

# Sex work & violence in Southern Africa.

Sex workers  
have lost...  
for their rights!

A participatory research in  
Botswana, Mozambique, Namibia,  
South Africa and Zimbabwe

hands OFF!  hands OFF! 

 **aidsfonds**

# Hands Off!

## Reducing violence against sex workers

The Hands Off! programme (January 2015 – June 2019) focuses on the reduction of violence against sex workers in Southern Africa through prevention, care and support activities. Hands Off! works with sex worker-led groups, law enforcement, health and support services, legal centres and non-governmental organisations (NGOs) working on human rights in Botswana, Mozambique, Namibia, South Africa and Zimbabwe.

Violence is a key factor in the vulnerability of sex workers to HIV/AIDS. It leads to inconsistent condom use, increases the risk of HIV infection and prevents sex workers from accessing valuable information and services such as legal support and health care. Global studies on sex work often relate to HIV prevention. Few of these studies focus on the effect of violence on HIV infection and there is a lack of data specifically on violence and sex work and factors that increase or decrease the risk of violence towards sex workers.

## Research findings on sex work and violence in Southern Africa

Directly linked to the Hands Off! programme, this report presents the main findings of a study in the Southern Africa region examining violence against sex workers. The results provide insights into the levels of violence experienced by sex workers; the type of perpetrators; underlying factors and variables that increase the risk of violence; and mitigation factors that lower the risk of violence towards sex workers. Study results will be used to inform decision making around appropriate intervention strategies and for lobby and advocacy purposes.

The research was designed by sex workers and partner organisations in the Hands Off! consortium. Sex workers in the five programme countries – Botswana, Mozambique, Namibia, South Africa and Zimbabwe – participated in the implementation of the research and the dissemination of results. At the regional level the quantitative research entailed 1895 surveys conducted by 37 sex workers who were trained to interview their peers. For the qualitative part of the study researchers conducted 79 semi-structured in-depth interviews and 43 focus group discussions with sex workers. Topics included: violence, social networks, police attitudes, safety, security and risk mitigation strategies.

## Collaborating institutions

Aidsfonds, The Netherlands  
Botswana Network on Ethics, Law and HIV and AIDS (BONELA), Botswana  
Sisonke, Botswana  
North Star Alliance, Regional  
Pathfinder International, Mozambique Rights not Rescue Trust, Namibia  
Pow Wow, Zimbabwe  
Sexual Rights Centre, Zimbabwe  
Sex Workers Education & Advocacy Taskforce (SWEAT), South Africa  
Sisonke, South Africa  
Tiyane Vavasate, Mozambique  
Vrije Universiteit, The Netherlands  
Women's Legal Centre, South Africa

June 2018

Country reports and fact sheets on sex work and violence are available for:

Botswana  
South Africa  
Mozambique  
Zimbabwe  
Namibia  
Southern Africa (regional)



# Contents

<b>Hands Off!</b>	2
<b>Contents</b>	3
<b>Abbreviations</b>	4
<b>Executive summary</b>	5
<b>1 Introduction</b>	<b>6</b>
<b>2 Methods</b>	<b>8</b>
2.1 Quantitative methods	9
2.2 Qualitative methods	9
2.3 Study sample	10
<b>3 Regional context</b>	<b>11</b>
3.1 Legal framework	12
3.2 Sex work in Southern Africa	13
<b>4 Violence against sex workers</b>	<b>15</b>
4.1 The community	16
4.2 Clients	17
4.3 The police	19
4.4 Health	21
4.5 What fuels violence?	22
4.6 Prevention strategies and risk mitigation	24
<b>5 Conclusion</b>	<b>27</b>
5.1 Recommendations	28
<b>References</b>	<b>30</b>

# Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Anti-Retroviral Treatment
<b>CBPR</b>	Community Based Participatory Research
<b>FGD</b>	Focus group discussion
<b>FSW</b>	Female sex worker
<b>HIV</b>	Human Immunodeficiency Virus
<b>LGBTI</b>	Lesbian Gay Bisexual Transgender Intersex
<b>MSM</b>	Men who have Sex with Men
<b>NGO</b>	Non-governmental organisation
<b>SPSS</b>	Statistical Package for the Social Sciences
<b>STI</b>	Sexually Transmitted Infections
<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS
<b>VU</b>	Vrije Universiteit

# Executive summary

## Background

Violence is a critical factor in the vulnerability of sex workers to HIV/AIDS. It prevents sex workers from accessing valuable information, support and services that help to protect them from HIV/AIDS. Global studies on sex work often relate to HIV prevention and few of these studies focus on the effect of violence on HIV infection. Data specifically focusing on violence and sex work and on factors that increase and decrease violence against sex workers is lacking.

This study looks at the levels of violence experienced; the type of perpetrators; underlying factors and variables that increase the risk of violence; and the mitigation factors that lower risk of violence towards sex workers. The research is directly linked to the Hands Off! programme. With the Hands Off! programme Aidsfonds ([www.aidsfonds.nl/handsoff](http://www.aidsfonds.nl/handsoff)) and partners' aim to reduce violence against sex workers in Southern Africa. The programme, a regional response, offers a comprehensive and joined-up approach to working with sex workers, police, law enforcement and service providers in Botswana, Mozambique, Namibia, South Africa and Zimbabwe.

## Methods

A mixed method community-based participatory research (CBPR) approach was used. All partners, including sex workers, contributed to the design and implementation of research and tools. Both quantitative and qualitative components were developed in cooperation with the Vrije Universiteit (VU University) in Amsterdam. In the region, 37 sex workers were trained as research assistants. These assistants worked alongside a social scientist specialised in qualitative methods. In total, 1895 surveys, 79 in-depth interviews and 43 Focus Group Discussions (FGDs) with 218 participants were conducted. Participants in the survey were selected through snowball sampling techniques, whereby each respondent invited a fellow sex worker to participate in the survey.

## Results

Sex workers in Southern Africa experience high levels and multiple forms of violence. These forms of violence range from societal stigma and discrimination, verbal abuse and humiliation to beatings, rape and theft. The main perpetrators of physical violence against sex workers are clients and law enforcement workers. Sex workers can, however, be violent towards each other as well. Sex workers experience significantly more violence in countries where: sex work is criminalised, policies and regulations are unfavourable towards sex workers or activities associated with sex work are criminalised.

The criminalisation of sex work in Southern Africa results in a tense relationship between sex workers and the police. Although some sex workers report positive experiences with police officers, the majority are reluctant to seek police assistance, to report violence or seek legal aid. When accessing

health services, sex workers say they are confronted with stigma and discrimination. Many health centres exist within a wider social context of discrimination and stigma towards sex workers, hampering sex workers' willingness to access prevention and treatment services.

Risk factors associated with higher levels of violence include irregular condom use; working online, on the street or in hotels; working more days a week; working for a pimp and the use of alcohol and drugs by either the sex worker or client. The most common strategies used to mitigate the risk of experiencing violence include selection and refusal of clients; involvement in peer networks; negotiating and receiving payment before having sex; avoiding known danger spots; and adapting their behaviour to avoid trouble. Sex workers who depend on sex work exclusively as a means of income are less likely to refuse a client and, therefore, more likely to engage in vulnerable behaviour.

## Conclusions

Sex workers in Southern Africa face unacceptable levels of violence, stigma, discrimination, and other human rights violations, leaving them considerably more vulnerable to HIV/AIDS. Clients and police officers were reported as the main perpetrators of violence, although sex workers can be violent towards each other also. In an environment where police officers have been sensitised and sex work is decriminalised, sex workers report considerably less violence from police. To address the hostile environment for sex workers, it is essential to remove laws that target the sex industry. If this happens, sex workers will be able to report crimes to authorities, expect better protection from police officers and gain improved access to health care.

Awareness of sex workers' rights and equal protection before the law are needed to address the climate of impunity around violence and discrimination against sex workers. This not only requires an enabling legal and policy environment, but also empowerment and networking of sex workers. Support and funding of sex worker-led initiatives is crucial to empower sex worker groups and communities, in particular in a context where HIV funding continues to decrease. Governmental organisations as well as NGOs and sex worker-led organisations should take the lead in developing mechanisms to empower sex worker groups and communities by promoting and supporting the interests of sex workers.

1 The partners under the Hands Off! programme are the African Sex Worker Alliance (ASWA), BONELA, Sisonke Botswana, Sisonke South Africa, Sex workers Education and Advocacy Taskforce (SWEAT), Rights not Rescue Trust, Pathfinder, Tiyane Vavasate, Sexual Rights Centre, Women's Legal Centre, North Star Alliance and COC.

**Introduction.**

# 1. Introduction

Violence is a critical factor in the vulnerability of sex workers to HIV/AIDS. It prevents sex workers from accessing valuable information, support and services that can help protect them from HIV/AIDS. It also puts them in situations that make them more vulnerable to HIV/AIDS. Modelling estimates show that a reduction of almost 25 percent in HIV infections among sex workers can be achieved when physical or sexual violence is reduced [1]. A systematic review indicated a correlation with violence and condom use and HIV infection. Evidence also shows that psychological and sexual violence decrease condom use and increase HIV infection [2].

Numerous studies indicate a high level of violence towards sex workers, and linkages have been made between laws that criminalise sex work and increased vulnerability to violence [3]. Sex workers experience violence in various forms and on different levels. It ranges from blatant physical and sexual violence to social stigma, discrimination, intimidation, coercion and harassment. Perpetrators are clients, pimps and brothel owners, but also family and community members [4], [5]. Even police are involved, and in some cases increase violence rather than protect sex workers from it. Thus, violence against sex workers is not only widespread, but legitimised and accepted by many [6].

Laws and policies that criminalise sex work leave sex workers very vulnerable to sexual and physical abuse. Sex work is currently criminalised in most Southern African countries through national laws and municipal by-laws. Criminalisation contributes to an environment in which violence against sex workers is tolerated. Lack of protection of street sex workers and those working in isolated places is generally the result of anti-prostitution laws and policing policies. The criminalisation of sex work also means that sex workers operate in unhealthy and unregulated conditions.

