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  **Programming Idea 4: Integrated sex worker-led community empowerment**

**What it involves:** Community empowerment is defined as a social action process that promotes the participation of individuals, organizations and communities to enable them to gain control over their lives in ways that improves quality of life and equity. It cannot be imposed from outside, but can be facilitated through processes to help individuals and communities empower themselves. It challenges unfair, unequal power relations between communities, institutions and government; catalyses actions to help individuals and communities gain access to resources and control over their lives; promotes collective identity and actions to bring positive changes; and brings change through dialogue, critical reflection and raising awareness (95,96). In relation to sex worker communities, it seeks to create safe spaces, a sense of cohesion and collective identity among sex workers, and an awareness of sex workers' human rights. It builds a sense of agency so that sex workers can advocate for increased control over their own lives and bodies. It tackles unequal power relations between sex workers and those associated with sex work (e.g. law enforcement officers, managers of sex workers and establishments where sex work takes place, clients) who marginalize, oppress and violate their rights. Activities include:

- Collectivization (e.g. forming groups or organizations, building capacity for leadership, fostering ownership among sex workers) to fully lead and implement broad-based HIV interventions and advocate for their rights.
- Training and sensitizing gate-keepers and communities (e.g. police, clients, community members, health care providers, media) on laws and rights of sex workers and holding them accountable for violations.

- Providing legal, health, and social services for violence and establishing crisis response mechanisms to facilitate reporting and resolution of incidents of violence.
- Documenting abuse and conducting advocacy for changes in laws and policies that increase the risk of violence against sex workers.

**Summary of the evidence:** Cross-sectional studies show that physical and sexual violence against sex workers significantly increases their risk of STI and HIV infection and decreases likelihood of consistent (or any) condom use (97). Evidence from India suggests that facilitating sex workers to report and resolve incidents of violence through community empowerment and crisis response systems may reduce violence and improve HIV outcomes (98,99). A systematic review of community empowerment interventions with female sex workers shows protective effects on HIV and STI infection and improved condom use with clients (100). See Annex 1.3 for examples of integrated community empowerment interventions with sex workers.

**Conclusion:** This approach is considered to have insufficient evidence of effectiveness in reducing violence against sex workers as integrated community empowerment has been evaluated for violence outcomes in only one setting and that too with a weak design. Separately, community empowerment with sex workers is shown to improve HIV-related outcomes in a systematic review of evidence, but the studies included in the review did not measure violence outcomes. It is ranked as effective for HIV-related outcomes and is a recommendation in WHO guidelines (101).

## Annex 1.3. Examples, programming idea 4: Integrated sex worker-led community empowerment

Intervention and Location	Description of Beneficiaries	Content of Intervention	Evaluation Design & Outcomes	Results & Limitations	Conclusions
Avahan project: Integrated violence prevention intervention Karnataka, India (98, 99)	Primary beneficiaries: Female sex workers (FSWs) from four districts in Karnataka state, Southern India  Secondary beneficiaries: Police, owners of sex work establishments, lawyers and media	Creation of safe spaces (e.g. drop-in centres) and sex workers' collective.  Working with sex work establishments to improve security and safety for sex workers  Establishment of 24-hour crisis response teams to respond to violence (i.e. offer immediate support, counselling, medical and legal help), help sex workers avoid dangerous situations, document incidents  Conduct advocacy (e.g. sensitization) and training with police, lawyers, media, elected representatives and other stakeholders regarding HIV prevention, empathy to sex workers, clarification of laws related to sex work  Peer education and training of sex workers, including emphasis on increasing sense of self-worth, self-esteem, establishing collective identity, legal rights and negotiating safety  In one district, discussions were also initiated on violence by intimate partners and self-regulatory boards have been established to address violence associated with trafficking	Programme monitoring from 2004 to 2009 of reported incidents of violence by perpetrator and by type of abuse  Qualitative interviews with sex workers, lodge owners, police and other stakeholders associated with the sex trade  Two serial cross-sectional interviewer administered integrated biological and behavioural surveys  First with 1882 female sex workers 12–16 months after programme initiation  A follow up survey with 1970 female sex workers at 33–37 months after programme initiation  Outcomes: beaten or raped in the last year by client or intimate partner; always used condom in past month, presence of an STI; and condom breakage in the past month	Programme monitoring data showed:  Decrease in all forms of reported incidents of violence by all perpetrators, especially police  Increased reporting of intimate partner violence, which could be due to increased acknowledgement of this violence  Main perpetrators of violence at the start of the programme were police, followed by anti-social elements, intimate partners, and lastly clients  Crisis management teams responded to 98% of reported incidents of violence within 24 hours  Results of the two surveys showed:  A 30% decrease in reports of being beaten or raped in the past year  Violence reductions associated with greater likelihood of: <ul style="list-style-type: none"> <li>• No condom breakage in past month [AOR:<sup>1</sup> 1.93, 1.46–2.57]</li> <li>• No gonorrhoeal infection [AOR: 1.93, 1.13–3.30]</li> <li>• No anal sex [AOR: 3.70, 2.67–5.12]</li> </ul> It was also associated with reduced likelihood of reporting unprotected sex acts with clients [AOR: 0.42, 0.32–0.54]  Limitations: No baseline data; no comparison group; no randomization; measures of violence rely on self-reports of being beaten or raped rather than specific acts of violence, which could result in underreporting	Addressing violence is a priority for sex workers and should be an integral part of HIV prevention programmes and strategies. This should be addressed at multiple levels with multiple stakeholders  Community mobilization, empowerment and collectivization of sex workers are core elements of such a structural intervention  A staged progression of community-led response that expands to actions taken at multiple levels can show synergistic results on violence reduction over time  Addressing intimate partner violence among sex workers may be more challenging, as it seemed to increase over time. This could be because of increased awareness of this form of violence and hence reporting, or a backlash from intimate partners who may feel threatened by sex workers becoming empowered

1 AOR: adjusted odds ratio