

The Burnet Institute's approach to working with women in sex work

Introduction

The Burnet Institute works with poor and disadvantaged communities to assist in improving their health and well-being. Determinants of poor health such as poverty, the low status of women, lack of education, lack of employment opportunities, displacement, migration, incest, drug use and discrimination can also predispose to involvement in sex work.

The Burnet Institute has experience of working in a participatory way with women in sex work, and with issues relating to sex work, in a variety of settings and contexts. This has included working with women who inject drugs in many settings; partners of injecting drug users; working with the Victorian indigenous community; and addressing reproductive health among displaced populations. In our HIV prevention and care work we have worked with women in sex work and their organisations in a wide range of settings, including our partner organisation, OMES, in Mozambique, through our Tibet and Lao PDR offices, the South India AIDS Action Program (SIAAP) in Tamil Nadu, India, the Batsirai group in Zimbabwe, and through the bilateral projects we help to implement. We also address issues related to sex work in our teaching, manuals, research and policy advice.

Understanding sex work

We understand that there is a spectrum of transactional sex. Women exchange sex for money, favours or goods for a range of reasons. The boundaries of informal sex work are often blurred. A woman who has three or four regular sex partners who support her by paying her rent or children's school fees may not view herself as a sex worker. The exchange of sex for money or material goods such as clothing or gifts may be part of many relationships which neither partner views as sex work.

We recognise that sex work takes place in a variety of contexts with different implications – in formal or informal brothels, on the street, in places of entertainment, in hotels, in bars and in sex workers' homes. Sex work occurs in all societies.

We recognise that women may participate in sex work only for a short time, or at intervals. However, for many women, the societal stigma associated with sex work often creates a barrier that prevents them being able to leave sex work and return to their home communities or obtain an income in other ways. In some situations the brutal induction women may go through when they enter sex work may make it seem impossible to them to ever return to their previous lives.

We believe that it is important to analyse sex work in relation to gender and power.

Although we acknowledge that there are women who enjoy sex work and have been in a position to choose this occupation freely¹, it is likely that the majority of women who participate in sex work have been compelled through financial need, have very limited choices in life, or may have been forced through violence or threat to do so. Although we recognise that heterosexual men, homosexual men, transgenders and transsexuals do sell sex, most sex work in every country involves men buying sex from women, who are often managed, or controlled, by men. Women in sex work generally lack power in relation to their male clients, their managers, and the authorities. This lack of power and the discrimination they experience from society often results in feelings of low self-worth and loss of agency which add to the vulnerability of women in sex work. We also appreciate that both men and women may suffer adversely as a result of the structural factors that predispose to transactional sex, such as men being obliged to leave their families for long periods in order to earn their livelihood, for example in mines, or on ships.

We are aware that some groups, including some groups of women in sex work, argue that sex work is a legitimate occupation for women, work like any other work, providing an opportunity to make a good income in a way that the woman herself can control.^{2,3} They point out that it is the social stigma, coercion, drug dependency, and lack of choices that are the problems for women in sex work, rather than the nature of the work itself. Some argue for the right of women in sex work to call their work a 'business', rather than a 'profession', and to resist being pushed into a "category for life".⁴ Other groups, from radical feminists⁵ to moral conservatives, argue that sex work for women is inherently degrading and necessarily reinforces the idea of male superiority and women's subservience.

The Burnet Institute is based in an Australian state where sex work in licensed premises is legal. We recognise that, although legalisation and regulation can increase safety, even where sex work is legal and regulated, women in sex work may still be subject to coercion and exploitation. We also recognise that where sex work is illegal, law enforcement rarely functions to protect women and is often associated with violence, harassment, intimidation, rape, coercion, extortion, bribery and discrimination. The ways that laws are enforced can increase women's vulnerability and the spread of HIV. For example, women may fear that if they carry condoms this may be used as evidence that they are sex workers by police.

We know that stigma and discrimination associated with sex work have serious consequences for the health and well-being of women in sex work. Efforts to prevent the spread of HIV that target women in sex work can reinforce the stigma associated with sex work and heighten their fears of harassment by the authorities.⁶ This stigma then increases the vulnerability of women in sex work to HIV infection.

However, such efforts can also present opportunities to break down stigma and to address the broader health and social problems of women in sex

work. For example, SIAAP's strategies for social inclusion, increasing self esteem of women, action against discrimination and abuse, access to a range of social, legal and economic support services in addition to health, and access to child care and education, have empowered the women in sex work in many ways. As the member of one collective of women in sex work said 'when people came to us and gave us condoms and told us we could get free treatment for STDs, it didn't mean anything to us, because nobody respected us, not even ourselves. But now that we feel we are worth something, we feel the rest of the world takes us seriously, we don't wait for people to tell us how to take care of ourselves. Instead we even take care of others'.⁷

We acknowledge the significant role that women in sex work have played in HIV prevention in many settings. When women in sex work have organised collectively and educated themselves they have been able to protect themselves, and often educated their clients and others in the community about the importance of HIV prevention.

