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Global Network of Sex Work Projects
Promoting Health and Human Rights

INPUD
International Network of People who Use Drugs

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GLOBAL ACTION
FOR GAY MEN'S HEALTH & RIGHTS

POLICY BRIEF

The Impact of Stigma and Discrimination on Key Populations and Their Families

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Introduction

The right to found and raise a family is a fundamental human right. Many members of key populations (gay, bisexual and other men who have sex with men, people who use drugs, sex workers, and transgender people) become or wish to become parents in their lifetime. However, widespread societal stigma, compounded by punitive legal frameworks, severely impede key populations' rights to parent free of arbitrary or unlawful interference and discrimination.

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The experiences of key population groups and individual key population members are diverse. They are informed by varying levels of criminalisation, stigma and discrimination in different contexts and regions, as well as individual factors such as socioeconomic status, gender, race, and health status. However, they also encounter common challenges as parents.

Members of key populations are often perceived to deviate from social norms of caregivers and role-models. Stigmatising depictions of key populations heavily inform (and are informed by) legislation and policy, which are more likely to punish than empower key populations and their families. As a result, many families are unable to access housing, childcare, financial services, and public benefits due to discriminatory legislation, policies and individuals; they also face substantial barriers to accessing health and social services due to fears of custody loss and other legal repercussions.

In turn, their children's rights to health, education, citizenship, and non-discrimination, as well as their right to enjoy the protection of their parents, are jeopardised by healthcare professionals, teachers, social workers, law enforcement, and judiciary officials, as well as their own peers.

International organisations and funding mechanisms have traditionally focused on key populations within the context of the HIV epidemic. As a result, key populations' lived experiences as parents are seldom discussed. Stereotypes and misconceptions flourish, which in turn perpetuates exclusion and stigmatisation.

This policy brief is a joint effort by three global key population-led networks to bring attention to the lived experiences of key populations and their families and highlight the ways that stigma and discrimination inform these experiences. It is based on desk research and global consultation with INPUD, MPact, and NSWP contacts and members, and synthesises information from 20 semi-structured interviews and 29 written consultation responses submitted by community-based organisations and community members across regions. Participants' responses were informed by lived experiences as well as the experiences of their peers, families, and communities as a whole.

...stigma and discrimination frequently result in disregard for and violations of the human rights of key population members' families...

Because stigma and discrimination frequently result in disregard for and violations of the human rights of key population members' families, this policy brief begins with an overview of international guidelines relating to key population members' right to have and raise children, and the rights of those children.

It then discusses the various ways that stigma and discrimination impact on the experiences of key populations and their families and impede fulfilment of these rights. This discussion is comprised of five sections:

- **Social and Legal Frameworks**: examines legislative and societal frameworks that underlie key population members' experiences as parents and the experiences of their children.
- **The Right to Have Children**: discusses how stigma and discrimination in family law, in society, and within sexual and reproductive health services impact on key populations' ability to become parents.
- **The Right to Raise Children**: discusses how stigma, discrimination and criminalisation impact on key population members' ability to maintain custody of their children and access resources and services essential to raising them.
- **The Rights of Children**: discusses the impacts of stigma and discrimination on the experiences of the children of key populations and the realisation of their rights.
- **Self-Perception as Parents**: examines how the broader context of stigma, discrimination and criminalisation impacts on key population members' self-concept as parents.

The policy brief then describes community-led efforts to mitigate the impact of stigma and discrimination on the families of key population members, and to advocate for recognition of their rights.

It concludes with recommendations for policy-makers aimed at fulfilling their human rights.

International Human Rights Frameworks

Key populations and their families are entitled to a range of fundamental human rights enshrined in international conventions, treaties, and frameworks:

- **The Right to Non-Discrimination**[1]: This right forms the basis of a variety of rights which impact on the rights of key population members to have and raise children, and the rights of those children.
- **The Right to Sexual and Reproductive Health**: Key population members are entitled to the highest standard of health, including sexual and reproductive health.[2] They are also entitled "to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so," as well as the right to make reproductive decisions "free of discrimination, coercion, and violence."[3]
- **The Right to Family and Private Life**: These rights include the right to marry and found a family,[4] the right to non-discrimination in child custody and divorce proceedings,[5] and the right to be free from arbitrary interference with their "privacy, family, home or correspondence."[6] Key population members' families are also entitled to "the widest possible protection and assistance... particularly for its establishment and while it is responsible for the care and education of dependent children."[7]

  Related to these rights, international frameworks have established that public and private social welfare institutions, courts, administrative and legislative bodies must act in the best interests of the child.[8] Parent-child separation should only occur as a last-resort measure due to its negative impact on children. Prior to separation, states must first offer families support to increase their capacity to care for their children.[9]

  Recent guidelines have specifically addressed the right of LGBT individuals to family.[10] These call for states to provide legal recognition to same-sex couples and their children, remove restrictions to the recognition of relationships for transgender individuals, and remove restrictions for parenting or adoption based on gender identity and expression.
- **The Rights of Children:** The children of key populations are entitled to a wide array of rights, including the right to health, education, name and nationality, housing, non-discrimination (including on the ground of their parents' attributes), and the right to enjoy the protection of their parents.[11] These rights also apply to the children of migrant workers.[12]

1 United Nations General Assembly, 1948, "Universal Declaration of Human Rights," 2, 7.

2 World Health Organization, 1946, "Constitution of the World Health Organization."

3 UN Population Fund, 2014, "Programme of Action adopted at the International Conference on Population and Development Cairo, 5-13 September 1994: 20th Anniversary Edition," 7.3.

4 UN General Assembly, 1948, "Universal Declaration of Human Rights," 16; UN General Assembly, 1966, "International Covenant on Civil and Political Rights," 23.

5 UN Human Rights Committee (HRC), 1990, "CCPR General comment No. 19: Article 23 (The Family) Protection of the Family, the Right to Marriage and Equality of the Spouses."

6 UN General Assembly, 1948, "Universal Declaration of Human Rights," 12.

7 UN General Assembly, 1966, "International Covenant on Economic, Social and Cultural Rights," 10.1.

8 UN General Assembly, 1989, "Convention on the Rights of the Child," 3.

9 UN Committee on the Rights of the Child, 2013, "General comment No. 14 (2013) on the right of the child to have his or her best interests taken as primary consideration (art. 3, para. 1)."

10 UN Office of the High Commissioner for Human Rights, 2012, "Born Free and Equal: Sexual Orientation and Gender Identity in International Human Rights Law."

11 UN General Assembly, 1989, "Convention on the Rights of the Child," 2,7,9,19,24, & 28.

12 UN General Assembly, 1990, "International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families."

Understandings of Family in International Frameworks

The term 'family' is not defined within international rights frameworks.[13] International treaty monitoring bodies have supported broad definitions of family to accommodate diverse practices in diverse contexts. They have also acknowledged the rights of states to define family in national laws, so long as these laws respect principles of gender equality and non-discrimination, and accommodate the best interests of children.

While international frameworks recognise the diversity of functions families serve, there is a prioritisation of the function families serve in having and raising children. In this function, international treaty monitoring bodies have understood the family to include a variety of structures that can provide for the care of children, "including the nuclear family, the extended family, and other traditional and modern community-based arrangements"[14].

In spite of this, a bias towards dyadic families (in particular heteronormative nuclear families with children) can be found in both international frameworks and society at large.

Health Guidelines and Implementation Tools

There are limited research and advocacy resources focused on the families of key populations. In consultation and collaboration with community organisations, WHO, UNFPA, UNDP, and UNODC published a series of implementation tools promoting rights-based HIV interventions among each key population. While not focused on the families of key populations, they contain relevant guidance relating to key population members' rights to have and raise children.

Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions also known as the 'Sex Worker Implementation Tool' (SWIT) offers guidelines on providing SRH services during the family planning, pregnancy, and post-pregnancy periods.[15] *Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Approaches from Collaborative Interventions*, (IDUIT) echoes these recommendations and promotes family-centred opioid substitution therapy (OST) programmes aimed at keeping children with parents and family members "wherever possible."[16] *Implementing Comprehensive HIV and STI Programmes with Transgender People* (TRANSIT) offers specific guidelines for family planning and contraceptive counselling, including regarding the effects of hormone therapy on fertility.[17] *Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men*, or 'MSMIT,' reiterates the need men who have sex with men have for equal access to family planning and other SRH services.[18]

13 United Nations High Commissioner for Human Rights, 2016, "Protection of the family: contribution of the family to the realization of the right to an adequate standard of living for its members, particularly through its role in poverty eradication and achieving sustainable development," III.A.

14 Committee on the Rights of the Child, 2005, "General comment No. 7: Implementing Child Rights in Early Childhood",15.

15 WHO, UNFPA, UNAIDS, NSWP, World Bank & UNDP, 2013, "Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions."

16 UNODC, INPUD, UNAIDS, UNDP, UNFPA, WHO et al., 2017, "Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions," 68 & 78-79.

17 UNDP, IRGT, UNFPA, UNAIDS, WHO, USAID et al., 2016, "Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions," 92-93.

18 UNFPA, MSMGF, UNDP, UNAIDS, WHO, USAID et al., 2015, "Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men: Practical Guidance for Collaborative Interventions."

