experiences of law enforcement practices and seeking redress for violence.

Data were collected in four countries: Indonesia, Myanmar, Nepal and Sri Lanka. Two South Asian and two South-East Asian countries were selected to allow comparison at both the regional and sub-regional level. The study used a consistent methodology in all sites to enable an examination of common trends across diverse cultural contexts as well as the unique experiences of sex workers in different settings. The regional approach of this study has provided both a broad and

nuanced picture of sex work and violence in the Asia region, beyond what could have been gained from a collation of four separate country studies. Commonalities in the findings across sites indicate that the conclusions and recommendations can guide collective action in countries throughout the region.

1.3 RESEARCH PARTNERSHIPS

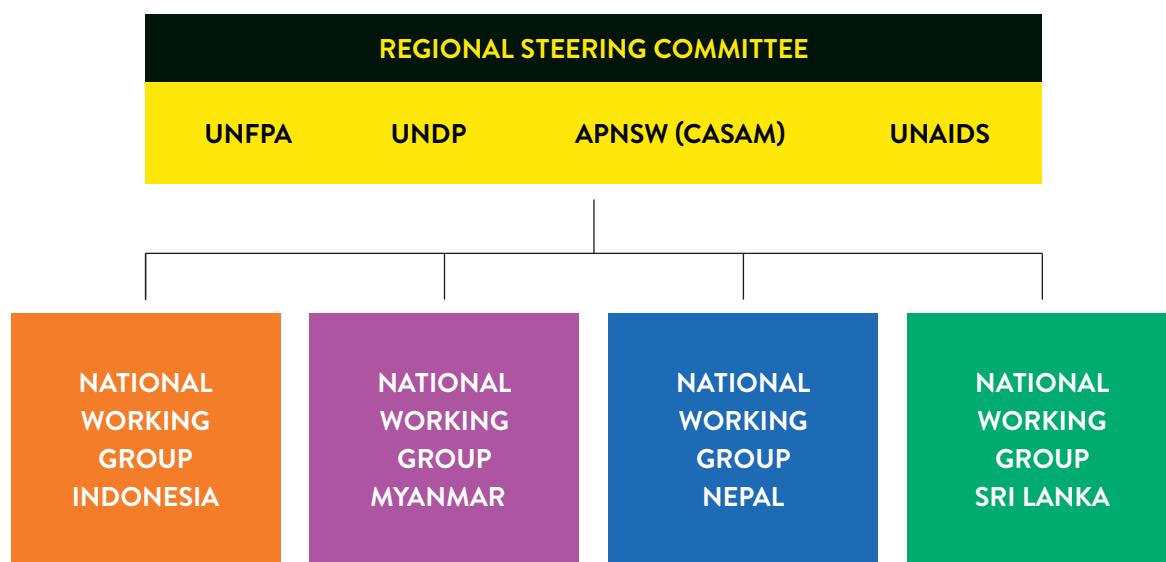
This research is the result of partnerships at the regional and country levels involving United Nations agencies, government agencies, NGOs, sex worker collectives and academic and research institutions. The Regional Steering Committee for the project comprised members of the United Nations Population Fund (UNFPA) Asia and Pacific Regional Office, the United Nations Development Programme (UNDP) Asia-Pacific Regional Centre, the Asia Pacific Network of Sex Workers (APNSW) through their partner, the Centre for Advocacy on Stigma and Marginalization (CASAM),³⁶ the UNAIDS Regional Support Team for Asia and the Pacific and Partners for Prevention (P4P).³⁷ All organizations brought significant expertise to the research and a deep commitment to protecting human rights, confronting gender-based violence, building networks and alliances and

³⁶ CASAM is a project of Sampada Grameen Mahila Sanstha (SANGRAM, India).

³⁷ Partners for Prevention is a UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific and was involved from the project's inception in November 2011 until November 2013.

FIGURE 1

PROJECT PARTNERSHIPS



preventing and addressing the impact of HIV and AIDS. The Regional Steering Committee provided overall strategic and technical oversight and management for the project.

National Working Groups were established in each country to coordinate and support the country studies (figure 1). The Working Groups encompassed representatives from government, including national AIDS bodies, the police and ministries of health; UN agency country offices (including UNFPA, UNDP and UNAIDS); and relevant NGOs. The Working Groups contributed to the validation of findings and the development of recommendations at both the national and regional levels.

In each country, the research was managed by two lead researchers selected by the National Working Group. In two countries they were supported by a lead peer researcher from the sex worker community.

1.4 CONCEPTUAL FRAMEWORK

This report is based on in-depth qualitative interviews with individual sex workers and key informants. The overall study design and analysis are grounded in the normative framework of human rights. The study adopted a rights-based approach, locating sex workers and their communities at the centre of the research ('nothing about us without us'). Sex worker communities were involved in all stages of the research, and

FIGURE 2

GUIDING PRINCIPLES OF THE STUDY



their safety and well-being were treated as paramount in all research decisions. To apply this approach, guiding principles were developed that relate to community empowerment, respect, transparency, research and alliances for change (figure 2).

One of the conceptual pillars in this study is the understanding that providing sexual services is work; this perspective is consistent with the International Labour Organization's Code of Practice on HIV/AIDS and the World of Work.³⁸ At the heart of the research is a commitment to understand the experiences of sex workers, not through the lens of their work alone but as people—parents, partners and community members. In adopting this approach, this study understood sex workers as worthy of the rights borne by all human beings. The basic rights under international human rights instruments are highlighted in box 1.

This research positions violence against sex workers within the broader framework of gender-based violence. Gender-based violence is understood to be a manifestation of unequal gender relations and rigid and harmful notions of masculinity and femininity.³⁹ Persons of any gender can be subject to gender-based violence. In looking at the experiences of female, male

and transgender sex workers separately, this research drew considerably from scholarly work on gender and how the construction of femininities and masculinities and the social role and expectations ascribed to boys, men, girls and women influence experiences of violence. This study also drew on feminist scholarship that identifies the control of women's sexuality and gender inequality as vital to sustaining patriarchy.⁴⁰ The study was further informed by scholarship on sexuality, theories of sexual violence and literature on heteronormativity and attitudes towards homosexuality and transgender identity.⁴¹ While gender inequality, power and patriarchy may be understood as the root causes of gender-based violence, the latest evidence indicates that such violence is associated with a complex array of factors operating at various levels (figure 7).⁴²

Finally, the study and data analysis align with the recognized synergy between the protection of human rights and public health outcomes. The rate of HIV infections is disproportionately high among people who experience human rights violations, including sex workers. The HIV response globally has made abundantly clear that the realization of human rights is essential for effective responses to HIV.⁴³

38 Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200); see the International Labour Conference 13 Provisional Record 99th Session, Geneva, 2010, which confirmed that sex workers are covered by paragraphs 2(a) on the definition of workers and 2(b) on all sectors of economic activity, including the private and public sectors and the formal and informal economies.

39 O'Toole, Schiffman and Edwards, 2007; Alder, 1992, pp. 267–276; Edström, Das and Dolan, 2014.

40 Connell, 1987; Walby, 1989, 213–234; Adkins, 2002; Rubin, 1992, pp. 267–293; Cooper, 1995; Kadambarami, 2006.

41 Heteronormativity is a viewpoint reiterated by media, law, education, popular culture, society in general that assumes heterosexuality as a given instead of one of many possibilities. This assumption is harmful to those who do not fit within its boundaries. For more details, see: <http://civilliberty.about.com/od/gendersexuality/g/heteronormative.htm>

42 Heise, 1998, p. 262; WHO and London School of Health and Tropical Medicine, 2010.

43 Beyrer and others, 2014.

1.5 CONTEXT OF STUDY SITES

The study on sex workers, violence and HIV was conducted in four sites, all current or former capital cities in Asia. This section presents contextual information on historical,

demographic and economic information; the HIV epidemic in each country; and domestic legal contexts. Information in this section is drawn from existing sources.

TABLE 1

HISTORY, POPULATION AND ECONOMY

INDONESIA

INDONESIA is an archipelago of more than 17,000 islands in the South-East Asia and Oceania region. The fourth-most populous country in the world, with 252 million people, Indonesia is ethnically and linguistically diverse. The majority of its population is Muslim, but there are significant Christian, Buddhist and Hindu communities. A process of democratization began in 1998, which involved extensive decentralization of administration and law-making to local provinces. The country faces challenges of natural disasters, regional inequities, high unemployment, separatist conflicts in the Aceh and Papua provinces and poverty; 11.7 percent of the population live below the poverty line.

Jakarta is the capital and largest city in Indonesia. It is the economic, cultural and political centre. With a population of more than 10 million, it is the most populated city in South-East Asia.¹

MYANMAR

MYANMAR has an estimated population 51.4 million,² consisting of ethnic groups speaking over 100 languages and dialects. The population is predominantly Buddhist, but several other religions are practised, including Islam and Christianity. Although resource-rich, poverty is marked. Myanmar ranks 150 of 187 countries on the Human Development Index.³ Myanmar is at a historic stage in its development; the President has set out a reform agenda focusing on good governance and fundamental rights. Ceasefire agreements in conflict areas, relaxation of media censorship and reforms in the financial sector have led to increasing engagement with the international community.

Yangon, formerly known as Rangoon, is the former capital of Myanmar and still the country's largest city and the most important commercial centre, with a population of more than 5 million.

NEPAL

NEPAL is a small landlocked mountainous country that endured armed conflict for more than a decade. The war ended in 2006, and the country is now on a path to democracy and in the process of writing a new Constitution. Nepal's population of approximately 27 million people consists of 125 ethnic groups who speak a total of 123 languages. Around 81 percent of Nepalese people are Hindu; minority religions include Buddhism, Islam and Kirant. Only 17 percent of the population lives in urban areas, and almost a quarter of the population lives below the poverty line. Economic migration from Nepal is widespread, with nearly 56 percent of all households receiving remittances from abroad in 2010–2011.⁴

Kathmandu is the capital of Nepal and is located in a valley that is densely populated with more than 2.5 million inhabitants.

SRI LANKA

SRI LANKA stands out in the South Asian region for its near total literacy and accessible health care system. Yet the country has uneven regional development and marginalized populations who have experienced the brunt of the long-running civil war, including a large number of internally displaced people, that began in the 1980s between the Government and the separatist Liberation Tigers of Tamil Eelam (LTTE). In 2009, large-scale military action by the Government marked the end of the war, but also the death and displacement of thousands of people. The country is now in a stage of recovery from the impact of three decades of conflict; economic growth is picking up slowly and reported to be 8 percent in 2010. The country is prone to natural disasters, such as floods and tsunamis.

Colombo is the largest city in Sri Lanka, with a population of nearly 5 million people.

Sources: Unless stated otherwise, all details taken from CIA, 2014; Indonesia: 1 World Population Review, 2014. Available from <http://worldpopulationreview.com/world-cities/jakarta-population/>; Myanmar: 2 UNFPA: "First census results reveal Myanmar's population size to be 51.4 million", 30 August 2014. Available from http://countryoffice.unfpa.org/myanmar/2014/09/16/10550/first_census_results_reveal_myanmar_rsquo_s_population_size_to_be_51_4_million/ (accessed 9 December 2014); 3 See http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/MMR.pdf. Nepal: 4 Nepal Living Standards Survey III (Central Bureau of Statistics, March 2012).

TABLE 2

HIV EPIDEMIC

The HIV epidemics in all study countries are concentrated among key populations at higher risk of HIV, including men who have sex with men, transgender people, people who inject drugs and sex workers.

INDONESIA

Indonesia has one of the fastest-growing HIV epidemics in Asia, with a generalized epidemic in the provinces of Papua and West Papua.¹ It is the only country in this study in which new infection rates are rising.² Prevalence is 7 percent among female sex workers, 18.3 percent among male sex workers, and 30.8 percent among transgender persons in Jakarta.³

MYANMAR

New infections of HIV in Myanmar are falling.⁴ Prevalence is 8.1 percent among female sex workers and 10.4 percent among men who have sex with men.⁵ There are no data on male and transgender sex workers.

NEPAL

In 2011, HIV prevalence among adults aged 15–49 years was 0.23 percent, although the national estimates showed HIV prevalence at 8.7 percent among male sex workers as per the IBBS 2012, 1.7 percent among female sex workers (IBBS 2011, in Kathmandu Valley) and 4.4 percent among clients of female sex workers.⁶

SRI LANKA

Sri Lanka has a low-level HIV epidemic, with fewer than 500 new infections recorded in 2012.⁷ The estimated national and Colombo-specific HIV prevalence among female sex workers is 0.2 percent. The national prevalence among men who have sex with men is 0.9 percent, but it is higher in Colombo, at 1.9 percent.⁸

Sources: 1, 2 Indonesia country profile, 2013 (HIV and AIDS Data Hub for Asia Pacific, 2014); 3 See the 'Overview in slides' at Indonesia country profile, based on Ministry of Health: Integrated Biological and Behavioural Survey, 2011 (HIV and AIDS Data Hub for Asia Pacific, 2014); 4 Myanmar country profile, 2013 (HIV and AIDS Data Hub for Asia Pacific, 2014); 5 Myanmar: HIV Sentinel Sero-Surveillance Survey Report, 2012 (National AIDS Programme, 2013); 6 Nepal Country Progress Report 2012 (National Center for AIDS and STD Control, 2012); 7, 8 Report of the 2011 Survey: HIV Sentinel Sero-Surveillance Survey in Sri Lanka (National STD/AIDS Control Programme, 2012); Sri Lanka country profile, 2013 (HIV and AIDS Data Hub for Asia Pacific, 2014).

FIGURE 3

LAW, POLICY AND LAW ENFORCEMENT APPROACHES THAT AFFECT SEX WORKERS



DOMESTIC LEGAL ENVIRONMENTS

Laws in all four study sites directly criminalize aspects of sex work, such as soliciting or operating a brothel. The criminalization of other activities, such as same-sex sexual acts and public order offences that make no direct reference to sex work, also have the effect of indirectly criminalizing sex work (figure 3). Where same-sex sexual acts are criminalized, sex workers cannot provide sexual services to same-sex clients. Public order offences, including loitering, public decency and vagrancy, are used to target street-based sex work in all study sites, even those where soliciting is not criminalized (see table 3 for a comparison laws in the four countries).

Confiscation of condoms as evidence of sex work is reported in a number of Asian countries, including all four study sites.⁴⁴ Police confiscation of condoms as evidence of sex work has implications for all individuals seeking to protect themselves against HIV and other sexually transmitted infections (STIs).

All four countries have introduced anti-trafficking legislation in response to the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime, 2000.⁴⁵ Domestic

44 Godwin, 2012, p. 2.

45 UN General Assembly, Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime, 15 November 2000.

interpretations vary, and research has shown that definitional ambiguities in anti-trafficking laws and law enforcement practices often result in anti-trafficking efforts focused on the eradication of the sex industry, culminating in raids on sex work premises that affect the rights of sex workers who have not been trafficked.⁴⁶

INDONESIA

The Indonesian legal context is particularly complex, with sex work governed by sometimes conflicting laws at the national, municipal, provincial and local levels. Indonesia has no national legislation prohibiting sex work in private, soliciting or brothels.⁴⁷ The Penal Code, however, creates vagrancy offences that are used by police as a basis for targeting street-based sex workers for extortion.⁴⁸ Participants in the Indonesian study come under the jurisdiction of both the Penal Code and the public order regulations that apply in the capital city district.⁴⁹ Local laws in some conservative Islamic districts prohibit all forms of sex work,⁵⁰ although many municipal, provincial and local governments have introduced regulations that allow sex work in establishment complexes with the approval of officials.⁵¹

46 Global Alliance Against Traffic in Women, 2007, pp. 5, 8, 13, 16–17; Empower, 2012; UNODC, 2014.

47 Articles 296, 297 and 506 of the Penal Code targets managers and others who profit from the work of sex workers by prohibiting the facilitation of obscenity by others as a livelihood, trading in women and living on the earnings of a female sex worker (Godwin, 2012, p.126).

48 Article 505 of the Penal Code.

49 DKI Jakarta Regional Regulation No. 8, 2007 Regarding Public Order.

50 Godwin, 2012, p. 128.

51 *ibid.*

TABLE 3

LAWS THAT IMPACT THE LEGALITY OF SEX WORK

Elements of sex work that are criminalized and laws that are used to target sex workers	INDONESIA	MYANMAR	NEPAL	SRI LANKA
Brothels	Not illegal*	Illegal	Illegal**	Illegal
Soliciting in public	Not illegal	Illegal	Illegal	Illegal
Sex work in private	Not illegal	Illegal	Not illegal***	Not illegal
Public order laws	Used to target sex work	Used to target sex work	Used to target sex work	Used to target sex work
Male-to-male sex	Legal****	Illegal	Legal*****	Illegal

Note: **Not illegal” means generally not prohibited but exceptions apply ** Although there is no specific offence of brothel keeping or owning and operating a brothel in Nepal, the Human Trafficking and Transportation (Control) Act 2007 contains provisions for seizure of houses and land used in the commission of offences under that Act (section 18) including the offence of purchase of sex. *** Engaging the services of a sex worker is an offence under the Human Trafficking and Transportation Control Act 2007 (section 15(d)). ****Except in Aceh Province. *****Male-to-male sex was effectively decriminalized following the 2007 case Sunil Babu Pant and others v Nepal Government and others (NJA Law Journal, 2008, pp. 261–286); see also discussion in Godwin, 2010, pp. 33–34, 37, 40–41, 66.

Sources: Godwin, 2012; Godwin, 2010. Note: The classifications of laws differ from similar tables included in those publications as this table seeks to identify all laws relating to sex work, not just those that impose penalties on sex workers.

Such regulations, including provisions forcing sex workers to be tested for HIV, are enforced in Jakarta.⁵² Confiscation of condoms as evidence of sex work is also reported in Indonesia.⁵³ Same-sex sexual acts are legal in Indonesia (excluding South Sumatra and Aceh Provinces).⁵⁴

MYANMAR

Brothels, soliciting and sex work in private are all illegal in Myanmar.⁵⁵ Soliciting is punishable by heavy penalties, including imprisonment for one to three years, although female sex workers may be detained in a “prescribed centre”.⁵⁶ In practice, however, police and local authorities license brothels based in guesthouses in exchange for annual fees, which also buy warning of police raids.⁵⁷ In 2000, the Government issued an Administrative Order directing police not to use the confiscation of condoms as evidence of sex work, but police compliance with the order has been inconsistent.⁵⁸ Sex workers are also prosecuted under public order offences, including public nuisance provisions under the Penal Code and the loitering provision under the Rangoon Police Act, 1899.⁵⁹ Sodomy is an offence under section 377 of the Penal Code, 1860.⁶⁰

52 IDLO, 2010, p. 4.

53 Godwin, 2012, p. 2.

54 Godwin, 2010, p. 66.

55 See Suppression of Prostitution Act, 1949 (Godwin, 2012, p. 141).

56 See Suppression of Prostitution Act, 1949, section 3 (Godwin, 2012).

57 Godwin, 2012, p. 142.

58 *ibid.*, p. 144.

59 Penal Code, section 268, Rangoon Police Act, 1899, section 30.

60 Godwin, 2010, p. 71.

NEPAL

Although soliciting is prohibited in Nepal, the legal status of sex work in private and through sex work establishments is less clear.⁶¹ There is no law specifically prohibiting sex work in private or keeping or owning and operating a brothel, although the Human Trafficking and Transportation (Control) Act, 2007 contains provisions for seizure of houses and land used in the commission of offences under that Act (section 18), including the offence of “purchase of sex” (section 15(d)).⁶² Provisions under the Act are broadly phrased, leaving scope for application to sex workers providing services in private or establishments. Consultations with sex workers and the Forum for Women Law and Development (Nepal) in 2011, however, revealed that penalties under the Act are only applied to clients, not sex workers.⁶³

A number of countries have introduced this approach over the past decade, criminalizing clients with the intention of reducing the demand for sex work.⁶⁴ Research, however, indicates that this approach forces sex workers into less visible work settings associated with greater risks rather than reducing sex work.⁶⁵

61 Godwin, 2012, p. 76.

62 *ibid.*, p. 44, 76.

63 *ibid.*, p. 76.

64 This approach is sometimes known as the ‘Nordic’ or ‘Swedish’ model, which was first introduced in Sweden in 1999 and later adopted in Finland, Iceland and Norway.

65 See Canadian HIV/AIDS Legal Network, 2013; and Kilvington and others, 2001, p. 97.

In 2002, the Supreme Court recognized the constitutional rights of sex workers, finding that “prostitution is a profession or occupation irrespective of whether or not it is illegal” and that sex workers are entitled to equal protection under the criminal law.⁶⁶ The Supreme Court declared that laws imposing a lesser sentence for rape of a sex worker were unconstitutional. Sex workers still can be prosecuted under legislation dealing with obscenity or disturbing the peace, and police personnel are reported to use possession of condoms as evidence of sex work. A 2008 decision of the Supreme Court effectively decriminalized male-to-male sex. The court found that article 16 of the Criminal Code, which prohibits “unnatural sex”, did not apply to male-to-male sex because the constitutional right to privacy applies equally to heterosexual and homosexual people and people of the “third gender”.⁶⁷

SRI LANKA

Brothels and soliciting are similarly illegal in Sri Lanka, although sex work in private is not prohibited by any law.⁶⁸ Soliciting is punishable by up to six months’ imprisonment and a fine in the first instance; repeat male offenders may

66 See Sapana P. Malla for FWLD v. HMG/Nepal (Nepal Supreme Court, 2002, pp. 144–151); also see discussion in Godwin, 2012, p.76

67 See Sunil Babu Pant and others v Nepal Government and others (NJA Law Journal, 2008, pp. 261–286); also see discussion in Godwin, 2010, pp. 33–34, 37, 40–41, 66.

