

A series of seven thick, diagonal brushstrokes in shades of green, teal, blue, purple, magenta, and red, creating a rainbow effect.

ICRSE

International
Committee on
the Rights of Sex
Workers in Europe
www.sexworkeurope.org



TRAINING MANUAL

on SEX WORK, HIV
and HUMAN RIGHTS

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INTRODUCTION



Since the outbreak of the HIV epidemic in the 1980s, sex workers have been among the populations that have been disproportionately affected by HIV. In many countries in Europe and Central Asia, HIV infection rates among sex workers of all genders are considerably higher than those in the general population, although they engage in HIV-protective behaviours.

Sex workers' vulnerability to HIV results from a number of social and structural factors that adversely affect their human rights, health, and safety. In most European and Central Asian countries, laws criminalising and penalising sex work drive sex workers underground and deprive them of control over their working conditions, undermining their ability to consistently engage in safer sexual behaviours. These repressive legal frameworks trigger discrimination, abuse, and other forms of violence against sex workers by the police, clients, third parties or the media, and further contribute to their marginalisation. The overall stigma and human rights violations have far-reaching implications as regards HIV risks, since they deter sex workers from using healthcare facilities and significantly impede the accessibility of HIV prevention, testing, treatment, care, and support.

As a result, across the region sex workers have limited access to affordable, quality healthcare services, reliable education on occupational health and safety, and evidence-based HIV prevention programmes tailored to their needs and expectations. Even if such programmes are available, they usually fail to recognise the gender diversity of the sex worker community – reaching out only to female sex workers – or to address the needs of the most marginalised and vulnerable communities of sex workers: undocumented migrant sex workers or sex workers who use drugs. Also, in many cases, the only HIV programmes in place do not uphold human rights standards. Breaches in sex workers' right to dignity, privacy, informed consent, and freedom of choice are common practices, as are programmes in which services are delivered conditionally, in the framework of “rescue and rehabilitation”, only to those sex workers who declare they will exit sex work.

Sex workers' vulnerability to HIV, however, calls for an immediate and comprehensive response. In order to be sustainable, well informed and effective, this response requires direct engagement and leadership of the sex worker community across the region. There are several reasons for which sex workers' involvement and meaningful participation in the development of HIV policies and programmes is essential. First of all, sex worker-led collectives are best suited to recognising the most pressing health needs and expectations of sex workers with respect to HIV. Secondly, only they can adequately identify priorities and strategies to ensure sex workers' access to a wide range of HIV-related services. Finally, sex worker organisations have the knowledge about the social and structural barriers that contribute to sex workers' vulnerability to HIV, and the determination to challenge them.

Sex workers are part of the solution, not the problem!


WHO IS THIS MANUAL FOR AND WHAT ARE ITS AIMS?

This training manual was developed by the International Committee on the Rights of Sex Workers in Europe (ICRSE) as a means to limit the impact of HIV and AIDS among sex workers in the European region and to encourage and facilitate sex workers' involvement and collective leadership in the response to HIV/AIDS.

It is intended to serve as a tool for organising and leading participatory community training on issues related to sex workers' vulnerability to HIV and human rights. As such, the manual aims to provide individual sex workers and sex worker collectives with the knowledge, skills, and capacity needed to effectively engage in advocacy for sex workers' right to health at the local, national and international level. We hope that this resource will help our communities across Europe and Central Asia to identify and challenge barriers to sex workers' access to HIV-related services and to ensure the development of a rights-based approach to HIV programming that engages meaningfully with sex workers of all genders.

This manual can also be used by service providers and allies who want to support meaningful participation and the leadership of sex workers in the design, implementation, monitoring and evaluation of HIV programming.

This training manual is specifically designed for sex workers and sex worker-led organisations eager to engage in advocacy and activism on issues related to sex work, HIV and human rights. It can offer them a useful tool for the following:

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- Broadening knowledge on human rights, with a special focus on the right to health.
 - Raising awareness about work-related risks and other – social, structural and economic – factors contributing to sex workers' vulnerability to HIV globally and in the European region.
 - Increasing knowledge on HIV-related prevention, testing and treatment opportunities for sex workers in the European region and barriers to sex workers' access to these HIV-related services in Europe.
 - Gaining a better understanding of the community empowerment approach to HIV prevention among sex workers.
 - Building sex workers' capacity to plan and develop HIV-related interventions for their communities and engage in the HIV response at the local, national and international levels.

HOW WAS THIS TRAINING MANUAL DEVELOPED?

This training manual was created in the course of a community-led capacity-building programme on “Sex Work, HIV and Human Rights” conducted by ICRSE with the support of the Robert Carr civil society Networks Fund. The ICRSE training programme was initiated in 2014 in order to map and adequately address the health needs and concerns of sex workers in the European region, provide the sex worker community with knowledge on HIV, STIs and other work-related health concerns, identify barriers which compromise sex workers' health and safety, and propose strategies for challenging these barriers. This innovative and multifaceted project consisted of a series of participatory community training sessions facilitated and

organised by ICRSE staff with the cooperation of numerous sex worker collectives and sex workers' rights activists across the European region. The experience and knowledge gained during these training sessions helped us to develop and improve this manual.

Regional training in Budapest

The first element of the ICRSE capacity-building programme was a regional training on "Sex Work, HIV and Human Rights" held in Budapest, Hungary, on 17-21 October 2014. This regional programme successfully brought together 22 sex workers from eight European countries – France, Macedonia, Northern Ireland, Romania, Serbia, Spain, Sweden, and Turkey. Participants represented community-led organisations working on different issues, ranging from HIV-related service provision, engagement for the decriminalisation of sex work and other law reforms, advocacy and activism for the recognition of sex workers' human and labour rights, to community mobilisation and empowerment at the local or national level.

The five-day regional workshop facilitated awareness-raising and knowledge-building efforts amongst sex workers by focusing on the intersection of HIV and human rights. It enabled participants to share experiences and good practices in mapping sex workers' needs with respect to HIV, supporting community engagement in advocacy for sex workers' rights, including the right to health, and responding to the rights violations often entailed in health programming efforts. The diversity of the sex workers participating in the programme was also a great achievement, as transgender, cisgender male and female sex workers, those working in both indoor and outdoor settings, sex workers who use drugs, and migrant sex workers could all openly voice the specific issues they face and how they advocated for their rights locally.

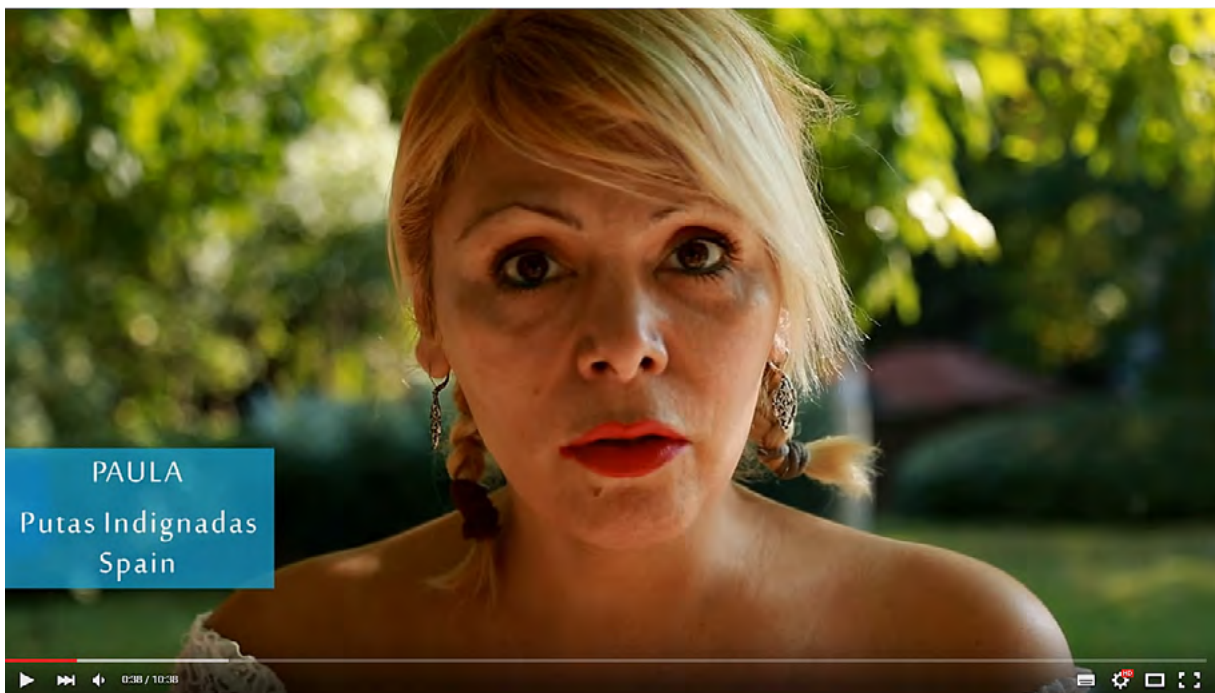
It was a beautiful experience, where I felt affirmed in my convictions and strong and able to continue this fight as worthy and great.

Sex worker participant in the regional training workshop.

Seeing the diversity and strength in our community was amazing. Overall brief, to-the-point information; it was good we also did a lot of teamwork and exchanged information on the situation of sex work in different countries and the activities of activists and organisations.

Sex worker participant in the regional training workshop.

Thanks to the support of the Hungarian Civil Liberties Union, workshop participants developed an advocacy video in which they discussed the human rights violations faced by sex workers in their countries and highlighted some of the efforts their organisations undertake to support and promote sex workers' rights. The video, titled "Sex workers are the solution, not the problem", was made available on the ICRSE YouTube channel and seen more than 4,000 times in the following months. It was also screened at the San Francisco Bay Area Sex Worker Film and Arts Festival in May 2015 and was officially selected for the Health Rights Online Film Festival, which aims at collecting and promoting advocacy videos that focus on injustices at the intersection of public health and human rights.



Still image from ICRSE's video "Message of solidarity", filmed at the Regional Training Workshop on HIV, Sex Work and Human Rights, Budapest 2014.

The ICRSE video "Sex workers are the solution, not the problem" can be watched here: <https://youtu.be/lpuuqKpMgt0>

National training courses

The training course in Budapest was, however, just the beginning of the ICRSE training programme and the process of developing and improving this training manual. After the regional meeting in Hungary, leaders of five local sex worker collectives were supported by ICRSE in sharing knowledge and energy from the training by conducting context-sensitive workshops for their communities. As a result, sex workers in five European countries – France, Macedonia, Serbia, Romania and Turkey – were able to take part in community-led national training programmes tailored to their needs and realities.

The first of the national training sessions was organised in Ankara, Turkey, on 12-13 March 2015, by the Turkish sex worker collective Kırmızı Şemsiye (Red Umbrella Sexual Health and Human Rights Association) and ICRSE. Owing to this, 20 sex workers of all genders from different parts of the country, sex work settings and socio-economic backgrounds had the opportunity to share their experiences, opinions and concerns with respect to sex workers' rights and HIV vulnerabilities in Turkey. They not only identified the main human rights violations experienced by members of their community, especially trans sex workers facing severe oppression and discrimination in the country, but also mapped many advocacy strategies that they could collectively use to improve sex workers' living and working conditions.