An overarching study [7] reviewing 800 individual studies provides evidence of the global burden and impact of human rights violations against sex workers on HIV. The reviewed studies indicate that the rates of homicide are 17 times that of the general public, 7 to- 89 percent of sex workers indicated sexual violence and 5-100 percent indicated psychological violence. Four to 75 percent experienced arbitrary arrest and detention, while 7-80 percent had condoms confiscated. Impunity or the failure to investigate and report police threats and violence is reported by 39-100 percent, highlighting the importance of sensitising police officers [7].

Through the Hands Off! programme, Aidsfonds ([www.aidsfonds.nl/handsoff!](http://www.aidsfonds.nl/handsoff!)) and partners aim to reduce violence against sex workers in Southern Africa. The programme offers a comprehensive and joined-up approach to working with sex workers, police, law enforcement and service providers in Botswana, Mozambique, Namibia, South Africa and Zimbabwe.

Hands Off! involves the meaningful participation of sex workers and is based on sex workers' own priorities and needs.

The programme aims to make health clinics more accessible to sex workers and uses community rapid response methods and sex worker-led protection systems as intervention strategies. Police sensitisation is employed to work towards a police force that respects the rights of sex workers. In addition, the programme partners work to improve sex workers' access to justice by providing legal services and facilitating reform by bringing legal cases to court. Hands Off! has a strong capacity building component focusing on sex workers and sex worker-led organisations in the region. Lobbying and advocacy activities are carried out on law reform, and policies and practises involving sex workers. Research is carried out to generate evidence and knowledge on the effectiveness of the implemented intervention strategies.

Lack of reliable data makes the provision of comprehensive violence reduction and HIV prevention challenging. Data and information on human rights violations towards sex workers is often underestimated. Lack of systematic documentation of cases amongst this highly mobile target group challenges insight into the extent of the problem. In addition, many of the strategies to reduce violence against sex workers have not been formally researched and evaluated [1]. To help bridge this gap, Hands Off! studied the needs of sex workers in Southern Africa using a team of 11 researchers, 37 sex workers trained as research assistants, and five coordinators.

**Methods.**



## 2. Methods

A mixed method community-based participatory research (CBPR) approach was used. This means that all partners, including sex workers, contributed to the design of the research and tools, selection of the hired researchers, gathering of the data and writing up of the results. Through the involvement of sex workers themselves, the programme aimed to reflect the actual needs of the sex worker community.

The research has two components – a quantitative and a qualitative aspect – and both worked with informed consent. During the initial meeting of the Hands Off! programme staff, experts and sex workers from all the participating countries developed the Theory of Change and established a topic list for the research. Based on this list both the qualitative and quantitative tools were developed in cooperation with the VU University in Amsterdam..

### Definition of violence

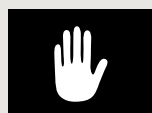
For the purpose of this report, violence has been categorised and defined as:



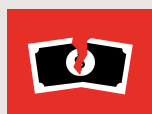
**Physical violence:** Any deliberate use of physical force against sex workers with the potential for causing harm. This includes, but is not restricted to, beating with hands or objects, kicking and pushing.



**Sexual violence:** Any sexual act, or attempt to obtain a sexual act, to which consent is not being given. This includes, but is not restricted to, rape, attempted rape, unwanted sexual touching and sexual harassment.



**Emotional violence:** Any act that diminishes sex workers' sense of identity, dignity, and self-worth, including threats, harassment, belittling and shaming and being made to feel unworthy. This includes, but is not restricted to, discrimination.



**Economic violence:** Any act aimed at depriving sex workers of their money, including, but not restricted to, exploitation, theft, and clients not paying for sex workers' services.

In defining the overall risk factors of violence experienced by sex workers this study focused on combining risk factors of physical and sexual violence experienced.

### 2.1 Quantitative methods

The survey questionnaire was established following participatory principles. It was based on the jointly established topic list and took into account existing questionnaires developed for sex workers measuring violence and health related topics. Drafts were shared with experts and partner organisations within the five participating countries and discussed among sex workers through FGDs in each country. The final questionnaire had 88 questions and took approximately 1.5 hours to complete, focusing on the following themes: 1) aspects of sex work (such as working location, economic incentives, clients, immigration and reasons for entering sex work); 2) social network of violence; 3) violence and law enforcement; 4) prevention strategies, harm reduction and risk mitigation; 5) health and services; and 6) demographic variables.

In total 37 sex workers were trained as research assistants, based on standardised training focusing on different aspects of the questionnaire administration. The following issues were part of the training: 1) violence as a concept; 2) different research methods and tools; 3) open versus closed question; 4) the research protocol; 5) different types of violence; 6) sampling techniques; 7) effect of attitude of interviewer and 8) ethical consideration and referrals. There were many opportunities to practice using the tools in the field.

Through snowball sampling, whereby respondents invited fellow sex workers to participate in the study, a total of 1895 questionnaires were administered in the region. All questionnaires were uploaded in SPSS, a software package for statistical analysis.

### 2.2 Qualitative methods

For the qualitative section, which consisted of FGDs and in-depth interviews/life stories, a social scientist with expertise in qualitative methods was hired in each country. The sex worker community took part in the selection process to ensure an open and trusting relationship. The in-depth interview/life stories and FGDs were grouped around four central themes: 1) violence, 2) police, 3) social networks, and 4) prevention strategies, harm reduction and risk mitigation. All the FGDs started with a warm up activity, such as a drawing exercise, to break the ice and ensure that each FGD focused specifically on one of the different topics. In the region, 79 in-depth interviews were conducted and 43 FGDs held. In total 218 participants were involved in these discussions.

## 2.3 Study sample

Quantitative data analysis shows a study sample (N=1895) consisting of sex workers from Botswana (N=545), Mozambique (N=200), Namibia (N=207), South Africa (N=490) and Zimbabwe (N=453). Most sex workers in this sample are female (93%), others are male (4%) and transgender (3%).

The majority of sex workers in this sample is single (64%), others are in a relationship but not married (28%), divorced (4%), widowed (3%) and currently married (1%). Almost all (83%) sex workers have children, with an average of two.

The average age that sex workers in this sample started sex work is 23 years (minimum 9 and maximum 47 years). Most common reasons for starting sex work are: need for money (96%), looking for a better life (95%) and the situation forced them (91%). Over half of the sex workers needed to take care of children (74%), liked the job (67%), or the freedom that comes with it (66%). A smaller proportion were forced into sex work (21%) and indicated that drugs played a role (15%). 12 percent of study participants work with a pimp.

Within this study sample 38 percent of sex workers are HIV positive, although this percentage is assumed to be much higher, as a large percentage of respondents did not want to disclose their status. The high number of sex workers not wanting to disclose their status can be attributed to the participatory study design and sex workers not feeling confident about disclosing their status among peers. Among those who are HIV positive, 66 percent receive regular HIV treatment.

Sex workers in this sample on average work from five different working locations. Most of them operate from the street (80%), bars/taverns/shebeens (63%), clubs (60%), hotels (52%) and truck stops (48%). Other locations respondents work from are: brothels (37%), casinos (29%) and market places (27%). The sex workers stay in contact with their clients through the phone (83%) and the Internet (35%). Whereas almost all sex workers in this sample (93%) provide vaginal sex to clients, hand jobs and blowjobs are also provided by respectively 77 and 68 percent of them. Forty-five percent of sex workers provide stripping services to clients, 39 percent provide company and 25 percent provide anal sex.

More than a third of sex workers in this sample (35%) have additional sources of income: they sell clothes (13%), work in an office (9%), have a food or beverage stall (6%), work as a domestic worker (6%), nanny (6%), cleaner (5%), at the market (5%) or in a bar (3%).

**Regional  
context.**

# 3. Regional context

## 3.1 Legal framework

Sex work is criminalised in Botswana, Namibia, South Africa and Zimbabwe. In these countries, several laws on prostitution, brothel keeping, solicitation, living from the proceeds of sex work amongst others, maintain the criminalised nature of sex work. Moreover, in these countries, sex workers are harassed and arrested under municipal by-laws, for example on 'loitering', 'blocking the pavement' and 'nuisance'. In contrast, Mozambican law does not criminalise sex work, although it does penalise 'assaults on public decency'. In Mozambique, having sex in a public space and dressing 'indecently' is considered criminal, as well as brothel keeping.<sup>2</sup>

### Criminalisation and violence






Literature shows that the criminalised status of sex workers can be a critical factor in shaping the context in which violence against sex workers occurs [8]. On a societal level, criminalisation plays an important role in influencing societal attitudes. Criminalising laws stigmatise sex workers as criminals, which negatively influences social norms and values on sex work.

Moreover, because sex workers are criminalised, society often comes to believe that violence and abuse against them becomes socially justified [9]. As a result, in criminalised contexts, sex workers suffer stigma, discrimination and abuse

from many levels of society including police, health workers, schools, banks and other service providers [10]. From the perspective of sex workers, their fear of arrest and police abuse limits the time and methods sex workers can use to conduct safety screenings of clients without police detection [11]. The need to avoid arrest – of both sex workers and their clients – means that street-based sex workers often need to move to more isolated areas that are less visible to law enforcement, but where violence is more prevalent [12]. In relation to policy, a criminalised context also prevents appropriate workplace health and safety regulations.

Criminalisation of sex work also deprives sex workers of access to legal support and justice. In a criminalised context, violence against sex workers is not monitored or registered as an offence by the police. In fact, in some cases violence against sex workers is even perpetrated by police [13]. Globally, sex workers report physical and sexual abuse by police officers. Studies suggest that police officers are also sexually violent against sex workers in custody, often as a pre-condition for release [10,13,14].