68 Godwin, 2012, p. 85.

face corporal punishment by whipping and female offenders can be sent to either a detention home or prison.⁶⁹ Sex workers are also prosecuted under the Vagrants Ordinance, penalties for which can include imprisonment, a fine or corporal punishment.⁷⁰ Sex workers report confiscation of condoms by police personnel as evidence of sex work.⁷¹ Male-to-male sex is illegal under the Penal Code, and penalties for “carnal intercourse against nature” can exceed 10 years’ imprisonment.⁷²

A note on laws relating to gender identity: Although it is clear from the findings of this study that the absence of laws protecting or recognizing transgender identity affects the ability of transgender sex workers to work safely,⁷³ none of the four countries criminalize transgender identity or ‘cross-dressing’.⁷⁴ The Supreme Court of Nepal has recognized a ‘third gender’ and the right to legal equality regardless of gender identity under its Constitution, but implementation of the decision has been limited.⁷⁵

69 *ibid.*, p. 86.

70 Vagrants Ordinance, section 3–5 (Godwin, 2012).

71 *ibid.*, p. 2

72 Article 365, Penal Code. Same-sex sexual acts can also be punished as “gross indecency” under article 365A by a fine or imprisonment for up to two years (Godwin, 2010, p. 23).

73 Godwin, 2010, pp. 77, 129.

74 Criminalized in Afghanistan, Malaysia, Tonga and Samoa (Godwin, 2010, p. 11).

75 See Sunil Babu Pant and others v Nepal Government and others (NJA Law Journal, 2008, pp. 261–286); also see discussion in Godwin, 2010, pp. 33–34, 37, 40–41.

THE INTERNATIONAL HUMAN RIGHTS FRAMEWORK

In adopting a rights-based approach, this study grounds itself in the normative framework of international human rights and is written from the perspective that domestic laws should promote the realization of these rights. The following rights are particularly relevant in the context of this study.

The right to the highest attainable standard of physical and mental health¹

The right to the highest attainable standard of physical and mental health requires States to take steps to achieve the full realization of that right, including through:

- the prevention, treatment and control of epidemic, endemic, occupational and other diseases; and
- the creation of conditions that would assure access to all medical service and medical attention in the event of sickness.

Rights against torture

The International Covenant on Civil and Political Rights states that “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”.²

Significantly, rape is recognized as a form of torture.³

The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment specifically addresses torture attributable to the State, defining torture for the purposes of the Convention as “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions”.⁴

Participants in this study described some incidents of violence as ‘torture’. Although these experiences may have constituted torture under the International Covenant on Civil and Political Rights or the Convention Against Torture, unless otherwise specified, this study uses the term ‘torture’ in accordance with its

¹ Article 12, UN General Assembly, International Covenant on Economic, Social and Cultural Rights, 16 December 1966, United Nations, *Treaty Series*, vol. 993, p. 3.

² Article 7, UN General Assembly, International Covenant on Civil and Political Rights, 16 December 1966, United Nations, *Treaty Series*, vol. 999, p. 171.

³ Security Council Resolution 1820 (2008) on Women and Peace and Security.

⁴ UN General Assembly, Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 10 December 1984, United Nations, *Treaty Series*, vol. 1465, p. 85.

common meaning: the act of inflicting great physical pain or mental suffering.

Rights against arbitrary arrest, to humane treatment in custody and to a fair trial

Article 14 of the International Covenant on Civil and Political Rights sets out the right to a fair trial. Article 10 requires that “all persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person”. Article 9 sets out the right to liberty, including:

- rights against arbitrary arrest or detention;
- the right to be informed of the reasons for arrest and any charges;
- the right to appear before a court so that the court can order a person’s release if their detention is not lawful.

The right to work⁵

The International Covenant on Economic, Social and Cultural Rights includes “the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts”. States parties to the Covenant commit to take steps to ensure the full realization of this right, including “full and productive employment under conditions safeguarding fundamental

political and economic freedoms to the individual”.

Additionally, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) article 11 sets out “The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training.” Article 11 also includes: “The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction”.⁶

The right to equal protection under the law⁷

The International Covenant on Civil and Political Rights specifies: “All persons are equal before the law and are entitled without discrimination to the equal protection of the law”.

International human rights instruments recognize the obligation of States to guarantee those rights. In becoming a member of an international covenant or convention, a State undertakes to ensure the equal rights of all people within its jurisdiction to enjoy the rights set out within that instrument.

5 Article 6, International Covenant on Economic, Social and Cultural Rights.

6 UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979, United Nations, *Treaty Series*, vol. 1249, p. 13.

7 Article 26, International Covenant on Civil and Political Rights.

A GUIDE TO READING THIS REPORT

This regional report presents an analysis of the overall findings from the four country studies, drawing out distinct patterns. The country-specific findings and recommendations were shared with the National Working Group in each country.

At the beginning of each chapter that presents findings is a box of 'key findings', and at the end of each chapter is another box discussing similarities and differences across the three gender categories. Throughout the report, quotes from the study participants, infographics and text boxes are used to highlight important findings and themes. Terms are defined in the glossary and in table 4, which explains in detail the types of violence described in the study.

The number of participants who reported certain experiences is reported at times (such as 43 of 123) to give a sense of the scale of certain issues. Percentages are not used to describe findings because the study is qualitative (it provides in-depth information rather than prevalence), and the sample is not statistically representative of national sex worker populations. In other cases, specific terms are used to provide a sense of the commonality or extent of particular findings: 'vast majority' refers to more than three quarters of the sample; 'most' or 'majority' refers to more than half of the sample; 'many' refers to a sizeable minority, more than a third; 'a number' refers to a quarter or more of the sample, and 'several' or 'a few' is used for three or more participants, up to a quarter.

All names have been changed for reasons of confidentiality.



The study comprised 123 in-depth qualitative interviews with female, male and transgender sex workers, which were conducted by trained peer sex workers, and 41 key informant interviews,⁷⁶ which were conducted by the lead researchers. Data collection was carried out between 2012 and 2013.

2.1 STUDY LOCATIONS

The study was carried out in two cities in South-East Asia and two cities in South Asia: Jakarta, Indonesia; Yangon, Myanmar; Kathmandu, Nepal; and Colombo, Sri Lanka.⁷⁷ These sites were selected as countries with a low availability of data on violence against sex workers, significant community networks of sex workers and the potential for developing strong multisector HIV and gender-based violence policies and programmes. Local support for the study and the presence of organizations to conduct the research also informed final country selection. The capital/largest city of each country⁷⁸ was selected as a research site for several reasons:

- comparability of findings across countries;
- large-scale in-migration from other parts of the country—these cities tend to have the greatest concentration of sex workers;

76 Nine key informant interviews were conducted in Indonesia, 11 each in Myanmar and Nepal and 10 in Sri Lanka.

77 Limited financial and human resources did not allow the inclusion of the Pacific, despite the demand.

78 Yangon is the former capital of Myanmar.

- availability of NGOs and sex worker collectives with access to networks and individuals who could participate in the research, both as interviewers and participants; and
- potential for collaboration with other stakeholders, such as government counterparts, universities and academics, to advise on the project and oversee the ethical considerations.

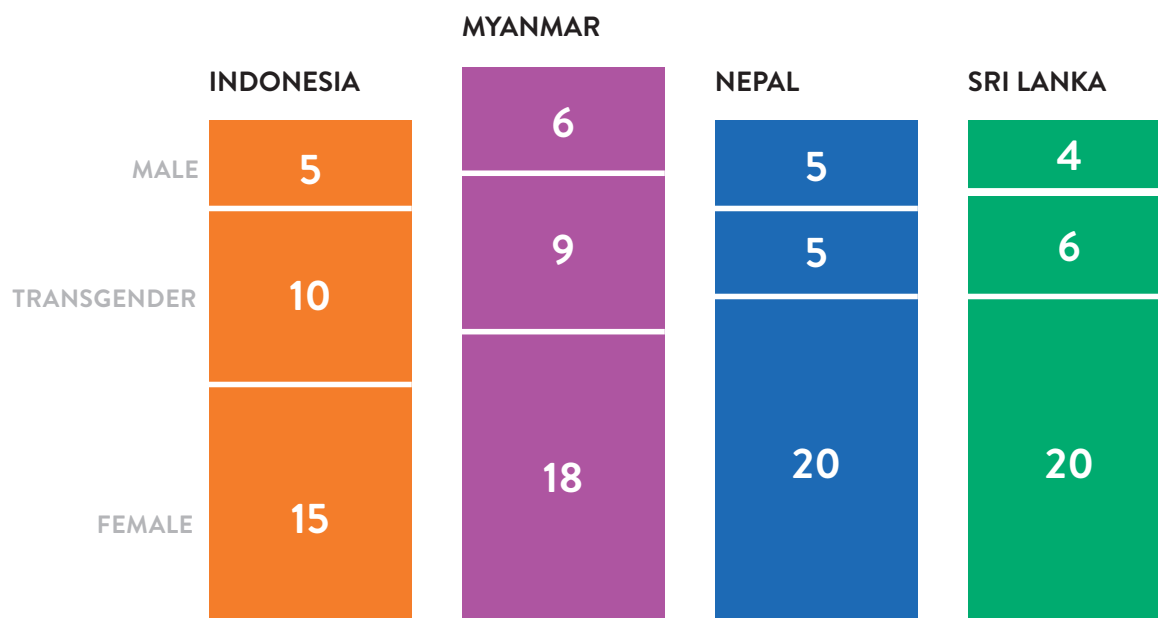
2.2 STUDY POPULATION

In total, 123 sex workers were interviewed; all were older than 18 and active in sex work at the time of the study. Thirty interviews were conducted in each country site with female, male and transgender sex workers, except in Myanmar where 33 interviews were conducted.^{79, 80} In total, 73 participants were female, 20 were male and 30 were transgender (figure 4).

Participants were recruited using purposive and snowball sampling through community

79 All transgender participants in this study had been assigned a male identity at birth but identified as transgender at the time of the study. This report uses the term 'transgender' rather than 'transgender woman' because not all the transgender participants self-identified as women. Each study site has unique local terms for transgender, some of which are used in this report—*waria* in Indonesia, 'gay' (among others) in Myanmar, *hijra* in Nepal and *nacchi* in Sri Lanka—that do not translate into 'woman' or fit Western categories of gender identity. Transgender people who were assigned a female identity at birth but self-identify now as a male were not included in this study because transgender women are a larger population in the study sites and easier to access. Research on experiences of violence with transgender men is a gap requiring further research.

80 The interviews were designed to be in-depth and follow a life-history method, which can take multiple interviews and up to three hours. Thus, the sample size was determined to provide sufficient variation in the data but also be feasible for in-depth data analysis. Three additional interviews were conducted in Myanmar as a contingency, based on lessons learned in the other locations.

FIGURE 4**SAMPLE SIZE, BY GENDER CATEGORY AND SITE**

organizations and sex worker networks.⁸¹ Employees of HIV intervention programmes, office bearers in any related organizations and peer outreach workers were excluded as participants in order to maintain distance from the organizations implementing the research.

For each study site, a minimum of five participants were selected for each gender category. A minimum of five participants who self-identified as living with HIV (female, male or transgender) were also

included in the sample for each site. Participants were chosen to reflect the estimated proportions of female, male and transgender sex workers in the respective study locations, based on available data. Efforts were also made to select participants working in a range of sex work settings. Because this was not a qualitative study, the sample was not statistically representative of all sex workers in these study sites or countries.

The 41 key informants were identified by the National Working Groups, peer interviewers, lead researchers and research partner organizations and were selected on the basis of their knowledge about sex work, violence and HIV risk in the

⁸¹ The sample was purposive in that we purposefully recruited self-identified sex workers and in some cases self-identified HIV-positive participants. Snowball sampling is a non-probability sampling technique with which existing study subjects recruit future subjects from among their acquaintances. It takes its name from the way the sample group appears to grow like a rolling snowball.

local context or their participation in the policy arena. Key informants included police personnel, NGO staff, frontline service providers and national AIDS authorities. Key informant interviews were used for insight on contextual information to aid with the analysis and shape the recommendations.

2.3 RESEARCH TOOLS

A study protocol was developed at the regional level by members of the Regional Steering Committee and through a consultative workshop that included representatives from the sex worker community in each study site. The protocol outlined the study objectives, target population, sampling strategy and approach to data collection and analysis. Semi-structured qualitative interview guides for female, male and transgender participants were also developed at the regional level for consistency and comparability across all four studies. The interview guides for female, male and transgender sex workers were distinct in order capture unique issues for each gender group.

Interview guides were then adapted at the national level to ensure that language on sex work and gender identity was appropriate to the country context. The adaptation process in each country involved thorough pre-testing with the peer interviewers. In each study site, the revised questionnaires were translated from English into the relevant local languages

and pilot-tested with representatives from the female, male and transgender sex worker communities other than the research participants.

The peer interview guides contained questions related to:

- socio-demographic characteristics;
- family background and childhood experiences;
- adulthood and current life;
- work and identity as a sex worker, including negotiating condom use;
- experiences of violence, including in their work, family, intimate relationships and public lives (with a focus on their most recent experiences of violence);
- impact of and responses to violence; and
- perceptions and experiences of access to services, especially justice, health care and HIV services.

The key informant interview guides included questions on perceptions of sex work, violence and HIV risk as well as questions targeted to each person's expertise, such as health and health care, law enforcement practices, the legal landscape, violence against women, peer outreach and education, and sex worker mobilization. The interviews also included questions that explored possible policies

and programmes that could be developed in each country to address violence against sex workers.

2.4 CONDUCTING THE STUDY WITH PEER INTERVIEWERS

The interviews with sex worker participants were conducted by trained teams of sex worker interviewers in each country. The interviewers were matched to participants by gender. The peer interviewers were selected by the sex worker organizations leading the data collection, along with the lead researchers in each country team, based on the following criteria: level of education and literacy; non-judgemental attitude and respect shown to the sex worker community; ability to speak comfortably with peers; reliability; ability to maintain confidentiality; listening skills; and open-mindedness.⁸²

Peer interviewers underwent one week of intensive training, which covered the purpose of the research, sampling strategies, ethics, safety issues and processes and skill building in conducting in-depth interviews. The trainings were conducted by the lead researchers and sex worker organization staff at the national level, with support from CASAM and P4P.⁸³

82 Trained interviewers were assessed, and only those who met the criteria were selected to conduct the data collection.

83 Peer interviewers were paid for their time.

Each interview lasted between one and three hours and was conducted in the local language and recorded on a digital audio recorder. Interviews were conducted in private settings, such as NGO offices, participants' homes and quiet public spaces, depending on what was most convenient for each participant.

Interviews with key informants were usually conducted by the lead researchers in each country in English and were also recorded.

2.5 ETHICS AND SAFETY

A regional-level ethics board granted overall ethics approval for the study.⁸⁴ At the national level, ethics approval was obtained through the Atma Jaya Catholic University Ethics Committee in Indonesia, the Department of Medical Research of Myanmar, the Nepal Health Research Council and the Sri Lanka Medical Association.

Ethical and safety guidelines were developed at the regional level, in line with international standards and approved in each study location, according to national laws and regulations. The study followed the World Health Organization's Ethical and Safety Recommendations for Research on Domestic Violence against Women⁸⁵ as

84 The board included representatives from P4P, CASAM, UN agencies, research institutes and individual researchers who conduct research in this field.

85 WHO, 2003.

well as specific considerations related to the sex work environment. The guidelines covered personal safety, individual informed consent, voluntary participation, respect for persons, confidentiality, justice (for the communities being studied), benefits (do no harm; ensure that benefits outweigh the risks), attending to researchers' and field workers' needs and the provision of crisis intervention. No adverse incidents occurred during the course of the study.

Specific safety mechanisms were put in place in each research location and included:

- the use of a neutral-sounding title for the project so as to avoid exposure of participants or interviewers involved in the study;
- establishment of safety teams, via the participating sex worker organizations, to address any crises arising from participation in the study;
- methods of obtaining verbal informed consent from all participants that did not require any record of their names;
- exclusion of any personal identifying details in the interview transcripts; and
- safe storage of data, including erasing voice recordings post-transcription and storing transcripts in locked computers of the lead researchers only.

2.6 DATA ANALYSIS

The analysis of data for the regional report was undertaken through a number of stages outlined in figure 5.⁸⁶ Data analysis was first conducted at a country level by the lead researchers to delve deeply into each data set and explore the unique issues in each setting. This analysis was based on a standardized approach developed at the regional level to ensure consistency of analysis across the study sites. A regional team was responsible for collating the national analyses and drawing out the major themes and patterns across the whole data set.

2.7 DEFINITIONS OF VIOLENCE USED IN THE STUDY

Table 4 explains the definitions used in this study for each 'type' of violence, which are based on established international definitions from the World Health Organization and the US Centers for Disease Control and Prevention. Research teams classified acts of violence according to these categories and based on descriptions of violence given by the participants. As much as possible, this incorporates local terminology and examples used by participants in all four country sites. Although the report presents the findings using these categories for the purposes of a structured

⁸⁶ This was not always a linear process, and there were movements back and forth between the stages. Figure 5 presents an overall picture of the data analysis approach.

FIGURE 5

DATA ANALYSIS PROCESS



TABLE 4

DEFINITIONS OF TYPES AND CONTEXTS OF VIOLENCE USED IN THIS STUDY

TYPES OF VIOLENCE	DEFINITION	EXAMPLES FROM THE DATA
Economic violence	Denying or reducing economic remuneration for sexual services and/ or access to and control over financial resources. In many cases in this study, this overlaps with sexual violence.	Includes bribes or extortion; payment for sexual services denied or reduced after services provided; provision of sex without pay to avoid arrest or to secure release from police custody.* In the reality of sex workers' experiences, such incidents also can be defined as sexual violence, and it is difficult to separate these types of violence. In such cases, the violence was coded as both economic and sexual violence and the report discusses the intersections of these abuses.
Emotional violence	Any act, or threat of act, or coercive tactics that cause trauma or damage the self-esteem, identity or development of an individual.	Derogatory language with the intention to humiliate or degrade, including name calling, yelling, teasing, scolding, social exclusion, public shaming and threats of violence.
Physical violence	Any sexual act or attempt to obtain a sexual act that uses force or coercion against a person's will. For the purposes of this study, rape is defined as non-consensual vaginal, anal or oral penetration with a penis, other body part or object, including through the use of physical violence and by putting a person in a situation in which they cannot say no or they comply out of fear.** The scope of criminal offences for rape and other forms of sexual assault vary from country to country throughout the region.	Rape and gang rape, including marital rape and the insertion of sticks, bottles or other objects into the vagina or anus; coercing a person to perform a sexual act (such as oral sex); unwanted sexual touching; forced sex without a condom; forced provision of sex without pay to secure release from police custody or avoid arrest, such as when participants could not say no or complied because of fear. Participants sometimes used the term 'forced sex' or other colloquial terms in their local language, although what they described often constitutes rape in law.
Note:	*The provision of sex without pay to police personnel can be categorized as either economic or sexual violence, depending on the circumstances. Twenty incidents in this study involved the provision of sex without pay to police personnel, constituting sexual violence, with one example defined as economic violence (see box 3). **See the Guidelines for Producing Statistics on Violence against Women (UN Statistics Division, 2013).	
Sources:	WHO, 2013; Basile, 2014.	

analysis, the reality is that most of the experiences that participants described included multiple, overlapping elements of abuse. A single experience rarely can be defined only as 'sexual violence' or only as 'physical violence'. For example, being raped usually involved physical violence and often emotional humiliation. Bribes and extortion, which could be defined as economic violence, often involved sexual abuse or harassment. Throughout the report, the intersections between multiple types of violence are discussed.

2.8 STRENGTHS AND LIMITATIONS OF THE STUDY

The research design for the project combined four strengths rarely seen in other research. First, it was a collaborative effort involving wide and diverse partnerships at the international and national levels, including United Nations agencies, sex worker organizations, government agencies (ranging from health to women's affairs, the police and others), service delivery NGOs, regional networks, academia and global experts. The collaborative approach was designed to help ensure that the findings are used to directly inform policies and programmes that work towards preventing violence and the spread of HIV.

Second, the involvement of sex workers and sex worker organizations was key to the project's rights-based approach and instrumental in enabling access to multiple

networks of sex workers for the purpose of effective sampling and recruiting interviewers. It provided an opportunity to build capacity among sex workers to undertake research in their own communities and tell their stories. The report has benefited immeasurably from the insights of the sex workers involved, including through iterative verification of data analysis by sex worker communities. In recognition of this approach, the study process won the 2014 Robert Carr Research Award, which recognizes collaborations between community, academic researchers and advocates to build evidence and advance human rights in the field of HIV. The involvement of sex workers in this study will enable the community to take an active role in using the evidence to advocate for policy and programme change.

Third, the multi-country nature of the study adds significantly to our understanding of the intersections among sex work, violence and HIV in Asia more broadly. While the findings are not statistically representative, using a consistent methodology across multiple study sites enables us to make comparisons and draw broader conclusions about common experiences than could be expected from four non-comparable studies.

Finally, this study is one of the few that disaggregates data from female, male and transgender sex workers to understand more fully the defining role of gender and gender identity in sex workers' lives, their

experiences of violence and their responses to it.

The study also had limitations.

The aim of qualitative research is to produce rich, detailed accounts of particular situations and variations within them rather than a broad representative picture of an entire population. The sample size does not support population-level inferences to prevalence and observed patterns. For example, in the case of client violence, although we have qualitative accounts of the types of violence experienced, we do not know how prevalent client violence is overall in the daily lives of sex workers. We did not ask participants about the proportion of clients who were non-violent, which is a gap in the data. There are also some gaps in terms of the temporality of reported experiences. Although the interviewers asked specifically about the most recent incidents of violence, participants also discussed events across their life course, and it was not always possible to determine the timing of various experiences.