Sex workers in Turkey are facing high levels of state repression, discrimination and stigma. All these trigger extreme violence against sex workers by the part of the police, managers of sex work settings, organised crime networks, people posing as clients and passers-by, resulting in very exploitative and unsafe working conditions, and a climate of impunity for perpetrators. The transphobia prevalent in Turkish society makes trans sex workers particularly vulnerable to harassment and coercion - they are being humiliated and beaten on a daily basis, and the number of murders of trans sex workers is amongst the highest in the region. Legal oppression, whorephobia and transphobia contribute to sex workers' vulnerability to HIV and other STIs in Turkey.

Moreover, stigma and discrimination constitute a significant barrier preventing sex workers from accessing healthcare services. Numerous sex workers in Turkey have no access to affordable and acceptable HIV prevention, testing and treatment provided in a non-judgmental and respectful manner and tailored to their needs. In many healthcare facilities, sex workers are being shamed,

ridiculed and mistreated. Additionally, the rights of sex workers working in brothel settings are heavily violated, since they are being subjected to mandatory health examinations and HIV/STI testing.

DEMANDS IN RESPONSE:

- *Sex workers demand the decriminalisation of sex work in Turkey, as well as elimination of discriminatory laws contributing to their vulnerability to HIV, including transphobic and homophobic provisions.*
- *Sex workers of all genders should have access to acceptable and affordable health services.*
- *Mandatory HIV and STI testing should be prohibited and all HIV-related services for sex workers should be provided confidentially, with informed consent, and in accordance with human rights standards.*

Extracts from the statement developed by participants of ICRSE/Kırmızı Şemsiye during the national training course in Ankara, Turkey, 12-13 March 2015.

The training course in Turkey was followed by a community workshop in Skopje, Macedonia, co-facilitated by STAR-STAR, the only sex worker-led collective in the country, and ICRSE. This workshop, which took place between 31 May and 2 June 2015, brought together 15 sex workers of all genders, coming from different Macedonian cities and working in various sex work settings. They all saw it as a great opportunity to learn more about the barriers sex workers face when willing to exercise their right to health in Macedonia and possible strategies to challenge these. One of the key topics discussed during the session was sex workers' involvement and leadership in addressing HIV vulnerabilities in their community. Through different activities and training exercises, participants were provided with the skills to advocate for sex workers' rights and access to HIV-related services.



ICRSE/STAR-STAR Training in Skopje, Macedonia, 31 May and 2 June 2015. Copyright: STAR-STAR



[...] THE POLICE AND INSTITUTIONS DO NOT SEE SEX WORKERS AS PEOPLE DESERVING HELP

Sex workers remain among the most marginalised members of Macedonian society. They are subjected to harassment, violence, legal oppression, police raids, arbitrary detention, and enforced HIV/STI testing. All governmental institutions, along with policymakers and authorities, view sex workers as “nuisances” to be ignored or immoral law-breakers rather than individuals who deserve protection from violence and other human rights violations. Sex workers’ access to justice is limited, and we receive no social and economic assistance or support. To avoid all these forms of institutional violence and discrimination, we demand that sex workers, as a vulnerable community, are protected by the law and anti-discriminatory provisions. [...]

SEX WORKERS' HEALTH IS UNDER THREAT

We are afraid that health services provided by reliable and sensitised service providers in Macedonia will soon cease to be accessible. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which over the last few years has invested in improvement of our health by providing financial support to those delivering health services to sex workers and other overlapping vulnerable communities, has already announced its withdrawal from the country. Once again we would like to emphasise our vulnerability to HIV and STIs, the need to access free condoms and lubricants, as well as non-judgmental and respectful HIV-related services. We ask the Macedonian Ministry of Health to take our health seriously and take this obligation into its own hands upon the withdrawal of the GFATM in December 2016.

SEX WORK IS NOT RECOGNISED AS WORK

Considering prostitution as a deviant phenomenon has a negative influence in many spheres of our lives. To keep us safe from violence, abuse, beating and discrimination by the general public, clients, managers, or the police, our work must be legally recognised as work by the state. We need a legal framework which will not conflate sex work with legal offence or exploitation. The Ministry of Internal Affairs needs to acknowledge that elimination of “exploitation in prostitution” is not the same as elimination of “prostitution”, and, in consequence, must undertake serious and urgent measures against the “exploiters” instead of the “victims of exploitation”. We demand the right to safe working conditions, protection and freedom from interference!

Extracts from the statement developed by participants of ICRSE/STAR-STAR during the national training in Skopje, Macedonia, 31 May–2 June 2015.

The third training course on “Sex Work, HIV and Human Rights” was held in Bucharest, Romania, by ICRSE and Carusel, a non-governmental organisation providing HIV prevention programming for sex workers in Romania. Since the efforts to develop a sex worker-led organisation have so far not been fully successful, this programme was one of the very first opportunities for sex workers in the country to come together and discuss issues directly affecting their life, safety and health. Thus, between 31 August and 4 September 2015, over 20 sex workers of all genders had the chance to learn about their rights, also with respect to HIV, the legal framework governing sex work in Romania, and the history of sex workers’ engagement in the response to HIV across Europe and globally. The workshop triggered great energy and passion in the sex worker community in Romania and encouraged sex workers to write a letter to the Ministry of Health listing their demands and expectations.



ICRSE/Carusel Training in Bucharest, Romania, 31 August and 4 September 2015. Copyright: ICRSE

The fourth national training was organised in Belgrade, Serbia, between 2 and 6 October 2015, by Sloboda Prava (Equal Rights), a sex worker-led group, and ICRSE. Gayten-LGBT, a LGBT advocacy and service provider organisation, also contributed by holding presentations on trans-specific issues, including on the rights of trans people and trans-specific health care. Fifteen sex workers of all genders from Belgrade participated throughout the event, including trans sex workers and Roma sex workers from various sex work settings and socio-economic backgrounds. The topics in focus were barriers to accessing HIV-related services, such as including the criminalising legal environment, arbitrary arrests by the police and lack of available services and organisational capacities to provide community-based outreach. Participants also discussed possibilities for countering abusive police practices and intra-community violence, explored ways to document human rights violations, and mapped potential allies in promoting sex workers’ rights and legal reforms in the country.



Violence from clients and police occurs frequently, but mainly remains unreported. Collecting evidence on violent incidents and arbitrary arrests by the police is extremely challenging, as most of our community do not usually keep official court documents and written complaints as they do not wish to be reminded about the incident and have little awareness of the importance of keeping records.

Intra-community discrimination hampers Sloboda Prava's efforts to embrace community unity. Discrimination against each other creates problems mainly in hot spots, venues where street sex work takes place. Police presence at these locations triggers conflicts between sex workers, given that if a sex worker engages in a lengthy discussion with police officers, they are perceived by others in the hot spot as police informants.

Sex workers' right to health is violated. Although Sloboda Prava and its activists successfully advocated to greatly reduce the use of condoms as evidence, several challenges remain in the realm of access to health. Discrimination in healthcare towards marginalised groups of sex workers, including Roma street-based sex workers and trans sex workers, is a constant threat. Condom stocks will soon run out after the Global Fund to Fight AIDS, Tuberculosis and Malaria moves out of the country in 2016, with no plan from the government to maintain prevention services for sex workers. As migrants become

more numerous among clients, sex workers are increasingly targeted by local gangs with violence, which puts them at huge risk of physical and sexual violence. Furthermore, trans sex workers do not access gender reassignment therapy in Serbia, which in many cases leads to self-medication and unsupervised hormone use.

Extracts from the statement developed by participants of the ICRSE/Sloboda Prava national training programme in Belgrade, Serbia, 2–6 October 2015.

The last national community training course on “Sex Work, HIV and Human Rights” took place in Toulouse, France, on 1–3 October 2015, thanks to the collective efforts of the French sex workers’ union STRASS and ICRSE. The training brought together around 15 sex workers of all genders, from different cities across the country, and gave them a chance to discuss matters including opportunities and barriers to sex workers’ engagement in the design and implementation of community-led HIV prevention programming. The three-day programme ended with a public meeting attended by around 100 people, including sex workers, representatives of different political parties, trade unions and civil society organisations. During the meeting, programme participants raised awareness about sex workers’ rights and health needs, advocated for the decriminalisation of sex work, and presented the different strategies undertaken by STRASS to support community mobilisation and strengthening in France.



ICRSE/STASS Training in Toulouse, France, 1–3 October 2015. Copyright: STRASS



NO TO THE CRIMINALISATION OF CLIENTS

Client criminalisation is being discussed in the French Parliament. So far STRASS has managed to slow down the process and protest each time there has been an opportunity to make sex workers' voices heard in the debate. As a trade union, STRASS's position is not to defend clients, but to make people understand that sex workers are the ones who will suffer most from this criminalisation, since it is a direct attack on their livelihood. [...]

NO TO ANTI-IMMIGRATION LAWS

The crusade against sex work is a convenient way to deport migrant sex workers while claiming to rescue victims of trafficking. Contrary to what the government and media say, the majority of migrant sex workers are not forced to do sex work, but lack documentation to increase their economic options. The bill discussed in Parliament plans to make any support to victims of trafficking available only to those who "exit prostitution". This is not help, but a form of blackmail. There should be no selection between the "good deserving victims" and the "bad ones" who continue sex work.

SEX WORKERS' HEALTH IS UNDER THREAT

Most community-based health programmes are currently under threat because of the new political context. Indeed, we fear that with the new law, only the abolitionist organisations that rehabilitate sex workers will get support, while increasingly health organisations are losing funding since HIV is no longer seen as a crisis. This is in total contradiction with WHO recommendations, which promote decriminalisation, community empowerment and sex worker-led health programmes as best practice.

Extracts from the statement developed by participants of ICRSE/STRASS during the national training course in Toulouse, France, 1-3 October 2015.

Online training courses

Oppressive legal measures targeting sex workers, intense policing, gentrification processes, as well as stigma and discrimination often push sex workers underground, away from the public sphere. As a result, numerous sex workers – working in isolation, away from their communities and informal support networks – see the internet as the most accessible and relatively safe tool for searching for information and contacting their peers. In an effort to reach out to these particularly isolated sex workers with knowledge on the intersection of sex workers' health and human rights, ICRSE decided to use the internet as an additional communication platform and innovative training space. This resulted in the development of two online training courses on “Sex Work, HIV and Human Rights”, open to all sex workers living and working in Europe and Central Asia, and using the internet.

With hosting services provided by the Jagiellonian University in Krakow, Poland, ICRSE created its first sex worker-only e-learning space through which individuals from across the region could participate in community workshops at their own pace. Not only did this give sex workers a chance to follow different thematic modules and watch training videos at the time and place most convenient to them, but it also enabled them to share their experiences and engage in discussions with peers they would probably otherwise never get in touch with.

We hope that in the future the online platform constructed in the course of this project will facilitate ongoing communication and knowledge exchange between sex workers from different settings, and will serve as an innovative community tool for disseminating good practice guidelines and developing joint advocacy strategies. We are looking forward to meeting you online!

All these training programmes described above enabled us to test, revisit and improve the content and the form of the ICRSE community training on “Sex Work, HIV and Human Rights”. The manual you are reading reflects all the lessons learned, experiences and suggestions given by training participants and facilitators in Budapest, Ankara, Skopje, Bucharest, Belgrade, Toulouse and those who engaged in the workshops online.

This training manual is a result of a collective effort and would not be possible without the involvement of sex workers and community activists from across Europe and Central Asia. Many thanks to you all!

WHAT DOES THIS TRAINING MANUAL CONTAIN?