There are few to no legal protections provided to sex workers by police and judicial systems, and those who do seek justice can experience police inaction and resistance to taking reports of abuse. Literature shows that police often uphold a harmful and discriminatory notion that sex workers cannot

Country	Legal framework
<b>Botswana</b> 	Sex work is in effect criminalised by the Botswana Penal Code (section 149, 154, 155, 156, 157, 184 and 176) that prohibit a wide range of activities associated with sex work such as soliciting clients, public indecency or living on the earnings of sex work.
<b>Mozambique</b> 	Sex work is not criminalised by Mozambican law. The law penalises assaults on public decency, like having sex in a public space or dressing 'indecently'. Article 225 of the 2014/35 Penal Code encourages the conservative interpretation of sex workers' behaviour, as offences against decency and public morals.
<b>Namibia</b> 	Criminalisation of sex work is enforced by means of The Combating of Immoral Practices Act (1980) and municipal by-laws. The Immigration Control Act (1993), The Prevention of Organized Crime Act (2004) and laws targeting Lesbian Gay Bisexual and Transgender people also regulate sex workers.
<b>South Africa</b> 	Sex work is criminalised under the Sexual Offences Act 23 of 1957 which makes prostitution, brothel keeping, solicitation, indecent exposure, and knowingly living from the proceeds of sex work illegal. Clients are criminalised under the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 (2007).
<b>Zimbabwe</b> 	Criminalisation of sex work in Zimbabwe is enforced by means of different sections of The Criminal Codification and Reform Act. Laws make it illegal to solicit, live off or facilitate or procure sex work in order to engage in 'unlawful sexual conduct'.

<sup>2</sup> For specific information we refer to the country reports

be raped, further undermining sex workers' protection under laws against sexual violence [7]. In this way, criminalisation of sex work creates conditions of impunity, which increase sex workers' vulnerability to violence even more. Fear of arrest and other consequences means that those engaged in sex work are less likely to report instances of violence or human rights abuses, resulting in a "climate of impunity [that] emboldens police, health sector, and non-state groups to abuse sex workers' rights" [7]. In this way, criminalisation and the resulting 'climate of impunity' both shape the context in which violence against sex workers in Southern Africa occurs.

One of the most recent studies on the implications of decriminalising sex work suggests that decriminalising indoor sex work reduces the incidence of sexually transmitted infections (STI) and there are less reports of sexual violence. Sex workers who work indoors tend to practice safer sex than those working on the streets and are thus less likely to contract STIs. It is suggested that decriminalisation of indoor sex work reduces the prevalence of sexual violence by 30 percent [15]. Legal street prostitution zones are also associated with a decrease in sexual violence [16].

### **Lesbian Gay Bisexual, Transgender and Intersex rights**

Throughout the region, laws targeting Lesbian Gay Bisexual, Transgender and Intersex (LGBTI) people also regulate sex work(ers). In the region, sexual activities between women and women as well as men and men are often referred to as 'unnatural' acts. Literature shows that LGBTI sex workers often face pervasive violence due to multiple marginalised social identities. Transgender and Intersex people are often not recognised as gender identities and therefore find themselves marginalised and vulnerable to all sorts of violence [17]. The absence of regulatory laws protecting LGBTI citizens increases vulnerability of LGBTI sex workers even more.

## **3.2 Sex work in Southern Africa**

Estimating the character and magnitude of sex work in Southern Africa is challenging, since limited data on the region as a whole exists. In most cases, data on country level is limited as well, and additional sources of information on scale, needs and challenges faced by sex workers are weak.

The limited data on the scale of sex work in Southern Africa shows estimates of 4.153 sex workers in Botswana [18], 13.554 in Mozambique [18], 8.082 in Namibia [18] and up to 182.000 in South Africa [19]. It is important to note that these estimations are likely to be underestimations, given the criminalised context of sex work and the fact that not all sex workers identify themselves as sex workers. Estimations on the scale of sex work in Zimbabwe were not available. The region has a high proportion of migrant sex workers, with studies suggesting up to 60 percent of sex workers in certain towns in South Africa [20].

Several sources suggest that sex work is conducted in a wide range of locations throughout the region. These working locations range from outdoor and street-based sex work, to brothels, bars, hostels and hotels. Sex work is widespread in

mining and border towns, but some sex workers work from home and others as high-class escorts. In many cases sex workers work from 'hotspots', which are the specific places where sex workers and their clients meet. These hotspots are informal red-light districts in urban areas<sup>3</sup>, truck stops and brothels. Sex workers either work independently and directly receive and manage their income, or for a pimp or brothel owner, who often handles their income, controls their movements, and provides them with certain services in exchange [19,21,22].

Throughout the region, there are informal- and officially recognised sex worker-led groups and organisations through which sex workers organise themselves. These groups represent sex workers in their respective countries, and generally focus on awareness raising, support, as well as advocating for legal reform [19].

### **3.2.1 Violence against sex workers in Southern Africa**

Sex workers in Southern Africa experience high levels of stigma, discrimination and other forms of violence. Extreme violence, including forced unprotected sex and gang rape, has been documented, including from police officers while being arrested and in detention. A survey of around 2.100 sex workers around South Africa estimated experiences of police violence among 80% of sex workers [23].

Additional literature shows that sex workers experience stigma and discrimination in health facilities, as well as breaches of confidentiality about their sex work and health status. Breaches of confidentiality also include sex workers' potential HIV status [24, 25]. Sex workers report discrimination and degrading treatment at health clinics including discriminatory language and limited access to Anti-Retroviral Treatment (ART) [26, 27].

Literature on sex work in South Africa shows increased risk of violence for Men who have Sex with Men (MSM)-, transgender- and migrant sex workers [10, 20, 28]. Due to widespread homophobic and transphobic attitudes in Southern Africa, it is assumed this increased vulnerability also applies regionally.

### **3.2.2 HIV prevalence amongst sex workers in Southern Africa**

Sex workers are at high risk of HIV in Southern Africa. Although regional information is limited, data provided by eight countries in 2014 put the median HIV prevalence among sex workers in Southern Africa at 22 percent [29]. Regarding the Hands Off! project countries, literature suggests HIV prevalence as high as 70-75 percent in Namibia, as compared to 14 percent among the general population [30]. Estimates of 62 percent HIV prevalence among female sex workers (FSW) in Botswana [31], as compared to an HIV prevalence of 22 percent among the general population [32]. In South Africa, HIV prevalence among sex workers is estimated at 58 percent, albeit with variations between locations. Prevalence is estimated at 72 percent in Johannesburg, 54 percent in Durban and 40 percent in Cape Town [18, 33], as compared to 19 percent in South Africa's general population [34]. More

<sup>3</sup> Part of an urban area where a concentration of sex-oriented businesses are found

than half of all sex workers in Zimbabwe are living with HIV with a last recorded prevalence of 57 percent in 2016 [35], as compared to 14 percent among the general population [36]. Mozambique's most recent data on sex workers shows an HIV prevalence of 31 percent among FSWs in Maputo, 24 percent in Beira, and 17 percent in Nampula [37] as compared to 12 percent among the general population [18].

Within criminalised environments, violence against sex workers is considered one of the key determinants of HIV acquisition and transmission risk. Stigma in health facilities, including discriminating policies and abusive remarks from providers, limits sex workers' access to health care [38, 39]. Moreover, violence is linked to inconsistent condom use, client condom refusal, condom use failure and breakage and HIV infection [2]. Injuries caused by physical violence increase the risk of HIV infection, and the threat of violence may be used to coerce unpaid and unprotected sex or other risky services, such as anal sex [12].

Law enforcement strategies and local policing of sex work, including arrests and confiscating of condoms, are key barriers to HIV prevention efforts amongst sex workers worldwide. Persuasive violence forces sex workers to prioritise the immediate threat or fear of violence over efforts to insist on condom use with clients. Some sex workers choose not to carry condoms out of fear of police harassment and detention. Some police use condom possession as a justification for detention or arrest of suspected sex workers [2]. During detention, sex workers often get no access to (anti-retroviral) medication or they are detained in bad conditions. Extreme incidents of violence can affect sex worker's physical as well as psychological health, especially in the absence of support systems [12].

A 2015 assessment by UNAIDS and the World Bank of 18 countries in East and Southern Africa found FSWs were identified in all 18 national AIDS plans or strategies as a group essential to reach with effective HIV programmes [40]. However, the overall coverage of prevention programmes for sex workers in the region is difficult to determine due to the lack of reported data. This is concerning since Richter et al. [41] estimated annual new infections associated with sex work in South Africa as high as 20 percent. Given the high burden of HIV amongst sex workers in Southern Africa, several studies emphasise the need for intensified prevention and care interventions to significantly reduce sex workers' HIV and social risks [42, 43].






**Violence  
against sex  
workers.**

# 4. Violence against sex workers

The Hands Off! study revealed that 70 percent of sex workers experienced physical and sexual violence in the past 12 months. In all countries, sex workers are confronted with emotional, physical, sexual and economic violence on a regular basis.

Throughout the region, at the community level, moralising language is used when discussing sex work and sex workers. This language aims to legitimate violence against sex workers, whether emotional, physical, sexual or economic. Stigmatising attitudes towards sex workers can also lead to limited

**Type of violence against sex workers by perpetrator experienced in the past twelve months**

	 client	 police	 health worker	 community	 other sex workers
<b>physical</b>	46%	39%	6%	20%	33%
<b>sexual</b>	43%	31%	6%	13%	11%
<b>economic</b>	55%	38%	-	-	42%
<b>emotional</b>	-	46%	39%	71%	-

## 4.1 The community

Nearly all sex workers in the Southern Africa region report having experienced violence from members of the local community, relatives or peers. Violence against sex workers is often fuelled by a context of stigma and discrimination. Within this context, sex workers are looked down on socially and denied access to many formal and informal societal structures.

### The local community

Throughout the region, due to their criminalised social status and position, sex workers are confronted with stigma and discrimination. In all countries, sex workers feel that local community members look down upon them, discriminate against them and gossip about them. In some countries, this results in sex workers being denied access to various informal societal structures. Quantitative data shows that a large majority (78%) of sex workers in this study reported experiences of discrimination, another significant part (71%) reported being verbally abused.

“When we walk in the streets, we encounter violence of being called different names. We are being discriminated against by what we wear. When I have put on stilettos, it means I am a ‘me nice’<sup>4</sup>. I am the lady who sells her body.”

– Female sex worker Botswana

community support when sex workers face violence. Sex workers explained that local people do not help sex workers who are being attacked, even when they are screaming for help.

### Family, friends and partners

Most sex workers experience emotional violence from family members. To avoid this, many sex workers are secretive about their work. Those who disclosed their profession experience humiliation and rejection, and families degrade them. In some cases, family members function as confidantes for sex workers, someone to talk with and turn to for support. Mothers, aunts and sisters are most likely to fulfil this role. This study also revealed that sex workers experienced physical (20%) and sexual (7%) violence from family members. From qualitative data, it remains unclear how exactly physical and sexual violence from family members occurs.

