

RUSSIAN FEDERATION

STATISTICS

COUNTRY INDICATORS

Total Population (2009):	143 million ¹
Life expectancy at birth (2011):	75.6 for women, 64.0 for men ²
Percentage of population under 15 years (2010):	15.1% ³
Population below income poverty line of USD \$1.00 per day:	13.3 % (1st quarter 2012) ⁴
Main ethnic groups (2010):	Russian 80.9%, Tatar 3.9%, Ukrainians 1.4%, Bashkir 1.1%, Chuvash 1.0%, Chechen 1.0%, other <1% ⁵
Main religions (2010):	Russian Orthodox 75%, Atheist 8%, Muslim 5%, other 12% ⁶
Maternal mortality rate (2012):	39 deaths/100,000 live births ⁷

HIV ESTIMATES

Reported number of people living with HIV (2012):	703,781 ⁸
Estimated percentage of people living with HIV receiving antiretroviral (ARV) therapy (2011):	22-27% ⁹
Number of people newly diagnosed with HIV (2011):	62,384 ¹⁰
Adult (15-49) HIV prevalence (2011):	0.8 – 1.4% ¹¹
Number of AIDS-related deaths (2012, cumulative since 1987):	16,082 ¹²
Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their result (2009):	33.1% ¹³
Prevalence of population who inject drugs (per 100,000 population) (2011):	265.0 ¹⁴

HIV PREVENTION FOR SEX WORKERS

HIV prevalence among sex workers in major metropolitan areas	
Female Sex Workers:	4.5% (2008-2009, Moscow) ¹⁵ , 12.1% ¹⁶ (2011, St. Petersburg)
Percentage of sex workers who received an HIV test in the last 12 months and who know their result (2009):	39.1% ¹⁷
Percentage of sex workers living with HIV receiving antiretroviral therapy (2012):	no disaggregated data available ¹⁸
Percentage of sex workers reported to have been reached with HIV prevention programmes (2010):	22% ¹⁹
Percentage of sex workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (2010):	43% ²⁰
Percentage of sex workers reporting the use of a condom during penetrative sex with their last client (2009):	71.4% ²¹
Percentage of AIDS funding spent on HIV prevention programmes, including those targeting sex workers (2010):	6.6% ²²
Number of charges filed to the police on violence against sex workers (2012):	1 ^{23 24}

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF) with the support of the Sex Workers' Rights Advocacy Network (SWAN) and the United Nations Population Fund (UNFPA).

Female, male and transgender sex workers are disproportionately affected by HIV. These communities are also often among the most marginalized and discriminated against in society. Laws that criminalize their occupation make it difficult for them to exercise their human rights, including accessing health services.

The Report Card summarizes the current situation of HIV prevention strategies and services for sex workers in the Russian Federation and supports efforts to increase and improve the programmatic, policy and funding actions taken on HIV prevention.

The research analyses five components that are essential for effective action on HIV prevention for key populations: legal and social context; availability of services; accessibility of services; participation and rights and violence.

It also provides recommendations for key stakeholders and service providers, to enhance action on HIV prevention strategies and services for sex workers.

This Report Card is based on extensive research carried out during 2012 including published data and in-country qualitative research. More detailed information can be found in a research dossier available on request from IPPF.

SETTING THE SCENE

In the Russian Federation, the legal terms regarding sex work are 'prostitution', 'engagement in prostitution', and 'organizing prostitution'. Sex work itself is not a crime,²⁵ but it is penalized as an administrative offence.²⁶ The criminal code does prohibit persons engaging or coercing others into prostitution (Art.240) and brothel-keeping (Art.241).^{27 28} The laws relating to sex work stigmatize sex workers and contribute to human rights abuses against them, by creating an environment for the authorities to control and punish sex workers.^{29 30}

The low level of income, the growth of unemployment and the lack of a legal framework regulating sex work contribute to the increase of

women involved in sex work in Russia.³¹ In 2008, the number of sex workers was estimated to be 300,000–500,000 (0.3 – 0.5% of the total population).³² Community experts estimate the current number of sex workers in Russia as 3 million people, including women, men and transgender people, with around 10% of sex workers working on the streets.³³ A third (30-39%) of female sex workers also use injecting drugs³⁴ and most sex workers are either internal or external migrants (mainly from CIS* countries). Migrant sex workers frequently lack identification papers and registration documents ('propiska') which are required for access to health services.³⁵