In the following parts of this manual, you can find tips for facilitating the training course and assuring participants' confidentiality, comfort and safety, and five chapters providing detailed descriptions of the five training modules designed by ICRSE. Each chapter dedicated to one of the five training modules consists of:



a brief overview of the module – summarising the main issues addressed in the module



the module objective – pointing out what training participants can learn in the course of this module



key information – providing basic information about the subject of the module



the advocacy message – suggesting key advocacy messages for the module



examples of training exercises – suggesting activities or group work that can assure the participatory character of the training



information about approximate duration of each exercise



training materials – listing materials that might be used for conducting the training module



useful resources – listing documents, reports, websites and videos on the subject discussed in the module

Each section is supported by a PowerPoint presentation, which contains the main information discussed in the module.

HOW CAN THIS TRAINING MANUAL BE USED?

This training manual was created to support individual sex workers and sex worker collectives in organising and facilitating participatory training sessions for their peers and communities willing to engage in advocacy for sex workers' rights. It can also be used as a toolkit for organising advocacy campaigns, as well for developing an agenda of sensitising workshops, educational training courses, and awareness-raising meetings for medical personnel, service

providers, outreach workers, law enforcement agencies, and allies interested in broadening their knowledge on sex workers' rights and health vulnerabilities.

Although designed as a comprehensive tool for addressing various intersections of sex work, HIV, and human rights, this manual is to be used flexibly and can be adjusted to the needs of community trainers and activists. For instance, all training modules can be followed during a five-day community workshop, but trainers can also select just a few modules or sections if they have limited time or want to focus on particular issues raised in the manual (e.g. the human rights or advocacy and activism module).

The ICRSE training manual requires basic training equipment: a laptop, projector, paper, flip-chart, marker pens, and sticky notes.

GUIDE TO THE TRAINING MANUAL

MODULE		KEY THEMES
0	BEFORE YOU START	Tips for facilitating a participatory training
1	HUMAN RIGHTS AND THE FUNDAMENTAL RIGHT TO HEALTH	Human rights – general introduction Human rights are sex workers' rights Right to health Sexual and reproductive rights
2	HIV VULNERABILITIES OF SEX WORKERS IN EUROPE	HIV epidemic among sex workers in Europe and globally Sex workers as a key population Social and structural factors contributing to sex workers' vulnerability to HIV
3	HIV PREVENTION, TESTING AND TREATMENT – OPPORTUNITIES AND BARRIERS FOR SEX WORKERS	HIV-related services for sex workers HIV prevention – opportunities and barriers for sex workers HIV testing – opportunities and barriers for sex workers HIV treatment – opportunities and barriers for sex workers
4	COMMUNITY EMPOWERMENT APPROACH TO HIV PREVENTION AMONG SEX WORKERS	Sex workers' involvement in the response to HIV Community empowerment approach to HIV prevention Examples of sex worker-led HIV programming good practice
5	ADVOCACY AND ACTIVISM FOR SEX WORKERS' RIGHTS	History of sex workers' movement Advocacy and activism strategies

MODULE 0:

BEFORE YOU START



Tips for facilitating a participatory training.

Prepare yourself in advance

- Before planning and organising a community training, read this manual carefully. Identify issues you are not familiar with and broaden your knowledge on them. In each chapter of the manual dedicated to a particular module you can find key information, links to presentations and reading suggestions that will help you to prepare.

Adjust the training curriculum to audiences and circumstances

- Adapt the content and the form of the training to the needs and interests of audiences you are working with. Some issues might be of more interest and priority when you organise a training session for trans sex workers, or for undocumented migrant sex workers, allies or service providers.
- Before you design the training curriculum, perform a needs assessment by asking potential training participants about the topics and problems they would like to focus on during the course.
- Introduce necessary changes in the content of the programme to make it more context-sensitive. You might want to include in the presentation information on particular issues faced by sex workers in your country, national HIV treatment protocols and guidelines, HIV prevention strategies and policies most common in your local context.

Prepare the programme

- Develop an outline programme in advance, highlighting the number of sessions that will occur and what their location and duration will be, include information about expected lunch and coffee breaks, and additional activities (e.g. movie screenings, open space discussions, field visits).
- Share the programme with participants and ask for feedback.

Prepare the space

- Make the training venue as comfortable and convenient as possible. Arrange a training space in a way which encourages participation and sharing, for example, by having a circle of chairs rather than a classroom-style layout.
- When organising the event, gather information on participants' specific needs and try to address them accordingly (e.g. provide vegetarian and vegan meals, consider the timing of breaks if there are people with mobility disabilities, find a room which is accessible and has good acoustics, etc.).
- Make sure that the venue is a safer space that will enable participants to maintain their privacy and confidentiality.
- Make sure that all the equipment you want to use (e.g. laptop, projector, flipchart, wifi) is available and functioning. Check in advance that you know how to work it.

Set and enforce the ground rules

- At the very beginning of the training, work with participants on identifying ground rules that will be followed during sessions. Examples of ground rules may include: keeping

time, restraining from judgments and judgmental comments towards others, switching off or silencing mobile phones, addressing others with the name/nick or pronouns they use, respecting the privacy and confidentiality of the others, etc.

- Support collective ownership of the ground rules. It is important that participants feel that they can actively decide on the ground rules and include ground rules which they find appropriate and acceptable.
- Try to enforce the ground rules during the training session and encourage participants to help you to do this.
- Respect the ground rules yourself.

Create a safe training space

- Stigma and discrimination are prevalent in the lives of sex workers. We are exposed on a daily basis to judgemental and oppressive treatment due to our engagement in sex work, work setting, gender identity, sexual orientation, health status, ethnic origin or nationality. Make sure that you create an enabling, safe and comfortable training space for everyone, where sex workers do not feel threatened and are not judged on any grounds.
- One of the tools that can help you to create a safe training space for all participants is the ground rules discussed above. Below you can find some of the examples of the safe space ground rules used during ICRSE online training courses:

- Remember that we are here to help. If you feel unsafe or confused, or don't understand something, contact one of the trainers at any point. You can always approach us directly or via email.
- Be open and non-judgemental. Don't assume you can read a person's identity, chosen gender, sexual orientation, history as a sex worker from the way they are presenting themselves.
- Respect privacy. Don't ask people about their past, intimate relations, former names, sexual practices etc. without their explicit permission.
- Be anti-oppressive. Recognise that we live in a society full of power imbalances due to race, ethnicity, class, gender, immigration status, sexuality, age, physical ability and other experiences and identities. Respect our differences and diversity. All our identities, experiences and opinions are valid and equally important.
- Respect confidentiality. Don't disclose intimate knowledge about anyone. Be trustworthy.

Encourage participation

- Try to encourage participation and facilitate the involvement of all training participants.
- Make sure that you don't dominate the sessions or ignore participants' feedback and comments.

- If some participants are not getting involved, consider using different activities and stimulating exercises (role play, buzz groups) which engage all participants in smaller group discussions. You can also approach them during the break and ask if they are feeling safe in the group and ask them to engage. Remember that some people might not feel comfortable talking publicly. Don't try to force them to do so, if they are not ready or willing to get involved more.
- If some participants are dominating the session, consider politely asking them to give room for the others to talk or stopping them from making excessively long interventions.

Ask for feedback

- Ask training participants about their needs and expectations at the very beginning of the course and regularly revisit these needs and expectations in the course of the workshop.
- Introduce clear feedback mechanisms during the course. For example, organise a brief feedback session at the end of each day or each module for participants to share their opinions, thoughts or concerns about the form and content of the training. You might also ask participants to write their comments down on sticky notes and post them on a designated paper pad fixed to the wall.
- Respond to feedback from participants by making changes to the programme or explaining why you are not able to do so.

Learn from experience

- Plan in advance a strategy to evaluate your training. You could evaluate it by collecting participants' feedback through a brief feedback session, evaluation forms, short online questionnaires, or all of these, or in any other way you consider suitable. Analyse feedback gathered carefully and take it into consideration when preparing the next programme.
- After the training course, carry out a debriefing session among the community trainers and activists. Identify the strong and weak points of the training and the lessons learned. Determine what could be done differently or better in the future.

MODULE 1:

HUMAN RIGHTS AND THE FUNDAMENTAL RIGHT TO HEALTH



This module aims to increase your awareness and understanding of human rights. You will become familiar with the general concept of human rights, their main characteristics, and the key instruments which identify and safeguard our human rights. We will also discuss what human rights mean in practice and why they matter for the sex worker community globally and in the European region. Finally, we will explore the meaning of the right to health and ask how it relates to sex workers' health, access to healthcare, and living and working conditions.



OBJECTIVE OF THE MODULE:

to increase activists' understanding of the general concept of human rights and the main human rights violations against sex workers, including abuses of the right to health.



BRIEF CONTENT OF THE MODULE:

Human rights are rights that every person has and is entitled to by virtue of being a human being. Human rights are:

- universal, meaning that everyone is equally entitled to them without discrimination
- fundamental, meaning that they are indispensable for living with dignity
- inherent, meaning that they are not granted by any person or authority; every person is entitled to them as a human being
- inalienable, meaning that they cannot be taken away, given away or denied by anyone or under any conditions
- interdependent, meaning that fulfilling one cannot happen without fulfilling others
- indivisible, meaning that they cannot be divided and are all equally important.

Human rights have been defined in a number of international and regional treaties (also called agreements, commitments, conventions or covenants). The most important of these are:

The Universal Declaration of Human Rights (1948)

The European Convention on Human Rights (1953)

The International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights (1976)

The Convention on the Elimination of all Forms of Discrimination against Women, CEDAW (1979)

Human rights are safeguarded through these internationally binding treaties and enshrined in the national legislation (e.g. constitutions). Governments bear responsibility for protecting, respecting and fulfilling our human rights.

Human rights abuses occur in all spheres of sex workers' lives, including healthcare, housing, employment, and education, perpetrated by private individuals, state employees, law enforcement or other state actors. These direct violations of rights are often rooted in repressive legal frameworks and negative social discourses.

A Consensus Statement issued by the Global Network of Sex Worker Projects (NSWP) outlines **fundamental rights for sex workers** of any gender, class, race, ethnicity, health status, age, nationality, citizenship, language, education level, disabilities and other status. The following eight rights have been identified in various international and national legal frameworks and in NSWP's global consultation:

- 1. The right to associate and organise** – sex workers have a right to self-determine, self-organise and collectively advocate for their rights.
- 2. The right to be protected by the law** – sex workers should have equal access to justice and ought to receive equal treatment before the law.
- 3. The right to be free from violence** – sex workers have the right to be free from all forms of violence, including physical, psychological and sexual violence, as well as economic violence.
- 4. The right to be free from discrimination** – sex workers have the right not to be discriminated against within the social system and institutions and to be treated equally in all contexts of social and everyday life.
- 5. The right to privacy and freedom from arbitrary interference** – sex workers should not be subjected to arbitrary interference with their privacy, family, home or correspondence, nor to attacks upon their honour and reputation.
- 6. The right to health** – sex workers have the right to enjoyment of the highest attainable standards of mental and physical health.
- 7. The right to move and to migrate** – sex workers have the right to move within their city or country, leave their country and request entry into another country.
- 8. The right to work and free choice of employment** – sex workers have the right to freely choose their livelihood, work in fair and safe working conditions, and have equal access to labour rights and protections.

One of the most common violations against sex workers occurs in the realm of health. Sex workers' right to health is often abused, and in many settings they hardly benefit from relevant, comprehensive, or non-discriminatory health or HIV services. The right to the highest attainable standard of health should be a fundamental right of every human being and should include access to timely, acceptable, and affordable health care of appropriate quality; frequently this is not the case for sex workers.