Study outcomes suggest that sex workers' friends are often involved in the sex industry as well. When discussing friendship, respondents referred to their work context and used terms as 'friends' and 'sex worker friends', but also 'sisters'. Sex workers explained that friendships with other people are rare, and if they do exist are often characterised by secrecy about their work. Quantitative data shows that sex workers experienced physical (19%) and sexual (10%) violence from friends. Although the study results do not show the exact dynamics of such violence, experience indicates that competition among sex workers influences the risk of violence and that there is a fine line between friend and competitor.

<sup>4</sup> Derogatory word used to shame sex workers, but also used by sex workers amongst themselves.



To define relationships between sex workers and intimate partners, sex workers use terms such as 'partners', 'intimate partners', 'boyfriends' and 'pimps'. Some sex workers felt it was impossible to discuss their sex work with partners. Others who did discuss their work with partners experienced their partners becoming demanding and manipulative. As a sex worker in Zimbabwe said: "They claim to love us so as to manipulate us". It was explained that partners can become especially manipulative to make sure sex workers earn a certain amount of money. Some partners get abusive if they do not. Verbal abuse from partners was also reported. In South Africa, for example, a partner asked: "How many men did you fuck today?". Sex workers also experienced physical (31%) and sexual (23%) violence from intimate partners.

“I am an orphan with seven siblings, our relationship is good. They don't know what I'm doing and I don't want them to know. I really don't want it. It's my secret. I would rather die than that they find out, because it is a shame. It's a great shame. If they knew, as much as they like me, they could stop liking me. They wouldn't understand that I do this work.”

– Female sex worker Mozambique

### Other sex workers

A significant proportion (42%) of sex workers reported economic violence from other sex workers, and around one third (33%) reported physical violence from other sex workers. Violence between sex workers is often fuelled by feelings of jealousy and competition. Throughout the region, sex workers are considered territorial about their hotspots and (regular) clients. To protect their territories, sex workers sabotage each other's work, for example by shouting to someone else's client during negotiations or a competitor might push the client to pay the other sex worker less or communicate a (false) HIV positive status.

“The thing that causes divisions among us is that we are selfish and inconsiderate towards each other. A person being happy and boasting that she's had five clients, while other sex workers haven't picked up a single one. Forgetting that you left your home to come to work because you are struggling.”

– Female sex worker South Africa

Interestingly, in all countries, sex workers reported strong solidarity amongst sex workers as well. Solidarity often exists between groups of sex workers, who they also referred to as 'friends'. Peer networks sometimes have a 'regulatory' role in terms of who they allow to work near them on the streets and chasing away those who they feel are not part of their group. Although within such groups competition and jealousy still exist, and the mechanism of exclusion can lead to violence between groups, peers are much more prone to support each other in situations of conflict and danger. To many sex workers being part of such peer groups is considered a prerequisite for safety. Working with peers to promote safety will be further discussed in paragraph 4.6.

“We stand in solidarity as sex workers... I will not stand by and watch her getting beaten up, no, I will help her.”

– Female sex worker Zimbabwe

Violence between sex workers is significantly more common amongst transgender respondents: 45 percent of transgender sex workers experienced this as opposed to 28 percent of male and 23 percent of female sex workers. Qualitative study outcomes also suggest increased conflict between local and migrant sex workers. For example, qualitative reports from the area of Plumtree in Zimbabwe show huge tensions between local sex workers and those from outside the area. Locals refer to migrant sex workers as the ones seeking conflict. Moreover, local sex workers do not seem to include migrants in their peer groups and vice versa.

## 4.2 Clients

Study results revealed that clients are often the main perpetrators of violence against sex workers. Almost half (46%) of sex workers in the region experienced violence from clients and reported that clients mistreat them in various ways.

### Economic violence

More than half (55%) of sex workers in this study experienced economic violence from clients. Study outcomes show that economic violence takes different forms: clients pay less than the amount initially agreed on or refuse to pay for the provided services at all. Clients also demand extra services without intending to pay for them or they pay sex workers up front, but then take the money back by force. Sex workers also report clients stealing money and belongings or they consider buying food and drinks as a means of payment, without the consent of the sex workers. Economic violence often leads to conflict between clients and sex workers. Clients may turn aggressive to try to avoid payment, whilst sex workers become aggressive to defend themselves and make sure the agreed fee is received.

In response to economic violence from clients, sex workers admitted that they sometimes steal money and belongings from

clients also. Although this generally only happens when clients do not pay them, some sex workers say they have stolen from clients who did pay them as well.

“He gave me the money and we had sex. When we finished, he took out a knife and demanded the money back. I was afraid; I gave it back to him. 250 metical [3 euro] is not worth my life.”

– Female sex worker Mozambique

“It was my first night going out with a client. He was very well known down in the Baixa, but I didn't know him yet, and as I was a new face, he chose me that night. We went first to a bank so he could get the money and he put the money there in the car. When we entered Avenida 25 de Setembro, he closed the window and told me to give him the 1000 metical that I had stolen from him. I was very surprised and told him I hadn't stolen anything and he could search me over. But he said that 1000 metical had disappeared and that I had stolen it from him. I told him again I didn't do anything and he started to increase the speed of the car. I lost hope that I would keep on living that day, I thought that day would be the day that God leaves me. He took me to a bar and asked for drinks. But I didn't feel at ease anymore, because I saw this wasn't a good man. I drank with him but I didn't feel well at all, I had no hope for anything anymore, I just hoped that even if he would sleep with me without paying, he would let me live at least. So, we went to the place he told me, a pension. I felt a little bit safer, because we were attended at the reception and I knew if anything happened to me, at least they would know that two people went up into that room, so if only one comes down that is a bad sign. I asked to go to the bathroom and told the boy who was working there that I don't know the place where I am, it seems the client I am with is not a good person, and if he hears something strange from that room, shouting or something, he should come and help me because I feel very unsafe. So when I went back to the room the client told me: 'I will give no money. You can go and file a case wherever you'd like, you're just a whore, you sell yourself! Even if you go to the police you can't do anything. I just shut my mouth, I was so afraid. He locked the door and we had sex and then he slept. I couldn't sleep the whole night, I was only waiting for the sun to

come up so I could go home. When he woke up he said: 'It's not that you stole money from me, I was just testing you because I know all the girls in the Baixa steal.' I just stayed quiet and got dressed, and he gave me money, more than we agreed on. Since this day, I am afraid to go away with a client, it is very risky. Clients can take you far and can do anything they want with you, they will just insult you and maltreat you. To prevent suffering, the same humiliation that I suffered that night, I now prefer to stay at the street corners and earn less money.”

– Female sex worker Mozambique

### Physical violence

Almost half (46%) of sex workers in this study reported suffering physical violence from clients. Throughout the region, sex workers reported being beaten up, pushed around, their hands and arms being twisted and even broken and clients using the threat of weapons. Some sex workers report being left behind by clients, often in remote areas without the financial means to get back. In Namibia, South Africa and Zimbabwe, cases of clients killing sex workers were reported as well.

“The client, he killed her. They found her in the room. She was dead and the client was gone. He covered that lady with a sheet after he killed her... I think he strangled her...”

– Female sex worker South Africa

### Sexual violence

A significant proportion (43%) of sex workers in this study reported sexual violence from clients. They experienced clients forcing them into sexual services that were not agreed on, such as anal sex or sex without a condom. Although many clients ask, and sometimes even demand unsafe sex, study outcomes show that others insist on safe sex. In Namibia, for example, sex workers reported clients carrying portable HIV test kits, intending to force sex workers to test right on the spot. Sex workers considered this way of 'public testing', plus potentially finding out a positive status, humiliating and therefore emphasised the importance of knowing their status.

Clients also force sex workers to perform sexual acts with a person other than the initial client and several sex workers report being gang raped.

### Emotional violence

Based on reports from sex workers, clients frequently emotionally abuse sex workers as well. Sex workers in this study experienced being mocked, humiliated and called names by clients. 'You are worth nothing', 'You are a whore' and 'I'm going to kill you' are just some examples.

This study suggests that different forms of violence often happen simultaneously. For example, clients might use physical violence and/or threaten sex workers when they do not want to pay for their services. Clients might also use physical and emotional violence to force sex workers into sexual services initially not agreed.

“**Nowadays clients carry these 40-dollar test kits with them. They will prick your finger tip to find out your status. It’s better to know your status, otherwise you get into trouble if the guy finds out you are positive. The confrontation is bad. You have to find out in a car that you are sick. You’re on your way to the hotel, while the result is coming out. He will push you out while driving and you will get hurt. So to prevent all those things, it’s better to know your status to protect yourself. If a man asks me ‘Must I test you?’, you can tell him: ‘I don’t want that. I will use a condom. Or if no condom, no sex.**”

”

– Female sex worker Namibia

“**I was once beaten up by a client. I had refused to have unprotected sex and he beat me up. He asked how a sex worker could advocate for safe sex, because according to him sex workers were responsible for spreading STIs and HIV. I refused to have unprotected sex with him because I love my health.**”

– Female sex worker Zimbabwe

Sex workers suggest that clients are violent towards them for several reasons. Clients might have had issues with sex workers in the past and take their anger out on other sex workers, or they might have private issues which they take out on sex workers. Respondents also explained that clients consider sex workers as mere (sexual) objects, so they do not feel any moral obligation towards them.

### 4.3 The police

The relationship between police officers and sex workers in Southern Africa is double-edged: on one hand police officers are responsible for protecting and supporting sex workers when violence occurs, but on the other hand they can themselves be perpetrators of violence.

#### Violence

The criminalised context of sex work in most countries of Southern Africa results in a conflictual relationship between sex workers and the police. Police wield power over sex workers, causing them to fear police officers. Throughout the region, police officers threaten sex workers with arrest, public humiliation and extortion.

A significant part (39%) of sex workers have reported physical violence by police officers – as high as 83 percent in Namibia. Throughout the region, sex workers report being beaten with belts, police batons, weapons and other objects, being shot with rubber bullets and being pulled by their hair amongst other acts of physical violence. Sex workers report that police are frequently physically violent when searching them for condoms, chasing them out of their hotspots and taking them into their police vans.