Sex workers are the largest vulnerable group in

Russia where the HIV epidemic is most highly concentrated.^{36 37} HIV prevalence among this group ranges between 4.5% in Moscow to 20% in Irkutsk.³⁸ Despite this, programmes and policies fail to address the needs of sex workers, and legal tools to protect sex workers living with HIV do not exist.³⁹ Most alarming is the recent and significant decrease in funding allocated to HIV prevention programmes.⁴⁰ Sex workers in Russia experience high levels of violence, including from state actors such as police. This, together with lack of legislation, protective law enforcement practices, migration related issues and barriers to access to health services, all increase sex workers' vulnerability to HIV.⁴¹

* Commonwealth of Independent States

1» PREVENTION COMPONENT 1 LEGAL AND SOCIAL CONTEXT

NATIONAL LAWS, REGULATIONS, POLICIES, PROTOCOLS AND GUIDELINES FOR (AND AGAINST) SEX WORKERS AND THE CULTURAL AND SOCIAL CONTEXT THEY LIVE WITHIN

» KEY POINTS:

- In Russia, sex work is an administrative offence, punishable by a fine (Administrative Code, Art.6.11). Procuring and gaining income from sex work is punishable by a higher fine when it involves other people (Art.6.12). Engaging others in sex work and organizing different forms of sex work are regulated by Articles 240 and 241 of the Criminal Code resulting in imprisonment of up to three years.
- Sex work is common in every region of the country. However, data on sex workers are not included in any statistical report. Some studies by non-government organizations are available.⁴²
- The ambiguous legal status of sex work creates an environment in which the police can act outside the law and abuse their power.⁴³
- Police regularly arrest sex workers on the street or simply threaten to arrest them in order to extort bribes.⁴⁴ In Russia, the police rarely enforce the relevant legal provisions because they find it difficult to prove that sexual services have been sold. As a result, sex workers are often detained or arrested on the basis of other legal provisions such as breach of public order, hooliganism or absence of residency permits.⁴⁵
- There are no consistent national programmes to address the sexual and reproductive health/rights (SRHR) issues faced by sex workers in the country. During the past 15 years, SRH programmes have primarily been carried out within projects funded by international organizations and only a few exist with support of the Russian Federation budget.⁴⁶
- Public institutions are not trained to work with sex workers. Social and healthcare programmes and other government departments are not focusing on sex workers as a group with special needs.⁴⁷
- The national AIDS control programme does not specifically account for the needs of sex workers and funding is not allocated for sex workers' HIV prevention programmes.⁴⁸
- Mass media contribute to the belief that sex workers are sinners, destroying families and carrying infections. TV programmes use images and language that stigmatize sex workers.⁴⁹

» QUOTES AND ISSUES:

- *"If a sex worker is HIV-positive, it affects his/her work, because any service customer wants to have a sex worker who has no HIV. Consequently, sex workers hide their status. If a customer finds out about this, it can lead to a mob killing."* (Interview with a Regional deputy Minister of Health)
- *"Prevention is complicated because sex workers are operating illegally. Russia is doing a lot to combat human trafficking, but for some reason they do not fight against the traffickers, but against the sex workers."* (Interview, Leader of the Association "Silver Rose")
- *"The law only complicates HIV prevention for sex workers and makes it very difficult to reach out to them as they are a criminalized community."* (Interview with the Executive Director of All-Russian public organization "Union of People Living with HIV")
- *"We must sit down with the government and discuss decriminalization of sex work, since sex work puts people outside the law, and limits the scope of services that can be provided."* (Interview, Leader of the Association "Silver Rose")
- *"We are rarely fined under Article 6.11, but rather for any other reason. The article is just an excuse to humiliate us and take advantage of our money."* (Focus group discussion with sex workers, Magnitogorsk)
- *"The public considers a female sex worker as "normal", a male sex worker as barely acceptable and a transgender sex worker as totally unacceptable and someone who will probably be prosecuted severely."* (Interview with a Regional deputy Minister of Health)
- *"Sex work is a criminalized business, condemned by the church and the issues are not discussed. This is the main reason why these people remain illegal."* (Interview with an HIV activist, "Patient in Control")
- *"The media often mix up sex work and human trafficking or sexual exploitation of children. The media report abuse of sex workers' rights in a pejorative or moralizing way."* (Interview with National HIV Officer, UNFPA Russia)