Social and Legal Frameworks

Despite flexible definitions of 'family' in international guidelines, traditional nuclear families – married, cisgender, heterosexual couples living with children they conceived themselves – are still the reified norm. Drug use, sex work, same-sex relationships and/or gender non-conformity deviate from what is considered to be appropriate parental behaviour. Patriarchal norms, religious values and stigmatising media representations fuel negative stereotypes of key population members as immoral and irresponsible parents. These stereotypes powerfully influence policymaking and implementation, producing and justifying laws that reinforce stigma and discrimination and disregard objective valuation of parental fitness.

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Medical Frameworks

For a long time, stigma and discrimination have shaped how the mental health field views and classifies the identities and/or behaviour of key population groups. These identities and behaviours are pathologised (classified as mentally or socially unhealthy or abnormal), and this pathologisation is then used to justify infringement of key population members' parental rights.

For many years, the classification of homosexuality as a mental disorder and form of sexual deviance served as formal grounds for justifying numerous discriminations, including denying parental rights. Although homosexuality was removed from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1973 and the WHO's *International Statistical Classification of Diseases and Related Health Problems* in 1992, the perception of homosexuality as immoral and socially destructive persists in many parts of the world (and in many contexts remains pathologised and illegal).

> ***"In general, society perceives members of our community as senseless people… According to them, we are not a good example… and therefore we will not be able to properly bring up our children."***
>
> *SECOURS SOCIAL BOUAKÉ, IVORY COAST*

Following the removal of homosexuality from the DSM, 'gender identity disorder' was introduced as a means of pathologising gender non-conforming individuals. In the majority of countries that allow legal gender change, a diagnosis of 'gender identity disorder,' 'gender dysphoria,' or 'transsexualism' is required.[19] These diagnoses can serve as contraindications to adoption or fostering, or be used as arguments to discredit transgender parents in court. While 'gender identity disorder' remains in the DSM, the eleventh edition of the World Health Organization International Classification of Diseases (ICD-11)[20] will remove 'gender identity disorder' as a mental health disorder, if approved by Member States in May 2019.

19 "Legal Gender Recognition: Change of Gender Pathologization Requirement," Trans Respect versus Transphobia Worldwide, Transgender Europe.

20 World Health Organization, 2018, "ICD-11 for Mortality and Morbidity Statistics," 6.

People who use drugs are also pathologised through the 'addiction-as-disease' model, where drug use, in-and-of-itself, is constructed as a mental disorder. The construction of drug use as a mental disorder is reinforced by the ICD[21] and the DSM, which currently contains an entire chapter devoted to 'Substance-Related and Addictive Disorders.' By portraying people who use drugs as "rendered helpless by addiction", the addiction-as-disease model proliferates the view that people who use drugs are sick, weak, and incapable of nurturing relationships and leading functional lives. In turn, this infantilisation undermines recognition of their rights.[22]

> ***"[There is] this perception that you can't mother if you're using drugs, because the drug use will always come first – and that just isn't the case."***
>
> *AIVL, AUSTRALIA*

> ***"It's perceived that somehow parents' drug use impacts on their ability to feel empathy for their children, or to prioritise their children."***
>
> *SANPUD, SOUTH AFRICA*

Sex workers are also routinely pathologised and discredited as mentally unstable. Mental health professionals and researchers have promoted false assertions that sex work is a symptom or cause of mental health disorders. Fundamental feminist and abolitionist discourses freuquently portray sex work as an element of patriarchal oppression, suggesting that anyone who engages in sex work does so due to trauma, abuse, or false consciousness.[23] This discourse, which has been used to promote the Nordic model of criminalising sex workers' clients, has undermined sex workers' agency and increased their families' vulnerability to state interference with regard to child custody in particular. In addition, sex workers are portrayed as 'morally deviant' and a corrupting influence on children. This misconception has not only influenced child custody decisions, but has also been used to justify policing red-light districts and other areas where street-based sex work occurs.

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Lastly, HIV-related stigma is deeply connected to the pathologisation of key populations – communities that are, by definition, particularly vulnerable to, and disproportionately affected by HIV due to marginalisation and criminalisation. Further, the uncritical construction of key populations as 'drivers' of the HIV epidemic is stigmatising and discriminatory.

> ***"[People] look at our kids and think, 'Oh my god, look at their parents – they must also be living with HIV. When it comes to drug users, lots of people think that they are all HIV positive."***
>
> *DRISTI NEPAL (RIGHTS TO EXISTENCE), NEPAL*

21 World Health Organization, 2018, "ICD-11 for Mortality and Morbidity Statistics: Disorders due to substance use or addictive behaviours."

22 INPUD and Youth Rise, 2014, "The Harms of Drug Use: Criminalisation, Misinformation, and Stigma," 13.

23 NSWP, 2015, "Advocacy Toolkit: The Real Impact of the Swedish Model on Sex Workers," 1:3.

Legal Frameworks

Laws criminalising sex work, drug use, same-sex relationships, gender non-conformity, and HIV exposure, non-disclosure, and transmission reflect and reinforce societal biases against key populations and their families. Criminalisation increases their vulnerability to violence, police harassment, and interference in their family affairs, in addition to reducing access to essential healthcare, social support, and legal services. Moreover, criminalisation affects families' economic and material stability by impeding their access to housing, banking services, and formal employment.

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In 72 countries same-sex relations are criminalised.[24] Additional laws criminalising cross-dressing and 'imitating the opposite sex' further expose transgender and gender nonconforming people to legal prosecution.[25] In Cameroon, where same-sex sexual activity is punishable by up to five years' imprisonment, criminalisation encourages parents and prospective parents to lead double lives.

> ***"By itself, [this law] is a barrier to addressing the possibility of gay parenting. And that's a shame, because most of the LGBT people that I meet dream of having children and raising them. But they are blocked by the law and social pressure. For those who really want to have children, they have to do it with straight partners and live relationships based on lies."***
>
> *AFFIRMATIVE ACTION, CAMEROON*

Arrest and incarceration can also result in key population members being 'outed' and publicly shamed through arrest and incarceration, exposing them and their families to stigma, discrimination, and violence. For people who use drugs, arrest and/or detention are accompanied not only by a criminal record, but often by mandatory registration in public state registries. Moreover, in many areas, laws bar individuals with criminal records from accessing public benefits and permit landlords, banks, employers, and adoption agencies to discriminate against those with such records.

Even where drug use, same sex sexual activity, and sex work are not explicitly criminalised, mechanisms of state control such as compulsory registration and mandatory HIV and STI testing and treatment can still marginalise parents.

In Eastern Europe and Central Asia, for example, participating in drug treatment requires registering as a drug user, which in turn may be automatic grounds for child custody loss[26]. In Victoria, Australia, where sex work is regulated, one participant explained:

> ***"Many [sex workers] who are also parents decide to work outside the licensing system and avoid registering their details with the government, as they fear it will impact negatively on the custody they have of their children, or be used against them in a family court."***
>
> *RESOURCING HEALTH & EDUCATION, STAR HEALTH, AUSTRALIA*

24 International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2017, "State-Sponsored Homophobia 2017: A world survey of sexual orientation laws: criminalisation, protection and recognition," 8.

25 Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 2016, "Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment," para. 15.

26 Open Society Foundations, 2016, "The Impact of Drug Policy on Women," 7.

Mainstream Social Frameworks

Some LGBT participants reported community members being pressured into marrying and conceiving children due to cultural obligations and family pressure. In India, where it is customary for older siblings to get married before their younger siblings are allowed to marry, studies have indicated that between 30% and 60% of men who have sex with men are married to women.[27]

… In India, […] between 30% and 60% of men who have sex with men are married to women.

> *"Families encourage their [adult] children who are gay to have children in order to reduce the shame that being gay can bring to a family. So most gay men and women are forced to have children with heterosexual partners under family pressure."*
>
> AFFIRMATIVE ACTION, CAMEROON

Other participants noted that the decision to marry or have children can be viewed positively by neighbours, friends, and family members as a sign that the individual will no longer sell sex, use drugs, or that they will 'change' their sexual orientation or gender identity.

> *"When sex workers get married, then the response from other people is positive because they assume this means that the sex workers are going to stop selling sex."*
>
> ORGANISASI PERUBAHAN SOSIAL INDONESIA (OPSI), INDONESIA

However, becoming a parent may also result in increased stigmatisation, including self-stigma.

> *"Women often have babies, like I did, thinking that perhaps that will put a halt [to the drug use]. Maybe that's what I need. Because at an early stage, you wonder why you're pursuing a lifestyle that so many people find egregious."*
>
> AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE (AIVL), AUSTRALIA

And while some key population members face pressure to parent in the context of concealing or supressing their sexual or gender identity, drug use, or sex work, participants noted that society still grapples with the notion of key population members as parents.

> *"Normally the perception is that transgender women are single, or that our bodies are just available for sex work or weird fetishes. So we aren't being recognised as parents, as people who could be in a relationship, as people who could be in a marriage."*
>
> SOCIAL, HEALTH AND EMPOWERMENT FEMINIST COLLECTIVE OF TRANSGENDER WOMEN OF AFRICA (S.H.E.), SOUTH AFRICA

Community Social Frameworks

The vast majority of participants described their fellow key population members as a source of emotional and practical support for families.