Our approach

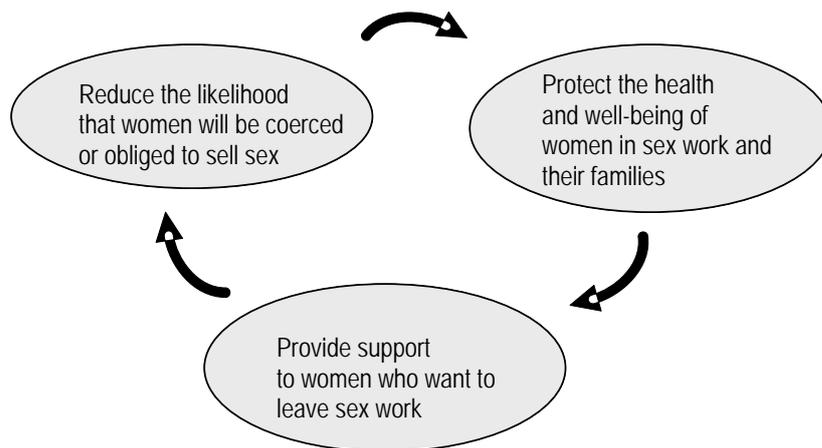
We believe that it is important not to view the issue of sex work only through the lens of HIV prevention and care. Our concern is with the protection and promotion of the health and rights of women, including women in sex work. Transactional sex has a wider array of implications for the social, physical and emotional health and well-being of women and girls, than HIV infection alone.

We will try to prevent the stereotyping and increased discrimination experienced by women in sex work that often results from efforts to prevent the spread of HIV. We believe that it is more useful to talk of HIV prevention activities in 'high risk settings' than in 'high risk groups', and that it is important to invest in reaching men who buy sex, rather than focusing only on the behaviour of women in sex work.

The Burnet Institute does not take an ideological position in relation to sex work. Our approach is to work in a participatory, respectful, non-judgemental, and non-discriminatory way with individuals and organisations. The Statement of Philosophy and Values of the Burnet Institute's Centre for International Health states: "We believe that health is a fundamental human right indispensable for the exercise of other human rights¹⁰.... this applies to all individuals and communities irrespective of ethnicity, nationality, gender, religious and political beliefs, social class, occupation, health status, disability, geographical location, and sexual orientation." The experience of our partner organisations is that it is helpful to distinguish between the institution of prostitution, and the situation of the women selling sex within it.⁸

The Burnet Institute is opposed to the kidnapping, trafficking⁸ and sale of children, women and men, (whether for sex work or other purposes), and to all exploitation in relation to sex work.

We believe that a “harm reduction” approach (as promoted by Burnet’s Centre for Harm Reduction in relation to drug use) is helpful:



Each of these strategies requires a range of activities to provide opportunities, choices and confidence. We recognise that ‘rescue’ strategies are rarely effective and may breach the rights of women.⁹

We acknowledge the impact of stigma on women in sex work and the consequence that it is often difficult for women to leave sex work because of the way that they are viewed by others. We try to work with local organisations that aim to break down the barriers between women in sex work and the communities they live in.

We believe that in addressing the vulnerability of women in sex work and their clients to HIV infection it is important to work not only with women in sex work, but also with their health care providers, with police, and with the justice system.

We try to avoid the stereotyping of particular population groups, including women in sex work. We avoid the use of acronyms that represent people who engage in behaviours that are associated with the risk of HIV infection, such as “FSW”, “MSM”, “IDU”, because we believe this further marginalises them. Epidemiologists sometimes speak of HIV passing from “high risk groups”, including women in sex work, to the “general population”. This description prevents the recognition that women in sex work also belong to the general population of women – they have partners, children and families, and so they need, for example, access to services for the prevention of mother to child transmission of HIV, and child care.

Women in sex work may not want to identify as, or be labelled as, a sex worker.

Although collectives of sex workers can be empowering, some women who exchange sex for money or favours may not want to join a group that confirms their identity as “sex workers”. We believe we have an obligation to protect the confidentiality of sex workers in our work, for example, in relation to representing them in photographs, audio and video tapes.

We are committed to evidence-based practice. It is important to undertake context specific studies (in participation with women in sex work) in order to understand the particular hazards women in sex work face and likely effective solutions in the different contexts in which we work. We also advocate for research into the specific reproductive health needs and concerns of women in sex work, for example, in relation to microbicides.

We try to maintain a familiarity with the perspectives of sex workers as articulated at the international level by groups such as the Network of Sex Work Projects¹⁰, and as articulated by local sex workers in the settings where we work.

References

- ¹ Anonymous. Prostitution shake-up: one sex worker's view. *BMJ* 2006;332:245.
- ² Sex Workers' Manifesto, Calcutta, 1997. <http://www.bayswan.org/manifest.html>
- ³ Bindman J. Redefining Prostitution as Sex Work on the International Agenda. 1997 <http://www.walnet.org/csis/papers/redefining.html#2e>
- ⁴ SANGRAM Statement about women in prostitution. infochangeindia.org/features172.jsp
- ⁵ Jeffries, Sheila. 1997. *The Idea of Prostitution*. Melbourne: Spinifex Press.
- ⁶ Loff B, Overs C, Longo P. Can health programmes lead to mistreatment of sex workers? *Lancet* 2003;361:1982-3.
- ⁷ Nataraj S. Behaviour change and HIV interventions in the sex industry. Unpublished paper, available from Burnet Institute. January 6, 2006
- ⁸ The UN defines trafficking as ‘the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion... for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of prostitution or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.’
- ⁹ Working with women in prostitution: A critical dimension of HIV prevention. Centre for health and gender equity. April 2003. <http://www.genderhealth.org/pubs/SexWorkersHIVPreventionApr2003.pdf>
- ¹⁰ <http://www.nswp.org/>