2» PREVENTION COMPONENT 2 AVAILABILITY OF SERVICES

THE NUMBER OF SITES AND RANGE OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES AVAILABLE FOR SEX WORKERS

» KEY POINTS:

- There is no specific funding allocated for HIV care and treatment for sex workers.⁵⁰ According to official national data, 97.7% of those in need of ARV receive treatment,⁵¹ whereas other sources suggest that there are many more people who are eligible who are not receiving treatment.⁵² HIV testing and treatment is provided by AIDS centres within government-funded programmes for all Russian citizens with IDs and residence registration. Migrants are not covered.
- In 2010, as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Round 4 - 2005 -2010 years) withdrew, 42 programmes for HIV prevention among key populations ceased operation in 20 regions of Russia. This included nineteen harm-reduction projects for people who inject drugs, 18 projects targeting sex workers and five projects for men who have sex with men.⁵³
- Coverage of sex workers in HIV prevention programmes is extremely low and decreasing further. In 2009, 22% of sex workers were reached with prevention programmes while in 2011, it was only 3%.⁵⁴
- Each year 15-18% of the total population take an HIV test.⁵⁵ However, universal access to HIV testing and counselling among sex workers is not achieved. The main obstacles are the stigma and discrimination found in healthcare facilities as well as the geographical inaccessibility of services in small towns and rural areas. Lack of resources has led to cuts in prevention and testing programmes in places easily accessible to sex workers.⁵⁶
- The unclear legal framework, the lack of training, the low motivation of medical staff and the discriminatory attitudes towards key populations (including sex workers /PWID) remain key obstacles to improving availability of services.⁵⁷
- Services meant for key populations are fragmented and poorly coordinated. Referrals between services are weak thus compromising the principle of continuity of care.⁵⁸
- According to the head of the Federal Service for Drug Control, Russia has no plans to introduce harm-reduction strategies such as opiate substitution therapy (methadone).⁵⁹ Official standards for providing harm reduction interventions continue to be associated with services outside State health systems and therefore remain highly irregular in quality and content.⁶⁰
- There are no public health services specifically tailored for sex workers, including those living with HIV and/or other STIs. NGOs have some expertise in service provision for this key population, although currently, most services do not address their specific needs and have limited coverage.⁶¹

» QUOTES AND ISSUES:

- **“Male and female sex workers can come for services only as citizens, but as a vulnerable group they are simply ignored.”** (Interview with the Executive Director of All-Russian public organization “Unit of People Living with HIV”)
- **“At our AIDS Centre there are separate days for men and women. For transgender people, I do not know if they would go to any of these days.”** (Interview with a Regional Deputy Minister of Health)
- **“HIV testing is available for the general population, but it is not accompanied with pre- and post test counselling. For sex workers, testing and counselling is less accessible compared to the general population.”** (Interview with a National HIV Officer, UNFPA Russia)
- **“Condoms and syringes used to be available until 2005 but have been drastically reduced due to lack of funding.”** (Interview with a Regional deputy Minister of Health)
- **“Female sex workers from rural areas, other cities or countries do not have access to any medical care, unless they get a residence registration and an insurance certificate. The former HIV programmes did not make that distinction.”** (Interview, Leader of the Association “Silver Rose”)
- **“HIV and STI prevention among brothel-based sex workers has never been undertaken.”** (Interview, Leader of the Association “Silver Rose”)
- **“Rarely do prevention programmes address the needs of MSM sex workers. With the adoption of the new law on men who have sex with men, access to prevention is even more difficult due to homophobia.”** (Interview, Leader of the Association “Silver Rose”)
- **“I have not heard about prevention programmes targeting men and transgender sex workers.”** (Interview with an HIV activist, “Patients in Control”)
- **“In our town, there is a mobile point and they come once per week. You can also go to the AIDS centre but it is located far away and is inconvenient. You can get up to six condoms but they ran out of lubricants long ago.”** (Focus group discussion with sex workers, Magnitogorsk)