The sample may reflect some bias in relation to the sex worker community networks, groups and peer interviewers who recruited participants. For example, people who were closely associated with sex worker organizations were more likely to be included in the sample than sex workers who had limited or no contact with these organizations. Sampling from different work settings

was also influenced by peer interviewers' selection of participants from among their contacts. In some sites, there was a concentration on street-based sex work, in part due to the employment of a larger proportion of street-based sex workers as peer interviewers who sought volunteers from networks largely comprising other street-based sex workers. This may mean that the findings are more reflective of street-based sex workers' experiences than other experiences. Additionally, because some of the interviewers also worked for sex worker outreach programmes known to the participants, it is possible that this affected how participants answered questions regarding NGO services as well as HIV testing and condom use, perhaps being more likely to report exposure to these services than the general sex worker population.

The involvement of peer interviewers in research can be a valuable means of enhancing our knowledge and understanding of a variety of population groups who tend to live beyond the gaze of more orthodox researchers.⁸⁷ Generally, peer interviewers are recognized as having unique insider knowledge, and this is believed to facilitate mutual understanding and more open conversations during the interviews. In this study, the use of peers as interviewers appeared to encourage participants in feeling comfortable and willing to talk about sensitive issues and experiences, creating an empathetic

⁸⁷ Elliott, Watson and Harries, 2002, pp. 172–178.

environment for the frank sharing of information. Nonetheless, there are limitations to what can be achieved in a short-term training programme for developing high-level interview skills. As a consequence, due to shared assumptions and experiences, some interviewers did not always probe in all areas of the questionnaire and not all topics were covered with the same depth in all interviews. Hence, the data are thin in parts, and sometimes did not provide enough details for a nuanced analysis on some issues.

2.9 SAMPLE CHARACTERISTICS

Across the four sites, a total of 123 sex worker participants were interviewed: 73 were female, 20 were male and 30 were transgender. All participants were older than 18. The female participants generally had lower levels of education, compared with the male and transgender participants. Only 11 of the 73 female participants had finished high school (till grade 10, the end of secondary school or O-Level), compared with nearly three quarters (14 of the 20) of the male participants and more than half (16 of the 30) of the transgender participants.

Female participants were more likely to have been married than male or transgender participants; several female participants had married as children or early in life. The majority of the female participants (48 of 73) were divorced,

separated or widowed; 47 supported dependants, including children and older relatives. Few of the male and transgender participants were married (7 of the 20 male and 4 of the 30 transgender participants) or had dependants (5 of the 20 male and 4 of the 30 transgender participants).

The participants had been engaged in sex work from 5 to more than 20 years. In all the study sites, individual participants worked across a range of settings, although street-based work was the most common. Other work settings included malls, cinema complexes and such establishments as nightclubs and massage centres; some participants conducted outcall work using the Internet and mobile phones. See the Annex for a breakdown of sample characteristics in each study site.



KEY FINDINGS

- All participants in the study chose to enter or stay in sex work, although in some cases there was a limited set of choices available to them.
- The majority of participants in all four countries reported that they began sex work for financial reasons and that it was more flexible and better paid than other employment options.
- In addition to financial needs, most transgender participants in all four countries noted that exploring their gender identity and being able to live openly in their chosen gender identity had a significant influence in their decision to enter sex work. Some male and transgender participants reported such benefits as sexual satisfaction and being part of a network of supportive peers.
- For a number of participants, gender inequality, discrimination and gender-based violence also shaped the circumstances that led to their involvement in sex work. For female participants, this included early marriage, leaving an abusive relationship, experiencing stigma for premarital sex or after divorce and/or having a low level of education, which limited their other employment options. Transgender participants reported being kicked out of the family home or experiencing abuse and having limited employment options because of their gender identity.
- Participants worked in a range of settings over the years. Gender differences were apparent in their current work arrangements – only female participants used client procurers, and the male and transgender sex workers were more likely to do outcall work by phone or via the Internet.

Each of the 123 participants had their own reasons for entering sex work, shaped by a range of specific experiences. Despite this, there were a number of common patterns across the study sites in terms of the ways the participants entered sex work, their work settings and the types of violence they had experienced. This chapter first describes participants' experiences in the lead up to their entering sex work and the work setting in which they operated at the time of the interview.

3.1 EARLY LIFE AND CONTEXT OF ENTRY INTO SEX WORK

Participants across the three gender categories had made specific choices to enter sex work and/or stay in sex work for various reasons. Most participants were internal migrants, having moved from rural and semi-urban areas to the capital/largest city of their country to seek work.

The majority of the female participants in all four countries reported that they

began sex work to financially support themselves and their family, often having been introduced to sex work by a friend or relative whom they asked for help in finding work or having directly sought employment in a sex work venue or establishment. A few were paid unexpectedly after a sexual encounter, which helped them financially and thus motivated them to source other clients (see case study 1).

Only 11 of the 73 female participants had finished high school. Almost half of the female participants in Myanmar and Sri Lanka reported that they had been taken out of school and sent to work, typically as domestic workers, to contribute to their household's income. Most female participants in all four countries had previous experience in low-paying jobs, such as domestic work or in a garment or tea factory. Several stated that among the work options available to them, sex work was more flexible and paid better.

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

FEMALE PARTICIPANT IN JAKARTA

In three of the four countries, the majority of female participants also cited marital distress as a reason for commencing sex work, as illustrated in case study 1. Female participants described being abandoned by their husbands or having separated, divorced or run away from a violent husband. Many reported being widowed by the death of a much older husband to whom they had been married by their family as a child (21 participants, including one male and one transgender participant, had married when they were younger than 18). Additionally, in Myanmar, many female participants reported having entered sex work after being thrown out of their family home or ostracized because of the stigma related to premarital sex, even when it was sexual abuse. Premarital sexual activity was stigmatized for female participants in all four country sites, leading to upheavals in their lives if exposed.

"At that time, truth to be told, I thought I was nothing better than a whore since I wasn't a virgin anymore. I didn't know then that people do marry a girl even if she wasn't a virgin. I thought, losing my virginity [meant] I wasn't pure anymore, and I thought nobody was going to marry me. So as useless as I was and not having anywhere to live, I decided to do [sex work]."

FEMALE PARTICIPANT IN YANGON

Several participants across all study sites reported being introduced to sex work by intimate partners who financially benefited from their work.

“[My boyfriend and I] lived in the same boarding house.... We went to hangout spots with dim lights. The first time I remember asking, ‘What is this place?’ because I didn’t know about it at all. He replied, ‘A hangout spot.’ Then a guest came near and he was interested in me. He then asked my boyfriend if he could take me with him. ‘Go, take her.’ That’s what my boyfriend said.”

FEMALE PARTICIPANT IN JAKARTA

All participants were older than 18 and were voluntarily engaged in sex work at the time of the study. Almost half of the participants in Nepal and four participants in Sri Lanka reported that they first became involved in selling sex when they were younger than 18.⁸⁸ Two participants from Sri Lanka described experiences of trafficking when they were adults—they had travelled abroad for other work but upon arrival in the foreign country were ‘sold’ and forced to provide sexual

⁸⁸ This study defines sex workers as female, male and transgender adults who receive money or goods in exchange for sexual services, either regularly or occasionally. Minors and trafficked persons providing sexual services are not sex workers under this definition.

services.⁸⁹ Three of the participants who began selling sex as minors described experiences of human trafficking⁹⁰ involving abduction and deception.

“Where they took me to was a house, you know, a house [sex work establishment], although I didn’t know it. There were about 10 girls there. By evening they were all getting dressed up and going out one by one, I was wondering what was going on.... When I tried to leave, they hit me and forced me to stay. Then they put me with some guy from the army, he was my first customer. When he came into the room, I was seated on the bed and crying. So this guy from the army, he asked me what was the matter and I told him my story, that I was being forced into it—hadn’t he seen it himself, how they had forced me into the three-wheeler after

⁸⁹ The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children supplementing the United Nations Convention Against Transnational Organized Crime (Trafficking Protocol) defines ‘trafficking in persons’ in article 3(a) as: “The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”

⁹⁰ Under article 3(c) of the Trafficking Protocol, a person younger than 18 is considered to have been trafficked even if the means described in the broader definition (for example, threat or use of force, other forms of coercion, abduction, deception or the abuse of power) were not used.

they had taken his money? He said why don't I go back home, that it wasn't too late for me to do that. So I had to tell him that they wouldn't take me back, that they were the kind of people who wouldn't take me back because I had gone away with a boy, that I would be forced to take to the streets, however unwilling I was. So I stayed there."

FEMALE PARTICIPANT IN COLOMBO

The majority of the male participants reported entering sex work to cover their financial needs, doing so on their own or through friends already in sex work. Four males reported that they had taken employment at a venue or establishment without knowing that sex work was involved. After discovering the reality, they, like the female participants who reported similar experiences, decided to continue in that job, which included providing sexual services.

Most male participants were unmarried and did not have dependants. Those who had been married or had children did not specifically mention supporting dependants as an economic reason for their entry into sex work. This may be because there is an expected gender role to be the breadwinner and they did not consider it noteworthy. Several male participants entered sex work as a result of unexpected payment by sexual partners, which made sex work appear to be a viable financial

option. A few participants entered into sex work not only for financial reasons but to easily access sexual partners of their sexual orientation.

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

MALE PARTICIPANT IN KATHMANDU

In addition to financial needs, most transgender participants in all four countries noted that exploring their gender identity and being able to live openly as a transgender person played a significant role in their entry into sex work, as illustrated in case study 3. Several transgender participants in Indonesia and Myanmar also spoke of the limited employment options open to them because of discrimination due to their gender identity. In Indonesia and Nepal, several of the transgender participants had left home because of the discrimination they experienced due to their gender identity and sought out transgender communities in the city for support. A few transgender participants in Indonesia stated that working as a sex worker was inevitable when living openly as a transgender person because of the limited employment options.

CASE STUDY 1

ZAINAB

Zainab was 45 when she participated in the research. She described growing up in a “good environment”, living in a “house made of bricks” and having “a good childhood”. She studied up to grade 10 (secondary level) but stopped her education when her mother became ill.

When Zainab was a young adult, she left home “because of the harassments” in her family and “with my consent, I married a man”. Because she left home for a marriage that her family had not arranged for her, “they removed me from the family”. She and her husband had three children, but there were problems and abuse in the marriage. “He drank a lot and harassed me after drinking, sometimes assaulted me.” Because of these problems, “I gave up,” she recalled. “Later he left me. Many problems happened to me. That’s why I went more into this life, into this sex [work] life.” Zainab first worked for several years in a garment factory and was introduced to sex work unexpectedly in her mid-20s when a man she agreed to see sexually, or “just associate” with, because “I felt a desire for it” ended up giving her money. “[He] took me to a room for the first time, and I did not understand – he was the first person to give me money. I asked him, ‘Why are you giving me money?’ Then he said, ‘Keep this money, I will keep associating with you.’ That’s what he said when he gave me money. I wondered [about it] a lot.”

Surprised to have received money, Zainab thought “this is good”. In the interview, Zainab described sex work in positive terms, especially for the independence it brought her. She said that some clients had asked her to go away with them. But she told them, “I can’t tell exactly whether you will take care of me properly... I will remain in this life.”

“Later he left me. Many problems happened to me. That’s why I went more into this life, into this sex [work] life.”

CASE STUDY 2

MAHESH

Mahesh was 27 years old when he participated in the research. He grew up in a community several hours from Colombo, raised by an older sibling, and left school after grade 11. He described being teased by boys at school for being “girlish”, but said his experiences were “nothing special”. Mahesh’s first sexual encounter occurred when he was 12 years old. An older boy in his village “came to our house every night to sleep. He first came, and he initially did it to me.... My older brother was there, but he drank a bit and then he slept. So that other boy got set [had sex] with me every night.” Despite the difference in their ages, Mahesh found himself attracted to the older boy, who “was against me getting set with someone else... so after that... I was only set with him”. Mahesh recalled that as an adolescent he was pressured by other young men for sex, explaining, “They hit me... when I did not like them.”

As he grew older, Mahesh became “scared” that people in the village would find out about him and thus “straight away came to Colombo... to get down to this subject [seek opportunities for sex with men]”. His first experience with sex work took place on the beach in a Colombo suburb: “He winked at me and called me. Then I realized that it was for this scene. He put me in his vehicle and took me... to his house and... asked me to give him a good time. So then I asked what kind of good time he wanted. He told me to give him a small suck – that was all. [He gave me] a thousand rupees.... After that I came home straight away.”

Having met other gay young men when he moved to Colombo, Mahesh described learning more about how to engage in sex work from one of them. Faced with financial need, he decided to pursue it full time. “A friend of mine, I met him in [the Colombo suburb where he lives]. He told me details and... told me where to go. At that time I did not have any place to live. I thought I will do this and get a place to stay.... There’s no point in doing this for no money, I have to have a livelihood. I don’t have assistance from anybody. So I thought about it and decided to do this. After that, for money I decided to go to Bambalapitiya [for street sex work].”

“There’s no point in doing this for no money, I have to have a livelihood. I don’t have assistance from anybody.”

“At that time, I was not living with my family. Life was difficult then, it was really difficult to earn a living. Also because I was a transgender, it was difficult for me to go here and there, and [it was] hard to get work.”

TRANSGENDER PARTICIPANT IN YANGON

“In the past, we didn’t ask for money. Sometimes, we even spend money for men who we like. But right now, I think [by being paid] it’s like we have more value. So I feel good that I get money by doing the thing I like to do. I feel better that I don’t do it for free.”

TRANSGENDER PARTICIPANT IN YANGON

Many participants across gender categories in all four countries had experienced some violence by family members in their childhood and adolescence. They most commonly had suffered emotional and physical violence from family members, including parents, step-parents, brothers and other relatives. In total, 27 of the 123 participants reported that they had experienced sexual abuse or rape in their childhood and/or adolescence from older cousins, uncles, other relatives, teachers, sibling’s friends or fellow school mates. Most of the male and transgender participants had experienced sexual abuse in early adolescence.

“I went to tuition [lessons outside school]. He asked me to open my mouth. He inserted his penis into my mouth. He used to buy chocolates. I did not know what I was eating. He used to come every week... He used to do it in a dark place. He did it until I was in third or fourth class so that I could not recognize that it was a penis. Later on, when I understood that, I stayed far away from him. I did not tell anybody.”

MALE PARTICIPANT IN KATHMANDU

For the male and transgender participants, sexual activity during adolescence was commonplace, expected and not stigmatized. In a few instances reported in Myanmar and Sri Lanka, childhood or adolescent sexual acts that were rewarded in cash or in-kind initiated an early association of sexual acts with money. More male and transgender sex workers in this study reported experiences of childhood sexual abuse than did the female participants. This could be because of underreporting by female sex workers due to shame and stigma, or it could reflect an actual difference in experiences. Other studies from Asia suggest that sexual violence against boys may be more prevalent than sexual violence against girls in some settings.⁹¹

⁹¹ Fulu and others, 2013; UNICEF, 2010.

CASE STUDY 3

PRIYANKA

Priyanka, a transgender participant, was in her mid-thirties when she participated in the research. She described growing up in a “normal middle-class house” and characterized her early childhood as “sheltered” and “good”, although she said she “had been scolded and hit for doing girly things when I was young” by her father. During childhood, Priyanka internalized her father’s disapproval, thinking, “I was doing something wrong, to be a boy but do girly things. I felt something was wrong somewhere.”

Priyanka’s first sexual experiences were at age 8 with her cousin and then years later with an employee of her father’s: “There was a guy...who worked for my father. One day he took me to the room and took my clothes off. He didn’t do anything much, just did it between my thighs. I liked that very much.”

As she grew older, her gender identity became more of an issue for her family. “They loved me a lot. But it changed soon enough.... There were financial difficulties at home, and I began to change too. After O-levels I began to behave like a girl, and then my father threw me out of the house. I had nothing to do with my family for many years after that.”

Priyanka was preparing for her A-levels at that time and had met other transgender students. “There were lots of them in the class. I was shocked! Before I started talking to them, I had thought I was the only one in the world.” Once kicked out of her family home, Priyanka was taken in by these friends. This was when she learned about sex work and began soliciting.

“That first night I made... quite a large sum of money... so we were hooked on the shooting life.”

“When I was thrown out of home, I went to a friend’s house. There was a whole group of people there who used to dress like girls. I liked that very much.... I started to grow my hair then and wanted to be like them.... It was there that I met most of the people I know now who are in this field [sex work]. We had heard that if you go stand around this junction, people in cars come and give you money. We didn’t know anything about sex work at that time, we didn’t have a clue, but thought we’d go and maybe we could make some money. The first day we went [dressed] in just ladies’ jeans and T-shirts, no make-up or anything. We just stood there, and there were plenty of cars pulling up for us. We just went and took whatever money they gave us. We didn’t know any better, didn’t have a clue about the business. In fact, we didn’t even know it was a business! That first night I made... quite a large sum of money... so we were hooked on the shooting life.”

This study did not find that abuse in childhood, including sexual abuse, directly leads to a person deciding to enter sex work. The reports in this study of participant's experiences of abuse during childhood, although not representative of a general population, are comparable to other studies, which suggest that the overall global prevalence of childhood sexual abuse is about 8 percent for men and 20 percent for women.⁹² The study did find that leaving an abusive situation—in a family setting, with an intimate partner or, in one instance, while working in a garment factory—placed some participants in a circumstance in which they had to support themselves financially. For those participants, sex work provided the financial independence they needed to live away from the abusive settings they had experienced.

3.2 SEX WORK SETTINGS

Each country in the study has distinct sex work environments, and the participants were drawn from a range of work settings, with many participants having worked across multiple settings.

In Indonesia, the female participants worked on the street, in entertainment-related venues, such as cafes, discos, malls and cinema complexes, and in establishments, such as nightclubs and massage centres. The male participants

worked out of malls or solicited clients using the Internet and their mobile phones. The transgender participants worked from a public park known historically as a site for transgender sex work.

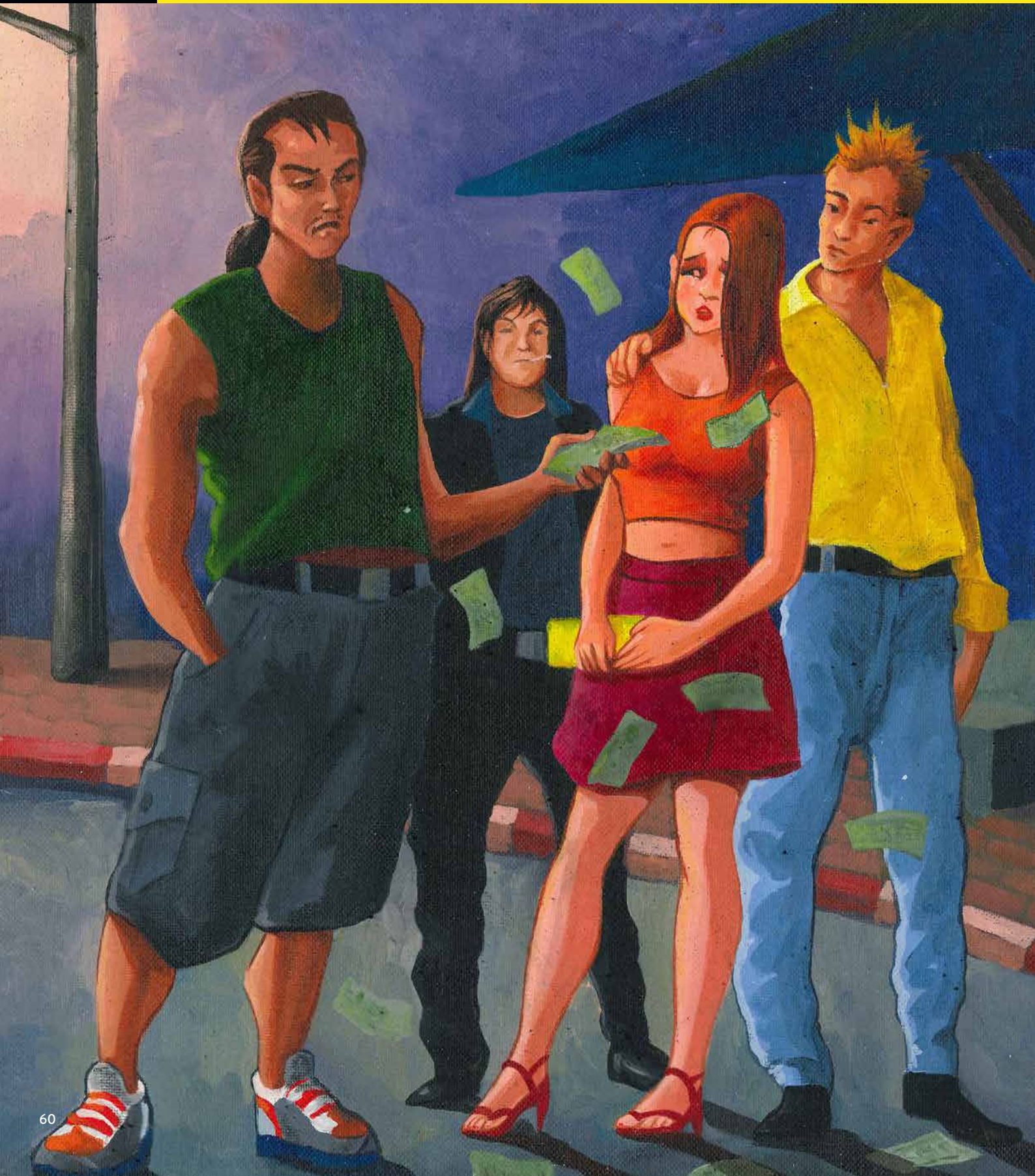
In Myanmar and Nepal, the female participants worked on the streets, in massage centres and in KTV (karaoke) bars or discos. The male and transgender sex workers worked on the streets or did outcall work using their mobile phones, going to nearby toilets or the wooded area near a major city temple to provide sexual services.

