



nswp

Global Network of Sex Work Projects
Promoting Health and Human Rights

COMMUNITY
guide

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





Introduction

Globally, sex workers and people living with HIV experience severe stigma and discrimination, such as:

- Violations of their human rights.
- Repressive laws and policies.
- Lack of access to protection and justice.
- Violence.
- Lack of access to appropriate health and social care.
- Social marginalisation.
- Housing and economic discrimination.
- Migration issues.

Both sex workers and people living with HIV face similar types of stigma – being seen as ‘unclean’, a ‘danger to public health’, unable to take care of themselves or make good decisions. For sex workers living with HIV, this stigma is multiplied. People living at the intersections of marginalised populations face unique challenges and barriers to realising their human rights and full participation within their communities. Sex workers living with HIV are at increased risk of violence, criminalisation and vulnerability to other infections, such as tuberculosis and hepatitis.

Whorephobia and HIV Stigma

Sex workers living with HIV are constantly exposed to negative stereotypes about themselves. They may come to believe that these stereotypes are true, or that they ‘deserve’ to be HIV positive. This can have a negative effect on their mental health and wellbeing.

Sex worker communities may distance themselves from sex workers living with HIV to resist the stereotype that sex workers are sexually dangerous or ‘vectors of disease’. Communities of people living with HIV may distance themselves from sex workers to resist the stereotype that HIV is a result of ‘immoral’ or ‘deviant’ sexual behaviour.

Sex workers living with HIV may not feel it is safe to disclose their status to friends or other workers, and may not seek out community support and programmes for fear of discrimination. Sex workers who choose to disclose their status, or whose status is disclosed to the community without their consent may find that programmes for sex workers or programmes for people living with HIV are not safe or welcoming environments for sex workers living with HIV.

Finally, stigma operates within society, resulting in discrimination from individuals and within institutions, policy and law. Stigma results in the creation of laws and policies that harm sex workers and people living with HIV while creating barriers to HIV prevention and treatment services.

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Criminalisation and Regulation

In 2014, 42 countries had laws which specifically criminalised HIV non-disclosure, exposure and transmission. Additional countries have prosecuted people living with HIV under other laws, such as public health laws or laws against sexual assault.

There is no evidence that criminalising HIV non-disclosure, exposure or transmission is effective for reducing transmission of HIV. These laws discourage people from getting tested and undermine HIV prevention efforts.

Stigma and fear of HIV make disclosure to clients virtually impossible for sex workers who need to earn a living. However, laws place sex workers living with HIV, who do not disclose to clients, at risk of prosecution.

In places that regulate sex work, sex workers living with HIV may not be able to work legally or may avoid becoming licensed because of intrusive mandatory health checks and loss of confidentiality of their status. Sex workers may be subjected to mandatory testing and banned from working if they are positive.

Mandatory testing and licensing has a negative impact on HIV and STI prevention efforts. It leads clients to believe that all sex workers are HIV and STI free, undermining safe sex messaging and increasing the likelihood that clients will pressure sex workers for sex without a condom.

Police, Law Enforcement and Justice

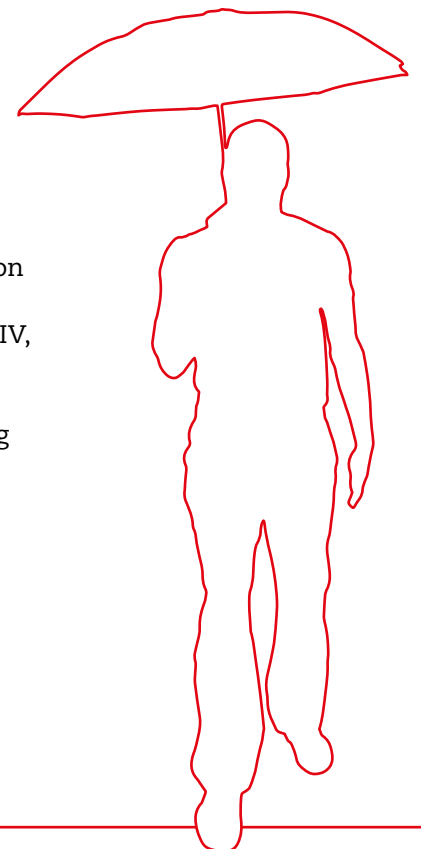
In many places, sex workers experience arbitrary arrest, abuse, harassment and extortion by the police. Police officers often demand free sexual services from sex workers and may refuse to use a condom. Sex workers living with HIV are at risk of additional violence in these situations, if their status is revealed.

