

# **Health impacts of criminalisation of sex work**

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Homelessness, Social Exclusion and Health Inequalities

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# Outline

- Health impacts of criminalisation: global evidence
- Structural determinants of sex worker health
- How criminalisation impacts on health and safety: qualitative case studies
- Community and public health interventions within existing legal frameworks
- Interventions, advocacy and research: challenges and priorities



# Structural factors

The screenshot displays two overlapping web browser windows. The background window shows the Lancet website with the article 'Global epidemiology of HIV among female sex workers: influence of structural determinants' by Dr Kate Shannon et al. The foreground window shows the BMJ Open website with the article 'Factors mediating HIV risk among female sex workers in Europe: a systematic review and ecological analysis' by Lucy Platt et al. The BMJ Open article includes an abstract, objectives, design, and an article summary section.

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Series

**Global epidemiology of HIV among female sex workers: influence of structural determinants**

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Article Info

This article can be found in the following collections: HIV/AIDS

**BMJ open**

**Open Access** **Research**

**Factors mediating HIV risk among female sex workers in Europe: a systematic review and ecological analysis**

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**ABSTRACT**

**Objectives:** We reviewed the epidemiology of HIV and selected sexually transmitted infections (STIs) among female sex workers (FSWs) in WHO-defined Europe. There were three objectives: (1) to assess the prevalence of HIV and STIs (chlamydia, syphilis and gonorrhoea); (2) to describe structural and individual-level risk factors associated with prevalence and (3) to examine the relationship between structural-level factors and national estimates of HIV prevalence among FSWs.

**Design:** A systematic search of published and unpublished literature measuring HIV/STIs and risk factors among FSWs, identified through electronic

**ARTICLE SUMMARY**

**Article focus**

- A systematic review to identify and synthesise the prevalence estimates and risk factors for HIV and selected STIs among female sex workers (FSWs) in Europe.
- An ecological analysis to examine the relationship between structural-level risk factors and national estimates of HIV prevalence among FSWs in Europe.

**Key messages**

- The review shows how HIV remains low among FSWs who do not inject drugs, including those

Under-representation of studies measuring social, environmental, legal, political and economic factors structural determinants termed 'Structural factors'

# Health consequences

Risk of HIV/Sexually transmitted infections **2-3 times higher** among SWs:

- with experience of prison or arrest in Russia and Argentina (HIV and Syphilis)
- having sex with police to avoid arrest in Russia (Syphilis)
- having needles/syringes confiscated by police in Mexico (Syphilis)

Risk of unprotected sex **2-3 times** higher following:

- Relocation to unfamiliar areas in Vancouver and India
- Police raids, confiscation of condoms and arrest in India

## Access to services

- SWs avoided places with high intensity of police harassment and violence which hindered access to needle/syringe programmes in Vancouver

**Ref:** Shannon et al, 2006; 2009; Platt et al, 2006; Decker et al, 2012; Pando et al, 2013; Strathdee et al, 2011; Erausquin, 2011