In Sri Lanka, the vast majority of female participants worked on the streets,⁹³ relying on client procurers and 'guides',⁹⁴ such as taxi or rickshaw drivers, to bring them clients for a commission. The male participants worked on the streets or a beach, took outcalls using their mobile phones or solicited while travelling around the city on public transport. The transgender participants all operated on the streets, in public parks and during local cultural festivals.

92 Pereda and others, 2009, pp. 228–238; UNICEF, 2014.

93 This is also due to the sampling in Sri Lanka where interviewers encountered difficulty in assembling a diverse female sample group, with the result that the majority of female participants were street based.

94 In the case of Sri Lanka, the term 'broker' is a commonly used English loanword. It is used interchangeably with *deal bassana kenek*, which means 'a person who makes deals' (*kaareyo* is used in the plural form).



KEY FINDINGS

- Participants experienced violence in work settings, in all country sites, and across all gender categories. They often experienced multiple and extreme forms of violence by a variety of perpetrators. Only one participant had never experienced violence in the work setting.
- Police personnel and clients were the men most commonly cited as committing violence against participants, across all countries and gender categories, with impunity for police harassment and abuse making sex workers even more vulnerable to client violence.
- The participants' experiences of violence were significantly exacerbated by the criminalization of sex work and law enforcement practices that increased their exposure to police, created unsafe working conditions and allowed impunity for those men who committed violence.

This chapter presents the findings on participants' experiences of violence in the context of their work. In the four country sites, 122 of the 123 participants reported experiencing violence in their work setting. Although there is a high degree of overlap and fluidity in sex workers' experiences of violence across settings and by multiple perpetrators, the presentation of findings in this chapter is structured according to the men who committed the violence: police personnel and other state officials in custodial settings, clients, client procurers and owners or managers of establishments.⁹⁵ A comparison of experiences by gender categories is presented in box 4.

4.1 VIOLENCE BY POLICE

"We have a lot of trouble from the police. They hit us, abuse us, pull us by the hair, kick us, use us [for sex], then they present us in court."

FEMALE PARTICIPANT IN COLOMBO

Police personnel were most commonly reported as using violence against sex workers in work settings. Violence by police personnel cut across categories of physical, sexual, economic and emotional violence, and more than one type of violence was often used at one time. In many cases, police personnel were responsible for severe cases of

⁹⁵ Participants did not report violence by women in work settings.

violence that resulted in serious physical injury, including permanent damage and disability.

The types of physical and emotional violence by the police that participants cited included beating, kicking, yelling, name-calling, spitting and threats of arrest, public exposure or death. In one instance, a policeman shot the participant with rubber bullets. In a few instances, once a sex worker became known to certain policemen, he or she experienced police harassment even when not engaged in sex work.

Participants across the gender categories in all four countries reported that police personnel also routinely extorted money from them, and several participants working in establishments in the four country sites reported paying police (individually or through the owner or manager) to prevent raids.

“I always say to the police, ‘You think gays are like an ATM machine.’ That’s true. If a gay is walking down the street, the police threaten to arrest him. If arrested, he would be put in jail and then sent to court—meanwhile, he could also get physically and verbally abused. So they would rather exchange 1,000 kyat [\$1]

instead of going through all that abuse.”

TRANSGENDER PARTICIPANT IN YANGON⁹⁶

In total, almost two thirds (77 of 123) of the participants had encountered and/or had been detained in a raid by the police multiple times. Participants in all four countries had experienced police raids, many of which were violent. Police raids were most common in street settings in and around locations where street-based sex workers typically gather to solicit clients; but several participants working in establishments, such as massage centres and discotheques in Indonesia and Nepal, had also experienced raids.

“They knocked on the door [of the discotheque] and abused us, saying ‘randi’ and ‘bhalu’ [whore]. Then they took us to the toilet and stripped us... The clients had already run away. They kicked us with their boots and hit us with sticks. I sprained my leg. They also took 4,000 rupees.”

FEMALE PARTICIPANT IN KATHMANDU

Raids were generally described as violent—participants were dragged, pulled by their hair, picked up, slapped, beaten, hit with rods, mauled, groped and publicly humiliated by the police personnel. Raids

⁹⁶ In Myanmar, the term ‘gay’ is also used to refer to transgender women.

were carried out by police personnel of varying ranks, including commanders or higher-level officers.

In all four countries, participants across the gender categories reported experiencing sexual violence by policemen, including rape, gang rape and being forced to have sex under the threat of arrest or what is sometimes referred to as 'sexual extortion' (discussed in box 3). In total, 48 of the 123 participants reported having been raped by policemen, and 21 of the 123 participants reported being gang raped by police at some point in their working life.⁹⁷

"Once I was having sex with a guy. He had paid me and we were doing it in a corner of the beach, on the rocks. Somebody shone a flashlight. It was two cops who had sneaked up on us. They started to question this guy and he pulled out his ID from his wallet. He was an officer in the army. The cops apologized to him and advised him to do this in a safer, more secure place, that he could get into trouble here and it would be embarrassing, that he could lose his job. Then the cops took me away. They took me into another dark corner, and they had

⁹⁷ These numbers include experiences of 'forced sex' under threat of violence or arrest but not 'extorted sex' or sex extracted from participants as a bribe or in exchange for a favour where the participant focused on the element of corruption (see box 3).

their way [sex] with me before letting me go."

TRANSGENDER PARTICIPANT IN COLOMBO

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

MALE PARTICIPANT IN KATHMANDU

Sexual violence was often accompanied by other forms of violence, such as physical, emotional and economic violence. In several cases, sexual violence and economic violence overlapped, such as in the instances of several female participants who were cheated into providing sex without payment or raped by policemen posing as clients.

"They take me and later show me their [ID] card and say, 'I am from the police.' Then they take it to my mouth [oral sex] or force me to have anal sex and do it by force. Such incidents have happened to me many times."

FEMALE PARTICIPANT IN COLOMBO

SEXUAL EXTORTION

“Then they [say] we are disobedient and ask us to come to the police station with them. I had experienced this three or four times. But I was never arrested because I gave them sex.”

FEMALE PARTICIPANT IN YANGON

Participants in all four countries reported that police personnel regularly extorted sex from them by exercising institutional power. Extorted sex was provided to avoid arrest, to secure release from custody, in place of a monetary bribe, to avoid being beaten or abused or to prevent being exposed as a sex worker. Female participants reported extortion of vaginal sex, and transgender and male participants reported extortion of oral and anal sex. The widespread nature of sexual extortion was reflected by the fact that participants in one country site had a specific phrase to describe it (‘fuck and steal’) and a term to refer to it – ‘give a fee’.

Although the participants did not refer to this abuse as ‘rape’, in many of the instances described it meets legal definitions of rape as coerced sex or sex under threat of further harm (including where sex is provided to avoid arrest, given the high rate of violence reported in custodial settings, as explained in the next section). This abuse is perhaps downplayed by sex workers because of the perception of consent as they chose this option over other alternatives that they consider worse (for example, being arrested or losing their income). It is also perhaps not considered as sexual violence because of the perception that ‘sex workers provide sex anyway’ or the social myth that sex workers cannot be raped (discussed in box 8). Other studies have also found that such acts are often described as ‘free services’ or services in exchange for release, a characterization that does not explicitly acknowledge the inherent power imbalance between the police and sex workers.*

As part of addressing and preventing violence against sex workers, these forms of violence must be recognized for what they are – an inherent abuse of power by the police and structural abuse facilitated by the criminalization of sex work and legal environments that are not supportive of sex workers’ rights.

* Decker et al., 2013, p. 876.

4.2 VIOLENCE BY PERSONNEL IN CUSTODIAL SETTINGS

Violence by police personnel and other state officials against participants held in custody was widely reported in all countries. Custodial violence took place in police vehicles, at police stations, in prisons and in detention or rehabilitation centres.

“When they saw me, they chased me and caught me. The van was running. There was lack of space... They told me to suck by pushing my mouth to their penises. There might have been six or seven police officers. When I finished sucking all of them, they released me from the same place... I asked them why they captured me. They said I was hijra⁹⁸ and they had to catch me.”

TRANSGENDER PARTICIPANT IN KATHMANDU

Convicted participants in Myanmar and Sri Lanka (across gender categories) could be sentenced to time in prison. In Myanmar, participants with longer sentences were later transferred to intensive labour camps. Indonesia and Sri Lanka have alternative detention centres (in Indonesia, these are rehabilitation centres for female sex workers and ‘transit homes’ for people with social welfare problems). In these

countries, nearly half of all the female participants (16 of 35) reported that they had been held in such facilities. These female participants were detained and isolated from their children and families with no trial or option to appeal. In those settings, violence was reportedly committed by the warden, officers and other prison staff as well as other inmates, with sex workers at the bottom of the hierarchy of prisoners.

“I spent about three months in a social institution. It was a waste of time and money. But still I continue doing sex work. I got 10,000 rupiah for the ride home. Now it’s six months of detention period. I was anxious at first. I thought of my child waiting for me, my husband too. But what to do? Nothing. No matter how hard we cried, we just had to go through it... There is no bail. Once you are in rehab... no matter how much you want to pay, you just have to go through it.”

FEMALE PARTICIPANT IN JAKARTA

98 Local term for transgender.

“Women who got into the jail first with drug cases could sleep on a mattress while people like us with prostitution offence had to sleep near toilets... We had to take a bath only after them. We had to wash our clothes with the water they used. That’s why we had diseases.”

FEMALE PARTICIPANT IN YANGON

In custody, participants were subjected to beatings, kicking, shocks with electrical currents and recognized torture techniques combined with sexual violence, including rape and gang rape, by police personnel. Other experiences in custody included having money, phones and watches stolen, being forced to confess to fake charges, denial of legal representation and phone calls and denial of sufficient food, water to bathe or place to sleep. A few participants reported that they had been tested for HIV without their consent while in custody and without the outcome being disclosed to them.

Violence in prison was particularly brutal. Those unable to pay bribes to prison staff described being hit, kicked, made to clean the toilets and garbage pits and forced to adopt ‘prisoner stress positions’.⁹⁹ Some who were ill reported being denied medication, and in labour camps, inmates

said they were forced to do heavy manual labour for unreasonably long hours.

“They hit me bad. They used a lot of techniques, such as crocodile teeth, dripping water to the top of your head, canoeing and then what, I don’t know, like they called it ‘tiger screaming’ or something. I can bear most of the tortures, but water dripping I cannot bear.”

MALE PARTICIPANT IN YANGON

Several participants reported that release from an alternative detention centre or even detention in a police station often involved extortion.

“They kept me in the station. I told them that I did not have money. They kept me there for many days and abused me. Three policemen asked me to have sex. After that they said my money was paid by having sex and they released me.”

FEMALE PARTICIPANT IN KATHMANDU

⁹⁹ These are positions that involve putting most of the body weight on just one or two muscles, leading to pain and then possibly, muscle failure.

4.3 VIOLENCE BY CLIENTS¹⁰⁰

The section presents findings on client violence, which includes regular-paying clients as well as those who pretended to be clients but did not pay or had no intention of paying.

Client violence was cited across the gender categories and all four country sites, although there were slightly fewer reports in Indonesia. Client violence included economic, emotional, physical and sexual violence, with participants often experiencing multiple forms of abuse at once. Client violence took place across all work settings and in cars, guesthouses and clients' homes, in the case of outcall sex workers.

Violence perpetrated by clients included economic abuse, such as not being paid or being underpaid under threat of violence, or having personal items stolen. Emotional violence, including verbal abuse, threats of violence and intimidation, was reported by the majority of participants in Indonesia and Sri Lanka and by several participants in Myanmar and Nepal. In rare cases—although in all four country sites—participants encountered clients and strangers posing as clients who used weapons, including a knife, razor, machete

or sickle, to intimidate and threaten them. Reported instances of intimidation included being locked in the room after the sexual service without being paid, being locked inside a car and threats of exposing the participant as a sex worker or as a man having sex with men.

“He didn't beat me or hit me, but just drove around the town, in front of the police station, military office and patrol stations. He wanted to frighten me more.”

FEMALE PARTICIPANT IN YANGON

Physical violence by clients was reported by most participants and was particularly common in Myanmar, Nepal and Sri Lanka. Examples included being beaten, slapped, kicked, punched, stoned, breasts burned with a cigarette or brutally squeezed and confinement in a locked room. Many female participants in three of the four countries and several transgender participants in the fourth country reported that clients used physical violence against them when they refused the person or refused to perform certain sexual acts, including sex without a condom. In all four countries, physical violence was accompanied by emotional violence.

The majority of participants in all four sites reported that they had experienced sexual violence by clients. Examples encompassed rape, including being forced to give oral sex, forced to have sex while

¹⁰⁰ Clients were a broad category, cutting across class and occupations: from villagers, boatmen, fishermen and flower-sellers to taxi drivers, local thugs, ex-convicts, businessmen, lawyers, doctors, army personnel, sailors and monks, low-ranking police personnel as well as high-ranking police officers and government officials. Police personnel posing as clients are addressed in section 3.3.1, hence clients in this section refer only to those clients who were not identified as police.

menstruating, forced to have sex without a condom, attempted anal sex in spite of the participant's resistance, forcible insertion of objects (such as sticks, eggs, bottles, sharp objects and vibrators) into the anus or vagina, forcible insertion of a penis into a participant's mouth, being forced to perform sexual acts that participants felt were humiliating and being forced to service more clients than agreed upon. Several participants from Indonesia, Myanmar and Sri Lanka reported being raped at knifepoint by persons posing as clients, and this cut across gender categories.

In total, more than one third (51 of 123) of all the participants described experiences of gang rape by paying or non-paying clients (24 female, 11 male and 16 transgender). Gang rape by clients was reported in all four countries, but more so in Nepal, Sri Lanka and Myanmar than in Indonesia. Sexual and economic violence were intertwined in several cases, with participants in all countries across gender categories reporting situations in which they were forced to provide services to more clients than what was agreed or provide more or different sexual services than what was agreed. Several of these cases were not just 'a deal gone wrong' but instances of gang rape, even though not all participants (especially male participants) used this terminology.

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

MALE PARTICIPANT IN JAKARTA

4.4 VIOLENCE BY CLIENT PROCURERS

Although client procurers were present in all four country sites, violence by client procurers was reported only in Myanmar and Sri Lanka and only by the female participants in those two sites. In Indonesia and Nepal, several participants reported paying money to client procurers as a commission for their service or for protection from police in raids. However, in most cases, this was described as an economic arrangement and not as a form of economic violence.¹⁰¹ In Indonesia, violence by client procurers was mentioned only in the few cases in which the client procurer was also the intimate partner of the participant, as discussed in the next chapter.

¹⁰¹ Economic arrangements between client procurers and participants varied, from periodic commissions to lump sum loans (from the client procurer to sex worker), which are paid off, paid as and when required or paid every few days.

The most common type of violence perpetrated by client procurers was economic violence; in a few cases, client procurers committed emotional and sexual violence. Almost all the street-based female participants in Myanmar reported that they had no say in deciding the amount charged by the client procurer to a client. Most had provided services without being paid, had been paid less than half of the fee charged to a client or had their pay deducted for taking time off or refusing certain clients. Several participants reported being deceived by their client procurers, including knowingly sending them to service groups of clients to make more money without informing or asking consent from the participant.

The participants who worked in street settings relied on client procurers more than participants from other work settings. They were thus the most at risk of violence by client procurers, particularly when their living or earning arrangements were controlled by the procurer, such as when the participants lived on premises arranged by a client procurer or were taken to clients without being told of the circumstances (for example, the number of clients they had to service). In arrangements in which a participant had to pay more than one procurer from her earnings, she felt pressured to take risks (such as having sex without a condom for a higher price) so that she had some money left over for herself.

“Earlier, when [I was starting out], only the brokers in the area decided [the fee]... They divided what they took and gave me a small amount... Those who chose for me are the ones who took the money, and I got only a small amount. Those days I did not know how to find [clients], so they found them and put me into vehicles... In those days, if I went alone for a task, the money was all mine. They didn't like me going by myself...”

FEMALE PARTICIPANT IN COLOMBO

In a few cases where a client procurer was also the intimate partner of a participant multiple types of violence intersected often to create a situation of extreme risk. Female participants were more likely to be in such relationships than the male or transgender participants.

“I got into sex work after being taken to a stall by my boyfriend at a young age. I was beaten and abused by him for many years... He pierced my vagina with a fork at one time and would stub cigarettes on my breasts if I did not give him the money I got from a customer. He emotionally abused me and my family by refusing to marry me, by calling me a ‘prostitute’....He prevented me from running away and stalked me for a long time before I finally broke free of him.”

FEMALE PARTICIPANT IN JAKARTA

4.5 VIOLENCE BY ESTABLISHMENT OWNERS OR MANAGERS

Several participants in each of the four countries reported positive experiences with the owner or manager of their workplace, particularly those who worked in establishments with decent working conditions and supportive owners and managers. Notably, all female participants working in massage centres in Nepal reported that they had not experienced any violence from the owner. However, one third of the participants in Myanmar and Nepal reported violence by the owner or manager of the establishment in which they worked, including dance bars and discotheques in Nepal, and KTV bars and massage centres in Myanmar. This violence included being coerced to provide sex without payment to police

personnel, government officials, clients known to be violent or to the owner or his relatives and friends, under the threat of violence or being fired. Several participants in Myanmar and Nepal reported being raped by the owner of the establishment while residing on the premises where they worked or, in one instance, gang raped by the owner and his friends. Some participants in all countries reported neglectful, abusive and harmful practices at work, including restricted mobility, long work hours, withholding of food, forcing workers to stay awake until servicing at least one client or to work while pregnant, not protecting them from client violence, not allowing them to set their own fees or refuse a client, preventing access to health care and restricting the supply of condoms.

“They say go with such a person... We can't [say no], we have to go with them. The owner of the hotel decides.”

FEMALE PARTICIPANT IN KATHMANDU

DIFFERENT EXPERIENCES OF VIOLENCE BY GENDER CATEGORIZATION

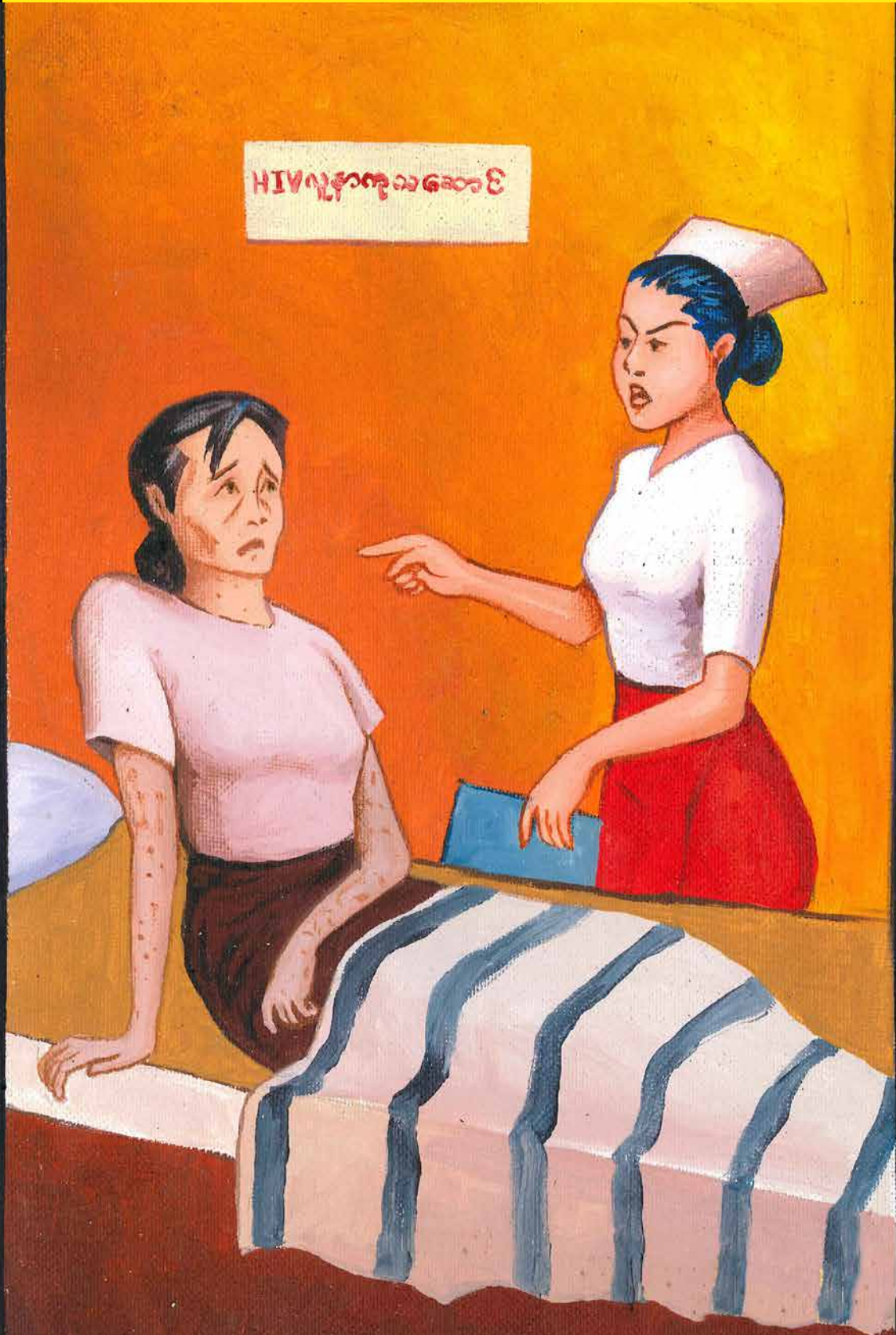
Female sex workers were more likely to use client procurers and thus were more likely to experience economic and emotional violence by client procurers. They were also more likely to work in establishments and thus experience abuse by the owner or manager. Yet, the overall proportion of female, male and transgender participants who reported experiencing sexual violence was comparable. In fact, a greater proportion of male and transgender participants in the sample reported experiencing gang rape than female participants. Male and transgender participants' descriptions of rape were generally more graphic than what female participants described. This may be because their experiences were more brutal or because stigma and shame associated with women discussing sex and their bodies made describing the physical process too hard, or because the rape of women has been normalized in many societies. For example, social norms in Asia often dictate that women are obliged to have sex with their husbands, and in a number of countries, marital rape is not criminalized. On the other hand, male participants did not explicitly use the term 'gang rape' even when their description of an incident clearly showed this to be the case. This could suggest that rape is still considered something that happens only to women and that ideas of 'rape' are still shrouded in shame and silence for men. It is a phenomenon that needs further exploration.