Police frequently disclose the HIV status of individuals to their families, communities and clients, putting sex workers living with HIV at risk of violence and discrimination.

Sex workers living with HIV often cannot access equal protection from law enforcement or justice when they report offences committed against them, such as violence, rape and robbery. Sex workers who report offenses may not be taken seriously, and are at risk of experiencing further violence at the hands of the police or being prosecuted for doing sex work. Violent offenders may view sex workers living with HIV as a group that can be targeted with impunity.

Sex workers living with HIV may be denied access to antiretroviral therapy (ART) when in detention. This can have serious health consequences. In general, people in prison are at increased risk of STIs, infections and tuberculosis, due to lack of condoms, rape and sexual abuse, lack of harm reduction equipment for injecting drugs, and overcrowding. People living with HIV, particularly those who are denied access to treatment in prison, are particularly vulnerable to acquiring additional infections.

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Health Care

Sex workers and people living with HIV frequently experience stigma and discrimination when accessing health care. When accessing health care, sex workers living with HIV may have their status blamed on their sex work. Some health care workers may treat sex workers living with HIV as less deserving of appropriate and respectful care, and they may experience:

- Denial or delay of health care.
- Breach of confidentiality.
- Health care providers who are indiscreet, judgemental and stigmatising.
- Mandatory or coercive testing and treatment.
- Mandatory or coercive sterilisation or abortion.
- Lack of prevention of mother-to-child transmission.

Sex workers living with HIV may also be subjected to unethical treatment in clinical trials.

Stigma and discrimination can cause sex workers to avoid getting tested, and sex workers living with HIV may not access the treatment they need.

Social Exclusion

Both sex workers and people living with HIV experience social exclusion, isolation and discrimination from their families and communities. Even where sex workers living with HIV have the support of their families, they may be driven out of their communities, removing them from the support that they do have.

Social exclusion increases the vulnerability of sex workers living with HIV to violence, drug use, negative health outcomes, poverty and mental health issues.

Housing and Economic Discrimination

Sex workers living with HIV experience housing and economic discrimination. They are unable to fully participate in formal economies and face discrimination. They may be:

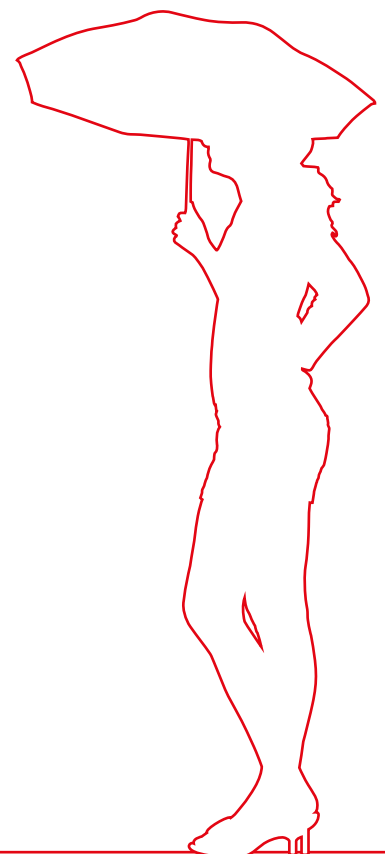
- Evicted from their homes.
- Refused rentals.
- Denied the ability to own property.
- Dismissed from their jobs.
- Forced to leave their community to find work.
- Denied loans and bank accounts.