# Violence



2014 global systematic review, female sex workers

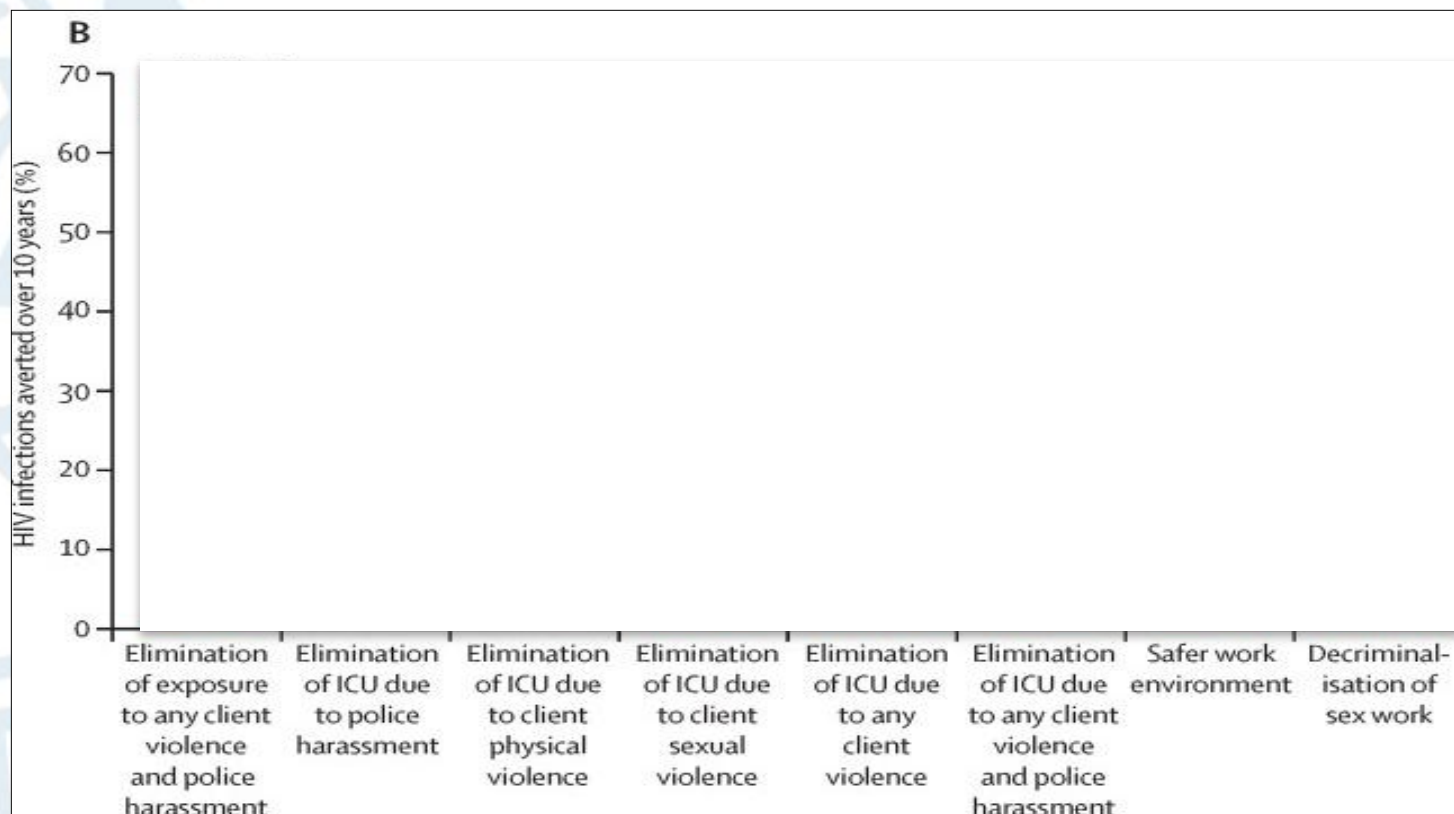
Indicators of criminalisation/policing → risk of violence (by clients/others) increased 1.5 - 3.5 times

- Ever arrested/in prison (UK, India)
- Prior police violence (Canada, India)
- Police coercion (India)
- Drug use material confiscated (Canada)
- Displacement from main areas (Canada)

(Deering et al, 2014)



# HIV



ICU =  
“inconsistent  
condom use”

