

# High-risk and Underserved: Violence & HIV risk for female sex workers

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# What's in a name?

transactional sex

SEX TRADE

commercial sex work

prostitution  
SEX

commercial sexual exploitation

**SURVIVAL**

- Common: exchange of sex for drugs, money or other resources
- Distinct: [assumed] degrees of agency, exploitation, control
- Realities:
  - assumptions have not been well tested
  - many that trade sex do not identify as sex workers
  - little is known about agency e.g., conditions of entry, ability to exit
- Research base increasingly fragmented
- Identity-based vs. behavioral based

# HIV and Sex Work in Context

- Historic public health focus on female sex workers (FSWs) from infectious disease standpoint
  - FSWs suffer a high and disproportionate HIV burden
  - ~11 times that of women of reproductive age (Baral et al., 2012)
  - Recent meta-analysis finds pooled HIV prevalence of 17.3% for US-based FSWs (Paz-Bailey et al., 2016)
- Significant gaps in surveillance in the US

Ending the invisibility of sex workers in the US HIV/AIDS surveillance and prevention strategy

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# High risk & Underserved

- FSWs are at high risk for physical and sexual violence
  - range of perpetrators (clients, pimps, partners, police)
  - homicide rate ~17x that of women in age-standardized analysis
  - recent analysis from the WIHS cohort shows transactional sex a predictor of incident physical and sexual violence
- Violence associated with STI/HIV risk behavior, infection, and poor treatment outcomes among FSWs
  - consistent with patterns in the general population
- Systems failure
  - slip through the cracks of violence prevention/support infrastructure
  - criminal justice fails to protect and in some cases perpetrates harm
  - social stigma, added layers of self blame, isolation and criminalization → impunity

Decker et al., 2009; Thailand

Decker et al., 2012; Moscow

Potterat et al., 2004; US

Decker et al., 2014; Russia Federation

Decker et al., 2015 *Lancet Review*

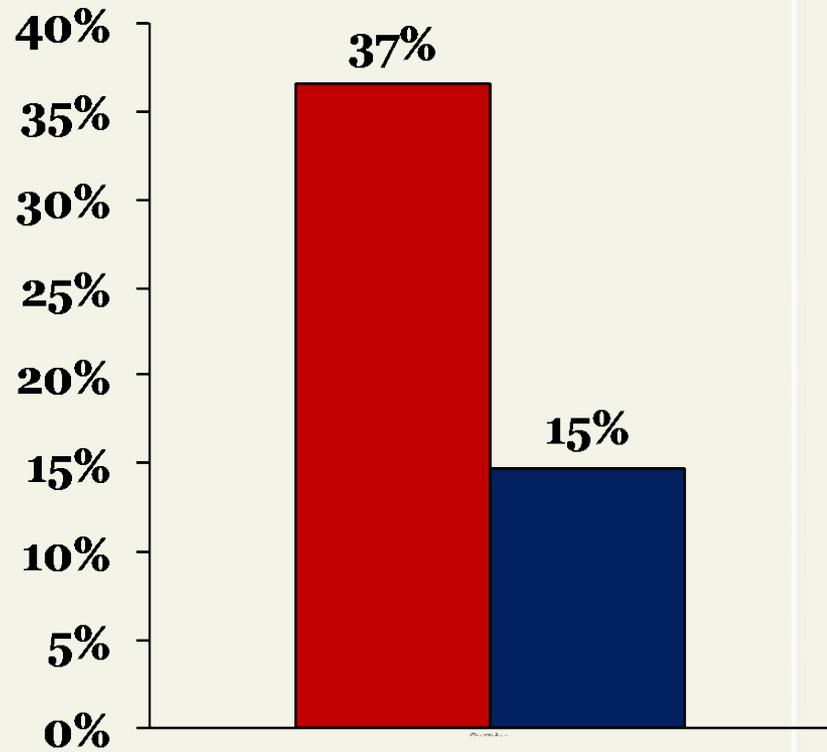
Decker et al., 2016; AJPM US/WIHS

# Client Violence & STI/HIV

Moscow FSWs (n=147) Decker et al., 2012

...sometimes I pull on a condom and he pulls it off right straight away, I pull it on once again and he can give me a punch for that.