Male participants reported more frequent and severe physical violence than did the female participants. Several male participants in all four countries reported giving money to police personnel not only to prevent being arrested but to prevent them from divulging either their sex worker status or that they had sex with other men, which reflects that male sex workers face interconnected stigmas related to homosexual practices and sex work.

Transgender sex workers experienced particular types of transphobic and homophobic acts of violence aimed at humiliating or shaming them, such as having their hair cut (a marker of their femininity), being forced to engage in performances that mocked their gender identity, such as dancing in a feminine manner or told to "jump like a frog" or "show off [your] penis and jump";* and being stripped of their clothing. Most transgender participants in Nepal and Sri Lanka reported more incidents of emotional and other violence from clients, including being asked to do "humiliating sexual acts", such as having to swallow clients' saliva or letting them ejaculate on their face.

Of the participants who reported being gang raped by policemen, half were from the transgender group. Transgender participants were also vulnerable to abuse by clients who did not initially realize that they were transgender.

*According to one transgender participant describing abuse by senior prisoners when in prison.



KEY FINDINGS

- Even outside of their work settings, the participants experienced violence related to their work, such as violence and harassment by neighbours or the general public and discrimination and abuse in health settings.
- Female participants also faced gender-based violence similar to other women in society, such as intimate partner violence, which is directly related to underlying gender inequalities and social norms that justify violence against women.
- The gendered nature of violence in the home was pronounced, with the female participants much more likely to experience intimate partner violence than male or transgender participants.
- Less than half of the participants reported accessing health care treatment for violence-related injuries. This can be understood in the context of reported experience of discrimination in health care settings.

This chapter presents findings on female, male and transgender sex worker's experiences of violence outside their work setting. The focus here is on violence by intimate partners and violence in neighbourhood and health care settings. Differences in experiences by gender category are presented in box 5. Participants also reported violence from various family members, but most of the incidents cited occurred before they entered sex work and thus are discussed in chapter 3.

5.1 INTIMATE PARTNER VIOLENCE

Intimate partner violence was the most common form of violence experienced by the participants outside the work setting, with the majority in all four countries reporting violence by an intimate partner (76 of 123). More participants from Nepal (22 of 30) and Sri Lanka (23 of 30) reported intimate partner violence, compared with those in Indonesia (14 of 30) and Myanmar (17 of 33), which could reflect actual differences or be related to sample characteristics. Intimate partner violence usually took place at home or in the shared living space of the participant and partner. Occasionally, participants reported experiencing violence from intimate partners in public.

Overall, 55 of the 73 female participants reported intimate partner violence. In all country sites, female participants were more likely to experience intimate partner

violence than were male and transgender participants (discussed in box 5). Still, more than half of the male participants and one third of the transgender participants also reported severe intimate partner violence.

Participants experienced physical, sexual, emotional and economic violence by their intimate partners, with different types of violence often overlapping in specific incidents or throughout their relationship. In most cases, the violence was described as severe, routine and chronic, although it was usually underplayed by the participants until it became severe or life-threatening. Their descriptions of multiple and escalating incidents and the acceptance of violence as a normal part of a relationship are all consistent with studies on intimate partner violence from the general population in Asia.¹⁰² At times in the current study, sex work was a factor in intimate partner violence, particularly when the partner was acting as a client procurer, which has been documented in other studies.¹⁰³

Examples of physical violence by intimate partners include being hit with sticks and straps, choked, thrown on the floor, kicked, knocked on the head, beaten, slapped or punched in the face, being smeared on the face with menthol oil, having limbs broken and being stabbed. There were instances of acid throwing and attempts to set the participant on fire. Physical

violence was in most cases accompanied by emotional violence. Emotional violence was commonly reported across the gender categories in the form of verbal abuse, threats of violence or threats of being revealed as a sex worker to other family members and, in a few cases, stalking.

“There are problems... Sometimes he suddenly leaves me and goes away. Then he comes back again... [We don't use condoms] because he doesn't like them. Many [violent] things have happened. I was even picked up and thrown against the floor. That's why...my mouth is disfigured... He squeezes my neck, kicks me, knocks me on the head.”

FEMALE PARTICIPANT IN COLOMBO

In total, 27 of the 123 participants (21 female, 5 male and 1 transgender) reported being raped by an intimate partner. Of the female participants, almost half of those in Indonesia, one third in Myanmar and several in Nepal and Sri Lanka reported being raped by their intimate partner. Several male participants across three of the four country sites reported intimate partner rape, while only one transgender participant reported being raped by an intimate partner.

¹⁰² Fulu and others, 2013.

¹⁰³ Decker and others, 2013b; Panchanadeswaran and others, 2008, pp. 106–112.

“Last Sunday he came home, he was drunk. I did not want to have sex. So I thought I will [feign] sleep. But he got hold of me, hit me twice. He did it by force. I refused because he was drunk. He said I could not refuse. He pulled me and hit me twice and did it.”

MALE PARTICIPANT IN COLOMBO

A number of participant’s comments suggested that they believe that women are obliged to have sex with their partner and cannot say no. This was particularly the case in marital relationships in which the participants reported that they had little autonomy to refuse sex.

“When he asks, we must give.”

FEMALE PARTICIPANT IN COLOMBO

“Before we got married, it was like rape without my consent. After we were married, I was usually asleep when he had sex with me. So he did what he wanted and left. I just asked him to cover me up afterwards.”

FEMALE PARTICIPANT IN YANGON

Many female participants in Nepal and Sri Lanka and one participant in Indonesia experienced economic violence from intimate partners mostly in the form of demands on their money. Only

one male and one transgender participant reported economic violence by an intimate partner.

“My partner threatened to reveal that I am a sex worker if I didn't pay his motorcycle [purchase] instalment.”

MALE PARTICIPANT IN JAKARTA

Several participants said the triggers for violence related to jealousy, suspicion of infidelity or because the participant was doing sex work, anger at being refused sex or money, and alcohol or drug abuse. Some of the reported violence was described as sudden and inexplicable. Intimate partner violence was described by many participants as inevitable or a normal part of life.

“You know, I made the money, he took it all, and I still got beaten. It is said that we women are to be hurt by men.”

FEMALE PARTICIPANT IN JAKARTA

Reports of intimate partner violence varied quite significantly by setting. For example, the vast majority of male participants in Indonesia and Nepal reported experiencing intimate partner violence. This is also consistent with other studies that suggest rates of intimate partner violence can vary

considerably from country to country. Rape by an intimate partner was reported less frequently by female sex workers in Nepal and Sri Lanka than by the female participants in the other two countries. This could be a sample artefact. It also could be explained partly by the fact that marital rape is not a crime in these settings. Women may underreport because they believe it is a wife's obligation to have sex with her husband or partner.

5.2 VIOLENCE BY THE GENERAL PUBLIC

In all four country sites, many participants across the gender categories reported experiencing regular violence by the general public in such areas as their residential neighbourhood, around their place of work and in public spaces, such as public transport. Such violence was perpetrated by neighbours, local thugs, groups of men and strangers, often when the participant was suspected or revealed to be a sex worker. The violence described in this section thus overlaps in some ways with the violence in the work setting presented in the previous chapter.

Emotional violence and harassment by the general public was the most prevalent type of violence reported by participants. It most commonly took the form of verbal abuse, name-calling, threats of harm and social exclusion. In several cases, it occurred because the perpetrator assumed the participant was living with HIV.

“People call out, ‘Oy, *hijra!*’, ‘penis sucker’ and ‘anus fucker!’ Some say that we do not have a penis, so if we get married, we cannot give birth to a child... Some say that they should not look at our face, otherwise it will be unlucky for them. Some spit on us in the street.”

MALE PARTICIPANT IN KATHMANDU

One street-based female participant was verbally abused, tied with a rope and roughed around by local women after someone from her neighbourhood saw her in an area known for soliciting. Another discotheque-based female participant was returning home from work at night when she and her friend were accosted and beaten by men who verbally abused them and reprimanded them for being sex workers. A few transgender participants were threatened with violence by groups of men and had stones thrown at them by members of the general public.

“When I was 17, thugs asked, ‘Are you a boy or a girl?’ Then they stripped me and put a scythe around my neck. I used a pedicab driver’s sarong to cover up... What is their actual hate about?”

TRANSGENDER PARTICIPANT IN JAKARTA

In Nepal, a few female and male participants had difficulty finding housing, recounting instances in which a potential landlord stated they would be ‘a bad influence’. In one instance, a massage centre-based female participant had to move house in the middle of the night because a client from her neighbourhood had disclosed to others in the area that she was a sex worker.

In Myanmar, Nepal and Sri Lanka, a few female participants reported demands for sex from male neighbours because they were perceived as sexually available due to their sex work. In Myanmar, two female participants reported being raped by local officers in their municipality ward; in one case, a ward authority official entered her residence while on duty. A few female participants in Myanmar and Nepal reported enduring sexual and emotional violence around their residential neighbourhood, including by taxi or rickshaw drivers.

In Nepal and Sri Lanka, many participants across the gender categories reported severe instances of physical and sexual violence by local thugs and groups of neighbourhood men, including rape and gang rape, sometimes accompanied by extortion of money or theft of personal items.

“When we are in the park, the thugs are there. If we get clients, then they follow us. I have to give them money so they will not bother us in the hotel. Some ask for fast food and some ask for money. If I earn 1,000 rupees, I have to spend 400–500 rupees on them. They threaten me, saying that they will inform the police if I do not give them money.”

MALE PARTICIPANT IN KATHMANDU

A number of transgender participants reported experiencing discrimination from members of the general public related to their gender identity or because they were perceived to be living with HIV.

“I was helping at a funeral. People were preparing to cook [a special dish]. I was trying to help in cutting onions. One lady stopped me and told me to wear gloves. She is an old lady and she can tell me my hands are not clean but didn’t ask me to wash with soap and water. She asked me to wear gloves. I wore gloves and cut onions. When I looked at the other people, none of them wore gloves.”

TRANSGENDER PARTICIPANT IN YANGON

In Indonesia, transgender participants experienced repeated and unchecked physical violence by members of a powerful right-wing religious group who regularly attacked female and transgender sex workers around the public park where they worked. The majority of the transgender participants and several female participants in Indonesia explained that these perpetrators would come in groups on motorcycles, carrying sticks and weapons, and would throw rocks at sex workers and shout abuse at them. Several transgender participants were severely beaten by members of this group, to the extent that their injuries required emergency medical attention. A transgender participant observed that even in their aggressive raids, police personnel were “not as cruel” as the religious group members.

“[They] pulled my clothes and slapped me with something made of bamboo. I passed out from the impact.”

TRANSGENDER PARTICIPANT IN JAKARTA

“Two days before Eid al-Fitr I was attacked... and had to have four stitches on my hand and six stitches on my head. I have no power to fight against [them].”

TRANSGENDER PARTICIPANT IN JAKARTA

Some participants noted that violence by the general public was connected to the violence they experienced by police personnel, which contributed to stigma associated with their choice of work.

“I think that other people are violent towards us because of police behaviour. Police hate us and punish us and, therefore, the general public has negative attitudes towards us.”

MALE PARTICIPANT IN KATHMANDU

5.3 VIOLENCE IN HEALTH CARE SETTINGS

One quarter of all the participants (16 female, 6 male and 9 transgender) across all study sites reported experiencing discrimination and emotional or economic violence in health care settings by doctors, nurses, attendants and other staff while seeking treatment for injuries, and when seeking services for HIV and sexual health. This must be understood in a context in which participants avoided seeking services in health care settings. For example, less than half of the participants reported seeking treatment for violence-related injuries. Among the participants who did seek services at a public or private facility, there were reported instances of derogatory language, emotional abuse, refusal of admission or services, extortion,

insensitive and degrading treatment and breach of confidentiality.

Patterns varied in each country and across the gender categories. In Sri Lanka, the vast majority of participants reported having positive experiences in health centres, with the exception of those who were living with HIV. In Myanmar, most of the participants' experiences of discrimination took place in private health care settings. More than half of the transgender participants in Myanmar reported discrimination and insensitive treatment by medical staff at public and private facilities who were condescending or presumed them to be living with HIV. Several of the transgender participants also reported transphobic attitudes of doctors while attempting to access hormonal treatment.

In Nepal, all the reported instances of discrimination and verbal abuse took place in government-run health centres and public hospitals. Almost all the male participants in Nepal reported that they were criticized for same-sex sexual activities when they went for check-ups, reflecting the social stigma around homosexuality. A male participant was told by a doctor that he had "mental problems" if he was a sex worker, and two transgender participants were laughed at and mocked by health centre staff. A few participants in Nepal also reported that health care professionals denied them treatment, refusing to conduct an X-ray and refusing to prescribe medicine.

Female participants in three of the countries were verbally abused for being sex workers or being poor; and one female participant encountered physical violence in Nepal when seeking an abortion.

"Even if we pay the money, they will point their fingers at us and criticize. If I pay the money and get an examination for my female private parts for discharge symptoms, they would say it was very smelly and ask why it has to be rotten like that—they yelled these words and people could hear."

FEMALE PARTICIPANT IN YANGON

"When I went to hospital [after being raped], the medical personnel did not respond properly. Blood was coming out of my anus. It needed stitching but the staff did not take it seriously. They asked why I was doing anal sex, being a boy... But one woman said that [the staff] had to behave in a good manner. Then they put in the stitches."

MALE PARTICIPANT IN KATHMANDU

“In the hospital, they give more attention to our sexuality than to our treatment.”

MALE PARTICIPANT IN KATHMANDU

Participants living with HIV and those who were drug users experienced additional discrimination, particularly in Nepal and Sri Lanka. In Sri Lanka, all five participants living with HIV reported negative experiences in health care settings. In three of the five cases, their HIV status was disclosed to others without their consent and in breach of their right to have their personal health data treated with confidentiality. In Nepal, the female participants living with HIV reported difficulty in accessing antiretroviral treatment because they injected drugs. Several participants living with HIV did not disclose their status when seeking treatment for something unrelated to HIV, anticipating that they would be discriminated against or because doctors tended to give moralistic lectures on drug use.

“A group of attendants at the hospital were from my village, and they had gone and told the others [in the village] about me. The public health inspector also had informed others. Maybe it was not spread by the inspector, but some of the nurses and the attendants had spread news about my condition in the village.”

TRANSGENDER PARTICIPANT IN COLOMBO

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

FEMALE PARTICIPANT IN KATHMANDU

BOX 5

EXPERIENCES OF VIOLENCE OUTSIDE THE WORK SETTING, BY GENDER CATEGORY

The gendered nature of sex workers' experiences of violence outside the work setting was very pronounced in this study. Although there were a substantial number of reports from the male and transgender participants, female participants in all four country sites faced more extensive intimate partner violence. Female participants' experiences of abuse in the home were strongly associated with their subordinate status as women, gendered expectations around domestic responsibilities and control over their sexuality. This included intimate partners' perceived entitlement to control the participants' sexuality and the expectation that women should be available to their partners for sex at all times. This expectation was particularly strong for wives with limited recognition of rape in marriage. Some female participants in Indonesia, Myanmar and Sri Lanka experienced abuse not just from intimate partners but from their partner's family – from in-laws or other relatives after the death of a husband or separation, sometimes being thrown out of the house or during a fight for custody of a son.

Transgender participants reported specific types of abuse in public related to their gender identity. This included acts of physical and emotional violence by strangers that were of a transphobic nature, often aimed at ridiculing their gender expression. The fact that a significant number of male and transgender participants also reported experiencing intimate partner violence is an important finding because data on intimate partner violence from these populations is relatively scarce. Transgender participants did not report as many severe incidents of intimate partner violence, but further research is needed to determine whether this reflects an actual difference in experiences or an underreporting of violence because it is considered a 'normal' part of intimate relationships. The male participants' sexuality was not 'visible' to the general public in the way it is for the transgender participants; but in a few cases in Myanmar and Nepal, male participants experienced violence after they were seen in areas known to be populated by male sex workers.

Notably, the male participants in Nepal cited numerous incidents of insensitive treatment in health care settings that reflected enduring homophobic attitudes and strong stigma around anal sex.

KEY FINDINGS

- Participants suffered severe and life-threatening physical, mental and sexual health consequences from the violence they experienced. These consequences were interconnected and in some instances exacerbated one another.
- Violence against the participants greatly increased their risk of HIV infection, not only through direct sexual violence but also via indirect pathways that reduced their ability to negotiate safe sex, seek health care and report violence.
- The criminalization of sex work made participants particularly susceptible to HIV infection.

The violence that sex workers experience is a clear violation of their human rights and affects their well-being in multiple ways. It challenges their ability to earn an income, it prevents them from engaging fully in society and it leads to severe health consequences, including increased HIV risk. Violence against women has been defined as a global health issue of epidemic proportions, and sex workers (female, male and transgender) experience an even greater burden of violence and injuries than the general female population.¹⁰⁴ This chapter describes the consequences of the violence that sex workers reported in this study. Many of these consequences are interconnected and cumulative.

6.1 PHYSICAL HEALTH

The majority of participants across the gender categories in all four countries suffered physical injuries caused by violence that were severe enough to require medical attention. In total, 83 of the 123, or more than two thirds of all participants, reported that they had suffered physical injuries from violence that required medical attention. This included internal and external injuries, commonly to the head, face, hands and eyes, sometimes resulting in a permanent disability (damaged hearing, impaired sight or disfigurement).

¹⁰⁴ Crago, 2009.

“My first husband was an alcoholic and a gambler. He came home once and beat me till my teeth came out and he dragged me. When he was upset, he assaulted me till my body was swollen and I could not get up.”

FEMALE PARTICIPANT IN JAKARTA

A number of participants reported that they required surgery or stitches due to head injuries, broken limbs, cuts or wounds as well as anal and vaginal tears and other genital wounds. Twenty-two participants each in Myanmar, Nepal and Sri Lanka and 17 participants in Indonesia reported such injuries.

In three of the four sites, police personnel or clients were responsible for these injuries, while in Indonesia, intimate partners were primarily responsible. Client procurers and local thugs were also responsible for injuries. Some participants reported that they suffered severe injuries from weapons wielded by clients or thugs. Some experienced injuries as a result of intimate partner violence, such as burns from being set on fire or having acid or kerosene thrown on them.

“There was a customer. He told me that he would give me 500 rupees for sucking... I did the sucking. When I told him that I would go home, he attacked my neck with a knife.”

TRANSGENDER PARTICIPANT IN KATHMANDU

In addition to direct physical injuries, participants also reported longer-term health consequences as a result of violence, such as illness and weight loss after time spent in police custody.

“Because I got thin [from the stress] the clients asked, ‘Why are you getting so thin?’ And they don’t want to call me anymore. Or they pretend not to see me...”

FEMALE PARTICIPANT IN YANGON

6.2 SEXUAL HEALTH, VIOLENCE AND HIV RISK

As discussed in the previous two chapters, the majority of participants in all gender categories reported experiencing sexual violence. This violence resulted in severe injuries, including genital injuries causing pain, swelling, bleeding, infections, tearing of the rectal lining and, in several cases, long spells of immobility or difficulty in passing urine and stool.¹⁰⁵

“I was unable to go to the toilet for two weeks after police gang raped and physically abused me.”

FEMALE PARTICIPANT IN KATHMANDU

¹⁰⁵ Although not specifically mentioned, the descriptions of some participants suggest they suffered fistula.

TABLE 5

PHYSICAL, SEXUAL AND MENTAL HEALTH CONSEQUENCES OF VIOLENCE*

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

*Based on reports by participants in this study.

Sexual violence also resulted in unintended pregnancies among female sex workers.

The link between sex workers' experience of violence and HIV infection has become more established over recent years.¹⁰⁶ Indeed, recent modelling has showed that the elimination of violence against sex workers would result in a 25 percent reduction in HIV infections worldwide.¹⁰⁷ This study adds to this knowledge, clearly showing that the violence reported by sex workers from multiple perpetrators in diverse sex work contexts has implications for their vulnerability to contracting HIV or transmitting the disease. Table 6 outlines how the various types of violence that sex workers reported relate to their risk of contracting HIV.

First, sexual violence usually occurred without a condom. More than a third of those who reported rape reported that no condom was used when they were raped by policemen, clients, intimate partners or others. In a few cases in Myanmar and Nepal, female participants reported that they thought they had contracted a sexually transmitted infection (STI) as a result of being raped, including one participant who thought that was how she had contracted HIV.

The majority of rapes described by participants were aggressive and led to bleeding and genital injuries. These injuries

increased sex workers' risk of infection, and for sex workers living with HIV, it increased the risk of transmission to perpetrators and subsequent clients. Gang rape heightened exposure to HIV risk, with multiple perpetrators and more often than not causing genital damage, anal and vaginal tearing and bleeding. Gang rape experienced by the transgender and male participants is of particular concern. Unprotected anal intercourse, even without tears and abrasions that may result from rape, presents a five-time greater risk for HIV transmission than unprotected vaginal intercourse.¹⁰⁸ Anal rape further increases risk of HIV transmission through the likelihood of anal tissue being damaged.

“[One] time when I hung around, I found one or two guys and we agreed to have sex. I went with them, then found out there were around five people I had to have sex with. I tried to turn around, but they squeezed my neck and demanded it. I had to give a blow job to one guy; the other guy tore off my clothes from my back and tried to have sex with me forcibly... I asked him to use a condom but he was so rushed and couldn't care to use a condom. While I was giving a blow job to the guy at my front, the guy who entered me from behind took money that I kept in my bra.”