See the OHCHR/WHO Information Sheet on the Right to Health for more information on the right to health: http://www.who.int/hhr/activities/Right_to_Health_factsheet31.pdf?ua=1

Key aspects of the right to health are the following:

- The right to health is an inclusive right that includes a wide range of factors, “underlying determinants” that can help people lead a healthy life. These contain healthy working and environmental conditions, health-related education and information and gender equality.
- The right to health is also about being able to access healthcare services and facilities. According to the international human rights instruments, health services and facilities have to be available, accessible, acceptable and of good quality for everyone without discrimination.

– The last component of the right to health is participation, meaning informed, meaningful and active involvement of the population and vulnerable communities, including sex workers, in decisions affecting their health and wellbeing. Sex workers – just like other populations – should be treated as strategic partners in decision making, activities and programmes that deal with health problems relevant to them. Moreover, states should provide a safe and supportive environment for sex workers that ensures opportunities for such meaningful participation.

Sexual and reproductive health rights (SRR) are grounded in the right to health, and similarly to that they are universal and undeniable. SRR also intersect with other human rights, e.g. the right to be free from discrimination, the right to privacy, the right not to be subjected to torture or ill-treatment, the right to determine the number and spacing of one's children and the right to be free from sexual violence.

SRR are most clearly defined in the 1994 International Conference on Population and Development (ICPD) Programme of Action:

- Voluntary, informed, and affordable family planning services
- Pre-natal care, safe motherhood services, assisted childbirth from a trained attendant (e.g. a physician or midwife), and comprehensive infant health care
- Prevention and treatment of sexually transmitted infections (STIs), including HIV and AIDS and cervical cancer
- Prevention and treatment of violence against women and girls, including torture
- Safe and accessible post-abortion care and, where legal, access to safe abortion services
- Sexual health information, education, and counselling, to enhance personal relationships and quality of life



Advocacy message: sex workers are entitled to the same human rights as any other people, including the right to non-discriminatory, affordable, and culture-specific access to universal, quality health services, and prevention and treatment of sexually transmitted infections (STIs), including HIV and AIDS. They also have the right to be free from abusive medical practices, such as forced or mandatory HIV and STI testing, forced sterilisation and compulsory drug treatment.



EXAMPLES OF TRAINING EXERCISES

A: POWERPOINT PRESENTATION

PowerPoint presentation 1. Human Rights and the Right to Health provides an introduction to the topic of sex workers' human rights.



Approximate duration: 45 minutes with questions and answers (Q&A) at the end of the session



Materials needed: laptop and projector, handouts for participants

B: ACTIVITY ON MAPPING THE MAIN HUMAN RIGHTS VIOLATIONS IN PARTICIPANTS' CONTEXTS

The aim of this activity is to map the human rights violations sex workers face in a given context by using NSW's Consensus Statement.



Approximate duration: 60 minutes



Materials needed: printed hand-outs, pens

Key right	Key aspects	Examples of violation of this right	Advocacy message to governments and responsible authorities
1. Right to associate and organise			
2. Right to be protected by the law			
3. Right to be free from violence			
4. Right to be free from discrimination			
5. Right to privacy and freedom from arbitrary interference			
6. Right to health			
7. Right to move and to migrate			
8. Right to work and free choice of employment			

Divide participants into groups of 2-6 people depending on the overall size of the group. Assign or ask for a volunteer in each group to complete the hand-out they receive and facilitate the discussion between group members. If you work with more trainers, they may also take this task.

Explain the exercise to the groups. They will need to go through the eight rights and come up with the following: an agreement on the key aspects of the right in question, detailing the right in brief terms and explaining its practical implications; examples for the violation of the given rights in participants' contexts; and a brief advocacy message to governments and key stakeholders.

After giving the groups sufficient time for discussion (approx. 40 minutes) and helping them with any questions they have, ask them the following questions:

- Were there any disagreements within the group?
- Was anything in the discussion particularly interesting/surprising?
- What examples of human rights violations did they manage to identify?
- Do they think that there is any violation not encompassed in these key rights?

When facilitating the discussion, you can rely on NSWAP's consensus statement for more information and insights.

To close, ask participants to put up their advocacy messages on an empty wall/door on sticky notes and invite them to read them out for others.

C: ACTIVITY ON SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

The aim of this activity is to deepen participants' understanding of sexual and reproductive health (SRH) rights and their relevance for sex workers.



Approximate duration: 60 minutes



Materials needed: printed hand-outs, pens

Split the group into pairs or small groups and ask them to discuss the following questions for 20-25 minutes:

- What are my sexual and reproductive health rights?
- What rights are most difficult to access in my context?
- Who is violating these rights?
- Why could these rights be important for sex workers?
- Why could these rights be important in relation to HIV?

While the groups are discussing, join them if they are stuck or have any questions for clarification.

Following the discussion, ask them to briefly feed key points back to the room. Point out the below hand-outs to the participants, explaining that there is a variety of SRR. Based on the [IPPF Charter on Sexual and Reproductive Rights](#), go through the list of the 12 rights, or, if time is limited, the most relevant ones, and collect examples of what these rights mean in practice.

1. Everyone has the right to life, and this should not be put at risk by pregnancy and childbirth.
2. Everyone has the right and freedom to control their own sexual and reproductive lives.
3. No one should be discriminated against on the basis of race, poverty, sex or sexual orientation, marital status or religious or political opinion. This means that everyone has the right to access SRH services.
4. Everyone has the right to privately and confidentially make their own decisions about their sexual and reproductive life, and to have these decisions respected.
5. Everyone has the right to access information and education on SRHR, and this includes the right to know about the benefits and availability of SRH services.
6. Everyone has the right to choose when and whether they want to marry and have children. This covers the right to choose which type of contraception you want to use, and the right to choose whether you will breastfeed your child or not.
7. Each person has the right to decide on the number, timing and spacing of their children, if they choose to have children.
8. Everyone has the right to attain the highest possible standards of sexual and reproductive health. This includes avoiding unwanted pregnancies, STIs, and sexual violence.
9. Everyone has the right to access new technologies that have the potential to improve health.
10. Any individual or organisation has the right to advocate for SRHR issues.
11. Everyone has the right to be free from degrading treatment, including to be treated with respect and consideration when accessing health services.
12. Everyone has the right to have a satisfying, safe and pleasurable sex life.



USEFUL RESOURCES:

ICRSE training videos:

Human rights (general introduction): <https://youtu.be/VaxNaHmmlVI>

Human rights as sex workers' rights: <https://youtu.be/-A8vqikwuPE>

Right to health: <https://youtu.be/UtyfKCJi34I>

Main human rights treaties:

Universal Declaration of Human Rights (1948): <http://www.un.org/en/documents/udhr/>

European Convention on Human Rights (1953): http://www.echr.coe.int/Documents/Convention_ENG.pdf

International Covenant on Civil and Political Rights (1976): <http://www.ohchr.org/Documents/ProfessionalInterest/ccpr.pdf>

International Covenant on Economic, Social and Cultural Rights (1966): <http://www.ohchr.org/Documents/ProfessionalInterest/cescr.pdf>

Convention on the Elimination of All Forms of Discrimination against Women CEDAW (1979): <http://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf>

Sex workers' rights are human rights:

ICRSE, The Declaration of the Rights of Sex Workers in Europe (2005): http://www.sexwork-europe.org/sites/default/files/userfiles/files/join/dec_brussels2005.pdf

ICRSE, Sex Workers in Europe Manifesto (2005): <http://www.sexwork-europe.org/sites/default/files/userfiles/files/join/manbrussels2005.pdf>

NSWP, Consensus Statement on Sex Work, Human Rights and the Law (2014): <http://www.nswp.org/sites/nswp.org/files/ConStat%20PDF%20EngFull.pdf>

OSF, Common Human Rights Violations Experienced by Sex Workers (2011): <http://www.opensocietyfoundations.org/sites/default/files/common-human-rights-violations-experienced-by-sex-workers-english-20110831.pdf>

Right to health and sexual and reproductive rights:

OHCHR/WHO, Information Sheet on the Right to Health: http://www.who.int/hhr/activities/Right_to_Health_factsheet31.pdf?ua=1

IPPF, Charter on Sexual and Reproductive Rights (2003): <http://www.ippf.org/resource/IPPF-Charter-Sexual-and-Reproductive-Rights>

WHO, Sexual Health, Human Rights and the Law (2015): http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1

Relevant videos:

Universal Declaration of Human Rights: <https://youtu.be/hTlrSYbCbHE>

European Convention of Human Rights: <https://youtu.be/MOcmUQTgjCw>

International Covenant on Civil and Political Rights: <https://youtu.be/O8kP3pr6XPU>

International Covenant on Economic, Social and Cultural Rights: <https://youtu.be/O8kP-3pr6XPU>

CEDAW: https://youtu.be/FKYM7g_gFRA?list=PLPU9AH-smFbSCTsWhjoejhnamtIWOhEf

Sexual and reproductive rights: <https://youtu.be/RH6IHLaU6Ng>

MODULE 2:

HIV VULNERABILITIES OF SEX WORKERS IN EUROPE



The second module focuses on the HIV epidemic among sex workers globally and in the European region. You will become familiar with the most recent epidemiological data on HIV among sex workers of all genders and will gain a deeper understanding of various social and structural factors contributing to sex workers' vulnerability to HIV in Europe.



OBJECTIVE OF THE MODULE:

to build activists' understanding of the basics about the HIV epidemic and the social and structural barriers that put sex workers at increased risk from HIV globally and in the European region.



BRIEF CONTENT OF THE MODULE:

HIV stands for **Human Immunodeficiency Virus** – a virus which affects a person's immunodeficiency system. When not treated, HIV causes **AIDS – Acquired Immunodeficiency Syndrome** – a state in which a person's immune system is not able to fight off a wide range of opportunistic infections and cancers, which destroy the body. It can take from two to as many as 15 years to develop AIDS after acquiring HIV.

HIV is transmitted through a person's body fluids. Examples include blood, semen, vaginal fluids and breast milk. HIV can be transmitted in different ways. These include:

- A person having unprotected (without using a condom) vaginal or anal sexual intercourse with someone who is living with HIV.
- A mother who is living with HIV passing the virus to her baby during pregnancy, delivery or breastfeeding.
- A person sharing a needle, syringe or other injection equipment with a person who is living with HIV.
- A person having a transfusion of blood that is infected with HIV.
- A person having contact with needles, knives and other sharp objects that have blood infected with HIV on them.

You might want to learn more about the recommended terminology to use when discussing issues around HIV/AIDS – please see the UNAIDS Terminology Guidelines (2011): http://www.unaids.org/sites/default/files/media_asset/JC2118_terminology-guidelines_en_0.pdf

Since the beginning of the HIV epidemic, around 78 million people have become infected with HIV and 39 million people have died of AIDS-related illnesses. An estimated 0.8 percent of adults aged 15–49 years worldwide are living with HIV. Globally, 2.1 million people became newly infected with HIV in 2013 and 1.5 million people died from AIDS-related causes.

Worldwide, **sex workers of all genders bear a disproportionate burden of HIV** due to a range of social and structural factors. The overall HIV prevalence among non-transgender female sex workers is estimated at 11.8 percent, 13.5 times higher than among non-sex worker women of reproductive age. There is very limited data available on HIV prevalence among cisgender male and transgender sex workers. Prevalence rates of 14 percent for cis male sex workers (data from 51 countries) and 27.3 percent for transgender women sex workers (data from 14 countries) are the latest estimates.