> *"We have built a strong community of sex worker parents and allies so that our children have peers whose parents are also sex workers or are sex worker-positive. We share childcare, in some cases co-parent and share housing."*
>
> SWOP – TUCSON, U.S.A.

27 Sunil Solomon et al., "The impact of HIV and high-risk behaviours on the wives of married men who have sex with men and injection drug users: implications for HIV prevention," *Journal of the International AIDS Society* 13 Suppl. 2 S7 (2010): 2.

"The community has been loving to the children of the community that they know, which is mainly, most of the times, you don't know that this individual has a child … But for those that are courageous enough to bring their children into this space, people have been very welcoming, and actually helping with ideas and parental roles, be it finding education spaces and things like that. People have been very supportive."

GAYS AND LESBIANS OF ZIMBABWE (GALZ), ZIMBABWE

"Sisonke was started as a movement, not as an organisation. It was a mobilisation of sex workers that accessed the space of SWEAT who decided to mobilise and form a union to unify and have one voice instead of separate voices... Obviously, this means there's unity in protecting ourselves as sex workers on a day to day basis without an institution. So it means it enables us to… if you're working in a sensitive hot spot, because you access the same space with Sisonke, you are able to actually maybe form Whatsapp groups where you can warn each other of dangerous situations. That you can reach out to somebody if you are having a problem with your kids."

SISONKE, SOUTH AFRICA

At the same time, some participants, particularly LGBT individuals, reported being discouraged from parenting and stigmatised by members of their own communities, due to the belief that childrearing is heteronormative and undermines construction of queer or LGBT identities. This belief invalidates the experiences of lesbian, gay, bisexual, transgender, and intersex parents while reproducing patterns of oppression and isolation.

"Most parents think that when you come into the LGBTI community you're supposed to feel as if you're surrounded by love. But then that community goes on and judges you. That is why most members of the LGBTI community, when they do have kids, go and disappear for a while, resurfacing after 4 or 5 years when the child is a bit older. If people in the community want to be judgmental, they'll say, 'You're not actually like that – you're not gay or lesbian.'"

GALZ, ZIMBABWE

Community-based stigma is also be found within communities of sex workers and people who use drugs due to stereotypes surrounding different work settings, drugs, health statuses, and socioeconomic backgrounds. Patriarchal values may additionally result in greater backlash and abuse directed towards mothers who use drugs from male community members.

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"There are lots of male drug users who have exploited women. Our own partners are violating us... But not everyone is willing to talk about the stigma and discrimination occurring inside of our communities by men who use drugs."

DRISTI NEPAL, NEPAL

The Right to Have Children and Build Families

From the moment a key population member decides to start a family, they encounter numerous manifestations of stigma and discrimination – from reduced access to adoption and fostering to essential services to severe rights violations such as coerced sterilisation.

Adoption Restrictions

Gay, bisexual, and other men who have sex with men, as well as transgender people, often face legal restrictions on adoption and fostering.

> ***"Legally, a male cannot adopt a child in a country like Sri Lanka. A female can. And I think that's a very gender-stereotypical way of looking at childrearing."***
>
> *REGIONAL COORDINATOR, YOUTH VOICES COUNT (YVC), SRI LANKA*

Full joint adoption by same-sex couples is currently only legal in 26 countries[28]. Full joint adoption is prohibited across Asia. In Africa, South Africa is the only country where same-sex couples can jointly adopt. Where full joint adoption is prohibited, LGBT individuals are also frequently prohibited from adopting as individuals, either directly or because of laws that prohibit adoption by single individuals or men. Thus, the inability of LGBT people to marry in many countries furthers restricts their chances of adoption, including second-parent adoption.

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Even where the law does not explicitly prohibit adoption by same sex couples or LGBT individuals, gay men frequently face exclusion or discrimination from adoption agencies and experience longer wait times than their heterosexual counterparts.

While unofficial adoption arrangements, such as informally raising partners' or relatives' children, offer a workaround, they preclude individuals from parental rights and security. Furthermore non-normative arrangements for the care of children, such as co-parenting or sharing caregiving responsibilities outside of a dyadic parenting relationship, are rarely recognised in law.

Transgender people may additionally find that the mental health diagnosis required in some countries to change their gender marker is a legal barrier to adoption, as individuals with these diagnoses may be formally ruled ineligible.

In many countries, prior involvement with the criminal justice system is also a barrier to adoption, affecting key population members in criminalised contexts. A positive HIV status may further block access to adoption, either within law or through the discretion of adoption agencies and birth parents.

28 International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2017, "State-Sponsored Homophobia 2017: A world survey of sexual orientation laws: criminalisation, protection and recognition."

"My wife and I each have a child from our previous marriages, and we wanted to adopt and register them as our own before emigrating. Unfortunately... it was forbidden by child services because first of all, I have a criminal record associated with my drug use, and second of all I have HIV, which are both contraindications to adoption as stated in the Family Code. It's an absurd situation, since we have been married and have raised our children together for over 10 years, but officially we can't register them because I have HIV and a criminal record."

DRUG USERS NEWS (DU NEWS), RUSSIA

Compulsory Sterilisation of Transgender People

In many countries where legal gender changes are permitted, sterilisation surgeries are required in order to change one's official gender marker. Transgender people's sperm and eggs are often destroyed during surgery, or separately by the state. Although this practice has been denounced by the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment,[29] compulsory sterilisation still occurs in nearly all regions of the world.[30] This form of structural violence significantly hinders transgender peoples' right to parent and to access health care free of coercion, in addition to compromising their bodily integrity. In April 2017, the European Court of Human Rights ruled that sterilisation requirements violate individuals' fundamental rights to private and family life.[31] This ruling requires Council of Europe states to eliminate compulsory sterilisation in the footsteps of countries such as Sweden and The Netherlands, as well as non-European countries such as Argentina.

In many countries where legal gender changes are permitted, sterilisation surgeries are required in order to change one's official gender marker.

Sexual and Reproductive Health Services

While many key populations' sexual and reproductive needs overlap, priorities and challenges vary greatly across communities. That said, the overarching public health focus on key populations as 'vectors of disease' (responsible for transmitting blood-borne infections to the normative population) has often emphasised HIV interventions at the expense of communities' broader sexual and reproductive health needs. Mainstream sexual and reproductive health (SRH) services are often heteronormative in their approaches – exclusively focused on the needs of cisgender, heterosexual women. Few targeted and comprehensive SRH services and harm reduction services exist. What SRH care does exist for key populations is often inadequately integrated into other essential health services, such as prenatal, delivery, and post-natal care. Moreover, interventions often fail to address structural barriers, such as social and economic marginalisation, criminalisation, and lack of childcare support. In addition, SRH programmes fail to recognise human abuses experienced by key populations including forced sterilisation, unnecessary rectal examinations, and medical coercion.

Lack of access to technically competent or sensitised, comprehensive SRH can, in turn, impede the ability of key population members to conceive and give birth to healthy children.

29 UN Human Rights Council, 2013, "Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez."

30 Legal Gender Recognition: Change of Gender Sterilisation/SRS/GRS Requirement," Trans Respect versus Transphobia Worldwide, Transgender Europe.

31 "Human Rights Victory! European Court of Human Rights ends Forced Sterilisation, Transgender Europe," Transgender Europe, 6 April 2017.

Opiate Substitution Therapy

Opiate substitution therapy (OST) is considered safe for both mother and foetus during pregnancy and is recommended for opiate dependent individuals who are pregnant.[32] However, in some countries OST is prohibited during pregnancy, if not entirely, and other harm reduction services are seldom integrated into prenatal care. Due to lack of access to OST, pregnant women may attempt at-home detoxification, where opiate withdrawal poses risks for both mother and foetus at risk, including foetal distress and premature labour. They may also continue or resume use of heroin and/or drugs bought on the black market which, due to prohibition and criminalisation, are of unknown strength, purity, and can contain contaminants that are dangerous for mother and foetus.

> *"One client who was actively using street drugs in her third or fourth month of pregnancy went to the Narcological Hospital to undergo a detox, but they refused her since there was no department for pregnant women, just as there aren't any rehabilitation centres where a mother with a small child can stay... and so in the end she had to either buy the same detox medicines on the black market and take them at home to reduce her abstinence syndrome, or continue to take street drugs and give birth in a state of active drug use."*
>
> *DU NEWS, RUSSIA*

Fertility Support for HIV+ Individuals

Viral suppression through antiretroviral therapy effectively reduces the risk of mother to child transmission of HIV, and the risk of HIV transmission between serodiscordant couples, including when conceiving a child. Pre-Exposure Prophylaxis use by negative partners, and strategies such as caesarean delivery, provision of anti-retroviral therapy to new-born children, and avoiding breastfeeding, can further reduce or even eliminate risks of transmission.

However, particularly in low- and middle-income countries, key population members lack access to first-line antiretroviral medication and medication management, such as viral load monitoring. Further, most interventions targeting key populations do not include technically competent, comprehensive reproductive health and family planning education and services. Additionally, general prenatal and family planning services, including those for individuals living with HIV, are frequently not sensitised to key population members. As a result, many key population members living with HIV may not have knowledge of or access to widely available, affordable, and effective methods to prevent HIV transmission when conceiving or giving birth to children. In turn, this prevents some individuals from building a family.