TRANSGENDER PARTICIPANT IN YANGON

¹⁰⁶ Shannon and Csete, 2010, pp. 573–574; Shannon and others, 2008, pp. 911–921; Ratinthorn, Meleis and Sindhu, 2009, pp. 249–269.

¹⁰⁷ Kerrigan and others, 2012.

¹⁰⁸ Klot, Auerbach and Berry, 2013.

TABLE 6
VIOLENCE, STIGMA AND HIV RISK*

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

*Based on reports by participants in this study.

“The pain was still there [because] the wound had not yet healed—my [anus] was still lacerated and painful, but I was forced to provide services for clients... My injuries took a long time to heal and actually became more severe. I am HIV-positive, but I was forced to work. I could not sleep during the night. I cried and felt ashamed of myself.”

MALE PARTICIPANT IN JAKARTA

Particular settings and perpetrators contributed to circumstances that combined to increase HIV risk. In cases of police violence and sexual extortion, the ability to negotiate condom use was extremely limited, given the power imbalance at play. Prisons and custodial settings also increased participants’ exposure to sexual violence because of their limited negotiating power and because condoms were often not available. Participants in economically precarious situations and those who were under the influence of drugs or alcohol were susceptible to increased risk of being coerced into risky situations, not being able to take control of their situation or to negotiate condom use with clients.

“When they have free sex with me, they don’t use condoms and I cannot ask them to use condoms either. So that’s dangerous for my health because they are the police, they go around everywhere and have sex with various people. I worry a little about that part.”

TRANSGENDER PARTICIPANT IN YANGON

“[Another time] a cop in uniform took me right into their quarters through the back entrance, took me into a room, asked me to remove my clothes and wanted to do it in my backside. I said no, not without a condom. He said there was no time for all that, the other cops would be here soon. He got me to suck it till it was wet with my saliva, added some of his own, too, and did it in my backside.”

TRANSGENDER PARTICIPANT IN COLOMBO

In several cases in all country sites, clients’ refusal to use condoms was accompanied by physical violence against the participants. Multiple types of violence used together, including beating or the threat of physical violence or death, verbal abuse and economic violence (threatening to rob them or not to pay), reduced the ability of participants to negotiate condom use.

“I can’t really say no [to sex without a condom] and I usually have to do what they ask. If I get paid well, I don’t really have the right to say no. But if the money isn’t as much as I want, I might say no.”

TRANSGENDER PARTICIPANT IN YANGON

“Once, a guest used the same condom three times in a row. The condom was torn and he played for a long time. I cried and said, ‘Please stop, sir.’ But he refused and he forced me to go on. Then he threatened me by saying nasty things. I told him that the money I get won’t be enough to pay for the doctor. ‘Just change the condom. Get a new one with lubricant,’ I said again. He still wouldn’t listen. Then I said I wanted to stop, telling him to just pay for the room. Instead, he didn’t give me a cent. I cried. He just threatened me. He never hit me. He just got up and left.”

FEMALE PARTICIPANT IN JAKARTA

Intimate partner violence also increased sex workers’ risk of HIV through direct sexual violence, physical violence that limited their ability to negotiate condom use and through indirect pathways, such as increased risk-taking behaviour.

“He [intimate partner] used to say that I must have sex with him. He used to pull me forcibly. He did not wear a condom... I became infected with HIV. He blamed me—that I transferred it to him, and he left me”.

FEMALE PARTICIPANT IN KATHMANDU

Discrimination, violence and insensitive treatment in health settings also increased participants’ susceptibility to HIV by creating an environment in which they hesitated to be tested or seek treatment, thus making HIV prevention impossible. In a few cases in Myanmar and Sri Lanka, the participants’ HIV status was revealed by medical professionals, with disastrous consequences for the participants.

“My brother got to know and after that he did not want to associate with me... I was discriminated against in the village. I was not allowed to visit anyone or even go to the village. It was difficult for my children to go to school. They could not bathe in the stream or draw water from a well... My husband did not accept me. My condition caused problems in my eldest daughters’ marriage... My daughter’s education was disrupted... My youngest son, who was a priest, was de-robed because of me.”

FEMALE PARTICIPANT IN COLOMBO

CONDOMS AS EVIDENCE OF SEX WORK

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

FEMALE PARTICIPANT IN YANGON

Participants in all four countries reported that the police used possession of condoms as evidence of sex work. Three quarters of the entire sample in one country, across gender categories, had been arrested on the basis of the possession of condoms, as had two thirds of the sample in another country. Several

participants were raped or gang raped by policemen who had searched them and found condoms. The presence of condoms in their possession was used to justify the violation. Paradoxically, carrying condoms therefore increased the participants' risk of sexual violence by police personnel, which in turn increased their risk of exposure to HIV. This discouraged participants from keeping condoms, thus increasing their HIV risk in another way as they had to depend on clients to provide and use condoms.

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

TRANSGENDER PARTICIPANT IN COLOMBO

The use of condoms as evidence is a matter of extreme concern for sex workers' rights activists, sexuality

rights activists and public health advocates. Not only does it lead to random profiling and police violence, it also discourages the carrying of condoms by both sex workers and non-sex workers out of fear of police harassment, which thus leads to a greater likelihood of unprotected sex. Outreach workers distributing condoms are forced to put themselves at risk also, again undermining the HIV response. Confiscation of condoms and treatment of condoms as evidence endangers public health programmes targeted at HIV prevention at the local, national and international levels and makes society at large more vulnerable to HIV risk.

This is not unique to Asia. A report by Human Rights Watch, *Sex workers At Risk*, provides detailed evidence of random arrests for carrying condoms, arguing that it is pushing back decades of public health progress. The United States' Presidential Advisory Council on HIV/AIDS also cited the use of condoms as evidence of prostitution as one of several HIV-specific criminal laws that are "fuelling the epidemic rather than reducing it".*

*Human Rights Watch, 2012.

Because the consequences of exposure as sex workers or people living with HIV are so drastic, the participants preferred to either not seek medical help after experiencing violence or chose not to reveal their HIV status even with doctors, thereby increasing their own vulnerability to the impact of the disease and that of others to HIV transmission.

6.3 MENTAL HEALTH

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

FEMALE PARTICIPANT IN KATHMANDU

Most participants in all gender categories and in all four countries reported that the violence they experienced had negative consequences for their mental health. These included severe emotional distress, fear and anxiety about work and contracting STIs and HIV, shame, a sense of helplessness, loss of confidence and self-esteem, self-harm by inflicting cuts, wounds or burns on their bodies, suicidal thoughts or suicide attempts. Participants living with HIV and those who were drug users mentioned additional emotional violence due to the stigma attached to HIV and drug use. In Sri Lanka, four of the five participants living with HIV reported that they had attempted suicide.

"I am a drug user and a sex worker. My sex worker friends do backbiting, saying that they should not walk with me because I use drugs; that I might have HIV and transfer it to them; that I might steal their mobile phones. I feel very sad hearing it. I am a sex worker and they are also sex workers. But they ignore me because I am a drug user. Mentally, I am very disturbed."

FEMALE PARTICIPANT IN KATHMANDU

For many participants, physical and sexual violence resulted in trauma and fear in addition to their physical injuries. Almost half of all the participants (59 of 123) explicitly reported having suicidal thoughts and/or attempting suicide and described it as a direct response to cumulative experiences of discrimination and physical, sexual, emotional and economic violence. Even though emotional violence may not result in direct physical injuries, many participants reported that this form of abuse had a long-lasting impact on their mental health and eroded their self-esteem and emotional well-being.

"Psychological violence is worse than physical violence."

TRANSGENDER PARTICIPANT IN JAKARTA

6.4 ECONOMIC IMPACT OF VIOLENCE

Several participants across the gender categories and the four country sites encountered economic consequences related to their experiences of violence. In particular, they reported loss of income because they had to stop work due to injuries and incurred expenses if they sought treatment, such as the medical care, hospitalization, emergency contraception and tests for STIs. Visible injuries, especially on the face, prevented a few participants from returning to work while they healed. In the case of the transgender participants, acts of humiliation against them (such as shaving their hair) also meant they could not go back to work right away. For many participants, whose daily survival depended on what they earned each day, the inability to work threatened their income and well-being and that of their families (for those who supported dependants).

"If I take a break, who's going to provide for my children?"

FEMALE PARTICIPANT IN JAKARTA

BOX 7

GENDERED IMPACT OF VIOLENCE

Female participants' injuries were caused by police personnel, paying and non-paying clients and intimate partners, occasionally client procurers or the owner or manager of their workplace. Male and transgender participants additionally reported being injured by thugs or groups of men who preyed on them, including men who were part of a fundamentalist religious organization in Indonesia.

There were some differences in the consequences of sexual violence that female, male and transgender participants experienced. Female participants suffered unwanted pregnancies leading to unsafe abortions and, in one case, a miscarriage, or had to seek emergency contraception in situations of rape and gang rape in which condoms were not used. The female participants also appear to have suffered more severe injuries from intimate partner violence, including burns from acid attacks and from being set on fire. None of the male or transgender participants reported being burned. However, male and transgender participants reported bleeding, swelling, soreness and injuries to their anus and rectal lining.

In Sri Lanka, emotional violence affected female, male and transgender participants differently. Male participants did not appear to internalize the emotional violence related to being a sex worker as much as women did, who over time developed low self-image and blamed themselves for the violence they had experienced (believing they had 'asked for it' or as sex workers that they 'deserved' it). Among the female participants in Myanmar, the vast majority stated that self-harm was a way to release feelings of anger or frustration that were connected with the inability to avenge those who had harmed them.

Male participants in Indonesia also expressed self-blame, although in relation to their sexuality, describing it as sinful and suggesting that any related suffering was deserved. Transgender participants tended to associate emotional violence with their gender identity and the public expression of it rather than their involvement in sex work.



KEY FINDINGS

- The participants most often sought help from their peers and, in cases of violence-related injuries, from the health sector.
- Although most participants told someone about the violence they experienced, very few had reported it to the police or sought legal assistance.
- The participants did not report violence to the police because they feared being arrested, abused or extorted. A lack of awareness of their rights and the law also prevented them from reporting.
- The participants employed a number of strategies to reduce the risk of violence and became better at protecting themselves from violence with experience in the industry. Yet, this was rarely enough to prevent incidents of violence overall

This chapter describes how the participants responded to and sought help for the violence they experienced and what factors influenced their help-seeking behaviours. It also presents findings on how the participants mitigate risk and the strategies they employed to try to prevent violence.

7.1 RESPONDING TO VIOLENCE

In a few instances, participants reported intervention by a higher-ranking policeman, which ended a particular episode of violence but still did not appear to result in any known action to hold those involved accountable.

“Four policemen opened my clothes, asking, ‘Are you a boy or a girl?’, and beat me with a long bamboo stick... Some of them slapped my face with their hand. Then they called me ‘hijra’ and ‘chhakka’. One dog [policeman] kicked me on my chest, saying, ‘Why are you behaving like this?’ They hit me, saying, ‘Why you are behaving like a girl? You don’t have breasts or a hole or anything.’ Later on, a police van came with a higher-level police officer. He asked them why they were taking me. He scolded them and released me. They beat me and left bruises all over my body.”

TRANSGENDER PARTICIPANT IN KATHMANDU

As discussed in previous chapters, there is a high level of impunity for violence committed against sex workers. Although all four countries have laws criminalizing theft, violence and sexual assault, including domestic and international laws specifically aimed at ending gender-based violence, mechanisms for seeking redress are rarely accessible to sex workers in reality.¹⁰⁹

In the absence of access to legal recourse, participants responded to the violence in a range of ways. In the case of physical violence, participants reported that they retaliated or resisted by blocking blows, pleading or attempting to negotiate. A few male participants mentioned hitting perpetrators back, except when the abusers were police personnel. In the case of raids, participants would run or hide or attempt to evade arrest by paying money, providing extorted sex or pleading with the police. One transgender participant described straining to have a bowel movement to avoid anal rape. Another attempted to offer sex to a group of men to avoid a beating. One female participant deliberately kept her nails long to defend herself. A male participant threatened a client with disclosure of his homosexuality if he became violent. Other participants recalled instances in which they had

wanted to respond to violence by fighting back physically but were too afraid of attracting further violence.

Occasionally, participants found safety in bigger groups and collectively responded to violence or situations likely to involve violence.

“But we fight back if there is only one policeman and when we are in groups. There was one time, a friend was arrested and someone shouted there was only one policeman, why couldn't we do something? So my other friends fought back and that policeman had to run away.”

TRANSGENDER PARTICIPANT IN YANGON

“A girl, another *nacchi*¹¹⁰ and me, were all in a room with a customer when [a raid] happened. We got away by hiding under the big bed there —we got under it and got off the floor by clinging onto the slats under the bed so they [police] couldn't see us even if they looked under the bed. They would have taken us away if they had found us that day.”

TRANSGENDER PARTICIPANT IN COLOMBO

¹⁰⁹ All four countries have either signed or ratified the Convention on the Elimination of All Forms of Discrimination Against Women and have laws against gender-based violence. Indonesia, Nepal and Sri Lanka also have national domestic violence legislation, although implementation remains a challenge and definitional limitations mean that some of the violence described by participants is not covered, for example rape of men and oral rape in Indonesia (article 285 of the Penal Code), and marital rape in couples who are not judicially separated in Sri Lanka (section 363(a) of the Penal Code).

¹¹⁰ Local term for transgender.

The way in which participants reacted depended on the type of violence they faced, the perpetrator, the work setting and the conditions in that setting. Participants tended to respond to physical and economic violence rather than sexual or emotional violence, and they were more likely to respond to violence by clients or local thugs than to violence by police personnel, establishment owners or managers and intimate partners. More female participants reported client violence to those around them (client procurers, establishment owners / managers, hotel/guesthouse managers, security guards) than did the transgender and male participants. This was likely because of the larger number of female participants working with client procurers and working in relatively permanent establishments or venues. Female participants were also more likely to receive help from outsiders when they cried for help than transgender and male participants were.

Compared with the resistance described in some other cases, most participants felt powerless in the face of police violence, having little option other than to suffer the violence and/or comply with any demand for sex or money. Moreover, their experiences with the police evoked strong feelings of anger and mistrust that prevented them from going to the police to report other violent incidents.

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

MALE PARTICIPANT IN JAKARTA

7.2 DISCLOSING EXPERIENCES OF VIOLENCE

Overall, most of the participants reported that they disclosed the violence they experienced to someone. However, what they disclosed, who they disclosed to and the disclosure rates varied in relation to the stigma associated with the different types of violence among the gender groups and the types of relationships and community networks that existed in the different settings.

Most participants disclosed client or police violence to their peers as a way of sharing everyday troubles, and support from peers was important in helping them respond to their experiences. However, this was not consistent across the country sites. In Indonesia and Nepal, sexual violence by clients or intimate partners was less likely to be disclosed than physical violence by police personnel (with injuries to show as evidence) or economic violence by clients.

“When we became friends, she [NGO staff person] told me that we could report if the police mistreated us. We could sue them, that I know now. In the past, because we didn’t know, we had to bear it and do whatever they asked us.”

FEMALE PARTICIPANT IN YANGON

Only a few participants disclosed violent experiences to family members or those outside their sex work environment. One participant reported disclosing with the aim of seeking redress outside of the legal system.

“When I met some clients who had some sort of authority power, I told them about those pimp’s threats. They hired some gangsters to beat them up.”

FEMALE PARTICIPANT IN COLOMBO

The types of violence and consequences that participants did not disclose to anyone tended to be those that were considered the most shameful or had the heaviest stigma attached to them for that gender category. For example, female participants in Myanmar and Nepal tended not to disclose experiences of anal rape and intimate partner violence (discussed in box 9). Transgender participants in Indonesia and Sri Lanka tended not to disclose sexual violence and intimate partner violence, perhaps because of shame or a

belief that it was relatively normal. And male participants (across the four sites) tended not to disclose the cause of their injuries to health professionals, especially if it was due to self-harm. This may be because of the dominant notions of masculinity that expect men to be tough or the stigma against women who are victims of sexual violence; other literature suggests that this may be a barrier to seeking help.¹¹¹

“I didn’t tell my friends that my vagina was torn this way because it could hurt my reputation among the girls. Because they always boast they don’t allow this or that kind of demand from their customers. I had it treated secretly.”

FEMALE PARTICIPANT IN YANGON

REPORTING TO POLICE

Despite widespread reports of violence by the participants, the number of incidents they reported to the police was small across all four study sites. In total, less than one quarter of all participants (29 of 123) sought justice for any act of violence perpetrated against them by going to the police (figure 6). This overall proportion is actually larger than what is reported in studies on intimate partner violence in

¹¹¹ Fulu and others, 2013.

BOX 8

‘SEX WORKERS CAN’T BE RAPED’

The participants often responded to physical violence, except violence committed by police personnel, by resisting, retaliating or running away. They often resisted extortion, bribes and non-payment by clients for their services, by taking clients to the local police patrolling the area or by threatening to call in a security guard or local thug or, if working in an establishment, the manager or owner. However, the study findings suggest that when it comes to sexual violence in the context of their work, the participants’ scope to resist or seek redress was more limited. Sex workers are framed within a popular understanding of being available at all times for sexual services – their consent is often deemed unnecessary. The overall tone of public discourse is that ‘sex workers cannot be raped’ and further, that sex work is ‘an invitation to be raped’.

An important finding of this study is that the participants experienced a high incidence of rape across the gender categories. They were raped by police personnel, clients, client procurers, establishment owners or managers and strangers, routinely and with impunity. In their narratives, the participants reported carrying out sexual acts under duress or threat and making their non-consent vocal and clear. Under existing legal definitions, this is rape in most countries. Yet, in many cases, the participants’ own internalization of the belief that ‘sex workers can’t be raped’ was so strong that they did not see what they experienced (forced sex without consent or with vocal and physical resistance) as ‘rape’. Even obvious cases of gang rape often were not termed as such because of the psychological and social barriers to identifying it as rape.

This distancing of acts of extreme sexual violence, which are in fact rape, from use of the term has important implications: It becomes more difficult to access justice, it reinforces the misperception that sex workers’ rights are less legitimate, and it perpetuates the broader problem that people who have been sexually assaulted have in establishing if an act of sexual violence can be called rape.

the general population.¹¹² However, the findings in this study are presented as a proportion of participants (thus reflecting at least one report to the police) and not the proportion of the incidents. Because participants had experienced multiple incidents of violence, these figures are not comparable.

At least 10 participants across the four study sites reported that police were helpful in a range of ways: by just being ‘on their side’, helping them get to a hospital or apprehending the perpetrators. This included in response to complaints by female participants (being beaten by a drunk client, being robbed, being harassed in a public place, assaulted by a group of men, being brutally attacked by a group of men while pregnant and living on the street, beaten by an intimate partner) and transgender participants (physical abuse by army personnel, thug violence, being forced to service clients by a beauty salon manager). Of the 29 participants who went to the police for help, 13 spoke of having mixed experiences, with one female participant noting there are “both nice and bad policemen”. One female participant who was attacked with a razor by a group of men at a client’s house described a positive police reaction to her report of violence.

“I must say the police responded well. They caught the guy. He was in jail until my wound was all healed... I was able to give them a description, and he was caught with the razor red handed... I had to get some injections... until the wound was healed, and he was made to pay for all that.”

FEMALE PARTICIPANT IN COLOMBO

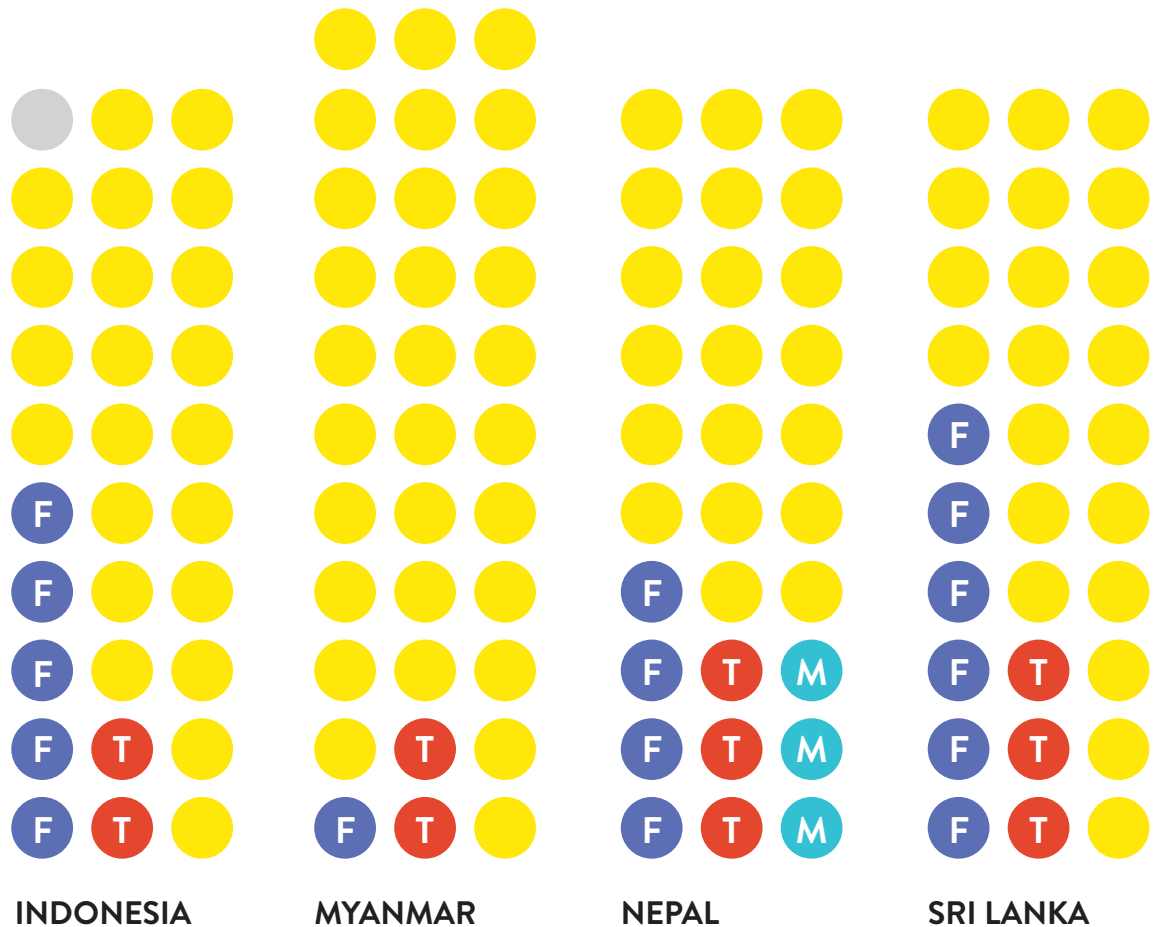
On the other hand, more than half of the participants who sought help from the police reported that they were either ignored or faced extortion, harassment or exposure of their status as sex workers, which put them at risk of further harassment by police in the future. One female participant went to the police to report the homicide of a co-worker. When giving her statement, she was forced to reveal her identity and was then arrested for being a sex worker.