Due to the higher burdens of HIV infection among sex workers, the World Health Organisation (WHO) regards them as a **key population**. Estimates by the United Nations Joint Programme on HIV/AIDS (UNAIDS) suggest that as many as 50 percent of all new infections worldwide occur in people from the following key populations:

- men who have sex with men
- people who inject drugs
- people in prisons and other closed settings
- transgender people
- sex workers

Sex workers face a high risk of HIV infection due to multiple sexual partners, inability to negotiate consistent condom use with clients, STIs, and other overlapping risk-behaviours (e.g. injecting drug use, hormone and silicone injections). Most importantly, however, sex workers' vulnerability to HIV results from a variety of social and structural factors which contribute to increased odds of HIV infection. These include a repressive legal environment, the social and economic realities sex workers live in and unsafe and unfavourable work environments.

Legal factors contributing to sex workers' vulnerability to HIV:

- Criminalisation of sex work and other punitive laws governing sex work (criminalisation of third parties, clients, brothels, etc.)
- Other by-laws targeting sex workers (e.g. non-criminal offences against "public peace and order")
- Repressive law-enforcement strategies and policing (raids, arrests and detentions, incarceration, police violence and extortion, etc.)
- Anti-trafficking laws and policies, repressive migration laws
- Criminalisation/penalisation of drug use, same-sex practices, gender identity, cross-dressing, etc.
- Lack of laws protecting sex workers (labour rights, anti-discriminatory provisions, recognition of non-normative gender identities and behaviours, etc.)
- Others...

Social factors increasing sex workers' vulnerability to HIV:

- Sex work-related stigma and discrimination
- Other overlapping layers of stigma and discrimination (e.g. to transphobia, homophobia, xenophobia, drug use-related stigma)
- Violence and abuse by non-state actors
- Social marginalisation and isolation
- Economic insecurity and disempowerment
- Residential instability
- Mobility and migration (both international and internal)
- Others...

Unfavourable work environments and practices increasing sex workers' vulnerability to HIV:

- Unsafe and unfavourable work settings
- Lack of control over one's working environment
- Coercion, exploitation, limited autonomy

- Violence by clients, managers, operators
- Isolation and lack of peer support
- Unsupportive venue-based policies and practices
- Lack of occupational health and safety measures
- Others...



Advocacy message: structural and social obstacles, such as criminalisation of various aspects of sex work, oppressive laws and social and economic barriers contribute to a high risk of HIV among sex workers. Decriminalisation of sex work and safer work environments could significantly reduce HIV infections among sex workers and the general population.



EXAMPLES OF TRAINING EXERCISES

A: POWERPOINT PRESENTATION

PowerPoint presentation 2. HIV Vulnerabilities of Sex Workers provides an introduction to the topic of HIV and sex work.



Approximate duration: 45 minutes with Q&A at the end of the session



Materials needed: laptop and projector, handouts for participants

B: ACTIVITY ON SEX WORK AND HIV

The aim of this activity is to introduce the topic “sex work and HIV” in an interactive way, therefore the best timing for it is before the PowerPoint presentation. The exercise also attempts to map out the different perceptions and attitudes of participants on HIV and sex work by presenting statements that might divide participants in their opinions or lead to debates on certain issues.



Approximate duration: 30 minutes



Materials needed: prepared statements specific to the community, two sheets of A4 paper with “YES” and “NO” written on them placed in two different locations at the training venue.

Explain to participants that you will read out statements to them and they will have to decide if they agree or disagree with them. One corner of the room should be assigned “YES”, and the other “NO”. Depending on what they think, participants should place themselves at the appropriate place in the room – in the two places assigned “YES” or “NO” or anywhere in between.

Explain that there are no right or wrong answers and your role is only to read out the statements and ask questions related to participants' answers.

Before the activity, ask if anyone has reduced mobility issues that should be taken care of. If so, offer the participant(s) the possibility to stay seated and give an oral indication of where they would place themselves if they wish.

Some example statements include:

- Sex workers are more vulnerable to HIV than non-sex workers because of multiple sexual partners.
- Mandatory testing contributes to sex workers' health and wellbeing.
- Transgender and cisgender male sex workers face higher HIV prevalence rates than cisgender female sex workers.
- Working on HIV should be a sex worker organisation's top priority.
- Anti-trafficking laws can contribute to increasing the odds of HIV among sex workers.
- Others...

After each statement, ask participants why they have placed themselves in the particular position. Try to make connections between different arguments, but don't get involved in the debate and don't justify any opinion. Close the session by briefing participants on the objective of the exercise and saying that there will be more opportunities to discuss outstanding questions or differing opinions during and after the PowerPoint presentation.

C: ACTIVITY ON STRUCTURAL AND SOCIAL BARRIERS

The aim of the exercise is to initiate discussions on the structural and social determinants of HIV among sex workers. As an outcome of the discussion, the participants will be able to link HIV-related issues to the human rights situation of sex workers in the specific location they work in.



Approximate duration: 30 minutes



Materials needed: prepared scenarios, larger or flipchart papers for each group, flipchart markers

Divide participants into small groups. Give each group two of the following case scenarios (include additional examples from your country context):

- Clients of sex workers in country X are criminalised, therefore sex workers are working in clandestine places.
- Street sex workers are regularly harassed by police as sex work is punishable by the misdemeanour law with up to 30 days in prison.
- Violence against sex workers by clients and people posing as clients is rarely reported and, if it is, perpetrators usually are not punished.

- Condoms are used by the police and courts as evidence of involvement in sex work.
- Homophobia and transphobia are common among the public and medical staff.
- Gender reassignment treatment for trans people is not covered by public health insurance.
- Sex workers have to pay for condoms and lubricants themselves at the brothels they work at.
- Others...

Ask participants in each group to discuss why the scenarios they have could contribute to sex workers' higher burden of HIV. Give them sufficient time to analyse the scenarios, then ask them to report back to the group and exchange views with the other group(s).

If there is time left, you could hand out additional scenarios for participants and repeat the exercise.

As a closing activity, ask participants to come up with a powerful advocacy statement each using the knowledge gained through the session and put them up on a wall, flipchart, etc. To close the session, invite them to look at each other's messages.



USEFUL RESOURCES:

ICRSE training videos:

HIV epidemic among sex workers globally and in Europe: <https://youtu.be/3OzyuiQN3wc>

Sex workers as a key population: https://youtu.be/_dBm5vFSxdw

HIV vulnerabilities of sex workers in Europe: https://youtu.be/M_zRePB9WFO

Epidemiological data on prevalence among sex workers:

ECDC, Thematic Report: Sex Workers (2015): <http://ecdc.europa.eu/en/publications/Publications/dublin-declaration-sex-workers-2014.pdf>

Kerrigan D. et al., The Global HIV Epidemics among Sex Workers (2013): <http://www.worldbank.org/content/dam/Worldbank/document/GlobalHIVEpidemicsAmongSexWorkers.pdf>

Lancet issue on HIV and Sex Workers (2014): <http://www.thelancet.com/series/HIV-and-sex-workers>

Platt L. et al., HIV in the European Region: Vulnerability and Response (2013): <https://openknowledge.worldbank.org/handle/10986/16517>

Sex workers as a key population:

WHO, Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations (2014): http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1&ua=1

UNAIDS, Guidance Note on HIV and Sex Work (2012): http://www.unaids.org/sites/default/files/media_asset/JC2306_UNAIDS-guidance-note-HIV-sex-work_en_0.pdf

Social and structural factors contributing to sex workers' vulnerability to HIV:

ICRSE, Structural Violence. Social and Institutional Oppression Experienced by Sex Workers in Europe (2015): <http://www.sexworkereurope.org/sites/default/files/userfiles/files/ICRSE%20CR%20StructrIViolence-final.pdf>

Lancet issue on HIV and Sex Workers (2014): <http://www.thelancet.com/series/HIV-and-sex-workers>

NSWP, Sex Work and the Law: Understanding Legal Frameworks and the Struggle for Sex Work Law Reforms (2014): <http://www.nswp.org/sites/nswp.org/files/Sex%20Work%20%26%20The%20Law.pdf>

SWAN, Arrest the Violence: Human Rights Abuses against Sex Workers in Central and Eastern Europe and Central Asia (2008): <https://www.opensocietyfoundations.org/sites/default/files/arrest-violence-20091217.pdf>

Relevant videos:

HIV and AIDS, Simpleshow Foundation (2014): <https://youtu.be/DzXgCW9YcNg>

The Global Epidemiology of HIV among Female Sex Workers: Structural Determinants, Lancet, International AIDS Conference, Melbourne 2014: <https://youtu.be/tMmf5ilevy0>

Human Rights Violations against Sex Workers: Burden and Effect on HIV, Lancet, presented by Anna-Louise Crago at the International AIDS Conference, Melbourne 2014: <https://youtu.be/oUmUxwWMW3c>

Sex work among transgender women: HIV risk, Prevention, and Interventions, Lancet, International AIDS Conference, Melbourne 2014: https://youtu.be/9Lcqg_9f2sM

Male Sex Workers: Practices, Contexts, and Vulnerabilities for HIV Acquisition and Transmission, Lancet, International AIDS Conference, Melbourne 2014: <https://youtu.be/1-dYO-1QbuSo>

A Call to Action: Global Sex Workers Recommend Policy Change for Better HIV Prevention and Treatment, Global Commission on HIV and the Law, Washington 2011: <https://youtu.be/rNOhjOiOyBM>

Sex Work Today: Myths, Morals and Health, Graham Scambler, UCL Institute of Epidemiology & Health (2012): <https://youtu.be/MavoAMaUB1k>

OSF, Condoms as Evidence (2011): <https://youtu.be/b0M6keZNIUM>

Useful websites:

AIDSinfo: <http://aidsinfo.unaids.org/>

Global Criminalisation Scan: <http://criminalisation.gnpplus.net/>

NSWP+ (Platform for sex workers living with HIV): <http://www.nswp.org/nswp-plus>

UNAIDS: <http://www.unaids.org/>

MODULE 3:

HIV PREVENTION, TESTING AND TREATMENT – OPPORTUNITIES AND BARRIERS FOR SEX WORKERS



This module focuses on issues related to sex workers' access to HIV-related services – HIV prevention, testing and treatment – across the European region. You will become familiar with different HIV testing strategies and opportunities available in Europe. The emphasis will also be placed on various components of HIV prevention interventions for sex workers. Finally, we will discuss HIV treatment guidelines, procedures and opportunities in the European region, as well as gaps in and barriers to sex workers' access to anti-retroviral therapy (ART).



OBJECTIVE OF THE MODULE:

to build activists' understanding of issues related to sex workers' access to HIV-related services – HIV prevention, testing and treatment – across the European region.



BRIEF CONTENT OF THE MODULE:

Worldwide, sex workers of all genders bear a disproportionate burden of HIV. Improved service coverage for sex workers could avert a substantial proportion of HIV infections, both among sex workers and in the general population, as well as slowing HIV and STI transmission among the wider population. The need and demand for sex workers' unconditional access to HIV prevention and care has repeatedly been voiced not only by sex workers themselves, but also by numerous international bodies and institutions, including the European Centre for Disease Prevention and Control (ECDC), the World Health Organisation (WHO), the United Nations Joint Program on HIV/AIDS, and The Lancet journal.

Health services should be made available to sex workers based on the principles of avoidance of stigma, non-discrimination and the right to health.

HIV services should also be:

- **Available:** there should be a sufficient quantity of functioning public health and healthcare facilities, goods and services, as well as programmes.
- **Accessible:** health facilities, goods and services should be accessible to everyone. Accessibility has four overlapping dimensions:
 - non-discrimination
 - physical accessibility
 - economic accessibility (affordability)
 - information accessibility
- **Acceptable:** all health facilities, goods and services must be respectful of medical ethics and culturally appropriate as well as sensitive to gender and life-cycle requirements.
- **Appropriate:** health facilities, goods and services must be scientifically and medically appropriate and of high quality.