…general prenatal and family planning services, including those for individuals living with HIV, are frequently not sensitised to key population members.

> *The common knowledge is that when you're an MSM [man who has sex with men] and you're diagnosed HIV+, you can't have a family anymore. It's not so much that they are MSM but more of the fact that HIV+ people are highly marginalised in our culture here; so that would mean that they are not, we are not normally able to be a family or really talk to others, relatives, about our status, or date people, our disclosure is something we really need to really, really think about really before we date people, moreso even before we go into any formal commitment with anyone.*
>
> *HIV & AIDS SUPPORT HOUSE INC., PHILIPPINES*

32 World Health Organization, 2014, "Guidelines for the identification and management of substance use and substance use disorders in pregnancy," 10-11.

New Reproductive Technologies

New reproductive technologies have vastly expanded fertility options for LGBT individuals, and in cities in high-income countries, a growing number of private fertility clinics have opened to meet the specific reproductive needs of the LGBT community.

A variety of new fertility preservation technologies can support transgender individuals' ability to conceive children following transition. Eggs and sperm can be retrieved and frozen prior to transition, and later used to conceive a child through intrauterine insemination or implantation of a fertilised egg. Transgender men who experience infertility due to the impact of hormone therapy on egg production can conceive children with fertility treatment and hormone management.

Compulsory or coercive sterilisation of transgender individuals, as well as lack of patient education within healthcare settings is a significant threat to this community's reproductive rights. While reproductive technologies can enable transgender people to conceive children after transitioning, these methods are costly and not widely available.[33] As one participant noted, in some regions, transgender people's unequal access to education further limits their ability to make informed decisions about their reproductive health:

> *"In the Indian context, most trans women are not given that much education. Because of discrimination at the school level, they are thrown out of the education system... And if they aren't given that kind of opportunity for education and information, then they cannot explore these [reproductive] options."*
>
> *SOLIDARITY AND ACTION AGAINST THE HIV INFECTION IN INDIA (SAATHII), INDIA*

For gay, bisexual, and other men who have sex with have men, surrogacy (including traditional surrogacy and surrogacy through insemination of a donor egg) can offer an additional pathway to parenthood. However, this option is rarely accessible due to its high cost, and in many contexts, lack of supportive policies that safeguard the rights of all parties involved, including the surrogate.

Stigma and Discrimination

In addition to gaps in services, stigma and discrimination create substantive barriers to accessing essential SRH services across communities. Participants consistently reported stigmatising views and a lack of sensitivity and competence among health care workers, resulting in discriminatory interactions. As a result, participants reported members of their communities avoiding vital health services for fear of abuse, humiliation, outing, decreased quality of care, and/or denial of services.

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> *"If the health care professional knows that you're a sex worker, then they will make this moral judgment: 'Oh, you're pregnant again. You can't take care of your children and your children are suffering,' and this is probably said loudly so that everybody can hear. So sex workers often don't want to go back there because they don't want to be embarrassed in that way."*
>
> *SISONKE, SOUTH AFRICA*

33 The World Professional Association for Transgender Health, 2011, "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People," 51.

Healthcare and service providers are also described as attempting to force or coerce abortion and/or sterilisation upon disclosure of sex work or drug use, or if the individual in question is living with HIV.

> *"The doctors told [my partner] that she should reconsider her pregnancy and think about abortion before it was too late, because she was HIV-positive and dependent on drugs. The fact that I also used drugs was another reason for the doctors to start talking us out of it."*
>
> *DU NEWS, RUSSIA*

The Right to Raise Children

Criminalisation, stigma and discrimination impede the rights of key population members to maintain custody of their children and access resources necessary for their care. Key population members frequently experience discrimination in family courts, child welfare systems, and criminal justice proceedings. Ultimately, state interference may lead to temporary or permanent loss of child custody, violating their children's rights to remain under the protection of their parents.

Child Support and Benefits

The obligation of both parents to, "within their abilities and financial capacities", provide for their child's upbringing is enshrined in the Convention on the Rights of the Child[34] and in national laws regulating child support payments. Nonetheless, consultation participants reported that these obligations are not consistently enforced due to stigma and discrimination. Sex workers who are mothers, for example, may be unable to obtain child support due to the notion that they cannot ensure the identity of the father.

Sex workers who are mothers, for example, may be unable to obtain child support due to the notion that they cannot ensure the identity of the father.

> *"In most cases, it's a requirement that if you have a child with a man, the man should provide 50% support to his child. But for sex workers it's a different story, because there's no way to convince them that this man is the father. No one will listen to you because you're a sex worker and you sleep with different men out there."*
>
> *HEALTH OPTIONS FOR YOUNG MEN ON HIV/AIDS/STI (HOYMAS), KENYA*

All key population members face additional difficulties accessing child support payments if they do not have legal custody of the children that they care for. At the same time, they can find themselves unable to afford child support payments due to financial marginalisation and unemployment.

34 UN General Assembly, 1989, "Convention on the Rights of the Child," 18.

The Convention on the Rights of Children obliges states to support parents who lack the financial capability to provide for their children's upbringing, including through provision of social security, healthcare, food, clothing and housing, and child-care for working parents.[35] Many countries have benefit programmes to support families and single parents, financed by the government or international agencies and donors. However, these programmes are often conditional upon demeaning and/or overly complex eligibility requirements that explicitly exclude individuals who use drugs, who work in the sex industry or other informal sectors, who are undocumented migrants, and/or who have criminal records. The process of applying for public benefits can include compulsory drug tests and invasive behavioural monitoring and home inspections. In some contexts, recipients of government benefits are required to submit to paediatric health checks or attend parenting workshops or addiction model 'treatment' programmes which require abstinence from sex work or drug use, which may be difficult to access and may expose them to further discrimination.

Social Workers and Child Welfare Systems

While social workers can play positive roles in connecting families with resources, the overwhelming majority of participants across key population groups perceived them as an extension of state surveillance, policing, punishment and control. Many participants noted the power of social services and the ease with which social workers could become engaged in families' affairs; a parent's key population status alone may be reported as a form of 'child abuse' by neighbours, family members, or even anonymous callers. Once the state becomes involved, social workers and child welfare agents have broad discretionary power in interpreting mandatory reporting and child abuse, endangerment and neglect laws, and in some contexts (such as the USA) are mandated by law to report activity associated with parental drug use (e.g. parental drug use during pregnancy or in the presence of children, the presence of drugs or drug paraphernalia at home) to child welfare services[36].

…parents feel significant pressure to meet rigid requirements and to conceal their status as a member of a marginalised and/or criminalised community, forming a barrier to accessing appropriate services, healthcare and social service provision.

As a result, parents feel significant pressure to meet rigid requirements and to conceal their status as a member of a marginalised and/or criminalised community, forming a barrier to accessing appropriate services, healthcare and social service provision.

> ***"If you're in position where you can lose your kids, it's a very hard situation. You have to comply with schedules that are not adapted to you, you have lots of rules you have to comply with, and if you fail, it's easy to lose your child to the system of care."***
>
> *CONSUMIDORES ASSOCIADOS SOBREVIVEM ORGANIZADOS, PORTUGAL*

35 Ibid, 18.2-3, 24, 26 & 27.3.

36 U.S. Department of Health and Human Services, Children's Bureau, and Administration for Children and Families, 2015, "Parental Drug Use as Child Abuse."

Several participants also noted the stark contrast between social workers' treatment of parental alcohol use versus illicit drug use.

> *"With social workers, no parent would dare in our setting say, 'Oh, by the way, I'm a casual cannabis smoker. Does second-hand smoke affect the child?' Which is the type of question we should be asking... If it were alcohol, they'd say, 'Make sure to keep the bottles locked away.' But the conversation wouldn't happen like that [with drugs]. It would immediately be perceived as a serious problem with a need to inform the authorities."*
>
> SANPUD, SOUTH AFRICA

...stigmatising reactions to disclosure of drug use, sex work, gender identity or same-sex sexual activity foster distrust and inhibit important conversations about harm reduction, service and healthcare provision...

In turn, social workers' stigmatising reactions to disclosure of drug use, sex work, gender identity or same-sex sexual activity foster distrust and inhibit important conversations about harm reduction, service and healthcare provision more broadly.

Social and child welfare workers frequently have discretion over the placement of vulnerable children. As a result, subjective judgement and bias often inform child placement. A clinical counsellor in Costa Rica described a situation in which a gay man and his long-term partner were denied guardianship of a younger family member who had fled an abusive home, seemingly due to their sexual orientation:

> *"I worked with a 12-year-old kid who ran away from home because he came out as gay to his mom, and she wouldn't tolerate it... It turned out that she also had many men coming to her house, and one of these men threatened the kid with a gun... His aunt couldn't take care of him anymore... so his older cousin, who has been with his partner for 6 years, and has a really good relationship with the child, said, 'We can take him.' So I wrote this in my report as a recommendation to children's services, and they ruled against it. So they sent the kid back to his mom."*
>
> MPACT MEMBER, COSTA RICA

The participant added that while these two men were deemed 'unfit,' several lesbian couples had successfully obtained guardianship elsewhere in Costa Rica. This bias was noted by another participant in Sri Lanka, testifying to the impact of gender stereotypes on child welfare decisions.