More than a thirty percent (31%) of sex workers in the region reported sexual assault by police officers. They experienced being stripped of their clothes, their private parts touched and given illegal vaginal searches during arrest. Sex workers report police officers forcing them into unprotected and/or anal sex or gang rape. In Namibia and South Africa, sex workers also repeatedly experienced police officers taking them to remote places where they physically and sexually abused them. In situations like this, sex workers were often abandoned and had to make their own way home.

Another significant proportion (38%) of sex workers reported police officers stealing their earnings. They also reported that police officers steal other belongings including their clothes. Respondents from South Africa reported that police officers often do not log their personal items into the police logbooks and keep them instead. Besides stealing, police officers disrupt sex workers’ ability to earn money in other ways, sometimes arresting them during busy working hours to keep them from earning money.

Throughout the region, sex workers feel that police officers expect free sex and will threaten, intimidate and arrest sex workers to get this. At times, police officers pretend to be ‘regular clients’ and threaten them with arrest to avoid paying. Others do not even pretend to be regular clients and threaten arrest in exchange for free sexual services on the spot. In exchange for freedom, police officers frequently demand money and sex bribes. More than half (51%) of sex workers in this study paid bribes to a police officer to prevent getting arrested. Another significant portion (38%) had sex with a police officer in exchange for his or her freedom.

Although there is a high incidence of violence from police officers towards sex workers, cases are rarely reported out of fear of repercussions.

“Police officers took us to a remote forest and sprayed our eyes with pepper spray. I realised they had left us on the edge of a cliff, so we were going to plunge to our death. These are the people who are supposed to protect us.”

– Female sex worker South Africa

### Arrest

Where sex work is criminalised, police officers have power over sex workers. Most encounters between sex workers and police officers involve threats of arrest. A common reason for arrest throughout the region is carrying condoms, police using this as proof of them being a sex worker. Arrest on grounds of having condoms was experienced by 28 percent of sex workers. Quantitative data also shows other common grounds for arrest: being a sex worker (49%), soliciting clients on the street (32%) and stealing from a client (23%). In most instances, arrests are unlawful in terms of what sex workers are being charged with.

In the past 12 months, almost half (48%) of study participants were arrested with an average of six times. The average duration of their detention was three days. More than half (54%) of sex workers who had been arrested experienced violence during arrest, including humiliation, intimidation and harassment. Sex workers are sometimes forced to sit behind the police counter rather than being detained in a police cell which they found very humiliating since they are on view for the community.

Access to medication during detention is also an issue for HIV positive sex workers, or those who are living with other chronic diseases. In Zimbabwe, for example, sex workers in detention are denied medication or forced to take them on an empty stomach, which can have severe implications for their health. In other countries, police officers confiscate health supplies and condoms, placing sex workers' health at risk.

“A police officer forced me to have sex with him and infected me with an STI. They shut us up in a cell and beat us up and we had to sleep on the floor. Next day, they made us clean the cells and the bathrooms. They told us that what we were doing wasn't legal and we were worth nothing. We had to pay them or have sex with them to get out. Some of the girls were shut up in prison for one or two months.”

– Female sex worker Mozambique

“One time they picked us up and one of the sex workers was back chatting and they told us we would all be punished because of her. So the day they picked us up, it was raining heavily, they put us in the vehicle, there was about 15 of us and we were squeezed there. We thought they were taking us to the police station but they stopped the van just by the entrance, in a corner where no one would notice the van because it was dark. We had one pregnant girl and another who had TB. They did not care. All windows were closed. You could not open from the inside. The van was leaking and wet inside. We were screaming to be let out and they just sprayed us with pepper spray and left us there. We coughed, choking, crying. A senior officer was passing by and heard the screams and cries. He opened the van, which they'd also locked with the handcuffs. The pregnant girl was the first to get out and started vomiting. The senior officer was appalled, asked who had arrested us, but none of the police were there. A new shift was there. We did not even know their names because they take off their badges or turn them inside out. The senior was angry, saying they could have arrested us, put us into a cell, not torture us the way they did. He was so upset; he released us and said we must come back the following morning to point out the police that had arrested us. None of us bothered to go back. And maybe because we never went back, they will do it again to others.”

– Female sex worker South Africa

“I once fainted at a police station after I had been held for 48 hours without food, water and my pills. I had refused to have sex with one police officer so he arrested me and made sure I was not released until the next morning.”

– Participant in focus group discussion Zimbabwe

### Seeking police assistance

This study shows significant barriers for sex workers seeking police assistance. Many sex workers feel limited in their ability to request police assistance due to the context of crimes committed against them. The criminalised environment means that sex workers fear prosecution, increased police surveillance, stigma and discrimination. Sex workers who turn to the police for assistance often feel discriminated against, as was reported by 46 percent of participants. Sex workers find that police officers are slow to take sex workers' cases, if they take them at all. Due to perceived discrimination, many sex workers are reluctant to file cases for crimes committed against them. In this study, 28



percent of sex workers filed a case of which 21 percent received a follow up. Only 37 percent who filed a case were happy with the process.

As stated previously, throughout the region, sex workers experience police corruption. In the context of police assistance, police officers demand bribes from sex workers prior to taking their cases. Police officers also take bribes from defendants in order to drop cases from sex workers against them. In this way, sex workers' access to justice is challenged.

“ I went to Windhoek police station to lay charges on that [violent] guy. They just made a fool of me and said that they would not make a case. ‘How can a man be raped by another man?’ they said. ‘And you want to be a female, so the guy was good to rape you.’ They just started laughing at me: ‘You know that sodomy is not allowed in this country, we cannot take your case. You’re also a sex worker, so just go out, go out.’ And I was just walking out, what can I do? I was powerless. ”

– Transgender sex worker Namibia

#### Positive experiences

More than half (52%) of sex workers in this study received positive assistance from the police in the past 12 months. In all countries, sex workers also mentioned police officers who were willing to help them, who assisted them in violent situations and brought them home or to safety. In a few instances, sex workers reported getting condoms at the police station, officers helping them after experiencing violent incidents or escorting sex workers home. Some sex workers know what they call ‘friendly policemen’ who they can turn to (unconditionally) whenever in need of assistance. Qualitative study outcomes suggest that this is not the case in Zimbabwe. Here, sex workers always seem pressured to pay a bribe in order to receive police assistance.

Sex workers from Mozambique noted that relationships with a specific police unit in Maputo recently have changed due to police training, including sensitisation. Sex workers experience that police officers from this unit are more supportive and respectful towards them. This suggests that training of police officers, including sensitisation towards sex workers, could be used as a strategy to improve relationships between sex workers and police officers in the region.

“ Sometimes you have police friends. You meet in a club and he likes you or he can be a client. When you’re in trouble you call him for assistance. ”

– Participant in focus group discussion Namibia

## 4.4 Health

Study outcomes show moralistic and judgmental attitudes towards sex workers in health care facilities throughout the region. Violence and negative attitudes to sex workers in society discourage sex workers from accessing health care services.

#### Health services

Sex workers in this study felt criticised and discriminated against by health care workers. Quantitative data shows that 39 percent of sex workers felt discriminated against in accessing health services, and that 41 percent were judged by a health worker and 39 percent were shouted at by health workers in the past 12 months. Sex workers also reported being refused medical assistance once health care workers found out about their sex work.

“ She [the nurse] said ‘Yeah why do you do those things, you guys are so dirty, you guys are not even thinking about your futures, you are doing the sex worker things’... And she refused to help me. ”

– Female sex worker Namibia

As a result of moralistic and judgmental attitudes towards sex workers, many sex workers are reluctant to seek assistance in professional health care settings. Those that do seek assistance prefer to keep their sex work a secret. This is problematic, since it results in sex workers avoiding services that are potentially life-saving. This is particularly clear in Botswana where sex workers who feel discriminated against are significantly more likely to be HIV positive and significantly less likely to access health services and receive regular ARV treatment. In this way, limited access to health care services hampers sex workers' chances of preventing and treating HIV/AIDS.

#### Support organisations

In the region, almost all sex workers (95%) are involved with an NGO. More than half (57%) are involved with a sex worker organisation. Sex workers appreciate these sex worker organisations as they feel the staff understand and do not judge them. Empowerment is considered the main benefit they gain from involvement with sex worker organisations, turning to them for advice on social, health and legal services. Peer educators were described as ‘core supporters’ who provide sex workers with advice and knowledge on their rights, accompany them to the clinics, and help them find legal support amongst other types of support.

## 4.5. What fuels violence?

This study reveals that different risk factors impact violence experienced by sex workers in Southern Africa. Risks factors associated with higher level of violence include the level of alcohol and drug use, the amount of working days and the unfavourable environment and context sex workers work in.



### Working conditions

Certain working conditions and circumstances increase the chances of experiencing violence. Sex workers who report not using condoms experience violence more often than those who report always using a condom. Results on the correlation between HIV status and experience of violence are mixed at specific country level: in some countries HIV positive sex workers experience less physical and sexual violence than sex workers who are HIV negative. The working location also has an effect: sex workers who work online, on the street and in hotels face more violence compared to sex workers working in brothels or using the phone. The more working days a sex worker has the more violence they will experience. An additional risk factor is working for a pimp, which is associated with higher levels of violence.



### Alcohol and drug use

One of the risks factors reported in all the countries included in this study is the use of alcohol and drugs. This study shows that alcohol use is a risk factor for sex workers experiencing violence. More than half (58.6%) of sex workers in this study were under the influence of alcohol when they had sex with their clients: 23 percent less than half of the time, 18 percent half of the time, 9 percent more than half of the time and another 9 percent always.

Drug use amongst sex workers in this study seems less common than alcohol use. In the past 12 months, 27 percent of sex workers used drugs. Drug use ranges from every day (7%) to three to six days a week (14%) to less than once a week (6%).

Sex workers acknowledge that alcohol and drug use are risk factors for violence. Alcohol consumption is especially common amongst sex workers and is often used as a means to boost their confidence at work. Sex workers emphasise, however, that alcohol affects their ability to work safely, for example by sabotaging negotiations and making them more sleepy and therefore less alert.