HIV prevention and care continuum

HIV-related services form an **HIV prevention and care continuum**. This continuum outlines the sequential steps or stages of HIV medical care that people living with HIV go through from their initial diagnosis to achieving a very low viral load in the body. It comprises several stages: HIV prevention, HIV diagnosis (testing), linkage to care, getting on antiretroviral therapy, staying in medical care, and taking drugs regularly.

HIV prevention refers to various practices employed to prevent the spread of HIV/AIDS. HIV prevention is of key importance because it increases one's knowledge about HIV vulnerabilities, enables individuals to protect themselves from HIV infection and creates demand for HIV testing, treatment and care.

HIV prevention for sex workers shall consist of:

- Promotion of male and female condoms and water-based lubricants
- Targeted information, education and communication on HIV and STIs
- Screening, diagnosis and treatment of STIs
- Post-exposure prophylaxis (PEP – an intervention that uses antiretroviral drugs (ARV) to reduce the likelihood of HIV infection after possible exposure)
- Harm reduction strategies for sex workers who use drugs:
 - needle and syringe programmes
 - opioid substitution therapy
 - evidence-based substance-use counselling

The only way to know if a person is infected with HIV is for them to take an HIV test. **HIV testing** is critical, because it is the main route to entering HIV care.

HIV testing services must also be accompanied by appropriate and high quality pre-test information and post-test counselling and include the provision of effective referrals to appropriate follow-up services (e.g. ART, prevention of mother-to-child transmission [PMTCT]) as indicated, including long-term prevention and treatment support.

It is essential that HIV testing and counselling adhere to the basic principles of self-determination, privacy, informed decision making and protection. Therefore testing should be voluntary, the persons receiving HIV testing must give informed consent to be tested and counselled and HIV testing and counselling services must be confidential, meaning that the discussion between the healthcare provider and the client(s) will not be disclosed to anyone else without the express consent of the client or both partners in a couple (in the case of couples testing).

HIV treatment (ART) involves using ARVs, which reduce the reproductivity of the virus in the body and allow one's immune system to be rebuilt. It also includes the treatment of opportunistic infections and cancers that affect people living with HIV, e.g. tuberculosis (TB), Hepatitis B & C, STIs and cervical cancer.

WHO systematically develops recommendations – called the global treatment guidelines – which define treatment opportunities for all people living with HIV, including sex workers. This treatment guidance provides information as to who should be eligible for treatment and when. Sex workers should have the same access to antiretroviral therapy as other populations!

Barriers to sex workers' access to HIV-related services

Sex workers face challenges across the entire continuum when accessing services, from prevention to treatment. The following are the main obstacles to accessing HIV-related services for sex workers in Europe:

Prevention:

- Limited availability of HIV prevention programmes for sex workers, including promotion of male and female condoms, water-based lubricants and provision of targeted information and education on HIV and STIs
- Discriminatory framework of service provision
- Non-inclusive HIV prevention programming
- “Criminalisation of condoms”: condoms are used as evidence by the police to justify detention or arrest of sex workers
- Unavailable harm reduction services for sex workers who use drugs (needle and syringe programmes, opioid substitution therapy (OST), evidence-based substance use counselling)
- Others...

Testing:

- The limited number of (community) testing sites/outreach targeting sex workers
- Stigma and discrimination in testing facilities
- Lack of confidentiality/anonymity in HCT services
- Mandatory and forced HIV testing
- Repressive HIV-related laws and regulations (criminalisation of HIV transmission, HIV exposure and HIV non-disclosure)
- Others...

Treatment:

- Punitive legal frameworks governing sex work
- Repressive laws affecting sub-populations of the sex worker community
- Unsupportive social environment: social and economic marginalisation, discrimination, stigma, violence
- Criminalisation of HIV transmission and exposure
- Detrimental and judgmental treatment in healthcare settings
- Discrimination in access to healthcare settings
- Institutional exclusion from healthcare services
- Limited access to ARV medicines
- Others...



Advocacy message: in order to avert a substantial proportions of HIV infections both among sex workers and in the general population, improved coverage of HIV services is needed for sex workers. Sex workers must have access to available, accessible, acceptable and appropriate services across the HIV prevention and care continuum.



EXAMPLES OF TRAINING EXERCISES

A: POWERPOINT PRESENTATION

PowerPoint presentation 3. HIV-related Services for Sex Workers provides an overview of the opportunities and challenges sex workers face in accessing HIV-related services.



Approximate duration: 45 minutes with Q&A at the end of the session



Approximate duration: laptop and projector, handouts for participants

B: INTRODUCTORY EXERCISE ON AVAILABLE HEALTH SERVICES

The aim of the activity is to map the knowledge of sex workers on the available HIV services in their context. It can be an introductory exercise before the PowerPoint presentation, or may also follow the presentation.



Approximate duration: 30 minutes



Materials needed: prepared statements, flipchart paper to take notes

Read out statements to participants, and following each statement, ask participants if the statement is applicable in their context. Engage participants in discussion on the challenges sex workers face when accessing HIV-related services in order to map out the barriers and note down the main obstacles on a flipchart.

Sample statements:

In my country/in my city/where I work...

- sex workers can access HIV testing voluntarily, anonymously and for free.
- male and trans sex workers have access to HIV prevention education.
- sex workers have access to post-exposure prophylaxis.
- health services are available to sex workers without stigma and discrimination.
- health services are affordable for sex workers.
- needle and syringe programmes reach out to sex workers who use drugs.
- HIV-related services reach sex workers working indoors.
- migrant sex workers can access HIV treatment and care.
- provision of services for sex workers is a priority in the country's national HIV/AIDS strategy.
- HIV exposure is not criminalised.
- condoms are treated as evidence of involvement in sex work by the police.
- sex workers are subjected to mandatory HIV testing.

C: EXERCISE ON BARRIERS TO SEX WORKERS' ACCESS TO HIV-RELATED SERVICES

The aim of this activity is to identify the main barriers and challenges sex workers face when willing to access HIV prevention, testing and treatment in a given context. It also encourages participants to discuss different strategies to overcome these barriers and challenges.



Approximate duration: 45 minutes



Materials needed: flipcharts, marker pens

Divide participants into groups of 3-6 people depending on the number of training participants. Ask members of each group to think of three specific barriers that sex workers in their community face when seeking to access HIV-related services (prevention, testing or treatment). Encourage them to discuss possibilities for overcoming these barriers. Ask them to report their ideas back to the group and exchange views with the other group(s).

As a closing activity, ask participants to come up with a powerful advocacy statement each using the knowledge gained through the session and put them up on a wall, flipchart, etc. Invite them to look at each other's messages to close the session.



USEFUL RESOURCES:

ICRSE training videos:

HIV-related services – introduction: <https://youtu.be/fj5688Cg5b4>

HIV prevention – opportunities and barriers for sex workers: <https://youtu.be/ztryakaDM3I>

HIV testing – opportunities and barriers for sex workers: <https://youtu.be/xVcXCglqtJs>

HIV treatment – opportunities and barriers for sex workers: <https://youtu.be/PObRY6uPvNQ>

Guidelines and recommendations on HIV service provision for sex workers and other key populations:

WHO, Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations (2014): http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1&ua=1

WHO et al., Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Low- and Middle-Income Countries: Recommendations for a Public Health Approach, 2012, http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf

WHO et al., Implementing Comprehensive HIV/STI Programmes with Sex Workers. Practical Approaches from Collaborative Interventions, 2013, http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182_eng.pdf

Issues and needs of different communities of sex workers:

Ditmore M., When Sex Work and Drug Use Overlap (2013): http://www.harm-reduction.org/sites/default/files/pdf/Download%20%5BEnglish%5D_26.pdf

NSWP, Sex Workers Who Use Drugs: Community Guide (2015): <http://www.nswp.org/sites/nswp.org/files/SWs%20Who%20Use%20Drugs%20Community%20Guide%2C%20NSWP%20-%20October%202015.pdf>

NSWP, The Voices and Demands of Positive Sex Workers (2014): <http://www.nswp.org/sites/nswp.org/files/Positive%20SW%20Demands.pdf>

NSWP, The Needs and Rights of Male Sex Workers (2014): <http://www.nswp.org/sites/nswp.org/files/Male%20SWs.pdf>

NSWP, The Needs and Rights of Trans Sex Workers (2014): <http://www.nswp.org/sites/nswp.org/files/Trans%20SWs.pdf>

TAMPEP, TAMPEP on the Situation of National and Migrant Sex Workers in Europe Today (2015): <http://www.nswp.org/sites/nswp.org/files/TAMPEP%20Briefing%20%20Paper%202015.pdf>

TAMPEP, Sex Work. Migration. Health (2009): http://tampep.eu/documents/Sexworkmigrationhealth_final.pdf

Barriers to sex workers' access to HIV-related services:

Levy J., Impacts of the Swedish Criminalisation of the Purchase of Sex on Service Provision for Sex Workers (2011): http://correlation-net.org/correlation_conference/images/Presentations/MS4_Levy.pdf

NSWP, Female, Male and Transgender Sex Workers' Perspectives on HIV and STI Prevention and Treatment Services: a Global Sex Worker Consultation (2011), <http://www.nswp.org/sites/nswp.org/files/NSWP-WHO%20Community%20Consultation%20Report%20archived.pdf>

NSWP, Advocacy Toolkit Briefing Paper #3: Impacts of the Swedish Model's Justifying Discourses on Service Provision (2014): <http://www.nswp.org/sites/nswp.org/files/Advocacy%20Toolkit%203.pdf>

NSWP, Sex Workers' Access to HIV Treatment around the World (2014): <http://www.nswp.org/sites/nswp.org/files/Global%20Briefing%20-%20Access%20to%20HIV%20Treatment%20-%20English.pdf>

NSWP, The Impact of Non-rights-based HIV Programming for Sex Workers around the World (2014): <http://www.nswp.org/sites/nswp.org/files/Global%20Briefing%20-%20Impact%20HIV%20Programming%20-%20English.pdf>

NSWP, Access to Medicines (2014): <http://www.nswp.org/sites/nswp.org/files/Access%20to%20Medicines.pdf>

NSWP, The Smart Person's Guide to HIV and Sex Work (2015): http://www.nswp.org/sites/nswp.org/files/Smart%20Guide%20to%20HIV%20and%20Sex%20Work_1.pdf

Relevant videos:

Balka: Women, Drugs, and HIV in Ukraine, Anya Meksin, Leeza Meksin & Sophie Pinkham (2011): <https://youtu.be/Z79QGaeqSDM>

You Must Know about Me: Rights Not Violence for Sex Workers in Macedonia, HOPS (2009): <https://youtu.be/aXhyzUya9BE>

Where is the Justice? – Sex Work in Hungary, SZEXE (2010): <https://youtu.be/-M4zJgWPMSU>

Ruins – Chronicle of an HIV Witch-hunt, Zoe Mavroudi (2013): https://youtu.be/LIbL4sQ3_Fo

Sex Work in Bulgaria, INDOORS Project (2014): https://youtu.be/LzFFr2nQz_8

Useful websites:

AIDS Action Europe: <http://www.aidsactioneurope.org/>

AIDSinfo: <http://aidsinfo.unaids.org/>

European AIDS Treatment Group: <http://www.eatg.org/>

Global Criminalisation Scan: <http://criminalisation.gnpplus.net/>

NSWP+ (Platform for sex workers living with HIV): <http://www.nswp.org/nswp-plus>

TAMPEP: (European Network for HIV Prevention and Health Promotion among Migrant Sex Workers): <http://tampep.eu/>

UNAIDS: <http://www.unaids.org/>

MODULE 4:

COMMUNITY EMPOWERMENT APPROACH TO HIV PREVENTION AMONG SEX WORKERS



The focus of this module is the critical impact of sex workers' direct involvement, participation, and leadership in response to the HIV epidemic in the European region. You will become familiar with the history of sex worker mobilisation around HIV, as well as the rationale of the “community empowerment approach to HIV among sex workers”. This module will give you the opportunity to identify key components of comprehensive sex worker-led HIV-related interventions, learn about good practices in community-based HIV programming and consider the different challenges to implementation of a community empowerment approach.