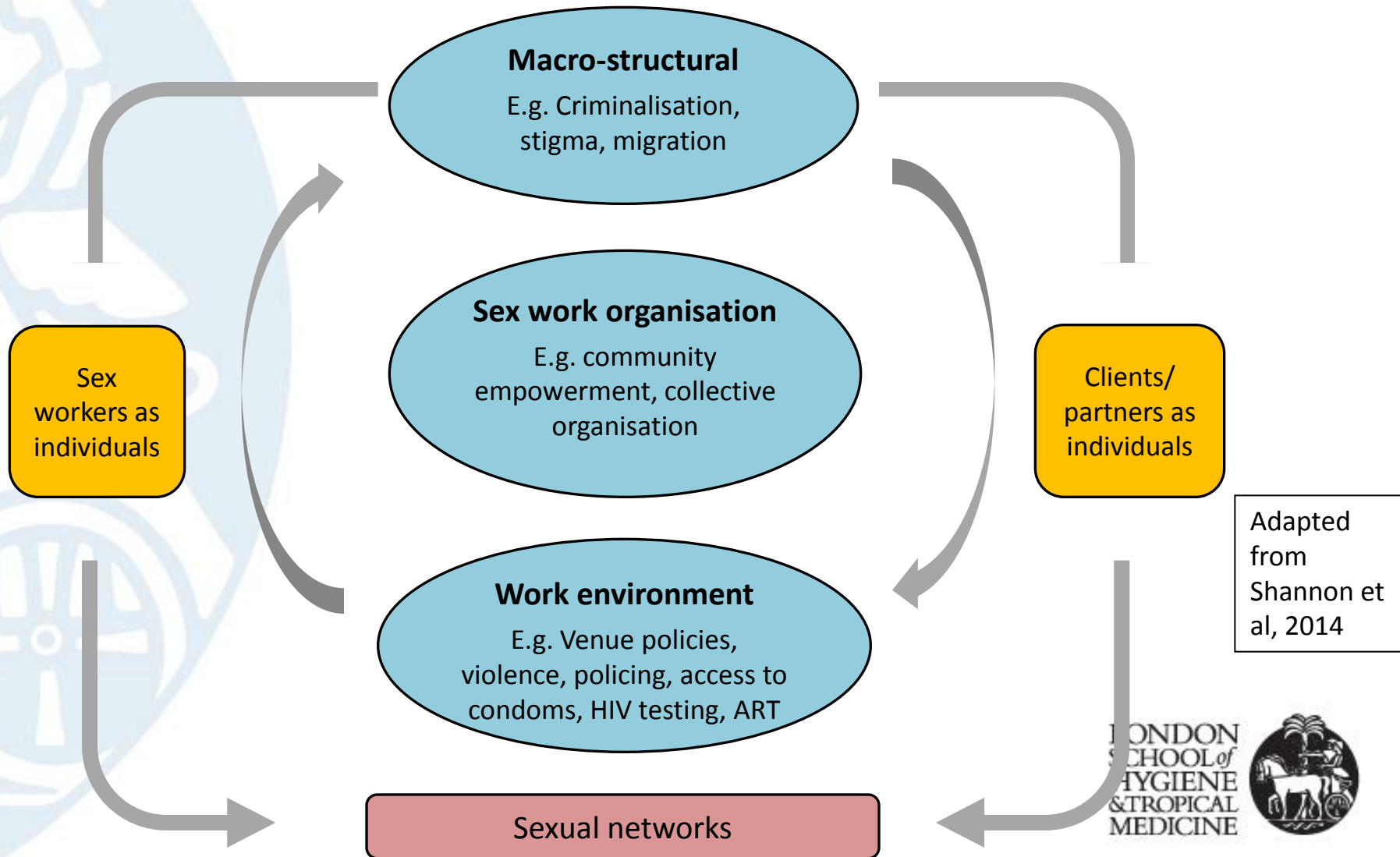
Adapted from  
Shannon et al  
(2014) – data  
shown here  
from Canada

**Decriminalisation estimated to avert 33 - 46% HIV, over next 10 years**

*Assumes sustained reduction in client violence and police harassment, safer work environments and increased condom use*



# Structural determinants framework





# Impact on safety & risk reduction strategies

- Displacement of sex workers into unfamiliar, isolated work areas
- Hurried negotiations/screening of clients to avoid police attention
  - *including after shift in enforcement towards clients (e.g. Vancouver)*
- Confiscation of condoms as evidence of sex work
- Laws against brothel keeping → working alone to avoid criminalisation
- Raids disrupt peer networks and access to outreach; can also risk family separation and, for migrants, deportation
- Mistrust, uncertainty of legal status & fear of further criminalisation → reluctance to report violence/other crimes
- Fear of being 'outed' by police, via media and 'naming & shaming' campaigns → emotionally stressful

References: E.g. Sanders & Campbell 2007; Shannon et al, 2008; Crago 2009; Mai 2009; Research for Sex Work 2010; Boff 2012; Krusi et al 2014; Pitcher & Wijers 2014; Sherman et al 2015





# Criminalisation: influence on other 'structural' determinants

- Lack of “recognition as persons before the law”, and policies to reduce visibility of sex work while simultaneously inviting media coverage (and outing sex workers), reinforces **stigma** and restricts **access to services/welfare**
- Criminalisation, including of clients, likely to discourage co-operation with police to tackle **exploitation and trafficking**
- Police fines, harassment, arrest & detention disrupt work, increase **economic pressures**
- Evictions, based on concerns around brothel-keeping, increase vulnerability to **homelessness**, for sex workers and families
- Police targeting of male and trans\* sex workers based on (assumed) sexual/gender identity fuels, and is fuelled by, **homophobia** and **transphobia**

*Reproduce inequalities and restrict rights* (e.g. Overs, 2011)