State Intervention in Health Care Settings

The criminalisation of key populations creates vulnerability to criminal justice responses and interventions when accessing health care, including arrest, imprisonment, and the removal of child custody. The presence of police and child protective services at some hospitals and health care facilities heightens this vulnerability and fosters mistrust within health care settings.

Mandatory reporting laws requiring health care workers to report parental drug use to child welfare authorities further jeopardise the integrity of key populations' families and impede access to care, which is often already limited. In a number of countries, drug use during pregnancy automatically incurs criminal charges and incarceration.[37] Even where drug use during pregnancy is not explicitly criminalised, some health providers still exercise their own discretion based on stigma-informed assumptions of harm.

> *"If you turn up to the doctor's pregnant and say that you're not going to go onto an OST programme, and you've already got a few children, the doctor will bring in child welfare and take the other children away because they don't think that you can mother effectively if you won't take methadone while you're pregnant with this baby."*
>
> *AIVL, AUSTRALIA*

Child Custody

Removing children in the absence of abuse or neglect contradicts international frameworks that promote family preservation and support, as well as significant research indicating the harms of parent-child separation. Children removed from parental care experience a range of long-term impacts, with studies indicating poorer mental health, physical health, and socioeconomic outcomes among those removed from parental care.[38] Parents also suffer, especially when they are not given resources to cope with this loss.

...child custody loss is a constant threat to key populations, particularly among parents facing multiple sources of marginalisation.

Nonetheless, child custody loss is a constant threat to key populations, particularly among parents facing multiple sources of marginalisation. A 2014 study of female sex workers in British Columbia, Canada found that nearly 40% of the women who had given birth had had a child removed by the state, 62% of whom were of Aboriginal or migrant backgrounds.[39] Parents who use drugs similarly experience high levels of custody loss and state involvement. In the USA, parental drug and alcohol use has been identified among 40% to 80% of families involved with Child Protective Services.[40] Some participants additionally highlighted that key population members who are single mothers are particularly vulnerable to social service bias and child custody loss due to patriarchal values:

> *"When it comes to women who use drugs, if they are separated from their in-laws or their own parents, then they will have to struggle for custody... If they're single mothers or have live-in relationships with children, they are looked at in a very different way."*
>
> *DRISTI NEPAL, NEPAL*

37 Open Society Foundations, 2016, "The Impact of Drug Policy on Women," 11-12.

38 Renee Schneider et al., "What happens to youth removed from parental care?: Health and economic outcomes for women with a history of out-of-home placement," *Children and Youth Services Review* 31 (2009): 440-444.

39 Putu Duff et al., "The 'Stolen Generations' of Mothers and Daughters: Child Apprehension and Enhanced HIV Vulnerabilities for Sex Workers of Aboriginal Ancestry," *PLoS ONE* 9, 6 e99664 (2014): 4.

40 Lawrence M. Berger et al., "Caseworker-Perceived Caregiver Substance Abuse and Child Protective Service Outcomes," *Child Maltreatment* 15, 3 (2010): 199-210.

Negative stereotypes of key population members as parents are also successfully used by former partners in custody disputes to obtain sole custody. For example, a national survey of transgender people in the USA found 29% of transgender parents had had contact with their children limited or stopped by their former partners due to their gender identity after separation or divorce, while 13% reported that courts or judges had blocked their parental access.[41] Even where selling sex is not criminalised, sex workers may have their profession used against them in court as sole or partial justification for removing custody. A notable example of such a ruling occurred in Sweden in 2012, where selling sex is not criminalised but all associated activities are. In 2012, the sex worker Petite Jasmine lost custody of her two children to her abusive ex-partner, based on arguments that she "romanticised prostitution" and was of poor moral character.[42] One year later, during a supervised visitation, Jasmine's ex-partner murdered her.

…the sex worker Petite Jasmine lost custody of her two children to her abusive ex-partner […]. One year later, during a supervised visitation, Jasmine's ex-partner murdered her.

Once involved in custody battles, stigma and discrimination influence both key population members' need for support in navigating legal systems and advocating for their parental rights, as well as their reliance on inadequate NGO or state legal aid for this support.

> ***"Court systems are overly complex, and it is hard to get legal aid – for family matters there is no office to apply in person and phone wait times are prohibitive for workers, much less for folks who are struggling with mental health issues. Being in court is completely overwhelming. Child welfare workers say one thing and pretend to be nice outside of court, but once inside their lawyers spend their time attacking the character of the parent and inflating the struggles into purposeful mistakes."***
>
> *COUNTERFIT HARM REDUCTION PROGRAM (COUNTERFIT), CANADA*

Criminalisation and Family Separation

The number of children globally affected by parental incarceration has been estimated to be in the tens of millions.[43] Individuals convicted of drug-related offences account for 18% of the global prison population,[44] and in regions such as Latin America and Central Asia, the majority of the female prison population.[45] A disproportionate number of female prisoners have engaged in sex work, although statistics are not available, as many of these individuals are incarcerated following convictions for other offenses.

The parental roles and duties of incarcerated individuals are insufficiently considered by criminal justice systems. Disciplinary proceedings, criminal charges and incarceration often cause family separation. Although some countries have policies to reduce family separation for parents of minor children (predominately mothers), several participants reported that these safeguards are seldom enforced.

> ***"In principle, we have a law that forbids detaining a woman for more than three hours, or keeping her at the police station overnight, if she has minor children. But this law doesn't work– law enforcement agencies and court systems couldn't care less."***
>
> *SILVER ROSE, RUSSIA*

41 National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011, "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey," 98.

42 Global Network of Sex Work Projects, 2015, "Advocacy Toolkit: The Real Impact of the Swedish Model on Sex Workers," 4:4.

43 Quaker United Nations Office, 2017, "The Impact of Parental Imprisonment on Children," 8.

44 United Nations Economic and Social Council, 2016, "World crime trends and emerging issues and responses in the field of crime prevention and criminal justice (2016)," 23.

45 Open Society Foundations, 2016, "The Impact of Drug Policy on Women," 7.

Even in countries that offer provisions for incarcerated mothers (and rarely fathers) to live with their young children in detention, family separation occurs more often in practice. Children who are placed in the care of family members often have limited access to their incarcerated parents due to visitation schedules, distance, and costs. Where children are placed in the care of the state, laws in some contexts require parents to terminate custody if, due to incarceration, they are unable to remove their children from state care within a set period of time. Once parents are released, they often have difficulties restoring their parental rights. Moreover, their criminal record will remain, influencing future custody decisions, educational opportunities, and housing access.

Moreover, their criminal record will remain, influencing future custody decisions, educational opportunities, and housing access.

> *"Individuals who have charges and convictions of prostitution have a harder time finding housing and also pursuing education...Therefore parents with these convictions can have a much harder time providing for their children."*
>
> *SWOP BEHIND BARS (SBB), U.S.A.*

Beyond traditional criminal justice responses, compulsory drug 'treatment' programmes, as well as compulsory 'rehabilitation' programmes for sex workers, lack a family-centred approach and drive families apart, sometimes forcing parents (especially single parents) to give up custody of their children:

> *"A woman with two minor children was sentenced to compulsory rehabilitation. She couldn't go there with her children, but she also couldn't leave them. If she went to child services for help, then most likely they would immediately terminate her parental rights. If she didn't enter treatment within a month of her sentencing, she would face more fines and prosecution.*
>
> *DU NEWS, RUSSIA*

> *"I've seen plenty of cases where women are sent to rehabilitation centres and there's nothing there for their children, no provisions for them to exist in these services alongside their kids. Some of them, if they're lucky enough, are looked after by their grandparents. Otherwise they're either in the streets, or sent to an orphanage for underprivileged kids."*
>
> *DRISTI NEPAL, NEPAL*

The Rights of Children

Children are often viewed as extensions of their parents, and experience stigmatisation and discrimination by association. This secondary stigma can become internalised stigma, also referred to as self-stigma.

The extent to which children are impacted by secondary stigma varies, reflecting geographic, socioeconomic, and individual differences. Some children may be scarcely affected by their parent's status, while others may experience direct discrimination, resulting in extreme violations of fundamental rights. This section outlines key ways secondary stigma impacts the health, psychological and emotional well-being, safety, education, and access to housing and citizenship of children of key populations.

Citizenship

In some countries, including India, Nepal, and Indonesia, a child cannot receive identity documents such as a birth certificate or passport without confirmation of the father's identity. In turn, a lack of identity documents makes it hard to access education and social protection such as government health insurance, impacting on the ability of parents to support their children.

While these laws can negatively affect all women, several participants, including OPSI, Indonesia, noted their disproportionate impact on sex workers and women who use drugs.

In some contexts, mothers who lack identity documents themselves are similarly unable to register their child's birth. This barrier is particularly pronounced in countries like Kyrgyzstan, where Tais Plus reports that more than 50% of sex workers, and a large proportion of rural migrants do not have passports.