OBJECTIVE OF THE MODULE:

to familiarise activists with the concept of community empowerment and the mobilisation approach to HIV among sex workers and the key components of comprehensive sex worker-led HIV-related interventions.



BRIEF CONTENT OF THE MODULE:

Although AIDS was linked to the urban gay communities when it was first recognised as a new disease, more recently sex workers have also been heavily scapegoated as “disease carriers”, “core transmitters”, “pools of contagion” and a threat to public health. Since the early days of the HIV epidemic, sex workers have mobilised to provide fellow sex workers in their local communities and countries with condoms and HIV prevention education and to advocate for a sex worker-inclusive HIV response in international fora, such as at the Second International Conference for NGOs working on AIDS in Paris (France) in 1990.

In recent years, sex workers have also played a major role in development of international policies and recommendations concerning sex work and HIV, such as the Revised UNAIDS Guidance Note on HIV and Sex Work issued in 2009. Although sex workers have been vocal about the importance of sex workers’ participation in the HIV response, there have been several attempts to ban them from engaging in HIV-focused events, such as the 2012 International AIDS Conference in Washington, due to the US immigration law that denies entrance to anyone who has engaged in sex work in the past 10 years.

Various international organisations, such as the World Bank, WHO, UNAIDS, and the United Nations Population Fund (UNFPA), are in broad agreement that sex workers’ leadership is a key factor in an effective HIV response. There is evidence that community-led HIV prevention interventions contribute to significant reductions in HIV and STI and lead to approximately:

- 32 percent reduction in the chances of HIV infection
- 39 percent reduction in the chances of catching gonorrhoea
- 25 percent reduction in the chances of chlamydia infection
- 50 percent reduction in the chances of catching syphilis
- and a three-fold increase in consistent condom use with clients among sex workers reached by community-led HIV programming.

(This data comes from the Lancet issue on HIV and sex workers, 2014: <http://www.thelancet.com/series/hiv-and-sex-workers>)

A community empowerment-based response to HIV is a process whereby sex workers take individual and collective ownership of programmes in order to achieve the most effective HIV responses, and take concrete action to address social and structural barriers to their broader health and human rights. It is a holistic approach based on a human rights framework and combining a variety of behavioural, community and structural interventions:

Community empowerment – mobilising the community around social and structural factors contributing to sex workers' vulnerability to HIV:

- promotion of cohesion among sex workers
- development, strengthening and sustaining sex worker collectives and organisations
- assuring meaningful participation of sex workers in the design, implementation, monitoring and evaluation of HIV programming
- struggling for the recognition of sex workers' human and labour rights and advocating for decriminalisation of sex work and other legal reforms
- fighting against discrimination, stigma and other human rights violations
- addressing barriers to sex workers' health and wellbeing

Addressing violence against sex workers – interventions to prevent and respond to violence against sex workers:

- gathering data on violence and other human rights violations experienced by sex workers
- advocacy for law reform and change in law-enforcement practices
- sensitisation workshop for the police and other law-enforcement agencies
- promotion of safety and security among sex workers
- provision of legal, psychological and other services for sex workers facing violence

Community-led services:

- community-led outreach
- a strong link between organisations and the sex worker community
- the best strategy to reach the most marginalised, invisible and hard-to-reach sex workers
- an effective way to promote HIV services and prevention education
- safe spaces (drop-in centres)
- a place for sex workers to socialise and relax
- a platform for community mobilisation
- asylum and shelter for those fleeing violence or facing homelessness
- telephone and Internet support

Condom and lubricant programming – providing sex workers with means to and knowledge on how to protect themselves against HIV and other STIs:

- providing sex workers with evidence-based HIV/STIs prevention education
- distributing high-quality male and female condoms and water-based lubricants
- providing sex workers with skills to correctly and consistently use condoms
- building the capacity of sex workers to negotiate condom use with clients

Clinical and support services – providing sex workers with services tailored to their needs and expectations, including HIV counselling and testing, STI screening, harm reduction programming, drug and alcohol use counselling, information on gender reassignment surgery and hormonal therapy:

- linking sex workers with trusted and sensitised service providers
- training and sensitisation of medical personnel on sex workers' rights and health needs
- advocating for acceptable, affordable, accessible, confidential and respectful services for sex workers
- monitoring the quality and respectfulness of services

Building organisational capacity – strengthening an organisation so that it can implement its own vision and strategy:

- building a strong organisational structure and management
- enhancing stability of community-led HIV programming by applying democratic principles in decision-making processes.
- enhancing sustainability and continuity of community-led programming in a changing and unfavourable funding environment
- developing and implementing procedures enabling organisations to effectively respond to different crisis and emergency situations
- establishing critical alliances and partnerships.



Advocacy message: sex worker leadership is essential in designing, planning, implementing and evaluating health services. Community-led HIV prevention interventions for sex workers, which incorporate community empowerment, address social and structural barriers and violence against sex workers and focus on organisational development can lead to significant reductions in HIV and STI outcomes.



EXAMPLES OF TRAINING EXERCISES

A: POWERPOINT PRESENTATION

PowerPoint presentation 4. Community Empowerment Approach provides an overview of the key components and benefits of combining a variety of behavioural, community and structural interventions when designing and implementing HIV services.



Approximate duration: 45 minutes with Q&A at the end of the session



Materials needed: laptop and projector, handouts for participants

B: EXERCISE ON CRITERIA FOR EFFECTIVE SEX WORKER-LED HIV PROGRAMMING

The aim of this activity is to identify the criteria for effective sex worker-led HIV programming from participants' experience and case studies.



Approximate duration: 45 minutes



Materials needed: printed case studies, flipchart paper to take notes

Assign participants to small groups and ask them to think about an HIV service they know of and why it can be considered effective/not effective. Ask them to make a note of the key points and share them with the other groups. During the discussion, refer back to the community empowerment model and whether the HIV programme in question incorporates any elements of it.

After the discussion, hand out four case studies from NSWSP's Sex Worker-Led HIV Programming report (<http://www.nswp.org/sites/nswp.org/files/Global%20Report%20English.pdf>) and ask participants to analyse them in terms of using the community empowerment approach and make comparisons between them and the HIV programmes participants know of.

Alternatively:

Divide participants into small groups and assign each group one of the case studies from NSWSP's Sex Worker-Led HIV Programming report. Ask participants to read the case studies and answer the following questions:

- What are the key components of a given HIV programming?
- Why are these important?
- What are other features that could be included in a given programming? Why?
- Which activities undertaken by a given organisation do you find the most valuable and inspiring? Why?
- What are the challenges it faces?

Ask participants to share their case and reflections with the group(s).

As a closing activity, ask participants to come up with a powerful advocacy statement each using the knowledge gained through the session and put them up on a wall, flipchart, etc. Invite them to look at each other's messages to close the session.



USEFUL RESOURCES:

ICRSE training videos:

Sex Workers' involvement in the HIV response: <https://youtu.be/DydEIK46ViE>

Community empowerment approach to HIV prevention among sex workers: https://youtu.be/Y_ZQlg2-pMg

Community empowerment approach to HIV prevention among sex workers:

Kerrigan D., A Community Empowerment Approach to the HIV Response among Sex Workers: Effectiveness, Challenges, and Considerations for Implementation and Scale-up (2014): [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)60973-9.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)60973-9.pdf)

NSWP, The Smart Sex Worker's Guide to SWIT (2015): http://www.nswp.org/sites/nswp.org/files/Smart%20Guide%20to%20SWIT_PDF_0.pdf

WHO et al., Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions (2013): http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182_eng.pdf?ua=1

Good practices of sex worker-led HIV programming:

Crago A-L., Our Lives Matter: Sex Workers Unite for Rights and Health (2008): <https://www.opensocietyfoundations.org/sites/default/files/Our%2520Lives%2520Matter%2520%-2520Sex%2520Workers%2520Unite%2520for%2520Health%2520and%2520Rights.pdf>

NSWP, Good Practice in Sex Worker-Led HIV Programming: Global Report (2014): <http://www.nswp.org/sites/nswp.org/files/Global%20Report%20English.pdf>

NSWP, Good Practice in Sex Worker-Led HIV Programming: Europe Regional Report (2014): <http://www.nswp.org/sites/nswp.org/files/Regional%20Europe.pdf>

Useful videos:

Challenges and opportunities for the community empowerment approach to HIV, Lancet, International AIDS Conference, Melbourne 2014: <https://youtu.be/2q-wvj7qVcg>

How Police can Arrest the Spread of HIV, OSF (2014): <https://youtu.be/RcXFXhpn0iA>

In South Africa, Sex Workers Arm Themselves with the Law, OSF (2014): <https://youtu.be/xk8TKnE5iH8>

Mobilization and Integration of Male and Transgender Sex Workers to Improve Secondary Health Care, STAR-STAR (2014): <https://youtu.be/gj8H70K0IYY>

Promoting Sexual and Reproductive Health for Sex Workers in Turkey, Kirmizi Semsiyе/UNFPA (2015): <https://youtu.be/OgQxZZJpKel>

Sex Workers Do Harm Reduction: II, PJ Starr (2009): <https://vimeo.com/2233811>

Sex Workers are the Solution, Not the Problem, ICRSE (2014): <https://youtu.be/lpuuqKpMgt0>

Useful websites:

Global Network of Sex Work Projects (NSWP): <http://www.nswp.org/>

International Committee on the Rights of Sex Workers in Europe (ICRSE): <http://www.sexworkeurope.org/>

Sex Workers' Rights Advocacy Network (SWAN): <http://swannet.org/>

The Curious Sex Workers' Guide to AIDS Conferences, SWAN: <http://www.swannet.org/en/node/955>

Sex Worker Film & Arts Festival Archive: <http://www.sexworkerfest.com/videos/>

Indoors Project: <http://www.indoors-project.eu/>

Open Society Foundations: <https://www.opensocietyfoundations.org/>

Bridging the Gaps: Health and Rights for Key Populations: <http://www.hivgaps.org/>

MODULE 5:

ADVOCACY AND ACTIVISM FOR SEX WORKERS' RIGHTS



This module aims to increase your awareness and understanding of the diverse methods of activism and advocacy used by sex workers globally and in our region. In the course of this training session we will introduce and discuss several distinct activism and advocacy strategies, such as political lobbying, alliance building, cultural activism, community building, media, and direct action/protests. We will also look at successful examples of advocacy and activism and discuss innovative ways of fighting for our rights.



OBJECTIVE OF THE MODULE:

to increase participants' awareness and understanding of the diverse methods of activism and advocacy used by sex workers globally and in the European region and to plan advocacy actions involving the right to health.



BRIEF CONTENT OF THE MODULE:

Sex workers in Europe and around the world have been organising for many years. They have resisted and denounced arrests, fines and police abuse and have called for legal reforms and decriminalisation of sex work. They also protest against various forms of violence affecting their communities and stigmatisation and discrimination in all areas of life, including in public discourses, access to justice, social services and healthcare.