*Also all independently linked to poorer health* (Deering 2014; Shannon 2014)

Refs: E.g. Sanders & Campbell 2007; Shannon et al 2008; Crago 2009; Mai 2009; Overs & Loff 2013

# Legal framework in UK

*I wish it [sex work] was legalised because one night I had this problem. I was with Tracey (receptionist) and I had this fella and he kept trying to stick his fingers in my fanny. I was like please don't do it. It got to like the third or fourth time and I said I'm leaving the room. 'Why, **I've paid my money right and I can do what I want to you?**'. And it's like I said ... **You paid your money, you can do what I say you can. Anything over and above that is assault. And you know if it was legal that's what it would be.** You could go to the police ... But you know at the moment you can't.*

Female sex worker, Merseyside, UK (Sanders & Campbell, 2007)



# A decriminalised setting

*Well it definitely makes me feel like, if anything were to go wrong, then it's much more easier for me to **get my voice heard**. And I also, I also feel like it's some kind of hope that there's slowly going to be **more tolerance** perhaps of you know, what it is to be a sex worker. And it affects my work, I think ... when I'm in a room with a client ... **I feel like I am deserving of more respect because I'm not doing something that's illegal**. So I guess it gives me a lot more confidence with a client because, you know, I'm doing something that's legal, and there's no way that they can, you know, dispute that. And you know, **I feel like if I'm in a room with a client, then it's safer**, because, you know, maybe **if it wasn't legal**, then, you know, **he could use that against me** or threaten me with something, or you know. But now that it's legal, they can't do that.*

Female sex worker, New Zealand (Abel, 2014)



# Legal framework in Sweden: implications for interventions

We tried with condoms, and it became a national issue. Not a local, but a national issue. It is very funny if you think about it, 'cause we, you gotta remember, we gave out ... Eight condoms. And it became a national issue. (Interview, 2010, Two Social Workers, Malmö Prostitution Unit KAST)

if you give someone a condom, the purpose of that act is to prevent (the) spread of disease, it's not to encourage the person to pay for sex. So there are several interesting inconsistencies that have not been recognized. (Interview, 2010, Senior Adviser Regarding Prostitution – *Socialstyrelsen*)

Levy & Jakobsson, 2014



# Role of public health interventions and advocacy

## UK

- Critical role of outreach/specialist support services, safety initiatives e.g. Ugly Mugs - engaging w/ police and other agencies to reduce police enforcement and increase sex workers' access to justice (Laing et al, 2013)

## India

- Sex worker led intervention to reduce police violence in context of HIV prevention programme
- Establishment of inter-agency committee comprising health and criminal justice
- Media training for journalists
- Empowerment workshops
- Overall reduction in client violence. SWs exposed to the intervention reported reduction in client violence, greater reduction for those exposed longer (Beattie 2010)

# Challenges to public health, advocacy & research

- Local commissioning of health and support services for sex workers can be ideologically driven rather than evidence based
- Guidelines for Public Health commissioners place little emphasis on role of criminalisation
- Limited quantitative data demonstrating negative impacts of criminalisation documented in qualitative literature
- Data that are available are often misinterpreted, manipulated and/or discounted in policy debates and decisions regarding sex work. E.g. Honeyball report, APPG



# Priorities: policy and practice

- Legislation and policy that promotes sex workers' safety, health, and access to care, welfare, justice and rights
- **Full decriminalisation, with policies to address structural inequalities – strongly supported by international public health data**
- In absence of change to legal framework, emphasis on safer working environments, access to care and respect for rights, *not* enforcement
- Specialist and sex worker-led projects and initiatives
  - sustained funding, evidence-based commissioning
- Central involvement of sex workers in design, steering and evaluation of services and policy





# Priorities: research

- Synthesis of existing epidemiological, social science and community evidence on implications of criminalisation for safety, health & welfare
- Exploration of how Public Health vs. 'Violence against Women' commissioning affects capacity to deliver health & support services
- Evaluation of direct & indirect impacts of criminalisation – sex workers' health, safety, access to services, justice & broader rights

## Developing mixed-methods proposal with Open Doors, London

- Links between criminalisation, other factors (e.g. stigma, working conditions), health, safety & access; comparison across boroughs, over time
- Advisory group: sex workers, sex work projects, local govt, PHE, police, criminologists & epidemiologists
- **We would welcome your thoughts**: priority focus? Challenges? Concerns?





**Thank you!**



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