Study outcomes show that alcohol consumption leads to increased risk of violence. Sex workers who have clients under the influence of alcohol are significantly more likely to

experience violence (72.9%), than those who have clients who are not intoxicated (55.3%). An MSM sex worker from Namibia recalls a time he was beaten up, and links this to his client's use of alcohol.

“ I think he [the client] was caught up in the moment or probably under the influence of alcohol. I think he was just too drunk to realize what he was doing, and I think he was too ashamed to realize what he just did and that he took that shame on me because you could see that he probably haven't done it [sex with a man] before. ”

– MSM sex worker Namibia



### Unfavourable environment and criminalised context

Results of this study show that working in an environment with unfavourable policies and legal regulations has a significant impact on the amount of violence experienced. Also, working in an environment where sex work or activities associated with sex work are criminalised increases the risk of experiencing violence. Such activities can include soliciting and living off the earnings of sex work, brothel keeping and pimping and arrests due to the 'disturbance of public decency'. Finally, national policies such as the criminalisation of sodomy and national HIV/AIDS strategies that do not recognise sex workers as part of the most at risk population significantly increase the risk of violence towards sex workers.

This context is especially relevant in relation to violence by police officers. In Mozambique, where sex work is not criminalised, rates of violence against sex workers following or during arrest are considerably lower than in other countries. Only 18 percent of the sex workers included in the sample report experienced physical and sexual violence by the police, whereas in other countries this can be as high as 81 percent (Namibia).

Sex workers themselves also strongly believe that the criminalised context in which they operate is a trigger for violence against them. It is often mentioned that violence against sex workers is facilitated by the lack of protection they receive and their limited access to justice. Sex workers feel that they cannot go to the police, whilst clients know sex workers cannot and will not report perpetrators.

“ If it [sex work] was legal there would be no violence. Because of this status, perpetrators know sex workers stand no chance in going to the police. ”

– Female sex worker Botswana



### Physical, professional, social and economic empowerment

This study shows that different forms of empowerment can be associated with a reduced or increased risk of experiencing violence. Sex workers who feel physically, professionally, socially and/or, economically empowered are less likely to experience violence than those who report not feeling empowered.

Factors associated with physical empowerment in this study include the ability to take care of yourself and be in control of your own body. Study outcomes show that when sex workers report being physically empowered they are less likely to experience violence than those who do not. Sex workers who are socially empowered feel that they can influence decision-making processes in their neighbourhood and feel more connected to society. Sex workers who report access to justice in cases of human rights violations are also less likely to experience violence. In addition, sex workers who report being professionally empowered are less likely to experience violence. This includes the ability to decide where and when to work, the freedom to change jobs and knowledge on sex workers' rights.

This study also suggests a correlation between economic empowerment, prevention strategies and risk mitigation for violence. Sex workers who have enough income to pay for housing, clothing and school fees or who have an additional source of income are more likely to refuse clients.

Correlations were found for sex workers who refuse clients who do not look healthy (72% of sex workers not having enough income versus 61% of sex workers having enough income); who do not want to use a condom (80% of sex workers not having enough income versus 71% of sex workers having enough income) and who is a violent person (66% of sex workers not having enough income versus 77% of sex workers having enough income to pay for housing, clothing and school fees).

Not having enough income to pay for housing, clothing and school fees does not directly lead to more violence but does impact the decision making of sex workers. Having additional sources of income or sufficient income to feel economically empowered leads to safer choices. Sex workers who depend

on sex work as a means of income exclusively are less likely to refuse a client and, therefore, more likely to engage in behaviour that makes them vulnerable.

### Vulnerable groups



#### Transgender sex workers

Transgender sex workers in Southern Africa, as elsewhere in the world, have an increased risk of experiencing violence. A total of 74 percent of transgender sex workers experienced physical violence, as opposed to respectively 63 and 58 percent of female and male sex workers. Moreover, in this study, being transgender is significantly associated with experiencing sexual violence (71%) discrimination in accessing health care (67%) and poor police treatment (57%). Transgender sex workers' high risk of violence is grounded in strong trans- and homophobic attitudes in Southern African society. Transgender sex workers describe how they constantly feel at threat, how people stare at them and laugh at them. As a result, they feel discriminated against, and experience significant barriers in accessing health and justice.

“ I was standing on my hotspot wearing my female clothes when more than ten police officers stopped. They beat me, threatened me and strapped me naked. They illuminated my private parts with a torch and showed them to the cars that passed. They humiliated me very badly. They said ‘He is a man, you can see the private parts, but look the face is a woman’s face cause he is wearing make-up, he is wearing a wig but under here it’s a man. ”

– Transgender sex worker Namibia

Violence against transgender sex workers by clients is considered common, and some live in constant fear of this threat. Although some clients intentionally seek out transgender clients, others are surprised to discover transgender body parts. Whilst some clients are accepting, others feel scared or deceived. Amongst the latter are clients who can turn aggressive. In these situations, sex workers are abused in various ways. Clients humiliate and reject transgender sex workers, but also engage in physical and sexual violence. Others refuse to pay for sex workers' services for 'they had agreed services with a woman and not

a man'. Sometimes clients are kind at first but turn aggressive afterwards. According to sex workers in Namibia, for a client to be denied or refused by a 'trans' is like an insult and such clients may feel worthless and taking their feelings out on the sex workers.

Study outcomes show that being transgender is also significantly associated with poor police treatment: 57 percent of transgender sex workers experienced this, as opposed to 44 percent of male and female sex workers. In Namibia and South Africa, transgender sex workers reported being humiliated and stripped of their wigs and clothes by police officers. They also reported being detained with men, in some cases leading to severe sexual violence including rape. Transgender sex workers feel increased discrimination in accessing police services and feel police officers are less willing to help them because of their gender. It is therefore assumed that transgender sex workers report even less cases of violence to the police than other sex workers.

“ I went to Windhoek police station to lay charges on that [violent] guy. They just made a fool of me and said that they would not make a case. ‘How can a man be raped by another man?’ they said. ‘And you want to be female, so the guy was good to rape you.’ They just start laughing at me: ‘You know that sodomy is not allowed in this country, we cannot take your case. You’re also a sex worker, so just go out, go out’. And I was just walking out, what can I do? I was powerless. ”

– Transgender sex worker Namibia

“ I remember one nurse. I walked into the clinic, I had an STI. We were sitting and talking and she told me: ‘No you can maybe bring me your girlfriend’ and so on. I replied, ‘No I don’t have a girlfriend, I have a boyfriend and I’m a sex worker. ”

- Transgender sex worker Namibia

Being transgender is also significantly associated with increased discrimination in accessing health care. In the past 12 months, 67 percent of transgender sex workers in the

region experienced this, as opposed to 56 percent male-, and 49 percent of female sex workers. Moreover, 63 percent of transgender sex workers were judged by a health worker, as opposed to 43 percent of male, and 40 percent of female sex workers. In addition, 57 percent of transgender sex workers were shouted at in a health clinic, as opposed to 40 percent of other sex workers. A transgender sex worker from Namibia recalled a time when she asked a hospital nurse for help. The nurse told her she did not look 'natural' and refused to help her. Instead, she told her to find a woman to marry and have children with. Similar cases were reported by other transgender sex workers. This shows that transgender sex workers are subjected to increased moralistic and judgmental attitudes from health care workers.



### Migrant sex workers

In Zimbabwe, migrant sex workers are more likely to experience physical and sexual violence. Here, 78 percent of migrant sex workers experienced physical violence, as opposed to 60 percent of local sex workers. Of migrant sex workers, 74 percent experienced sexual violence, compared to 44 percent of local sex workers. Also in Botswana, migrant sex workers are at increased risk of sexual violence with 54 percent of migrant sex workers experiencing sexual violence, as opposed to 41 percent of local sex workers. Interestingly however, migrants in Botswana, South Africa and Zimbabwe are more likely to receive help at health care services. Migrants in Botswana and South Africa are also more likely to get regular ARV treatment: In Botswana, 77 percent of migrants receive regular ARV treatment as opposed to 60 percent of locals. In South Africa, 87 percent of migrants receive regular ARV treatment, as opposed to 58 percent of local sex workers. Moreover, migrants in Botswana and South Africa are less likely to experience economic violence. In Botswana migrant sex workers are also less likely to experience discrimination.

## 4.6 Prevention strategies and risk mitigation

This study shows that 99 percent of the sex workers use preventive strategies to reduce violence and increase their safety and security. To avoid and mitigate the risk of all sorts of violence, sex workers use a range of strategies and techniques. The most common strategies to avoid and mitigate risks of violence were negotiating and receiving payment before having sex (97%), avoiding known dangerous places (96%) and adapting their behaviour (92%).

### Careful selection of clients

To avoid and mitigate the risk of violence by clients, sex workers select their clients carefully. Quantitative outcomes show that 91 percent of sex workers in this study refused clients in the past. Specific reasons for refusing clients were: he did not want to use a condom (78%), the payment was too low (74%), he was not respectful (69%), he did not look healthy (69%),



because I know him (62%), because he is a violent person (62%), because he has sexual preferences I do not like (56%), because he wanted to use alcohol or drugs (54%). However, study results also show that sex workers who report frequent refusal of clients as a prevention strategy experience more violence.

### **Working from safe spaces**

Throughout the region, sex workers acknowledge the importance of having safe spaces to work from. Most of them considered secure places, such as clubs and hotels, safer than the streets. This is reflected in the quantitative data that shows sex workers avoiding known dangerous places (96%), becoming friends with the people around their working location (81%), working from an inside location (75%) and letting others know where they go with a client (86%). Moreover, to mitigate the risk for violence, sex workers pay small amounts of money to guards (59%) and make payments to third persons to let them work at a specific location (36%).

Sex workers who felt unsafe indicated that they turn to other sex workers (82%), sex worker groups (68%), regular clients (53%) and security guards (31%) for protection.

### **Involvement of peer networks**

Qualitative results show that for sex workers to avoid and mitigate the risk of violence, involvement in peer networks is important. Peer networks can protect sex workers from violence in various ways. Throughout the region, examples were provided of peers writing down the numbers of license plates when their friends go with clients in a car; of peers who check up on each other if one of them has been with a client for a long time; peers who warn each other about police raids and violent clients; peers who look after each other's money and belongings; or even keep a weapon to intervene and protect their friends.