Sex workers form communities that are diverse and resilient. Sex workers are male, female and non-binary, LGBTIQ, migrants, single parents and workers. The movement does not only call for a single legal reform – the decriminalisation of sex work – but goes beyond this agenda by speaking up for ending violence against women, homophobia and transphobia, racism, sexism, ableism and xenophobia. As social marginalisation is in almost all contexts further exacerbated by being denied informed, meaningful and active involvement of sex workers in decisions affecting their health and wellbeing, sex worker groups have often addressed violations to their right to health in their campaigns and advocacy actions.

There are various tools and methods used by sex worker groups around the world to get their messages across and voice their concerns and demands to policy-makers and other decision makers, from public protests to strategic litigation. Advocacy can also aim at awareness-raising and education on sex worker issues targeted at various groups, such as civil society, including feminist, LGBT, migrant organisations, health and HIV services providers, journalists, and the mainstream public discourse, to name just a few of the potential advocacy targets.

The sex workers' movement in the region was born in 1975, when street workers in Lyon occupied a church to protest against police violence and harassment. This was not the first time that sex workers had acted collectively – several hundred sex workers had marched in San Francisco in 1917, and in 1943 many of them went on strike in Hawaii. But this single action, involving several women in France in 1975, gave momentum to a movement that spread into occupations of churches throughout France and inspired sex workers all over Europe. Since 1975, the international movement for sex workers' human and labour rights has steadily been growing stronger, with sex worker-led groups and networks emerging all over the world.

The movement has used a huge variety of methods to challenge stigmatisation, criminalisation, lack of rights, poor working conditions and institutionalised violence. Sex workers have used collective actions to fight for the recognition of their rights:

July 2012: Kolkata, India – when the International AIDS Conference 2012 was held in Washington, DC, US government travel restrictions meant that many sex workers were excluded. In response, sex workers and allies set up a Sex Worker Freedom Festival as an alternative event to protest their exclusion and ensure their voices were heard in Washington.

July 2012: Washington, DC, USA – 1000 sex workers, drug users and AIDS activists, many of them carrying red umbrellas, marched on the White House to protest against the stigma. Protesters held up signs: “Fight AIDS! No More Drug War!” and “Stop the Witch Hunt against Sex Workers”. They chanted, “Sex work is work”.

July 2012: Paris, France – hundreds of people, including sex workers, protested against proposals to make soliciting for prostitution illegal.

May 2012: Athens, Greece – Local Greek NGOs teamed up with Amnesty International to raise awareness of and stop the arrests, forced HIV testing and pressing of criminal charges against sex workers living with HIV.

March 2012: Ankara, Turkey – Former sex worker A.T chained herself to the parliament building to protest against the bad conditions and criminalisation in brothels.

October 2011: Budapest, Hungary – The Hungarian sex work organisation SZEXE challenged one aspect of the mandatory HIV and STI testing, namely that the obligatory health certificate included the word “prostitution”, at the Constitutional Court. As a result, the regulation was modified, and no longer functions as a registration document labelling sex workers.

December 2009: Copenhagen, Denmark – Prostitution is legal in Denmark, but during the Copenhagen Climate Summit, Copenhagen’s mayor sent postcards to hotels in the city, discouraging them from arranging liaisons between guests and local prostitutes. In response, Danish sex workers offered free services to anyone from the conference who visited them with one of the postcards.

November 2008: Skopje, Macedonia – Healthy Options Project Skopje (HOPS) carried out a video advocacy campaign following a November 2008 police raid targeting sex workers. Authorities forcibly tested those they detained for the HIV and hepatitis C viruses, and published photos and videos of the detained sex workers. The campaign drew international attention and opened a dialogue with law enforcement officials to reduce the number of violent incidents committed against sex workers by police officers and an improved police response when sex workers experience violence at the hands of others. Watch HOPS’s video: <https://www.youtube.com/watch?v=aXhyzUya9BE>

Experience tells us that sex worker rights advocacy is most successful when we have a clearly defined desired outcome (what do we want to achieve) with realistic actions (what are we going to do) for specific actors to undertake. Sex worker rights advocacy should therefore always be targeted to a particular group of people asking them to perform a concrete action toward a desired political change.



Advocacy message: sex workers demand decriminalisation of sex work as a legal reform and also fight for ending violence against women, homophobia and transphobia, racism, sexism, ableism and xenophobia, acknowledging the diversity within sex worker communities and the common struggles of sex workers and other marginalised groups.



EXAMPLES OF TRAINING EXERCISES

A: POWERPOINT PRESENTATION

PowerPoint presentation 5. The Sex Work Movement in Europe and Globally provides an introduction to the topic of organisation of sex workers.



Approximate duration: 45 minutes with Q&A at the end of the session



Materials needed: laptop and projector, handouts for participants

B: ACTIVITY ON IDENTIFYING ISSUES AND ACTIONS

The aim of this activity is to identify issues that could be the focus of advocacy actions of the participants targeted at certain groups, including allies, opponents, beneficiaries or decision makers.



Approximate duration: 75 minutes



Materials needed: flipchart, prepared handouts

Ask participants to write down individually the three main human rights violations against sex workers in their country. If you want to include the topic of the right to health and HIV as well, ask them to include one among the three that is connected to the right to health and HIV. Give them sufficient time to come up with these and then ask them to share them with the group.

When collecting the ideas on a flipchart, try to group identical and similar ones into one category. After mapping out all the ideas, ask participants to prioritise those that they would like to talk about in more detail by putting three marks next to those that are the most important for them. Depending on the number of people in the group, select the most popular themes for small groups of 2-5 to work on.

Ask each group to discuss the following questions in relation to the topic:

- Does the issue really impact on sex workers' lives in the country? How do you know this?
- Does the issue affect all sex workers, or sub-groups only?
- Is the impact more or less serious compared with other potential issues?
- Is it realistic to try to solve this issue?
- Is it appropriate to use advocacy to solve this issue? Why?
- Would solving this issue promote understanding of sex workers' rights in wider society?

After the groups have finished their discussions, instruct them to bring back the key points and facilitate the discussion.

In the next step, ask groups to discuss who would be potential allies/opponents when advocating for the end of the human rights violation in question and complete the table:

Opponents	Those who oppose your position but are not in decision-making positions	
Allies	Individuals who can help you achieve your advocacy goals	
Beneficiaries	The people and organisations you speak for or whose issue you are representing	
Decision-makers	Organisations, institutions, individuals, who make or have a profound influence on policy on the issue	

After the groups have reflected upon their discussions, ask them to select one group from the four and develop actions targeted at them to raise their awareness, educate on the issue and demand change and support. Close with discussion on their action.

C: DRAFTING A PRESS RELEASE

This activity builds on knowledge gained through the five modules in this training manual and allows participants to put into practice key arguments in relation to the topic “HIV, sex work and human rights”.



Approximate duration: 60 minutes



Materials needed: flipchart, flipchart markers

Divide participants into small groups of 3-4. Present the aim of the exercise and ask participants to draft a press release on the occasion of International AIDS Day. You can introduce a press release template, or simply highlight sections they can build on when writing the release:

- Headline
- Sub-heading
- Introduction: summary of the key information (“who, what, why, where, and how”)
- Quote
- Background information
- Summary and key demands

Give participants sufficient time and remind them that they should use key advocacy messages and information from the previous sessions and keep the release brief. After they are finished, finish by reading out their releases and giving feedback for each other.



USEFUL RESOURCES:

History of sex workers' movement:

ICRSE, Sex Workers' Rights: Report of the European Conference on Sex Work, Human Rights, Labour and Migration, Brussels 2005 (2007): <http://walnet.org/csis/groups/icrse/brussels-2005/SexWorkersRights.pdf>

NSWP, History of the NSWP and the Sex Worker Rights Movement: <http://www.nswp.org/timeline>

Chateauvert M., Sex Workers Unite: A History of the Movement from Stonewall to SlutWalk. Boston, MA: Beacon Press (2014)

Ditmore M., Encyclopedia of Prostitution and Sex Work. Santa Barbara, CA: Greenwood (2006)

Gall G., Sex Worker Union Organizing. An International Study. London: Palgrave Macmillan (2006)

Jenness V., Making it Work. The Prostitutes' Rights Movement in Perspective. New York: Aldine de Gruyter (1993)

Kempadoo K., Doezema, J. (eds.), Global Sex Workers. Rights, Resistance, and Redefinition. New York: Routledge (1998)

Leigh C., Inventing Sex Work, [in:] J. Nagle (ed.), Whores and Other Feminists. New York: Routledge (1997 pp. 223-231)

Sanders T., O'Neill M., Pitcher J., Prostitution: Sex Work, Policy and Politics. London: SAGE (2009 pp. 94-110)

Mathieu L., An Unlikely Mobilization: the Occupation of Saint-Nizier Church by the Prostitutes of Lyon, *Revue française de sociologie* 42(1) (2001 pp. 107-131)

Pheterson G., St. James M., Sex Workers Make History: 1985 & 1986 – The World Whores' Congress (2005): <http://www.walnet.org/csis/groups/icrse/brussels-2005/SWRights-History.pdf>

Advocacy and activism for sex workers' rights – toolkits:

ICRSE, Hands Off Our Clients! Advocacy and Activism Toolkit against the Criminalisation of Clients (2013): http://www.sexworkeurope.org/sites/default/files/resource-pdfs/hands_off_sections_1-3.pdf

NSWP, The Real Impact of the Swedish Model on Sex Workers. Advocacy Toolkit (2014): <http://www.nswp.org/sites/nswp.org/files/Advocacy%20Toolkit.pdf>

SWP, Media Toolkit on Sex Work and Human Rights (2007): <http://sexworkersproject.org/media-toolkit/downloads/SexWorkAndHumanRightsMediaToolkit.pdf>

Canadian Alliance for Sex Work Law Reform, Sex Work on the Hill. A Guide to Getting Involved in Legislative Processes that Impact on our Lives (2014): http://swagkingston.com/wp-content/uploads/2014/04/Sex_Work_On_The_Hill_EN_140421.pdf

Relevant videos:

Ni coupables, ni victimes/Not Guilty, Not Victims (2005): http://www.sexworkerfest.com/videos/?video_type=ni-coupables-ni-victimes

Putes en Lutte/Whores Fight Back, STRASS (2013): <https://youtu.be/cig60zVcQW8>

Paris Convening Demo (2015): <https://www.youtube.com/watch?v=HO4LXOKLOcs>

Honey Bringer, SWOU (2013): <https://vimeo.com/113934399>

Decriminalisation of Sex Work in New Zealand, New Zealand Prostitutes Collective (2015): <https://youtu.be/o7J4s4CvsWk>

Sex Work in New Zealand: The Decriminalisation Model, DrugReporter HCLU (2014): <https://youtu.be/LInifWaTZ8>

Sex work: Decriminalisation, Policing and Fighting for a Better Future, Novara Media (2015): <https://youtu.be/612M6VBWYPM>

December 17th, Kırmızı Şemsiye (2013): <https://youtu.be/23JUtzxePVA>

Useful websites:

Global Network of Sex Work Projects (NSWP): <http://www.nswp.org/>

International Committee on the Rights of Sex Workers in Europe (ICRSE): <http://www.sex-work-europe.org/>

Sex Workers' Rights Advocacy Network (SWAN): <http://swannet.org/>

Sex Worker Film & Arts Festival Archive: <http://www.sexworkerfest.com/videos/>

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