

# what are sex workers' HIV prevention needs?

## are sex workers at risk for HIV?

revised 4/08

Sex workers in the US may be at risk for HIV depending on the conditions of their workplace. Male, female and transgender sex workers who are most vulnerable to HIV are street-based workers, most of whom are poor or homeless, and likely to have had a history of sexual or physical abuse.<sup>1</sup> Street-based sex workers are also commonly dependent on drugs or alcohol, and at a greater risk for violence from clients and police.<sup>2</sup>

*Sex work off the street (in brothels, massage parlors, private homes or escort services) is less likely to result in HIV infection for the workers because they may exercise greater control over their working conditions and sexual transactions, including condom use.*

Little research has been done on rates of HIV infection among street-based sex workers across the US. In one study of drug-using female sex workers in Miami, FL, 22.4% of the women tested HIV+.<sup>3</sup> In a study of male sex workers in Houston, TX, 26% reported testing HIV+.<sup>4</sup>

## what places sex workers at risk?

Sex workers who are injection drug users (IDUs) are more likely to be HIV+ than those who do not inject drugs.<sup>2</sup> Injection risks include sharing needles and injection equipment and being injected by someone else. IDU and other substance use (crack cocaine, methamphetamine, alcohol) can also impact sexual risks by compromising safe sexual behavior and communication.<sup>5</sup> Persons who use crack cocaine are more likely to enter sex work and have large numbers of partners.<sup>6</sup>

*The decision and ability to use condoms is a complex one that depends on many factors.<sup>7,8</sup> Negotiating safer sex can be affected by money, if business is slow or clients offer more money for unprotected sex. Clients may use violence to enforce unsafe sex. Sex workers may use drugs before or with clients, which affects decision making and ability to use condoms. Sex workers may also be targeted by police if they are carrying condoms.<sup>5</sup> In addition, sex workers, like many people, may choose not to use condoms with their boyfriends/girlfriends/spouses.*

Sex workers have elevated rates of sexually transmitted diseases (STDs), including HIV.<sup>1</sup> One study of female, male and transgender sex workers in San Francisco, CA, reported high rates of gonorrhoea (12.4%), chlamydia (6.8%), syphilis (1.8%) and herpes (34.3%).<sup>9</sup> Active STDs increase the likelihood of acquiring HIV. Genital trauma caused by frequent or forced intercourse also increases HIV risk.<sup>1</sup>

*Violence, and the trauma associated with it, is a concern for many sex workers. Violence can include physical, sexual and verbal abuse that sex workers experienced as children, and as adults from their clients and intimate partners. It can also include the violence many street-based sex workers witness daily. This history of violence leaves many sex workers with emotional trauma, and many may turn to drug use to deal with the harsh realities of their daily lives.<sup>10</sup>*

## what are barriers to prevention?

The illegality of sex work in the US drives the industry underground and leads to a strong distrust of both police and public health authorities among sex workers. To avoid arrest, street-based sex workers are often forced to change how they work to avoid police.<sup>11</sup> For example, sex workers may take less time to negotiate sexual transactions prior to getting into a client's car, and may even agree to engage in riskier sexual activities. Conducting HIV prevention outreach or education in this environment can be difficult.

*Desperation and poverty can often override HIV prevention concerns. Drug-addicted persons may turn to prostitution to earn money to pay for the high cost of illegal drugs. Transgender persons may use sex work to make money for hormones or surgery. Many homeless youth have no training or means of support, and rely on prostitution for survival. Attention to the more immediate concerns of food, housing, and addiction often takes priority over concerns of HIV infection.<sup>12</sup>*

## Says who?

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## what is being done?

**J**EWEL (Jewelry Education for Women Empowering their Lives), was an economic empowerment and HIV prevention project for drug-using women involved in prostitution in Baltimore, MD. The JEWEL intervention used six 2-hour sessions that taught HIV prevention and the making, marketing and selling of jewelry. Women participants significantly reduced trading drugs or money for sex, the number of sex trade partners, and drug use, including daily crack use.<sup>13</sup>

*The Health Project for Asian Women (HPAW) addressed Asian female sex workers at massage parlors in San Francisco, CA, with two interventions: Massage Parlor Owner Education Program and Health Educator Masseur Counseling Program. HPAW staff escorted masseuses to health clinics, handed out safer sex kits and provided translation, referrals and advocacy services. Masseuses participated in a 3-session counseling intervention and massage parlor owners received an education session.*<sup>14</sup>

A brief intervention for male sex workers in Houston, TX, consisted of two 1-hour sessions held a week apart. Almost two-thirds (63%) of the men who began the intervention completed it, and those that completed the intervention increased their condom use during paid anal sex.<sup>15</sup>

*Breaking Free in St Paul, MN, helps primarily African American girls and women leave sex work. The program helps women in crisis stabilize, then begin an intense program of counseling and education to address the traumas associated with sex work. Breaking Free offers transitional and permanent housing, as well as an internship program to help women who may have never held a real job become employable.*<sup>16</sup>

The St. James Infirmary in San Francisco, CA, a peer-based clinic for sex workers by sex workers, provides male, female and transgender sex workers with free medical services. They also offer HIV/STD screening and treatment, transgender health, harm reduction and peer counseling, psychiatric services, acupuncture, massage, support groups, food, clothing, and needle exchange. Staff conducts street and venue-based outreach to distribute safer sex supplies and offers HIV testing.<sup>9</sup>

## what still needs to be done?

**I**n the US over the past decade, there has been very little research conducted on HIV/AIDS in the sex worker population. Furthermore, past research focused largely on the role of sex workers as vectors of HIV/STDs for the general public. To prevent HIV among sex workers, it is essential not only to increase overall research efforts in this population, but to also acknowledge the greater context in which sex work is transacted, as well as the specific practice of sex workers.

*Researchers, public health and law enforcement officials need to hear from sex workers what they need to keep themselves safe, and work together to achieve those goals. Laws and police attitudes towards carrying condoms must be eased to allow sex workers to protect themselves. Violence against sex workers by clients, police, and other neighborhood community members must be criminalized, while sex workers should be encouraged and supported to report violent incidents.*

Street-based sex workers face a multitude of needs, from immediate concerns of housing, food and medical attention, to longer-range concerns such as mental health services, substance abuse treatment, violence prevention, job training and employment, HIV/STD prevention, quality health care, improved relationships with law enforcement and help leaving sex work. Increased funding and awareness is needed for public health programs that address this full range of issues sex workers face.

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