“ The person standing next to you, that person's safety depends on you. So, if you're alone, you're like withdrawing from everybody and you want to take the men alone, that is where things are starting. ”

– Female sex worker Namibia

“ The girls there, we are united. We have this agreement: If one of us is in trouble, we will all go and help. We grab him, one of us will take off his shoes, another his shirt, we threaten him, we beat him. We grab him by force and take him to the police office. Even if we have disagreements, we will leave it behind us when we need to help each other. We all know that tomorrow it could be us there, in trouble. ”

– Female sex worker Mozambique

### **Use of tools**

Throughout the region, sex workers use tools for self-defence while at work. Some bring actual weapons or knives, whilst other tools are more provisional such as eye-drops, sewing needles, chili peppers and razors. In Botswana, sex workers put chili peppers into toilet paper:

“ When he [the client] is delayed by the chillies on his eyes, you run for your life. ”

– Participant in focus group discussion Botswana

### **Avoiding health risks**

To avoid health risks such as STIs and HIV infection, 84 percent of the study participants indicate that they always use a condom while selling sex. Some FSWs prefer carrying female condoms. To avoid harassment from clients not willing to use condoms, as well as police officers who arrest sex workers' for carrying them.

“ The female condom, it is the one we want to use these years because men do tricky things of bursting condoms. With a female condom, you are 100% safe. You know that you will not be infected with STI's even if that one [male condom] can burst. ”

– Female sex worker Botswana

Although the majority of study participants acknowledged the importance of using condoms, sex workers explained that prices offered for having sex without a condom are hard to refuse at times. Therefore, in some cases, unsafe sex is accepted. Also, when it comes to having sexual contact with regular clients or friends, for example, sex workers found unsafe sex acceptable.

feel the need to apply prevention strategies after they have experienced violence. Analysis shows that the only effective strategy is giving money to another sex worker to protect earnings, which decreases economic violence.

“ Most of them start or have met us in a bar when we are working, then they become regulars, then refuse to pay, claiming that they want to be our boyfriends. Some also stop wearing condoms at this stage. ”

– Focus group participant Zimbabwe

### **Negotiating and receiving payment**

To reduce the risk of being underpaid, or not being paid at all, sex workers hide their money (94%), ask another sex worker to look after their money temporarily (61%) or temporarily give their money to another person (53%). The latter proves to be the safest way to avoid economic violence. In interviews, sex workers also emphasised the importance of negotiating and getting payment for services upfront. To support this strategy, innovative mobile payment solutions, such as Ecocash in Zimbabwe, are increasingly used. To avoid cash payments being stolen, sex workers hide their money in places such as their hair, armpits or underwear.

Sex workers might also hand over payments to peers or security guards for safekeeping. In Mozambique, sex workers use the strategy of handing over money to peers in a very visible way. This is effective in showing clients that there is no point in robbing them.

### **Building relations**

To avoid police harassment and abuse, sex workers build relationships (although exploitative ones) with local police officers. Throughout the region, sex workers have 'police friends' who provide them privileges in exchange for money and, or, sex. Such police friends might no longer harass sex workers, can discourage their colleagues from abusing them, and warn them about police raids. Sex workers mentioned having sex with the police (50%), seduced the police (24%) and made payments to the police (59%) to avoid the risk of violence.

In the context of community violence, qualitative analysis shows that to avoid societal stigma and discrimination, many sex workers preferred to keep their work a secret. By not disclosing it, they aim to prevent stigma and discrimination.

Despite using a range of preventive measures, sex workers see no significant decrease in the amount of violence they face. This can be explained by the fact that sex workers only

**Conclusion.**

# 5. Conclusion

Sex workers in Southern Africa work within a setting where activities associated with sex work are criminalised. In this environment, sex workers face high risks of violence and lack access to healthcare and justice. Throughout the region, sex workers are confronted with violence on a regular basis, both within and outside their work environment. Violence against sex workers is emotional, physical, sexual and economic and can be fatal in extreme cases. Clients and police officers were reported as the main perpetrators of violence, although sex workers are violent towards each other as well.

## **Criminalisation and violence**

The criminalised context of sex work in Southern Africa has many implications for the working conditions and circumstances sex workers work in. Not only do penalising laws negatively influence social norms and values towards sex work but they also result in a conflictual relationship between sex workers and the police. Throughout the region, police officers threaten sex workers with arrest, public humiliation and extortion. The mistreatment of sex workers by police results in limited access to justice for sex workers, as the majority are reluctant to seek police assistance, report violence or seek legal aid.

Interestingly, in Mozambique, where sex work is not criminalised, relationships between sex workers and police are considered much better and sex workers experience less violence from them. Mozambique provides evidence for the effect and importance of police sensitisation trainings also. Based on the results of this study, it can be implied that in a context where sex work is not criminalised, less police violence against sex workers is experienced and sex workers are more inclined to seek police assistance.

## **Violence and access to health care**

Many health care centres exist in a wider social context of discrimination and stigma towards sex workers, which hampers their willingness to access prevention and treatment services. Although sex workers report some positive experiences from health care workers, the majority have faced stigma and discrimination in health clinics. In some parts of Southern Africa sex workers who feel discriminated against in accessing health services are significantly less likely to receive regular ARV treatment. In this way, limited access to health care services hampers sex workers access to life-saving HIV/AIDS prevention and treatment.

## **Underlying factors that increase or decrease the risk of violence**

Various factors fuel violence, such as irregular condom use, working online, on the street or in a hotel, working more days a week, working for a pimp and the use of alcohol and drugs by either the sex worker or client. Vulnerable groups such as transgender and migrant sex workers are more likely to experience physical and sexual violence.

Working in hostile environments, sex workers engage in various strategies for risk mitigation. The most common strategies include negotiating and receiving payment before having sex, careful selection of clients, avoiding known dangerous places and adapting their behaviour to avoid trouble. For sex workers to avoid and mitigate the risk of violence, involvement in peer networks is important. When working together, sex workers can protect each other from violence, and can assist each other when being arrested by the police. Protective support systems, such as community-led and rapid responses are needed to care for survivors of violence, but also to prevent violence from happening.

Identifying effective strategies to mitigate the risk of violence is complicated, as most sex workers implement preventive strategies only after having experienced violence. This study shows that preventive measures used by sex workers are not sufficient to reduce violence and increase their safety and security. The often criminalised and unfavourable environment in which sex workers operate hampers the impact of preventive measures, stigmatises sex workers and limits their access to human rights. To prevent violence and HIV, sex workers' human rights need to be protected by both law enforcement and the judicial system and respected by the wider society.

## **5.1 Recommendations**

### **1. Decriminalise sex work in Southern Africa**

Criminalisation of activities associated with sex work exacerbates sex workers' risk for experiencing violence and deprives sex workers of health and human rights. Criminalisation leads to a 'climate of impunity', enabling perpetrators of violence against sex workers to act with impunity while sex workers lack access to justice, legal aid and assistance. To address this hostile environment, it is essential to remove laws that target the sex industry. Once these laws are removed, sex workers will be able to report crimes to authorities, expect protection from police officers and gain improved access to health care. This will result in improved protection of sex workers' rights and greater opportunities for sex workers to organise themselves to achieve improved safety and security.

### **2. Training and sensitisation of police and fostering police accountability**

Throughout the region, police are reported as one of the main perpetrators of violence against sex workers. Police behaviour is often shaped by moral judgements and personal standards. To shift police attitudes towards sex workers it is therefore

critical to sensitise and train police. This training should reflect the universal application of human rights, which are guaranteed to all persons including sex workers, as well as specific training and information on human rights issues faced by sex workers. Guidelines should be developed, focusing on how to handle arrests related to violence against sex workers, how to register complaints from stigmatised people and above all how to handle cases with sensitivity and accountability.

To reinforce changing attitudes, it is important to involve police leadership. Interventions to reduce violence need to include reform of current police practices to improve accountability in the reduction of violence against sex workers and in the prevention of HIV transmission. Moreover, higher salaries and the removal of incentives such as quotas for sex workers' arrest are needed.

### **3. Support and empower sex workers to advocate for their rights**

Awareness of sex workers' rights and equal protection before the law are needed to address the climate of impunity around violence and discrimination against sex workers. This not only requires an enabling legal and policy environment, but also empowerment and networking of sex workers. By working together, sex workers can protect and assist each other from, as well as in, violent situations and can advocate for their rights. Support and funding of sex worker-led initiatives is crucial to empower sex worker groups and communities. Governmental organisations as well as NGOs and sex worker-led organisations should take the lead in developing mechanisms for doing so, by promoting the interests of sex workers and supporting these.