Perhaps not surprising, the participants were more likely to report violence by thugs, strangers, clients and intimate partners than violence committed by police personnel. The few participants who attempted to report police violence to the police had little success and in some cases were subjected to further police violence.

112 Garcia-Moreno and others, 2005.

FIGURE 6

NUMBER OF PARTICIPANTS REPORTING EXPERIENCES OF VIOLENCE TO THE POLICE, BY SITE AND GENDER



- PARTICIPANT EVER EXPERIENCED VIOLENCE AND DID NOT REPORT IT TO POLICE
- F FEMALE PARTICIPANT WHO EXPERIENCED VIOLENCE AND REPORTED IT TO POLICE
- T TRANSGENDER PARTICIPANT WHO EXPERIENCED VIOLENCE AND REPORTED IT TO POLICE
- M MALE PARTICIPANT WHO EXPERIENCED VIOLENCE AND REPORTED IT TO POLICE
- PARTICIPANT WHO NEVER EXPERIENCED VIOLENCE

"[The police inspector] hit me and blood was coming out. We went to [a police station] to complain against him. The police there asked us what proof we had. We didn't have proof and they said that a police would not do that [abuse]. So we left."

FEMALE PARTICIPANT IN KATHMANDU

"I went crying early morning and complained that some officers took me in the jeep to the place [where they] all stay and gave me to a number of officers [for sex]... For having said that, they hit me with a stick... After that, another hit me for having said that, for scolding the police... It wounded my hand as well."

FEMALE PARTICIPANT IN COLOMBO

Action was taken against offending police officers in only three cases, all in Sri Lanka and all in relation to female participants who had experienced severe violence that led to hospitalization and, in two cases, a permanent disability. In all of these cases, an NGO officer had intervened. In one instance, a transgender participant from Nepal took her case (of police violence) to the National Human Rights Commission. There were no other examples of reporting to state bodies. The reasons the participants gave for not reporting violence to the police were that they feared arrest (particularly in countries where aspects of sex work are directly criminalized) and they mistrusted the police, given

that police personnel often committed violence against sex workers. Additionally, several participants feared backlash if they reported violence from clients, client procurers or local thugs who could return to their work setting and cause them further harm.

"Here is a conflict in my mind, whether I should shout out loud or report someone. But if I shouted, they'd have killed me. If I reported someone, the others would have come and given trouble. So I just kept quiet."

FEMALE PARTICIPANT IN YANGON

A few male participants were concerned about how the police viewed homosexuality and male sex work, while several transgender participants were concerned that their gender identity or expression would put them at risk of further harassment. A few thought that because the transgender community was marginalized, they would not be attended to.

“If I got punched, I would want to report about it to the police. But I was worried that the police would make a fuss about my appearance. I was worried that the police would blame me, that I was asking for problems due to my behaviour and dressing style.”

TRANSGENDER PARTICIPANT IN YANGON

SEEKING HELP WITHIN THE WORK SETTING

Several participants in Indonesia, Myanmar and Nepal reported that they sought assistance and support from persons within their work setting, including establishment owners or managers, the security guards who worked there and guest house/lodge/hotel staff who knew them.

“A guesthouse manager gave me shelter after I was raped by a group that came with a client.”

FEMALE PARTICIPANT IN YANGON

Several female participants reported client violence to managers, often with positive outcomes. For example, a female participant working in an upscale hotel, bar and spa establishment was bitten on the breast by a client until it bled. She reported him immediately to her boss, who fined the guest heavily and sent the participant for medical treatment. In

Indonesia, a few participants reported that establishments had mechanisms in place to pre-empt and prevent client violence, such as hiring security guards or keeping clients' mobile phones and wallets at the reception to guard against non-payment. Other protective factors offered by establishments according to participants included the ability to shut out unruly outsiders, having freely available condoms and health checks and having a community of co-workers who supported each other.

In street settings or outcall sex work, several participants, mostly female sex workers, reported instances of calling for help in cases of client violence—with some participants receiving help in response.

“There was one time that [a client] took out a knife because I didn't allow anal sex. He took his shoe and hit me. I screamed at that point, and someone nearby in the lodge heard me and they broke the door open and came into the room and saved me.”

FEMALE PARTICIPANT IN COLOMBO

A few female participants were helped by waiters who intervened by pretending to be boyfriends and helped them escape violent clients. Some had been given warning of raids by a taxi driver or club staff. In one case, a hotel manager helped by negotiating with a client to pay the

participant after the client refused to pay after the service was provided. In a few cases, male participants reported asking for and receiving help from staff of the hotel they were operating from when they experienced client violence.

“Many times I have been left naked in a hotel by clients who did not pay and took my clothes after sex. Where the hotel staff knew me, they lent me clothes, but in other hotels they asked me to leave in my underclothes only.”

MALE PARTICIPANT IN KATHMANDU

In rare instances, transgender participants reported seeking help from a ‘senior’ in the community (older transgender persons in the community who play a mentoring role) or from other nearby peers after experiencing client violence.

SEEKING LEGAL ASSISTANCE

The majority of participants across the gender categories and study sites did not seek legal assistance or access their national justice systems. In total, 14 of 123 participants reported seeking legal assistance in response to the violence they experienced (8 female, 1 male and 5 transgender). Most of those (9 of 14) who sought legal support were from Sri Lanka, where many of the cases were supported by an NGO that helped the participants take

action against perpetrators. The outcome of these cases is not known.

Knowledge of laws related to sex work was generally limited among the participants. More than half of the participants across the four countries had no knowledge of the laws on sex work in their country. However, in Myanmar where all aspects of sex work are criminalized, most participants knew about the sex work-related laws. The higher level of awareness in Myanmar may also be due to a legal aid programme provided by the sex worker-led NGO Targeted Outreach Programme. More transgender participants across the country sites had some knowledge of laws than the male or female participants, likely because of the impact of local NGOs and rights awareness-raising in the transgender community. Access to legal assistance was generally limited, and even where lawyers were provided through government services, some participants reported that they were not particularly helpful.

“They did provide the government lawyer for me, but there is nothing much that can be done since he wasn’t paid anything. So when the prosecutor asked me questions, since I have never experienced [such questioning], all my answers are useless because the prosecutor took apart all my responses. The lawyers are good at talking, and they are more intelligent than me so I was trapped with my words. At last I had to admit [to the charges].”

MALE PARTICIPANT IN YANGON

In addition to the lack of knowledge, participants mentioned various barriers they faced in seeking legal assistance. For example, a few had difficulties in obtaining a lawyer; others were concerned that they would be ill-treated for being sex workers and so avoided it; and in a few cases, the participants could not take time off to meet the lawyer. In a few instances the police denied the participants access to legal representation or put pressure on them to confess to charges.

“[The police] told me, ‘If you don’t confess, the charge will be larger. If you want to be released soon, confess it quickly.’ So I didn’t hire any lawyer. I just admitted it and they sentenced me for three months’ imprisonment.”

FEMALE PARTICIPANT IN YANGON

SEEKING HEALTH SERVICES

Around half of the participants in Myanmar, Nepal and Sri Lanka and nearly one third of participants in Indonesia sought medical assistance in hospitals and clinics after experiencing severe violence that left them with injuries requiring medical attention. The remainder—most participants in one country site (Indonesia) and half of the participants in three country sites (Myanmar, Nepal and Sri Lanka)—did not go to formal health care services even when they required medical attention. Instead, they often chose to self-medicate or have friends treat them.

The participants cited persistent discriminatory behaviour towards them by health care providers (discussed in section 5.3) as a barrier to seeking medical attention. They also cited reluctance to access health services out of fear that their involvement in sex work would become known if medical personnel asked how they sustained their injuries.

“[If I told them I had been raped] there would have been drama because everyone would start looking at me. They would all know about my work. So, I usually do not go to hospital.”

FEMALE PARTICIPANT IN KATHMANDU

Cost was another barrier to seeking formal health care, as were self-blame and shame. In situations where the participants sought medical attention for a violence-related injury, many did not disclose the cause to the health professionals, fearing they would be judged, refused treatment, discriminated against or exposed as a sex worker.

“I told them [at the hospital] it was because of a fight, not a client.”

TRANSGENDER PARTICIPANT IN JAKARTA

In three of the four countries (Indonesia, Nepal and Sri Lanka), participants were more likely to seek treatment for physical violence than for sexual violence. None of the participants in the study reported seeking treatment for mental health problems.

There were some differences among country sites in reporting different types of violence. In Myanmar, the participants reported good access to sexual and reproductive health facilities provided by NGOs. The majority of the female and transgender participants in Myanmar went to NGO facilities for injuries due to physical and sexual violence, including for anal and vaginal tears and for medication for uterine swelling and infections. They also sought interventions to avert STIs and pregnancy and to test for HIV and STIs after rape. However, participants from the other countries did not report

such comprehensive medical support for outcomes of sexual violence; and even where such services were available, they were not always used, in part because of a lack of awareness but also because of discrimination and fear of discrimination and exposure. In Indonesia, participants (female participants in particular) did not go to clinics for injuries due to sexual violence, preferring to self-medicate. A few transgender and male participants in Indonesia went to clinics for treatment for anal swelling and tears, but several male participants expressed discomfort and shame at their genitals being examined. For male participants with anal injuries, the inevitability of being exposed as a male sex worker or a man having sex with other men was an added fear that prevented them from going to a doctor.

BOX 9

DIFFERENCES IN DISCLOSURE OF VIOLENCE BY GENDER CATEGORIES

Responses to violence tended to be individualistic, given they generally occurred in the context of an immediate threat, with few options for support. Differences were apparent, however, in the greater likelihood of female participants to look to others to help them respond. This was possible for more female participants because more of them worked in venues and establishments with other staff. Female participants were similarly more likely to seek assistance from strangers; seeking help from strangers was also more effective for them than for the male and transgender participants, who were less likely to receive assistance, which is a possible reflection of greater public stigma towards men who have sex with men and transgender people.

Overall, the male and transgender participants were more likely to disclose experiences of violence than the female participants. This may be related to the inherent silence surrounding violence against women in many societies and the stigma associated with it for women. In several cases in Indonesia, female participants did report intimate partner violence when it became life-threatening, and some reported receiving positive support from the police.

Female participants usually called on friends who were sex workers for help or establishment managers or client procurers (in one case, a client), whereas male and transgender participants who had strong ties to NGO networks called them for help.

Male participants were less likely to report violence to the police than were female participants. In Indonesia, Myanmar and Sri Lanka, none of the male participants had ever reported an incident of violence to the police. Male participants were particularly concerned about how police personnel viewed homosexuality and male sex work, while several transgender participants reported concern that their gender presentation would put them at risk of further harassment. A few thought that because the transgender community was marginalized, they would not be supported.

**CONCLUSIONS: THE NATURE OF VIOLENCE
AND FACTORS THAT INCREASE OR DECREASE
SEX WORKERS' EXPOSURE TO VIOLENCE AND HIV**



This chapter presents the overall conclusions of the study, highlighting the nature of violence against sex workers and the factors that were found to increase and decrease their risk of violence and HIV. The analysis in this chapter forms the basis for the recommendations.

8.1 THE NATURE OF VIOLENCE AGAINST SEX WORKERS

MULTIPLE FORMS OF VIOLENCE ARE COMMONPLACE, INTERCONNECTED AND DRIVE ONE ANOTHER

Violence in and outside work settings was experienced by participants across gender categories and in all study sites (122 of the 123 participants). They faced varying forms of extreme violence by multiple perpetrators across their lifetimes. These disturbing findings are supported by other literature from the region and globally, which show that sex workers report frequent and severe violence.

The types of violence experienced in this study were often interrelated and drove one another, as illustrated in figure 7. The violation of participants' rights and the stigma and discrimination they experienced increased their exposure to violence in other areas of their lives, such as intimate partner violence. Police violence in particular was shown to

increase client violence; by deterring participants from reporting violence, they created an environment of impunity that allowed further client violence.

Violence against sex workers is a violation of human rights. Protection from violence must extend to all people regardless of profession. The disproportionate burden of violence experienced by sex workers must be addressed with targeted interventions that understand the intersecting nature of the risk environment in which they currently work.

VIOLENCE IS A HEALTH ISSUE AND INCREASES RISK OF HIV

Violence has extreme physical, sexual and mental health consequences for sex workers. Policy and programme responses must improve sex workers' access to support services not only by providing quality services but by reducing the stigma and discrimination that sex workers encounter when they seek help.

Historically, HIV prevention interventions have focused on promoting HIV knowledge and condom use. However, this study shows that the risk environment in which sex workers live and work, particularly the violence they experience, is central to their HIV risk. The study clearly demonstrates that violence against sex workers impacts on HIV risk at multiple levels, reinforcing what is revealed

in other literature.¹¹³ Sexual violence and genitoanal injury, forced acceptance of sex without condoms and sex with police personnel to avoid arrest (which is usually without condoms and violent) pose a direct risk to HIV transmission.

Other forms of violence and harassment also increase sex workers' vulnerability to HIV via multiple, interlinked and indirect pathways. Sex workers sometimes forgo condom use to prioritize their immediate needs for safety when threatened with violence or coerced by clients and other perpetrators. This study suggests that the criminalization of and stigma associated with sex work in particular compromises HIV prevention because it leads to:

- impunity for perpetrators of violence against sex workers and higher levels of that violence;
- restrictions on carrying condoms;
- decreased ability to negotiate condom use;
- situations in which sex workers have to take on riskier clients (clients known to be violent and those recognized to be at higher risk of HIV, such as injecting drug users and former prison inmates); and
- discrimination in health settings and deterrence in reporting violence to authorities.

¹¹³ Beattie and others, 2010; Decker and others, 2012; Ulibarri and others, 2011, pp. 179–185.

Many of these factors are supported by other studies that show that the decriminalization of sex work would have a significant impact on HIV infection by reducing all of the abovementioned risks.¹¹⁴ Calls for decriminalization are strongly supported by the Global Commission on HIV and the Law¹¹⁵ and, most recently, a systematic review published in *The Lancet* that found that the decriminalization of sex work would have the biggest impact of all structural interventions on the course of HIV epidemics in a number of settings.¹¹⁶

This study demonstrates, in line with other research,¹¹⁷ the urgent need to prevent and respond to gender-based violence both within and outside of the work setting to improve sex workers' health and well-being and to prevent HIV.

EXPERIENCES OF AND RESPONSES TO VIOLENCE DIFFER BY GENDER IDENTITY

This study is one of the first to highlight the important differences in the experiences of female, male and transgender sex workers. These distinct experiences demonstrate the need for targeted, gender-specific interventions. Interventions need to address the specific risks confronting male, female and transgender sex workers and the underlying harmful gender norms.

¹¹⁴ *ibid.*

¹¹⁵ Global Commission on HIV and the Law, 2012.

¹¹⁶ Shannon and others, 2014.

¹¹⁷ Decker and others, 2013b.

Prevention of violence against male and transgender sex workers requires changes to laws that criminalize male-to-male sex. Violence against transgender sex workers can be addressed in part through socio-political and community interventions directed at the particular stigma and discrimination and lack of legal status that transgender persons experience. Efforts to prevent violence against female sex workers must address gender inequality and social norms around male sexual entitlement.

8.2 FACTORS THAT INCREASE OR DECREASE RISK OF VIOLENCE AND HIV

“[We] are also human, no? Thinking of that, [we] too need to be protected.”

MALE PARTICIPANT IN COLOMBO

This study identified factors that increase or decrease the risk of violence to sex workers. These factors are outlined in figure 7, using Heise’s socio-ecological framework.¹¹⁸ The model illustrates multiple drivers of risk across different levels of sex workers’ lives and that these factors are interconnected. How these specific factors increase and decrease risk is discussed in more detail further on.

¹¹⁸ The socio-ecological framework has often been used to present findings from quantitative research on the risk and protective factors associated with intimate partner violence. Thus for this qualitative study, we did not replicate the model but used the concept to help illustrate the multiple drivers of sex workers’ vulnerability to violence across levels.

FACTORS THAT INCREASE RISK OF VIOLENCE AND HIV

The criminalization of sex work

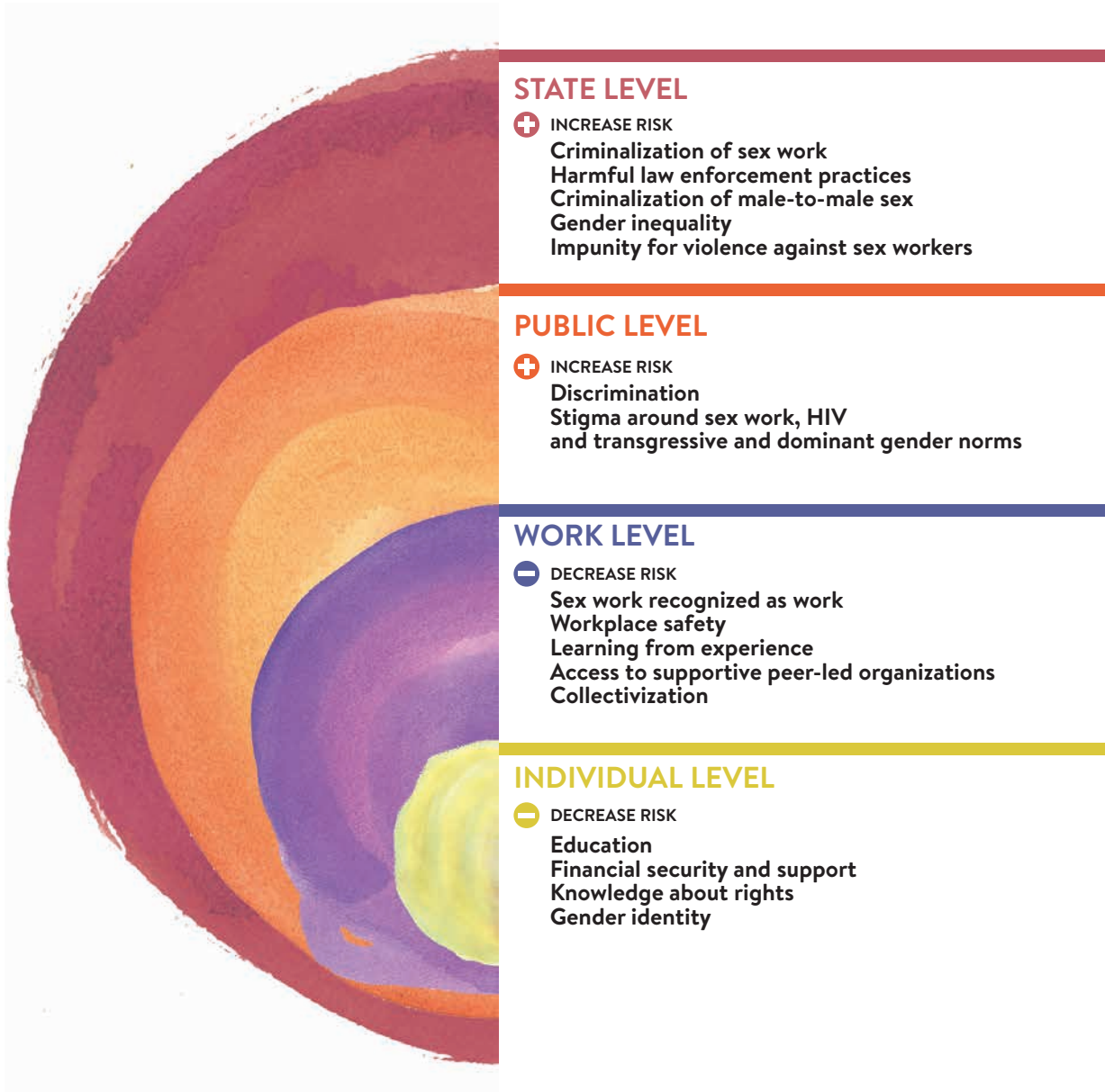
The use of criminal laws, arbitrary and discriminatory law enforcement practices and the abuse of institutional power by police were key factors across all the country sites that increased the likelihood of participants experiencing violence. Exposure to the police increased exposure to police violence. Laws that criminalize aspects of sex work and public order offences that are used to target sex workers increase the exposure of sex workers to police scrutiny. This often results in the use of arrest powers and perpetration of violence by police personnel against sex workers, including threats, use of official weapons and using knowledge of participants’ sex worker identity to commit predominantly sexual and economic violence. Custodial violence was some of the most severe violence reported by participants. Other studies also show that where sex work is criminalized, the police wield tremendous power over sex workers and that they leverage this power through arrest and arbitrary detention, often disregarding due process.¹¹⁹

Client violence was more extensive where police violence and harassment were more common, in part due to the impunity created by police misconduct. This finding is supported by other studies, which show that recent exposure to police harassment increases the rate of client violence by one to five times due to reduced ability to

¹¹⁹ Decker and others, 2014, p. 63.