...I say to a client that I don't practice anal sex and he replies that he doesn't need it. When I come to him he just starts beating me up to make me do what he wants.



**STI/HIV based on client physical violence**

**OR<sub>adj</sub>=3.14 (1.09, 8.99)**

# Typical response to violence: blame, lack of support, impunity

- Silence and self-blame are common in response to violence  
*Yeah, I told friends that I know... They tell me I need to stop being out there, it's not safe.*
- Many rationalize violence as a risk of doing business  
*But you know, in this lifestyle nothing's safe, in my opinion, it's nothing safe.*  
*It's part of the game, though. I mean, I don't know, I roll with the punches. If you're going to be in the game, you've got to be realistic about it.*
- Few know about the violence support programs available  
*For people in the game... when I ask girls why didn't you reach out for help before, they are like, "I didn't even know it was there"*

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- HIV prevention efforts focused on condom promotion fall short where structural barriers, including violence, enable risk
  - What can be done?
    - HIV outreach infrastructure for FSWs is a missed opportunity for intervention
    - Sex worker HIV risk reduction guidance advises addressing safety, but few interventions evaluated
    - Trauma-informed care recommended for high-risk populations
      - recognizes and responds to trauma, provides opportunities for safety, healing and empowerment

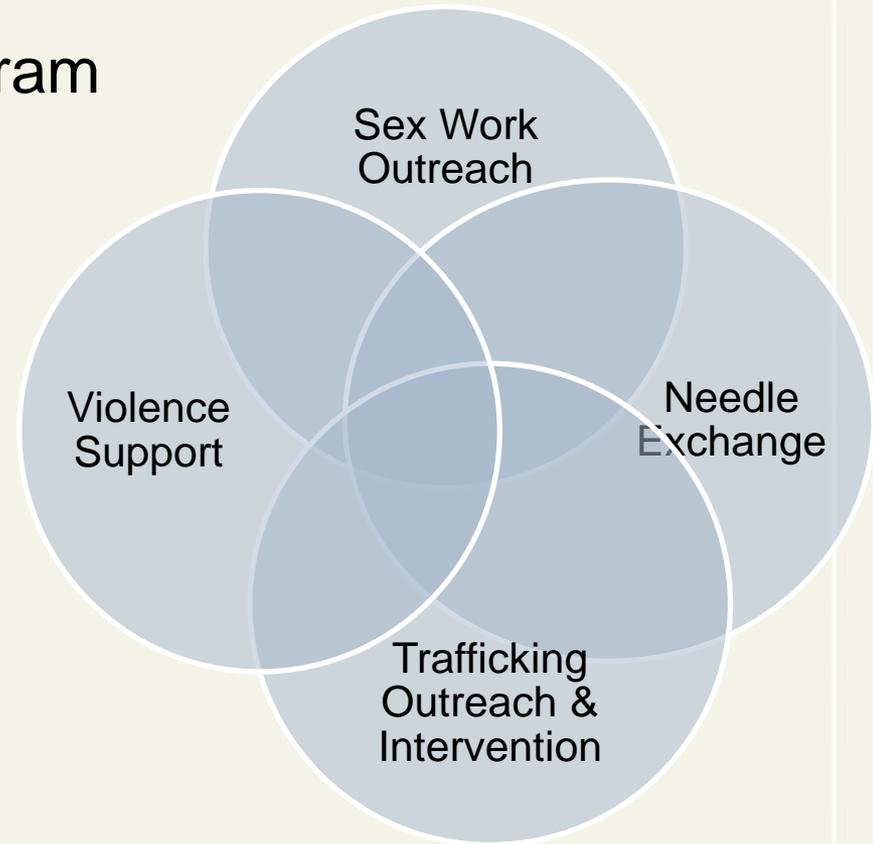
# INSPIRE:

## Integrating Safety Promotion with HIV Risk Reduction

- **Goal:** integrate violence support within HIV outreach to address trauma-related barriers to HIV prevention
  - Brief, trauma-informed intervention developed through a community-based participatory process
    - Draws on safety best practices for FSWs & WHO recommendations for addressing violence
  - Piloted for feasibility, acceptability and impact
- Evaluated via quasi-experimental, single group pretest-posttest design
  - baseline n=60 FSWs; n=39 at 10-12 week follow-up
    - Justice involvement a key challenge to retention!
  - majority were drug-involved