**References.**

# References

1. WHO, UNFPA, UNAIDS, NSWP, World Bank & UNDP. (2010). "Addressing violence against sex workers," Available at: [http://www.who.int/hiv/pub/sti/sex\\_worker\\_implementation/swit\\_chpt2.pdf](http://www.who.int/hiv/pub/sti/sex_worker_implementation/swit_chpt2.pdf)
2. Shannon, K. et al. (2014). "Global epidemiology of HIV among female sex workers: influence of structural determinants," *The Lancet*, vol. 385 (9962), 55–71.
3. Deering, K. N. et al. (2014). "A systematic review of the correlates of violence against sex workers," *American Journal of Public Health*, vol. 104(5).
4. Reza-Paul, S. et al. (2012) "Sex worker-led structural interventions in India: A case study on addressing violence in HIV prevention through the Ashodaya Samithi collective in Mysore," *Indian J. Med. Res.*, vol. 135(1), 98–106.
5. F. Scorgie et al. (2013). "Human rights abuses and collective resilience among sex workers in four African countries: a qualitative study.," *Global Health*, vol. 9(1), p. 33.
6. WHO. (2000). "Violence against sex workers and HIV prevention: Violence Against women and HIV/AIDS: Critical Intersections." Available at: [www.who.int/gender/violence/VAWhiv.pdf](http://www.who.int/gender/violence/VAWhiv.pdf)
7. M. R. Decker et al. (2014). "Human rights violations against sex workers: burden and effect on HIV," *The Lancet*, vol. 385 (9963), 186–199.
8. Deering, K. N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., & Shannon, K. (2014). A systematic review of the correlates of violence against sex workers. *American journal of public health*, 104(5), e42-e54.
9. World Health Organization (2005). Violence Against Women and HIV/AIDS: Critical Intersections— Violence Against Sex Workers and HIV Prevention. Available at: [www.who.int/gender/documents/sexworkers.pdf](http://www.who.int/gender/documents/sexworkers.pdf)
10. Arnott, J., & Crago, A. L. (2009). *Rights Not Rescue: A Report on Female, Male, and Trans Sex Workers' Human Rights in Botswana, Namibia, and South Africa*. Open Society Institute. Available at: [www.opensocietyfoundations.org/sites/default/files/rightsnotrescue\\_20090706.pdf](http://www.opensocietyfoundations.org/sites/default/files/rightsnotrescue_20090706.pdf)
11. Kinnell, H. (2006). Murder made easy the final solution to prostitution?. In M. O'Neill (Ed.), *Sex Work Now*. Taylor & Francis.
12. Shannon, K., & Csete, J. (2010). Violence, condom negotiation, and HIV/STI risk among sex workers. *Jama*, 304(5), 573-574.
13. Simic, M., & Rhodes, T. (2009). Violence, dignity and HIV vulnerability: street sex work in Serbia. *Sociology of health & illness*, 31(1), 1-16.
14. Open Society Foundations.(2015). Ten reasons to decriminalize sex work: A reference brief. Available at: [www.opensocietyfoundations.org/sites/default/files/10-reasons-decriminalize-sex-work-20150410\\_0.pdf](http://www.opensocietyfoundations.org/sites/default/files/10-reasons-decriminalize-sex-work-20150410_0.pdf)
15. Cunnigham, S., & Sihah, M. (2017). Decriminalizing indoor prostitution: Implications for sexual violence and public health. Available at: [academic.oup.com/restud/advance-article-abstract/doi/10.1093/restud/rdx065/4756165?redirectedFrom=fulltext](http://academic.oup.com/restud/advance-article-abstract/doi/10.1093/restud/rdx065/4756165?redirectedFrom=fulltext)
16. Bisschop, P., Kastoryano, S., & Van Der Klauw, B., (2015). Street prostitution zones and crime. *American Economic Journal: Economic Policy*, 9(4), 28-63.
17. Ganju, D., & Saggurti, N. (2017). Stigma, violence and HIV vulnerability among transgender persons in sex work in Maharashtra, India. *Culture, Health & Sexuality*, 1-15.
18. Joint United Nations Programme on HIV/AIDS. (2017). 'Data book'. Available at: [www.unaids.org/en/resources/documents/2017/2017\\_data\\_book](http://www.unaids.org/en/resources/documents/2017/2017_data_book)
19. Sex Workers Education and Advocacy Taskforce (2013). "Sex Workers Size Estimation Study". Available at: [www.sweat.org.za/wp-content/uploads/2016/02/Sex-Workers-Size-Estimation-Study-2013.pdf](http://www.sweat.org.za/wp-content/uploads/2016/02/Sex-Workers-Size-Estimation-Study-2013.pdf)
20. Scorgie, F., Vasey, K., Harper, E., Richter, M., Nare, P., Maseko, S., & Chersich, M. F. (2013). Human rights abuses and collective resilience among sex workers in four African countries: a qualitative study. *Globalization and health*, 9(1), 33.

21. South African National Aids Council. (2011). 'National Strategic Plan on HIV, STIs and TB 2012-2016' Available at: [sanac.org.za/wp-content/uploads/2016/07/EPR-SANAC-NEW-DOC-latest-update3.pdf](http://sanac.org.za/wp-content/uploads/2016/07/EPR-SANAC-NEW-DOC-latest-update3.pdf)
22. World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex work Projects, The World Bank. (2013). Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva, World Health Organisation. Available at: [apps.who.int/iris/bitstream/handle/10665/90000/9789241506182\\_eng.pdf;jsessionid=0CF8EF553436B487AEB2DB82FE0C3DEC?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/90000/9789241506182_eng.pdf;jsessionid=0CF8EF553436B487AEB2DB82FE0C3DEC?sequence=1)
23. Sex Workers Education and Advocacy Taskforce. (2013). 'Beginning to build the picture: South African national survey of sex worker knowledge, experiences and behaviour'. Available at: [www.sweat.org.za/wp-content/uploads/2016/02/National-Sex-Workers-Programme-Evaluation.pdf](http://www.sweat.org.za/wp-content/uploads/2016/02/National-Sex-Workers-Programme-Evaluation.pdf)
24. South African National Aids Council. (2013). 'National strategic plan for HIV Prevention, Care and Treatment for sex workers'. Available at: [sanac.org.za/wp-content/uploads/2015/12/National-Sex-Worker-Strategy-Version7-20Nov2013-final-draft.pdf](http://sanac.org.za/wp-content/uploads/2015/12/National-Sex-Worker-Strategy-Version7-20Nov2013-final-draft.pdf)
25. Richter, M., & Chakvinga, P. (2012). Being pimped out-How South Africa's AIDS response fails sex workers. *Agenda*, 26(2), 65-79.
26. South African National Aids Council. (2013). 'National strategic plan for HIV Prevention, Care and Treatment for sex workers'. Available at: [sanac.org.za/wp-content/uploads/2015/12/National-Sex-Worker-Strategy-Version7-20Nov2013-final-draft.pdf](http://sanac.org.za/wp-content/uploads/2015/12/National-Sex-Worker-Strategy-Version7-20Nov2013-final-draft.pdf)
27. Lafort, Y., Lessitala, F., Candrinho, B., Greener, L., Greener, R., Beksinska, M., & Delva, W. (2016). Barriers to HIV and sexual and reproductive health care for female sex workers in Tete, Mozambique: results from a cross-sectional survey and focus group discussions. *BMC public health*, 16(1), 608.
28. Gould, C., & Fick, N. (2008). *Selling sex in Cape Town: Sex work and human trafficking in a South African city*. Institute for Security Studies.
29. AIDS & Rights Alliance for Southern Africa (ARASA). (2014) 'HIV and Human Rights in Southern and East Africa: Report 2014'. Available at: [www.arasa.info/files/6714/0498/7909/ARASA\\_report2014\\_web\\_full.pdf](http://www.arasa.info/files/6714/0498/7909/ARASA_report2014_web_full.pdf)
30. United Nations Populations Fund Namibia and Joint United Nations Programme on HIV/AIDS Namibia. (2011). 'Sex work and HIV in Namibia'. Available at: [www.nswp.org/sites/nswp.org/files/Literature\\_Review.pdf](http://www.nswp.org/sites/nswp.org/files/Literature_Review.pdf)
31. Merrigan, M. B., Tafuma, T. A., Okui, L. A., Lebelonyane, R., Bolebantse, J. M., Makhaola, K., ... & Chabikuli, N. O. (2015). HIV prevalence and risk behaviors among female sex workers in Botswana: results from the 2012 HIV/STI bio-behavioral study. *AIDS and Behavior*, 19(5), 899-908.
32. Avert. (2017). HIV and Aids in Botswana. Available at: [www.avert.org/professionals/hiv-around-world/sub-saharan-africa/botswana](http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/botswana)
33. Joint United Nations Programme on HIV/AIDS. (2014) 'South Africa HIV Epidemic Profile'. Available at: [docplayer.net/34533779-Unaid-2014-south-africa-hiv-epidemic-profile.html](http://docplayer.net/34533779-Unaid-2014-south-africa-hiv-epidemic-profile.html)
34. Avert. (2017). HIV and Aids in South Africa. Available at: [www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa](http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa)
35. Joint United Nations Programme on HIV/AIDS. (2017). 'Ending Aids. Progress towards the 90-90-90 Targets'. Available at: [www.unaids.org/sites/default/files/media\\_asset/Global\\_AIDS\\_update\\_2017\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf)
36. Avert. (2017). HIV and Aids in Zimbabwe. Available at: [www.avert.org/professionals/hiv-around-world/sub-saharan-africa/zimbabwe](http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/zimbabwe)



37. INS, CDC, UCSF, Pathfinder & I-TECH. (2013). "Final Report: The Integrated Biological and Behavioral Survey among Female Sex Workers, Mozambique 2011–2021." UCSF, 2013. Available at: [globalhealthsciences.ucsf.edu/gsi/IBBS-FSW-Final-Report.pdf](http://globalhealthsciences.ucsf.edu/gsi/IBBS-FSW-Final-Report.pdf)
38. Southern African Litigation Centre. (2016). Accountability and Redress for Discrimination in Healthcare in Botswana, Malawi and Zambia. Available at: [southernafricalitigationcentre.org/wp-content/uploads/2016/09/Discrimination-in-healthcare-1.pdf](http://southernafricalitigationcentre.org/wp-content/uploads/2016/09/Discrimination-in-healthcare-1.pdf)
39. Nuwaha, F., Mujisha, G., Musinguzi, G., Arinaitwe, J., Matovu, J. K., Musinguzi, J., ... & Wanyenze, R. K. (2017). "When they know that you are a sex worker, you will be the last person to be treated": Perceptions and experiences of female sex workers in accessing HIV services in Uganda. *BMC international health and human rights*, 17(1), 11.
40. Joint United Nations Programme on HIV/AIDS. (2016). 'Prevention Gap Report'. Available at: [www.unaids.org/sites/default/files/media\\_asset/2016-prevention-gap-report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf)
41. Richter, M., Chersich, M., Temmerman, M., & Luchters, S. (2013). Characteristics, sexual behaviour and risk factors of female, male and transgender sex workers in South Africa. *SAMJ: South African Medical Journal*, 103(4), 226-251.
42. Cowan, F. M., Mtetwa, S., Davey, C., Fearon, E., Dirawo, J., Wong-Gruenwald, R., ... & Hargreaves, J. R. (2013). Engagement with HIV prevention treatment and care among female sex workers in Zimbabwe: a respondent driven sampling survey. *PLoS One*, 8(10), e77080
43. Kharsany, A. B., & Karim, Q. A. (2016). HIV infection and AIDS in Sub-Saharan Africa: current status, challenges and opportunities. *The open AIDS journal*, 10, 34.



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