Health

Children of key populations are entitled to the highest attainable standard of health. This right is impacted by their mothers' access to high-quality prenatal, delivery, and postnatal care, which play a crucial role in the prevention of vertical HIV transmission. Over 90% of children currently living with HIV globally have been exposed through mother-to-child transmission.[46] Key populations' inconsistent access to HIV testing, counselling and treatment services render their children particularly vulnerable to HIV.

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In some countries, children who lack identity documents are categorically excluded from accessing government health services. Even where services are available, a combination of structural barriers and perceived risks of discrimination, arrest and state intervention can impede key population members' access to health services for their children. In some countries, parents are required to disclose their profession in paediatric care settings, which may result in the stigmatisation and discrimination of their children, as well as violence and abuse.

> *"When [health care workers] discover that the parents are engaged in sex work, the kids are 'tagged,' and are side-lined from the services they're supposed to receive... These children aren't able to access services like any other kid."*
>
> HOYMAS, KENYA

> *"When it is known, for example, that the children are those of key populations, they are marginalised... and poorly received at health centres with verbal abuse."*
>
> SECOURS SOCIAL BOUAKÉ, IVORY COAST

46 United Nations Human Rights Office of the High Commissioner, 2013, "The right of the child to the enjoyment of the highest attainable standard of health," 14.

As accessing healthcare for their children can increase the likelihood of state intervention, parents may hesitate to access urgent medical care for their children due to fear that they will be blamed for the child's injuries, arrested or incarcerated, or lose child custody:

> *"When a child injures himself, a parent might not want to take him in [for treatment] because the perception is that they'll assume that I've harmed this child because I'm a person who uses drugs."*
>
> SANPUD, SOUTH AFRICA

Some parents are able to circumvent these barriers and risks by having another guardian or relative accompany their child to health services.

Childhood Education

Education is an essential component of children's development. For the children of key populations, stigma and discrimination may create barriers to accessing education, which may result in truancy, frequent school changes, or dropping out.

Where available, progressive schools and programming can mitigate discrimination for the children of key populations. Such resources are more common in urban areas and are frequently fee-based, restricting access for low-income families and families outside of larger cities.

In Bangladesh, where the children of brothel-based sex workers are largely excluded from mainstream education, private, NGO-sponsored schools offer the opportunity for these children to obtain high-quality, non-discriminatory education. As a result, many students have gained admission into colleges and universities throughout Bangladesh. Such programmes, however, are rare and contingent upon funding, leaving many families without access to equal education.

…the stigma associated with a child's family background strongly influences how teachers and administrators perceive and treat them.

Many participants reported that the stigma associated with a child's family background strongly influences how teachers and administrators perceive and treat them. Responding to the stereotypes of children whose parents use crystal methamphetamine, one participant commented:

> *"There's the perception in the South African context that the children of parents who use methamphetamines are naturally going to have ADD [Attention Deficit Disorder], or be slow, or that they'll somehow be underdeveloped… We know that if a teacher is told that a kid has a high IQ, then the child's IQ will naturally raise on its own. And so if you've got the belief that these kids are hopeless, it's a self-fulfilling prophecy."*
>
> SANPUD, SOUTH AFRICA

Other participants reported educators proactively seeking reasons to expel or punish the children of key population members, attributing their behaviours to their parents' identities or activities.

> *"[School officials] are always trying to find possibilities that the children might be showing some kind of unacceptable conduct in school, like if they're talking about sex, so that they have a reason to kick them out. But children normally talk about sex!"*
>
> *COALICIÓN MEXICANA LGBTTTI+, MEXICO*

Discovery of parental key population status can also lead to bullying, harassment, violence and social exclusion from teachers, peers, and the parents of peers.

> *"In one school in Odessa, the teacher, having learned about a conflict between two children, asked the boy, the son of a sex worker, why he called the girl in his class a 'fool.' She went on that he does not have the moral right to behave like that, since the girl was from a very good family, and he is the son of a woman who earns her living from her body. This was in front of the entire class. The children were around 10 years old."*
>
> *OBSCHESTVENNOE DVIZHENIE "VERA, NADEZHDA, LYUBOV" (VERA, NADEZHDA, LYUBOV), UKRAINE*

> *"Other parents tell their children not to talk to or play with our children."*
>
> *HIV/AIDS RESEARCH AND WELFARE CENTRE, BANGLADESH*

Children may be forced to switch schools, or may be prevented from enrolling in the first place if their parents' status is discovered. In some regions, the children of parents living with HIV are particularly vulnerable to denial of access to education, regardless of their own HIV status.

> *"When the school administrators found out that the child's parents were living with HIV and were drug users, they wrote us an email and said that they couldn't enrol him. I said, 'He's HIV-negative, there's no way that anything bad can happen.' But they were not convinced, and we had to send him to a different school."*
>
> *DRISTI NEPAL, NEPAL*

Unequal access to education not only contradicts the CRC and Sustainable Development Goals, it also undermines children's self-esteem and limits their future opportunities for socioeconomic mobility.

Violence and Safety

Criminalisation, stigma and institutional discrimination render key populations vulnerable to multiple forms of physical, emotional, and sexual violence. This vulnerability to violence, combined with reduced access to legal resources, court systems, and social supports, frequently compromises their children's safety. Threats of blackmail, harassment, and of reporting criminalised key population status to the police further prevent key population members from reporting crimes which threaten their families' safety and wellbeing to law enforcement.

…vulnerability to violence, combined with reduced access to legal resources, court systems, and social supports, frequently compromises their children's safety.

Some participants noted that much of the violence inflicted upon the families of key populations is gender-based, with women and girls at particular risk for harassment and domestic violence, including economic violence. The daughters of sex workers may be especially vulnerable to sexual violence due to the stigmatisation of their mothers' profession. Describing the attitudes of mainstream society, one participant reported:

> *"They believe that the girls will end up being sex workers as well, by copying their parents' lifestyles, and so you find that many of them end up becoming victims of violence, especially rape."*
>
> HOYMAS, KENYA

Participants of all key population groups further cited verbal abuse as a pervasive form of violence affecting children of key populations.

> *"I've seen people on the bus call someone a 'dirty junky mother' right in front of their children. Shops say, 'Get out of here, you filthy thieving junky' to a father who's got a child with them."*
>
> AIVL, AUSTRALIA

One transgender father from Zimbabwe described the bullying his child endured due to his (the father's) gender identity:

> *"They call him names because of who I am. Two years ago he was challenged to the extent that he was becoming violent, because everyone was aggressive to him because of my gender identity."*
>
> MOTHERS HAVEN, ZIMBABWE

Due to widespread institutional and social discrimination, as well as individual socioeconomic disenfranchisement and poverty, many key population members lack adequate formal childcare options or support from extended family members, forcing them to leave their children unsupervised. Sex workers who work at night, for example, may be forced to leave their children at home unsupervised, which may expose them to health or safety risks. For people who use drugs, a widespread lack of integrated and comprehensive harm reduction programming with on-site childcare forces parents to choose between accessing service and healthcare provision, and looking after their children.

…many key population members lack adequate formal childcare options or support from extended family members…

Housing

Housing instability impacts the children of key populations. One participant from Sri Lanka noted that most landlords will only lease out apartments to married couples, making it nearly impossible for same-sex couples and transgender individuals and their families to acquire housing. Sex workers, people who use drugs, and their families are frequently denied housing due to legislation or landlord policies which forbid renting property 'for purposes of prostitution,' or which forbids the storage and/or use of drugs on the property. Sex worker and drug user communities in particular, may face sudden evictions and raids, such as the 2014 raid of the Tangail Kandapara brothel in Bangladesh, which uprooted between 129 and 250 children from their homes.[47]

47 Asia Pacific Network of Sex Workers, 2014, "The Eviction of Tangail Brothel – 'Mayor did it!'"

Families experiencing financial difficulties are often excluded from shelters due to drug, sex work and alcohol abstinence requirements, while parents with criminal records are frequently barred from accessing public housing. Exposure to violence and housing instability profoundly impacts on children's emotional and physical wellbeing, and is also associated with poorer educational outcomes.

Psychological and Emotional Wellbeing

Participants described a wide range of psychological and emotional responses to direct and secondary stigmatisation among the children of key populations. Ranging from depression to resilience, these diverse experiences are highly dependent on both individual and societal factors. Children's access to psychological support similarly varies greatly by context.

…experiences of human rights violations can have a profoundly negative impact on a child's psychological and emotional well-being.

As discussed above, experiences of human rights violations (e.g. violence, harassment and bullying, social exclusion, denial of equal access to education, homelessness and housing instability) can have a profoundly negative impact on a child's psychological and emotional well-being.

Internalised stigma also negatively impacts children's emotional well-being. Numerous participants described the internalisation of societal stigma as a common issue faced by their community members' children. Internalised stigma occurs when children absorb society's stigmatising narratives surrounding their parents and themselves. Having been exposed to stigmatised representations of sex workers, people who use drugs, gay, bisexual, and other men who have sex with men, and transgender people, or having witnessed discrimination first-hand, children may struggle to reconcile these messages with their lived experiences, prompting feelings of confusion, shame, resentment, or anger.