# Community-based participatory process

- BCHD Needle Exchange Program
- House of Ruth
- TurnAround
- Safe House of Hope
- Power Inside
- Program participants
  
- Coalition meetings
- Ongoing feasibility discussions





# INSPIRE Intervention

- Semi-structured dialogue reinforced with a safety card
  - Delivered via trained advocates during mobile outreach
- Normalizing statement that links violence with HIV risk
  - *We talk with clients about violence because it is so common; fear can make it hard to negotiate safe sex.*
- Trauma-informed harm reduction
  - *Women have told us these are some of the ways they stay safe. How do you stay safe*
- Support & connection to services
  - *It is really powerful just to say, “we have things that could help keep girls safe in the game, there is help”*
- No one deserves abuse
  - *[countering] that whole perception like I can't be raped because I am a ho kind of thing....*

|  | <b>Baseline</b><br>% ( <i>mean,±sd</i> ) | <b>Follow-up</b><br>% ( <i>mean,±sd</i> ) | <b>p-value<sup>§</sup></b> |
|--|--|---|----------------------------|
| <b>Recognition</b> of abuse (range 6-24)   | (9.3, ±4.2)                              | (10.0,± 4.6)                              | 0.22                       |
| Sex work-specific <b>rape myths</b> (range 11-55)  | (24.0, ± 7.4)                            | (21.9,± 7.6)                              | 0.11                       |
| Use of <b>safety strategies</b> (possible range 16-80)                                   | (51.2,± 13.8)                            | (58.1,± 12.7)                             | <b>&lt;0.001</b>           |
| Knowledge of IPV support programs  | 92.1                                     | 89.5                                      | 0.56                       |
| <b>Use of IPV support</b> programs   | 10.5                                     | 28.9                                      | <b>&lt;.01</b>             |
| <b>Knowledge</b> of sexual violence support programs                                     | 28.9                                     | 76.3                                      | <b>&lt;0.001</b>           |
| <b>Use of sexual violence support</b> programs   | 2.6                                      | 26.3                                      | <b>&lt;0.01</b>            |
|  |  |   |                            |
| Avoidance of <b>client condom negotiation</b> (range 1-5)                                | (2.0,± 1.4)                              | (1.4,± 0.8)                               | <b>0.04</b>                |
| Frequency of sex with clients <b>under the influence</b> of drugs or alcohol (range 1-5) | (4.4,± 0.9)                              | (4.0± 1.4)                                | <b>0.04</b>                |
| Any vaginal sex with clients, past 30 days   | 97.4                                     | 89.5                                      | <b>0.08</b>                |
| Any unprotected vaginal sex with clients, past 30 days                                   | 33.3                                     | 36.4                                      | 0.76                       |
| Any anal sex with clients, past 30 days  | 35.1                                     | 32.4                                      | 0.76                       |
| Any unprotected anal sex with clients, past 30 days                                      | 33.3                                     | 50.0                                      | 0.32                       |

# Key results and implications

- INSPIRE was welcomed and acceptable by sex workers and implementers
- Implementing trauma-informed care via peer advocates within existing HIV prevention is feasible
  - Can begin to respond to violence as a lived reality for FSWs, improve health, safety, and well-being
- Next steps:
  - Larger trial to understand mediation pathways & compare against control arm
  - Community-partnered adaptation underway in Thailand with support from the World Bank/SVRI
  - Practice-based partnerships in Cameroon
  - Observational cohort with FSWs to monitor (R01DA038499; PI Sherman)



# Sex Work Policy Context: Criminalization

- Prohibitions on selling, buying sex and/or related activities
- Gives cover for widespread abuse and discrimination
- Even when lawfully applied, punitive laws impede health and safety
- Abuse perpetrated by police in criminalized contexts is well beyond the letter of the law
  - Reform to police practice and access to justice important
- Partial criminalization creates harms

# Sex Work Policy Context: Legalization

- Sex work is legal under specified conditions
  - Highly restrictive, often discriminatory, enforced with criminal law
  - Often requires registration and mandatory health exams
  - Many SWs operate outside the system
- Does not prevent violence or assure access to justice
- Implementation issues
  - Poorly specified tolerance zones enable abuse and arrest