Migration

Sex workers living with HIV may be unable to migrate. 79 countries have restrictions on entry, stay or residence for people living with HIV. Sex workers are also frequently banned or deported from countries.

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

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Recommendations

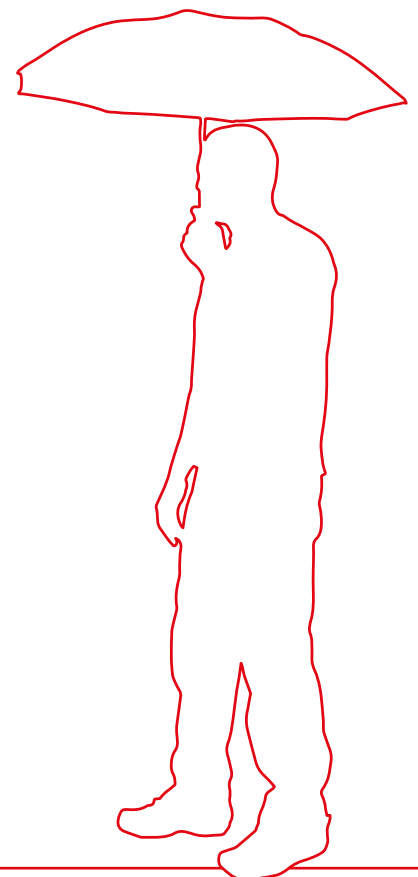
Laws and law enforcement

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

Health care

- Health care workers should be trained and sensitised to treat sex workers living with HIV with respect and ensure confidentiality is protected.
- Sex workers living with HIV must have consistent and affordable access to ART and appropriate care.
- Mandatory and coercive HIV testing and treatment must be eliminated. Testing and treatment must be based on informed consent. Sex workers living with HIV have the right to make their own decisions about their health.
- Health care should be available at hours and locations that are accessible to sex workers. This may require additional flexibility on the part of health care providers, or offering other services from the same location, reducing the HIV stigma associated with a particular location.
- Education about condom use and harm reduction, as well as supplies should be made available and accessible to all sex workers and people living with HIV.
- Mental health and psychosocial support should be available for sex workers living with HIV.
- Sex workers living with HIV should be offered comprehensive sexual and reproductive health care, including prevention of mother-to-child transmission. Sex workers living with HIV have the right to decide whether or not to have children.
- Ensure that systems are put in place to monitor health service delivery, including effective complaints procedures.

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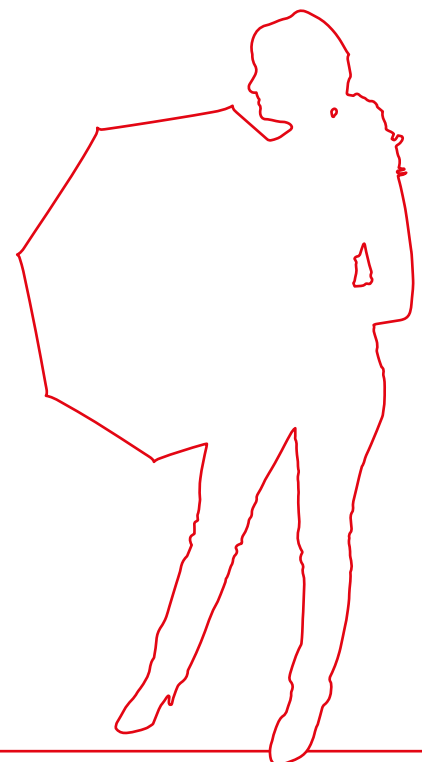
Research and Clinical Trials

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

Social Support and Protection

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

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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 by using Global and Regional Consultants as well as National Key Informants.

Community Guides aim to provide simple summaries of NSWSP's Briefing Papers, further detail and references can be found in the accompanying Briefing Paper.



Global Network of Sex Work Projects
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PROJECT SUPPORTED BY:



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

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

Go to: www.hivgaps.org for more information.