> *"Children are under the influence of this label, this stigma, that their parents aren't 'normal' people, and their sense of self-worth suffers. Naturally they begin to feel like they aren't equal to their peers... they begin to treat themselves worse, not feeling entitled to a normal life, to a normal education."*
>
> *DU NEWS, RUSSIA*

Children of key populations understandably experience anxiety due to the significant instability that results from a justified fear of family separation, especially when they have had contact with the state, social services, and law enforcement.

> *"The son was really afraid that social services would come and take him away from his mother and place him in an institution. During a regular visit from social services, the boy kneeled before the workers, clasped his hands and said that he had the best mom: she won't drink anymore, she feeds him, raises him well, checks his homework, and he takes care of the chores. They have a great family, he loves his mother very much and can't live without her."*
>
> *VERA, NADEZHDA, LYUBOV, UKRAINE*

Risks of legal repercussions and state interference can also reduce children's access to mental health services and informal sources of support; children may be unable to speak openly out of fear of disclosing their parents' activities. These limitations increase feelings of isolation and distrust.

...children may be unable to speak openly out of fear of disclosing their parents' activities.

> *"Children feel as though they're outcasts and that they have nowhere to turn to. They feel that if they want to tell anybody what's troubling them, they'll need to talk about their parents' drug use, which may end up with the parents in jail or losing custody of them. So they live in frightened, isolated bubbles... It impacts them in such a way that I don't think most of them ever really recover to trust wider society again, because it's always been seen as malevolent to them."*
>
> AIVL, AUSTRALIA

Children who have been separated from their parents due to court decisions, child welfare involvement, or disciplinary proceedings experience a greater psychological impact compared with other children of key population members. A 2016 study from the United States confirmed that children in foster care were 5 times as likely to have anxiety and 7 times as likely to suffer from depression than their peers.[48] Children in state care face additional negative mental health impacts as the result of stigma, discrimination and abuse if their family status is revealed to their peers.

> *"Once kids are taken into custody, they worry at school that other kids will find out and they will be judged as having a 'druggie addict' mom or having been abandoned."*
>
> COORDINATOR, COUNTERFIT, CANADA

Several participants noted that some children resort to negative coping mechanisms, including violence and gang membership, in response to the extreme bullying and stigmatisation they experience.

> *"Stigma and discrimination may end up affecting children to the extent that they may begin to abuse drugs or alcohol because the bullying is just too much for them, or to the extent that the child may end up bringing that abuse back to their mother or father."*
>
> MOTHERS HAVEN, ZIMBABWE

At the same time, many children of key populations thrive, particularly in supportive societal contexts that create an enabling environment and foster resilience to stigma and discrimination.

Self-Perception as Parents

> *"One of the most difficult sources of stigma and discrimination is the one that is within."*
>
> GALZ, ZIMBABWE

When key population members internalise society's judgments, they can begin to doubt their own capacity to parent, coming in turn to believe disparaging stereotypes and stigmatising narratives about themselves and their own communities and families. Self-stigma, combined with external realities, can considerably impact parenting decisions and perpetuate the cycle of marginalisation.

48 Kristin Turney and Christopher Wildeman, "Mental and Physical Health of Children in Foster Care," *Pediatrics* 138, 5 e20161118 (2016): 5.

Self-Stigma

Self-stigma among key population members can create barriers within families and even prevent them from forming. One participant expressed ambivalence about parenthood due to a lack of societal support and fears of rejection by his future children.

One participant expressed ambivalence about parenthood due to a lack of societal support and fears of rejection by his future children.

"When my partner said, we should have kids, I was like, 'What if that kid grows up and says, 'I never wanted two fathers, it's really unfair, why did you do this?' And then, what kind of support system would that kid have to face society?"

REGIONAL COORDINATOR, YVC, SRI LANKA

Some current parents grapple with pessimism and reduced self-esteem. One parent, despite an excellent relationship with his children and feeling fulfilled professionally, attested to the enduring nature of internalised judgments.

"It's a purely psychological thing, that I don't feel like a full-fledged father, a full-fledged parent... I start to have a guilty conscience and think that due to my [drug use] I'm not as successful as I could be, like I wasted something. Like I could have given my children more than I have."

DU NEWS, RUSSIA

However, community support, socioeconomic stability, and empowerment can counter internalisation of stigma for some key population members. For example, the role sex work plays in their ability to financially provide for and spend more time with their children may offset some of the negative self-beliefs sex workers hold associated with their profession.

Stigma as a Barrier to Disclosure

Participants reported struggling to disclose their sex work, drug use, sexual orientation, or gender identity to their children, due to fear of rejection, and also to protect their families from secondary stigma.

"Most parents haven't really opened up to their children. It becomes something the child hears about outside of the home... It's very difficult for the parents to come out to children, psychologically and emotionally. You're thinking, 'How am I going to do this?'"

MOTHERS HAVEN, ZIMBABWE

Many parents never disclose their status. In India, where transgender women are routinely banished from their families and lose their jobs upon coming out as transgender, many remain in the closet.

"How many of us can have the courage to leave our family? As a trans woman, you can't lead a normal life, and that's why you have to leave your job, your family. And so no one will be happy – not the family members, not the trans woman herself. Most of the time, people have to compromise – one life cannot know about the other."

SAATHII, INDIA

Sex worker participants reported going to great efforts to separate their personal and professional lives, sometimes working far away from their homes to avoid being seen by family members and neighbours. This strategy can detract from sex workers' family time and may increase children's vulnerability to harm.

> *"If the mother has to go downtown for her work, the children are left unprotected, and tend to be under the influence of their peers, who may lead them to delinquent behaviour."*
>
> ASSOCIATION NATIONALE DE PROTECTION DES FEMMES ET ENFANTS HAITÏENS, HAITI

Stigma as a Barrier to Empowerment

Multiple participants described feelings of disempowerment as an aspect of internalised stigma which, compounded by gaps in legal literacy and inadequate access to legal support, discourages parents from advocating for recognition of their fundamental rights. Participants reported that, due to internalised stigma, some community members feel incapable or unworthy of asserting their parental rights.

> *"The right to become a parent and raise children is a constitutional right which applies to every citizen, however our community is not empowered enough to demand this right which is fundamental."*
>
> WAREMBO FORUM, TANZANIA

Some participants also noted that feelings of disempowerment are reinforced by cultural or gender norms:

> *"Sex workers are made to believe that they are bad and that they aren't fit parents, and some of them believe this, so they don't challenge it... In certain cultures it's disrespectful to answer back... and so that is how some people get away with treating sex workers and their children badly."*
>
> SISONKE, SOUTH AFRICA

Community-Led Interventions

WHO has identified community empowerment as a critical enabler for improving key populations' living conditions, health, and access to fundamental rights, as well as for redressing human rights violations.[49] While internal and external sources of stigma disempower some parents and children, key population-led interventions can address internalised stigma and build awareness of rights and access to legal resources. Furthermore, given the widespread lack of family-centred and gender-sensitive programming for key populations and their children, community-led interventions play a key role in addressing families' needs.

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Across the globe, key population members are leading interventions to mitigate the impact of criminalisation, stigma, and discrimination on parents and children in their communities, and to advocate for change. This section describes some of these community-led interventions, as well as participants' perspectives on barriers to community-led advocacy.

49 World Health Organization, 2016, "Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations: 2016 Update," 96.

Community-led Services

In Nepal, women are largely excluded from harm reduction programming. Dristi Nepal (Rights to Existence) operates a drop-in and residential care centre for women who use drugs, many of whom have children. In addition to providing food, shelter, childcare, healthcare, and legal support, Dristi Nepal finds sponsors for the education of their clients' children. Since 2006, the organisation has trained dozens of its clients as peer outreach workers, promoting community empowerment.

Organisations offer supplemental and informal educational programming for children. Women's Network for Unity, Cambodia, runs classes for the children of sex workers and people living with HIV, which has helped hundreds of students improve their self-confidence and reintegrate into state schools.[50] In India, the VAMP/SANGRAM movement offers a supplemental education and mentoring programme by and for the children of sex workers, in addition to supportive housing.[51]

Community-led Empowerment

While a handful of initiatives for gay, bisexual, and other men who have sex with men and transgender parents and their children exist, such as 'Rainbow Family' support groups, they are largely concentrated in the Global North. Recognising the need for empowerment, psychological support, and community-building among LGBT parents, the organisation Mothers Haven was founded in Zimbabwe in 2015. Mothers Haven conducts counselling, group discussions, and workshops on leadership and entrepreneurship skills.

While a handful of initiatives for gay, bisexual, and other men who have sex with men and transgender parents and their children exist […], they are largely concentrated in the Global North.

> ***"We need to be represented and to be able to relate to our children on the issues of their parents' sexual orientation and gender identity… We are capacitating LBT parents so that they can take care of themselves, love their kids, and be with their kids."***
>
> *MOTHERS HAVEN, ZIMBABWE*

Community-led Legal Support

Peer-led organisations can also facilitate legal support related to custody and restoration of parental rights. In Kyrgyzstan, the organisation Tais Plus helped a sex worker regain custody of her child who had been placed in state care.