FIGURE 7

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



screen clients and displacement to more isolated and hidden venues.¹²⁰ Community violence, intimate partner violence and discrimination against sex workers are also more likely to occur in criminalized settings because criminalization is associated with greater stigma and creates additional barriers to seeking help, be it legal or medical.

All these findings highlight the urgent need to decriminalize sex work to create safe working environments for sex workers and end impunity for perpetrators. This is strongly supported by a growing body of evidence, most recently the WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations¹²¹ and *The Lancet* special issue on HIV and sex workers, which highlight that “there is no alternative if we wish to reduce the environment of risk faced by women, men and transgender people worldwide”.¹²²

Criminalization of homosexual acts

Male and transgender participants faced additional risks in settings where homosexuality is criminalized. It reduced their ability to report violence and to seek health care when needed.

120 Shannon and others, 2014.

121 UNAIDS Guidance Note on HIV and Sex Work, Annex 1 (UNAIDS, 2012); *Risks, Rights and Health* (Global Commission on HIV and the Law, 2012); *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (WHO, 2014); Shannon and others, 2014.

122 Das and Horton, 2014.

None of the countries included in this study had laws criminalizing transgender identity or expression. However, the violence experienced by transgender participants and the impunity enjoyed by those responsible strongly suggest a need for laws to protect against discrimination on the grounds of gender identity. This is supported by other studies from other sites in Asia. For example, Human Rights Watch reported that “many transgender women in Malaysia face a double stigma. They are stigmatized by families, potential employers, government officials, and communities because of their gender identity and expression. And they are widely perceived to participate in sex work, which is stigmatized in Malaysia, regardless of whether sex workers are transgender or cisgender,¹²³ female or male.”¹²⁴

“[Laws] should be changed completely... We must be able to live here. After all, it is our motherland, too. We should have the security to live... The law, the police, the people—they must all be made aware...that there are people like this, and they should not be insulted. Boys or boys dressing up as women, however they’re dressed, they’re also [citizens] and should be able to go about freely. They should be given their place.”

MALE PARTICIPANT IN YANGON

123 The term ‘cisgender’ is used for someone who identifies with the same gender, male or female, as they were assigned at birth.

124 Human Rights Watch, 2014.

A culture of impunity

Despite the immense burden and severity of violence that sex workers experience, the vast majority of the violence reported by participants went unchecked. In all study sites, the reported accounts from the research participants suggest that the risk of violence is increased by the failure to hold perpetrators of violence to account. This is in part because those who use violence believe that they can do so without repercussions. In countries where aspects of sex work or male-to-male sex were criminalized, impunity for violence against the participants was exacerbated because they could be implicated as criminals if they reported the violence. Even where sex work was not directly criminalized, abuse of power by police personnel, fear of harassment and exposure as sex workers and the absence of successful complaints by sex workers deterred most participants from reporting client violence, leaving the perpetrators with no fear of punishment and sex workers at risk of further violence. Failure to punish violence against sex workers fuels the assumption that violence against sex workers is normal and that sex workers' rights are somehow less important—thus increasing their risk of ongoing abuse.

“It was impossible to report. So I kept it to myself. If I reported this, the sex work issue would be revealed. Then I would be humiliated. Also I would have the risk of being put in the prison.”

When dealing with police, there were only two ways. You pay them or you go to prison. Thus I didn't report.”

MALE PARTICIPANT IN YANGON

Stigma and discrimination

Historically, sex work has been perceived socially as immoral or a 'sin' in religious discourse; criminalization gives those views official sanction. Societal stigma against sex work and sex workers manifests in acts of violence and discrimination by others, especially emotional violence in the form of verbal abuse and discrimination. Many of the participants who sought medical help encountered mistreatment from doctors, nurses and medical staff, including verbal abuse, discrimination, denial of treatment and disclosure of confidential information, such as HIV status, without their consent (see section 5.3).

As noted, other research found that transgender women sometimes face a double stigma, both in relation to their gender identity and the perception that they are sex workers.¹²⁵ Male participants in this study experienced similarly compounded stigma as men who have sex with men and sex workers. Additional stigma attached to HIV and drug use appears to have driven violence in public and health settings.

¹²⁵ Human Rights Watch, 2014, p. 17.

Gender inequality and harmful gender norms

The violence experienced by participants outside of their work settings was perpetrated primarily by men and closely linked to maintaining traditional gender norms and relations and the entitlement that men feel over women's bodies, both inside and outside of marriage. Female participants in all four country sites experienced more frequent and severe intimate partner violence, tended to be married early by their family or taken out of school to look after siblings or contribute income for the household. At least two female participants had been forced to marry men who had raped them as children. Their consent was not considered relevant to these decisions—a violation of their rights under the Convention to Eliminate All Forms of Discrimination Against Women and the Convention on the Rights of the Child.¹²⁶ Their later status as divorced, separated or widowed women and limited work options due to lack of education put most of those female participants in precarious social and economic situations. This increased the likelihood that they would accept work in risky situations, where they had little control over their clientele or had to depend on client procurers.

Transgressing traditional gender norms and social narratives on masculinities, or 'what it means to be a man', increased

the male and transgender participants' risk of being targeted for violence, both in childhood and as adults. The male participants had experienced violent masculinity when they were young boys, as witnesses and victims of family violence. The transgender participants reported having encountered 'hate' throughout their lives. Almost all of the violence reported by the male and transgender participants seems to reflect perpetrators' desire to punish men who do not adhere to 'standard ideas' of masculinity.¹²⁷ By transgressing gender norms, the male and transgender sex workers implicitly call into question the rigidity of strict gender roles—something that men who commit violence may interpret as threatening to their authority and control.

FACTORS THAT DECREASE RISK OF VIOLENCE AND HIV

Safe workplaces

Work settings also determined the perpetrators of violence and influenced the types of violence used. Notably, the participants working in establishments with decent work conditions, responsible owners or managers, co-workers in the area or associated with strong peer networks were more protected from violence or were able to resist or respond to client and police violence with greater efficacy. Recognizing and realizing sex workers' right to decent

¹²⁶ UN General Assembly, 1979, p. 13; UN General Assembly, 1989, p. 3.

¹²⁷ Connell and Messerschmidt, 2005, pp. 829–859.

work and promoting decent work conditions and the right to organize are important interventions.

“There is freedom here. I can complain to the room keeper if clients get nasty.”

FEMALE PARTICIPANT IN JAKARTA

The key protective factors reported in the study included sex worker control over the clients they accept, proximity to people who can provide support during violent incidents and the ability to avoid police raids—factors that in the right circumstances could exist in any of the settings where the participants worked. Some participants described violent and controlling managers, yet, sex work in indoor settings generally offered participants security because they were not visibly soliciting in a public place and thus not subject to public order offences. Police and client violence was generally less common in licensed establishments, which were reported to have more protective mechanisms in a regulated environment. This is supported by other studies, which found that 30 percent of female sex workers have experienced police harassment or workplace violence in formal indoor establishments, compared with 70 percent in informal indoor and outdoor venues.¹²⁸

¹²⁸ Deering and others, 2013b, pp. 522–531.

Workplace safety is a recognized means of protecting the human rights of sex workers. The International Labour Organization’s Recommendation concerning HIV/AIDS and the World of Work (No. 200) recognizes the role of workplaces in the HIV response, including the need for workplaces to make prevention of HIV transmission “a fundamental priority”, including through effective occupational health and safety measures.¹²⁹ The recommendation applies to all workers, including sex workers, regardless of whether their profession is legal under domestic law.

The Cambodian Prakas on Working Conditions, Occupational Safety and Health Rules of Entertainment Service Enterprises, Establishment and Companies by the Minister of Labour and Vocational Training provides a recent example. The proclamation covers employees’ duties, rights and benefits, including overtime pay and prohibitions on forced labour and violence against “entertainment workers”.

Information on rights and access to redress

Participants who were provided with information on their rights and complaints mechanisms and those who had support from friends or peer-led organizations were more able to advocate for their rights, report experiences of abuse and seek help when needed.

¹²⁹ ILO, 2010.

However, most participants did not know about laws on sex work in their countries, perceiving their own status to be illegal or immoral (even where sex work was only indirectly criminalized). This undercut their ability to advocate for their rights. Several participants mentioned that if they had had information on how to safely and effectively report or react in a situation of violence, they would have handled it differently.

“I made a complaint to the National Human Rights Commission. At that time, they asked [the police] to return my mobile phone. The police also changed their behaviour towards me after those complaints. They started speaking to me in polite language.”

TRANSGENDER PARTICIPANT IN KATHMANDU

Collectivization and strong networks

Solid sex worker support networks, both formal and informal, helped participants reduce incidents of violence and manage the consequences. Many participants pointed to their active involvement in NGOs as a source of empowerment and strength in overcoming stigma and discrimination. This is specifically the case for those involved in sex worker-led organizations and networks or their social community, whether lesbian, gay, bisexual and transgender individuals or people living with HIV. Through such network

organizations, the participants said they gained valuable information about how to protect themselves from violence, HIV and other sexually transmitted infections. Many of the male and transgender participants said they used their networks to access financial support and legal assistance for release from police detention.

“I heard that there was an organization for us. So I went there. Afterwards, I learned about HIV and condoms and was given awareness about my health issues. I also learned how to educate other persons and learned to lead the life beautifully.... I am treated a hundred percent positively there.”

TRANSGENDER PARTICIPANT IN JAKARTA

“I think that because the NGOs exist in our country, we are supported a lot by them. Otherwise, there is no assistance for us. We consider them highly, as we do our motherland.”

TRANSGENDER PARTICIPANT IN COLOMBO

Even informal networks of sex worker friends seem to provide a degree of safety. For example, some female participants in Nepal said that they share information within their friendship networks about violent clients, they pool money to bail each other out of police detention and, if they work or live nearby, they call on each other for help when attacked.

Secure legal, social and economic status

Participants in the study clearly articulated that if their work was respected and viewed as work then they would experience less violence and discrimination. The results of this study suggest that securing improved social and economic security would reduce rates of violence and enable greater access to justice, including health care and legal redress, and protection of human rights. Economic security is important because sex workers are likely to take fewer risks (for example, by refusing potentially violent clients or refusing if a client demands sex without a condom) if they do not have to worry about the impact on their income and livelihood.

“Society hates us doing sex work. Society should consider this as one of the professions. They should respect our work. We are doing work. We are selling our body... There is violence in this work, but it should be identified as a work. I have a friend from Ukraine [in sex work, which is illegal there but largely ignored by the Government]. She has her own dignity.”

FEMALE PARTICIPANT IN KATHMANDU

Learning from experience

Most participants in all four country sites learned over their years in sex work how to identify signs of violent clients (and in some instances share information about dangerous clients), build networks so as to be informed about police raids and to work their way out of difficult situations. Some participants indicated that greater experience in the business improved their ability to recognize risk, to know when and where to work and how to organize their work. An ability to profile clients, good negotiation skills, tricks for getting a client to use a condom and skills to manage conflict situations all helped prevent situations from escalating into violence. Being mobile (able to move from one place to another with ease) enabled several participants (male and transgender, in particular) to move their work when a location became dangerous. Several participants—especially younger sex workers—reported that sharing these experiences among peers and networks was helpful in alerting them to potential dangers and possible responses.

Some of these protective measures could be supported through prevention programming. These might include teaching sex workers about their rights, supporting mechanisms to share information about potentially dangerous clients,¹³⁰ building community networks and helping to formalize safe work practices.¹³¹

¹³⁰ For example, National Ugly Mugs, is an initiative of the UK Network of Sex work Projects that builds and shares a database of potentially dangerous clients and known criminals. Available from <https://uknswp.org/um/> (accessed on 6 October 2014).

¹³¹ Beyrer and others, 2014.

RECOMMENDATIONS

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

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

- 6.1 Decriminalize sex work and activities associated with it, including removing criminal laws and penalties for the purchase and sale of sex, the management of sex workers, living off the earnings of sex work and other activities related to sex work.¹³²
- 6.2 Public order laws or regulations should not be applied in ways that violate sex workers' rights.¹³³
- 6.3 Ensure the maintenance of confidentiality, especially where identity cards and other identifiers are used to

¹³² UNAIDS *Guidance Note on HIV and Sex Work*, Annex 1 (UNAIDS, 2012); *Risks, Rights and Health* (Global Commission on HIV and the Law, 2012); *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (WHO, 2014); Economic and Social Commission for Asia and the Pacific Resolution 67/9 on the Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (ESCAP, 2011).

¹³³ *ibid.*

'track' sex workers by law enforcement agencies and health authorities.

- 6.4 The police practice of confiscating condoms and using possession of condoms as evidence of sex work should be eliminated.¹³⁴
- 6.5 Ensure that national laws clearly differentiate between sex work and human trafficking; train law enforcement officials to understand and respect the distinctions to ensure that anti-trafficking efforts do not impinge on the rights of people in sex work.¹³⁵
- 6.6 Repeal all laws that criminalize consensual sex between adults of the same sex and/or laws that punish homosexual identity.¹³⁶
- 6.7 Ensure that transgender people are able to have their affirmed gender recognized under the law and in identification documents, without the need for prior medical procedures, such as sterilization, sex-reassignment surgery or hormonal therapy.¹³⁷

¹³⁴ *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (WHO, 2014).

¹³⁵ *Risks, Rights and Health* (Global Commission on HIV and the Law, 2012).

¹³⁶ *Risks, Rights and Health* (Global Commission on HIV and the Law, 2012); *Legal Environments, Human Rights and HIV Responses Among Men Who Have Sex with Men and Transgender People in Asia and the Pacific: An Agenda for Action* (Godwin, 2010); Economic and Social Commission for Asia and the Pacific Resolution 67/9 on the Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (ESCAP, 2011).

¹³⁷ *ibid.*

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

- 7.1 End impunity for any act of torture, ill treatment or other human rights violation under either the International Covenant on Civil and Political Rights, which prohibits torture and cruel, inhuman or degrading treatment or punishment and calls on the State to protect an individual's right to life,¹³⁸ or the Convention Against Torture.¹³⁹ This means ending impunity for violence against sex workers, including when it is committed by police and other state officials.
- 7.2 Implement a monitoring system to ensure that all allegations and reports of violence against sex workers, including by police personnel and other state officials, are promptly and impartially investigated. All state officials responsible for abuses should be adequately disciplined.
- 7.3 Train law enforcement officials to recognize and uphold human rights, including those of sex workers; for example, by holding other police personnel who violate these rights accountable.¹⁴⁰

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

¹³⁸ Articles 6 and 7, International Covenant on Civil and Political Rights (United Nations, 1966).

¹³⁹ Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (United Nations, 1984).

¹⁴⁰ *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (WHO, 2014).

18 Strengthen sex workers' access to justice and empower them with knowledge of their rights.

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

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

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

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

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

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

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

- a strategies to prevent and respond to violence, such as referrals to services related to gender-based violence;
- b effective HIV prevention that ensures the availability of condoms and lubricant, builds social norms that encourage condom use by clients and

supports sex workers to negotiate condom use;

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

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

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

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

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

10.2 Under Economic and Social Commission for Asia and the Pacific resolutions 66/10 and 67/9, all States should call for universal access to HIV prevention, care and support.¹⁴¹ And States should follow through on these commitments.

10.3 At the domestic level:

- a ensure sex workers of all genders can access affordable, acceptable and good-quality services to prevent and respond to violence,¹⁴² and expand other violence against women and gender-based violence programmes to include violence against sex workers;
- b ensure adequate training of medical professionals on non-discrimination and patients' rights and that sex workers of all genders can access health services without fear of discrimination and with confidence that they will be treated with dignity and respect and that their personal health data will be treated with confidentiality;

- c implement one-stop crisis centres within community-led organizations, and institute sex worker-led interventions specifically targeted to the needs of sex workers; and
- d ensure that care and support for sex workers who survive violence is, to the greatest degree possible, integrated into services for HIV prevention or care and for sexual, reproductive and mental health care.

¹⁴¹ Economic and Social Commission for Asia and the Pacific Resolution 66/10 – Regional call for action to achieve universal access to HIV prevention, treatment, care and support and Resolution 67/9 on the Asia–Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (ESCAP, 2011).

¹⁴² In particular, persons experiencing sexual violence should have timely access to comprehensive post-rape care in accordance with the World Health Organization's 2013 clinical and policy guidelines in *Responding to Intimate Partner Violence and Sexual Violence Against Women*.

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SOCIO-DEMOGRAPHIC PROFILE OF RESEARCH PARTICIPANTS (N=30)

		Female respondents (15)	Transgender respondents (5)	Male respondents (10)
Category of sex work	Street	4	10	2
	Sex establishment	5	-	1
	Entertainment venue	6	-	1
	Freelance	-	-	1
Age	21–25 years	4	5	2
	26–30 years	5	2	2
	31–35 years	2	-	1
	Older than 35 years	4	3	-
Education	Elementary school	3	1	1
	Junior high school	9	4	1
	Senior high school	3	4	2
	Vocational training/courses	-	1 (nursing)	1
Marital status	Never married	2	8	3
	Currently married	3	2	-
	Separated	10	-	2
Years in sex work	5 or fewer years	9	3	3
	6–10 years	4	5	1
	11–15 years	1	1	1
	More than 15 years	1	1	-
Migrant status	Jakarta-born	3	1	-
	Migrated to Jakarta	12	9	5
Income from last service	50,000–100,000 rupiah (\$5–\$10)	6	3	1
	101,000–200,000 rupiah (\$10–\$20)	3	3	1
	201,000–300,000 rupiah (\$20–\$30)	2	1	-
	301,000–400,000 rupiah (\$30–\$40)	-	-	3
	401,000–500,000 rupiah (\$40–\$50)	1	-	-
	More than 500,000 rupiah (\$50)	1	1	-
	Not stated	2	2	-
HIV status	Negative	3	3	3
	Positive	4	1	2
	Tested but did not disclose	6	4	-
	Not tested	2	2	-

SOCIO-DEMOGRAPHIC PROFILE OF RESEARCH PARTICIPANTS (N=33)

		Female respondents (18)	Transgender respondents (9)	Male respondents (6)
Sex work settings (ever worked in)	Street	12	9	6
	Establishment	9	0	0
	Nightclub	5	4	3
	Guesthouse	3	0	1
	Massage centre	3	0	0
	KTV bar	3	0	0
	Ships	3	0	0
	Restaurant	3	0	0
	Beauty salon	1	3	0
	Dance troupe	0	3	0
Age	18–20 years	1	1	0
	21–25 years	1	4	2
	26–30 years	8	3	2
	31–35 years	3	0	0
	Older than 35 years	5	1	2
Years of schooling	No schooling	1	0	0
	1st to 4th Standard (age 6–10)	4	0	0
	5th to 8th Standard (age 10–14)	9	3	1
	9th to 10th Standard (age 14–16)	4	5	4
	Post-secondary BSc/BA (age 16–20)	0	1	1
	Post-graduate MA/PhD (age 20+)	0	0	0
Marital status	Never married	2	6	2
	Currently married	5	n.a.	0
	Separated	5	n.a.	4
Years in sex work	5 or fewer years	3	5	1
	6–10 years	8	2	3
	11–15 years	4	2	0
	More than 15 years	3	0	2
Migrant status	Yangon born	11	7	4
	Migrated to Yangon	7	2	2

SOCIO-DEMOGRAPHIC PROFILE OF RESEARCH PARTICIPANTS (N=30)

		Female respondents (20)	Transgender respondents (5)	Male respondents (5)
Category of sex work	Street	5	5	5
	Dance-bar restaurant	5	-	-
	Disco	5	-	-
	Massage centre	5	-	-
Age	21–25 years	5	1	1
	26–30 years	8	1	3
	31–35 years	4	-	-
	Older than 35 years	3	3	1
Years of schooling	None	11	1	-
	1–5 years (primary school)	5	-	1
	6–8 years (middle school)	3	1	3
	9–10 years (secondary school)	-	2	1
	11–12 years (higher secondary school)	1	-	-
	More than 12 years (university)	-	1	-
Marital status	Never married	3	2	2
	Currently married	4	2	3
	Separated	14	1	1
Years in sex work	5 or fewer years	3	-	1
	6–10 years	7	3	3
	11–15 years	8	-	1
	More than 15 years	2	2	-
Migrant status	Kathmandu-born	3	2	1
	Migrated to Kathmandu	17	3	4
Monthly income	6,000–10,000 rupees (\$60–\$100)	11	4	1
	11,000–15,000 rupees (\$111–\$150)	7	1	2
	16,000–20,000 rupees (\$160–\$200)	2	-	2
HIV status	Negative	14	5	4
	Positive	6	-	1

SOCIO-DEMOGRAPHIC PROFILE OF RESEARCH PARTICIPANTS (N=30)

		Female respondents (20)	Transgender respondents (6)	Male respondents (4)
Sex work settings	Street only	8		1
	Street and outcall	4	4	3
	Street, outcall, sex work establishment, Internet			2
	Outcall only	1		
	Sex work establishment (lodge)	3		
	Previously lodge; currently street	1		
	Previously sex work establishment; currently street and outcall	3		
Age	18–25 years		2	1
	26–30 years	2		3
	31–35 years	4		2
	35–40 years	5		
	Older than 40 years	9	2	
Ethnicity	Sinhalese	16	4	4
	Tamil	1		2
	Muslim	3		
Education	None	5		
	Primary school (grades 1–5)	8		
	Early secondary school (grades 6–8)	2	1	
	Late secondary school (grades 9–11)	2	1	3
	Ordinary-Levels	3	1	2
	Advanced-Levels		1	1
HIV status	Positive	3	1	1
	Negative	12	3	5
	Unknown/not tested	5		



**THE
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EVIDENCE**

SEX WORK, VIOLENCE
AND HIV IN ASIA