> ***"A sex worker had to temporarily leave her child at a state-run children's centre while her financial situation improved… The administration began the process of transferring the child to a state orphanage. The sex worker tried to get the child back from the centre, but the workers refused, arguing that she had no place of employment or permanent residence, and that she wouldn't give him food or an education, and that the child would be better off in an orphanage or new family… The employees of the children's centre called Tais Plus and asked us to provide a certificate confirming that the woman was a sex worker so that they could begin the process of revoking her parental rights. Of course, Tais Plus didn't give it to them. In the end, with the help of a lawyer, we helped her get her child back from the children's centre."***
>
> *TAIS PLUS, KYRGYZSTAN*

50 Global Network of Sex Work Projects, 2014, "Asia and Pacific Regional Report: Sex Workers Demonstrate Social and Economic Empowerment," 20.

51 VAMP/SANGRAM, 2011, "The VAMP/SANGRAM Sex Worker's Movement in India's Southwest" in Changing their World 2nd Edition, ed. Srilatha Batliwala, 8-9.

Community-led Advocacy

Research has played an influential role in raising awareness of and normalising parenthood among key populations – particularly for gay, bisexual, and other men who have sex with men and transgender people. Community-led research, such as the 2011 National Transgender Discrimination Survey in the USA, has helped to dispel harmful myths surrounding their families and provided deeper insight into the lived experiences of underrepresented families.[52]

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Community organisations can also work directly with policy-makers to shape national agendas. In Indonesia, Persaudaraan Korban Napza Indonesia (PKNI) partnered with the Ministry of Health to create national harm reduction guidelines that uphold the rights of people who use drugs, involving community members throughout the process.[53]

However, other organisations noted that negative stereotypes create entrenched barriers to high-level collaboration:

> ***"Even the government bodies and leaders working in women's rights have the mindset that drug users are like 'this' or like 'that.' They know all the bad things, and because of that they don't want to understand this community… They do not realise that we are women first, and that we are citizens of this country."***
>
> *DRISTI NEPAL, NEPAL*

Given the inconsistent application of anti-discrimination policies in many countries, several participants stressed the need for greater community involvement in promoting the implementation of existing laws and protections.

> ***"Everything is there in pen and paper… so now [the government] has to be more active and sit with community leaders and activists, to talk about what the problem is and how, in collaboration with community leaders and community-based organisations, they can bring changes."***
>
> *SAATHII, INDIA*

Overall, participants agreed that for societal perceptions of key populations as parents to shift, all levels of society – from families to policy-makers – must be willing to engage in open dialogue.

> ***"… Until we can get to the stage where we can have decent conversations around drug use and intelligent conversations with other adults at the policy level, and with our children, I think we've got a really big problem… We need to create an enabling environment for people to talk sensibly about drugs."***
>
> *SANPUD, SOUTH AFRICA*

Key population members are capable of catalysing positive change within their families, communities, and societies at large. However, as long as they are criminalised and dismissed as incapable, irresponsible, and delinquent, this capacity will not be fully realised.

52 National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011, "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey."

53 UNODC, INPUD, UNAIDS, UNDP, UNFPA, WHO et al., 2017, "Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions," 21.

Recommendations

The following recommendations for preventing and addressing the impacts of stigma and discrimination among their families and communities emerged from this key population community consultation. While these recommendations are not exhaustive, they address the most salient concerns, gaps, and challenges faced by key populations and their families.

- **Decriminalise and depenalise sex work, people who use drugs, same-sex relations, and gender expression**. Punitive laws reduce key populations' and their families' access to health care, social services, and legal support while increasing their vulnerability to violence and state interference in their private lives.
- **Address stigma, including internalised stigma and stigma within communities**. Sensitisation activities should occur, including within key population communities, to challenge normative perceptions of parenthood and enable greater support for parents and prospective parents. Key populations should be offered support to address psychological impacts of internalised stigma.

The Right to Have Children and to Build Families

- **Promote comprehensive, technically competent, integrated SRH for key populations and their families**. SRH services for key populations should be comprehensive and based on guidance provided within the key population implementation tools (IDUIT, MSMIT, TRANSIT and SWIT). They should address the reproductive health needs of key population members who are or wish to become parents. Mainstream SRH services must build their technical capacities to service key populations seeking to found and raise families. This includes adopting and making accessible new, non-heteronormative reproductive technologies. Linkages to OST and harm reduction programming should be made available to pregnant women who use drugs.

Mainstream SRH services must build their technical capacities to service key populations seeking to found and raise families.

- **Remove restrictions on adoption and fostering for same-sex couples, single men, transgender people, people living with HIV, and people with criminal records**. These restrictions impede individuals' fundamental right to found a family and deny existing families legal protections. Initiatives should address restrictions within national laws as well as the policies of adoption and child placement agencies and should also sensitise front-line workers.
- **Address barriers to healthcare access for parents and their children**. Programming should include sensitisation training for healthcare workers and advocacy to address laws and policies (including the policies of healthcare institutions) that enable coercive treatment and harmful family interference in healthcare settings.

The Right to Raise Children

- **Support family preservation models in social services, child welfare systems, courts, and during criminal justice proceedings**. Child apprehension should be reserved as a last-resort measure, and state interference in key populations' family lives should only occur in cases of abuse or neglect, and never due to parents' sex work, drug use, sexual orientation, HIV status, or gender identity and expression alone. Parents who are facing difficulties should be supported, rather than punished.

The Rights of Children

- **Ensure equal access to education for the children of key populations**. Programming is needed to ensure children's access to education and a safe and supportive learning environment, including sensitisation within education systems and progressive and affordable schools.
- **Promote services to support children, including family-friendly housing and childcare**. Programming and policy change is needed to address economic and structural barriers to housing and childcare for key populations and their families. Initiatives should address laws that permit housing discrimination against key populations and individuals with criminal records and create affordable options. Health and social service programming for key populations should consider their care-giving roles in ensuring accessibility. Expanded childcare hours and programming to foster community-based support should be considered to address the needs of sex worker families.

Initiatives should address laws that permit housing discrimination against key populations and individuals with criminal records and create affordable options.

- **Allow children to obtain birth certificates and citizenship, regardless of their parents' documentation and identification**. Paternal identity and other parental documentation requirements may prevent key population members from registering their child's birth, subsequently blocking their child's access to citizenship, education, and health care.

Community-led Interventions

- **Prioritise community-led interventions and community empowerment models that support key populations and their families as agents of change**. Community-led programming may include community strengthening and empowerment, community-led advocacy and collaboration with policy-makers, and direct service provision to meet immediate community needs. Community-led services should work towards being comprehensive and addressing the health, psychological, childcare and education needs of key populations' families while facilitating access to resources targeting the general population.

Conclusion

Key population members experience and navigate stigma and discrimination in unique and different ways. However, despite diverse legal, social and socioeconomic backgrounds, health statuses, and geographic locations, key population members share a common desire to protect and nurture their children.

Unsupportive social and legal environments, framed by reified social norms, pathologisation, and criminalisation, severely impede fulfilment of key populations' right to parent. A lack of targeted, family-centred health services, combined with provider-based discrimination, coercive practices, and state intervention within health services impedes access to SRH services.

Key populations are vulnerable to arbitrary interference in their family lives, including custody loss. Arrest, detainment and imprisonment further separate families and create long-term barriers to formal work, housing and education. All of these factors can increase children's exposure to violence and abuse, and impact their physical health and emotional wellbeing, as well as their ability to access education.

Internalised and community-based stigma among key population members hinders empowerment as well as trust and openness between families and peers. Fortunately, communities also play an indispensable role in connecting families to resources, redressing rights violations, and shaping policies that empower key populations as individuals and as parents.

The impacts of stigma and discrimination on key populations and their families cannot be fully addressed without a fundamental shift in society's attitudes towards sex work, drug use, sexuality, and gender. In addition, mainstream SRH programmes must build their technical capacity to offer an expanded range of non-heteronormative services that include new reproductive technologies, thereby supporting the rights of key populations to found and to raise families. As long as key populations are devalued, discredited and disregarded in mainstream discourse, their strengths and abilities as parents will not be recognised. As long as they are pathologised, victimised and criminalised, they will not be treated equally as human beings or as caregivers capable of raising future generations.

It is essential to promote platforms for key populations and their children to share their experiences within their communities, wider society, and in policymaking.

It is essential to promote platforms for key populations and their children to share their experiences within their communities, wider society, and in policymaking. Not only will this process draw greater attention to the structural barriers impeding key populations' fundamental rights, it will challenge harmful stereotypes that fuel systemic discrimination.

The Global Network of Sex Work Projects uses a methodology that ensures the grassroots voices of sex workers and sex worker-led organisations are heard. The Policy briefs are the result of desk research and a global e-consultation with NSWP member organisations, including gathering in-depth information from some members.

The term 'sex workers' reflects the immense diversity within the sex worker community including but not limited to: female, male and transgender sex workers; lesbian, gay and bi-sexual sex workers; male sex workers who identify as heterosexual; sex workers living with HIV and other diseases; sex workers who use drugs; young adult sex workers (between the ages of 18 and 29 years old); documented and undocumented migrant sex workers, as well as and displaced persons and refugees; sex workers living in both urban and rural areas; disabled sex workers; and sex workers who have been detained or incarcerated.

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