3» PREVENTION COMPONENT 3 ACCESSIBILITY OF SERVICES

THE LOCATION, USER-FRIENDLINESS AND AFFORDABILITY OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES FOR SEX WORKERS

» KEY POINTS:

- HIV prevention is poorly integrated into the State health care system. HIV services are mostly implemented through a network of specialized vertical programmes (AIDS centres) and drawing of blood for HIV testing is the only HIV-related service effectively implemented by most government medical facilities.⁶²
- Most often, sex workers receive HIV testing in women's clinics or hospitals.⁶³
- In 2012, the distribution of condoms ceased along with many NGO's HIV prevention programmes. For sex workers, condoms are now only available in the pharmacy network at market prices, which are not affordable.⁶⁴ As a result, condoms and lubricants are not consistently accessible for sex workers.⁶⁵
- In the absence of free condoms and information about other methods of contraception for sex workers, abortion is often the only fertility control possibility for women who use drugs and/or are engaged in sex work.^{66 67}
- The country strongly opposes the key harm-reduction interventions despite the evidence demonstrating their effectiveness.⁶⁸
- Those women who seek abortion, on the grounds permitted by the law, report stigma and mistreatment. NGOs report that women who use drugs are unlikely to receive appropriate counselling and support for abortion, including counselling on contraception.⁶⁹
- Treatment of syphilis, a sexually transmitted infection (STI), is paid for from the federal budget. Financing of the diagnosis and treatment of other STIs is either under each region's or municipality's programme, or at the clients' expense. The mandatory health insurance does not cover either.⁷⁰
- Many sex workers do not have the necessary insurance documents, making it impossible for them to receive medical treatment. At the same time, the high cost of health care in private health facilities is too expensive for sex workers.⁷¹

» QUOTES AND ISSUES:

- *“Usually sex workers prefer not to attend health facilities where they live. When a sex worker has no papers, they cannot go to the facilities where services are delivered for free. They also fear being disclosed as a sex worker and facing discrimination and violence. They therefore tend to attend, when possible, private facilities where they have to pay for the services. Condoms and lubricants are available only when distributed by NGOs.”* (Interview with a National HIV Officer, UNFPA Russia)
- *“Gynaecologists need to understand that a female sex worker might have reproductive system disorders and have the need to discuss this as well as contraceptive methods.”* (Interview with the Leader of the Association “Silver Rose”)
- *“There are no prevention services for sex workers. In addition, there is a lack of trained health professionals to address the needs and demands of sex workers.”* (Interview with the Executive Director of All-Russian public organization “Union of People Living with HIV”)
- *“The clinic is far away and it is very difficult to get there. You need to get an appointment with the medical staff two weeks in advance. Once there, you cannot get the required attention because of the high flow of patients.”* (Focus group discussion with sex workers, Chelyabinsk)
- *“With most street-based sex workers spending a majority of their income on heroin, they do not have the means to access paid services.”* (Interview, Leader of the Association “Silver Rose”)
- *“It is more difficult for street-based sex workers and sex workers in brothels that restrict their freedom to access HIV prevention services. It is obvious that an undocumented migrant would find it much harder to access HIV prevention services.”* (Focus group discussion with sex workers, Moscow)
- *“Some prevention programmes offer only services for street-based sex workers using drugs. If you are not an IDU you cannot access these services.”* (Focus group discussion with sex workers, Magnitogorsk)
- *“The major obstacle to accessing services is the system of residence registration in Russia e.g. not forwarding the medical insurance and services to the point where a person moves to.”* (Interview with the Executive Director of All-Russian public organization “Union of People Living with HIV”)

4» PREVENTION COMPONENT 4

PARTICIPATION AND RIGHTS

LEVEL OF INVOLVEMENT OF SEX WORKERS IN THE DEVELOPMENT OF POLICIES AND PROGRAMMES AND THEIR REPRESENTATION AND PARTICIPATION IN DECISION MAKING PROCESSES

» KEY POINTS:

- Sex workers do not have the right to participate equally in the social and political life of communities, as they have no legal status.⁷² As a consequence, sex workers are, for instance, not represented in the National Council on AIDS.⁷³
- The National AIDS Control Programme was developed without involving the community of sex workers. Their needs are not taken into account and the programme's activities are not specifically tailored for sex workers.⁷⁴
- The Russian Association "Silver Rose" brings together sex workers and their advocates from 13 regions of Russia. The Association works to facilitate the development of policies for sex workers that are based on humanity, tolerance, protection of health (including HIV prevention), dignity and human rights.⁷⁵ Their programmes aim to build the capacity of sex workers to stand up for their rights and are driven by the community of sex workers themselves.
- Women's reproductive rights are violated, when, if their HIV status is positive, they are forced to have an abortion or sterilization.⁷⁶

» QUOTES AND ISSUES:

- ***"Sex workers, including those living with HIV, were involved in the Global Fund's programmes but their opinion has never been taken into account by the National AIDS Committee and the Coordinating Council. I do not know a single person who would represent sex workers in these committees."*** (Interview with the Executive Director of All-Russian public organization "Union of People Living with HIV")
- ***"Sex workers are involved locally in programmes implemented by NGOs with support from international donors. There is no legal ban, but in practice any labour union or support group of sex workers can hardly be officially registered, because of the penalization of sex work."*** (Interview with a National HIV Officer, UNFPA Russia)
- ***"I know that there is one case where a sex worker was abused by the police while she was defending her rights in Moscow. It has now been brought to court, and only thanks to the Silver Rose. I hope that we can win."*** (Focus group discussion with sex workers, Moscow)
- ***"We should advocate being part of the HIV/AIDS National Committee and finding partners who would be interested too, to make our voice heard."*** (Interview with the Executive Director of All-Russian public organization "Union of People Living with HIV")
- ***"There is a need to destroy the stereotypes government officials have of sex workers, to have them sit together, involving sex workers in any kind of meetings in a way that sex workers do not feel that they have to hide the fact that they represent this community."*** (Interview with an HIV activist, "Patients in Control")

5» PREVENTION COMPONENT 5 VIOLENCE

PHYSICAL ASSAULT, SEXUAL ASSAULT,
PSYCHOLOGICAL ABUSE BY STATE OR
NON-STATE ACTORS

» KEY POINTS:

- Sex workers, who work illegally (and are often not covered by the system of social protection), are easy targets for the police to extort money or information from them, or to force them to have sex with them.⁷⁷
- When sex workers turn to the police for help, the police often refuse to register their complaints or to conduct any investigations. This impedes access to justice and jeopardizes sex workers' security.⁷⁸
- Women who use drugs and/or are involved in sex work are systematically and illegally persecuted by law enforcement agencies and are deprived of their rights, including by the courts.⁷⁹
- Violence and harassment of sex workers by the police have a strong negative impact on whether sex workers are able to report crimes committed against them, irrespective of whether the police, a client or another individual has committed these crimes.⁸⁰
- According to available studies, most sex workers suffer from physical and mental abuse inflicted by clients. Acts of violence against sex workers occur both in places where they work and in places of detention.⁸¹
- Sex workers report that police illegally detain them and take them to isolated locations, where they are beaten, raped, abused, or simply thrown out of the car.⁸²
- Street sex workers are more vulnerable to violence along with transgender sex workers. The level of violence towards migrant sex workers is thought to be higher compared to local sex workers.⁸³
- Sex workers report that police sometimes confiscate their condoms. Outreach workers report incidents where sex workers refuse to take condoms from them because they fear police harassment, or condoms being used as evidence of sex work. This limits the ability of sex workers to protect both their own health and that of their clients, which has overall consequences for public health programmes addressing HIV.⁸⁴

» QUOTES AND ISSUES:

- ***"If you face violence on the street, you can try to get away, but if a maniac comes to your home, you're helpless."*** (Focus group discussion with sex workers, Magnitogorsk)
- ***"And in the 'cabin', when the administrator and the owners do not care for you, you also cannot defend yourself from violence."*** (Focus group discussion with sex workers, Lipetsk and Ivanovo)
- ***"When there are major events in the city, there is an oral instruction to 'clean the city' of sex workers."*** (Interview with an HIV activist, "Patients in Control")
- ***"In my opinion, the factor making violence worse for sex workers compared to other people in Russia is the fact that many sex workers are from other cities or even have a foreign nationality. In addition, they have a lack of information about their rights."*** (Focus group discussion with sex workers, Moscow)
- ***"I once tried to report violence to the police and I was only mocked, and the complaint was not accepted ... and this is the case for all sex workers."*** (Focus group discussion with sex workers, Ivanovo)
- ***"A woman cannot search for help, because she knows that she is involved in an illegal activity. There are many dangerous clients and some with mental disorders. In our city, I know of several cases where independent sex workers were killed, and found dead after many days."*** (Interview with an HIV activist, "Patients in Control")
- ***"It is often considered that sex workers are criminals and therefore cannot apply for protection. As a sex worker you are considered an unreliable witness; your words do not matter. You will have to prove that a crime was committed against you. Law enforcement agencies do not want to take statements, because they do not want to investigate crimes."*** (Interview with the Leader of the Association "Silver Rose")
- ***"If sex work was legalized, there could be access to legal services, and I think this would reduce violence against sex workers."*** (Interview with an HIV activist, "Patients in Control")

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KEY RECOMMENDATIONS

Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for sex workers in the Russian Federation. Key stakeholders – including the government, relevant intergovernmental and non-governmental organisations and donors – should consider the following actions:

LEGAL AND SOCIAL CONTEXT

- Gather and centralize evidence of violations by law enforcement officials against sex workers.
- Advocate for the decriminalization of sex work and elimination of the unjust application of non-criminal laws and regulations against sex workers.
- Establish anti-discrimination and other rights-respecting legislation to protect against discrimination, violence, and other rights violations faced by sex workers. These laws and regulations should guarantee sex workers' rights to social and health services.
- Include a legal support component in healthcare programmes for sex workers. Strengthen cooperation with human rights organizations to increase the availability of legal services – including their affordability.
- Establish regular communication between national authorities and the community of sex workers. Strengthen inter-agency cooperation (e.g. via an inter-ministerial committee) on HIV prevention in order to inform government about stigma and violence and its negative impact on HIV prevention among sex workers.
- Create safe opportunities and spaces for direct dialogue between the sex worker community and decision-makers.

AVAILABILITY OF SERVICES

- Improve the access to anonymous, safe and voluntary counselling and testing, including rapid HIV tests.
- Ensure medical care providers exhibit non-judgmental, "sex worker friendly" attitudes plus special measures are adopted to enhance compliance with medical confidentiality and non-disclosure of client data.
- Introduce well-equipped mobile units for outreach prevention services, and crisis centres/shelters, referrals and follow up are made available for ongoing case management. Support community-led approaches with peer support, and expand services into areas of low availability.
- Increase and sustain allocation of government funding to HIV preventive programmes for key populations including sex workers.

ACCESSIBILITY OF SERVICES

- Promote low-threshold centres in relevant government healthcare facilities (local clinics), operating on principles of confidentiality, voluntary and comprehensive services, including mental health services.

- Ensure access to condoms, including female condoms, and lubricant.
- Increase scope and coverage of prevention programmes to include organized forms of sex work, and engage clients, pimps, the police and other law enforcement agencies, in addition to street-based sex workers.
- Implement the current WHO recommendations on HIV/STI programmes for sex workers in low and middle income countries.⁸⁵
- Implement the current WHO recommendations on the use of antiretroviral therapy for all people living with HIV who fit the profile.
- Implement the current WHO recommendations on harm reduction for sex workers who inject drugs.

PARTICIPATION AND RIGHTS

- Introduce a package of interventions to enhance community empowerment among sex workers.
- Strengthen the capacities of the sex worker community to implement preventive programmes and develop volunteer capacity.
- Improve awareness among the sex worker community on HIV prevention and on civil and clients' rights.
- Create opportunities for feedback and support / referral between professionals, the community, NGOs and government facilities to increase continuity of care for sex workers.
- Conduct human rights' training programmes for law enforcement officials.
- Document violations of sex workers' rights and ensure there is a legal response to them.
- Ensure safe mechanisms for sex workers to access justice.

VIOLENCE

- Revise laws regulating sex work in terms of guaranteeing human rights, with an emphasis on the elimination of violence against sex workers.
- Monitor and report violence against sex workers, and establish referral mechanisms to provide judicial services for sex workers.
- Train law enforcement officials, and health and social care providers to recognize and uphold the human rights of sex workers. Hold service providers accountable if they violate the rights of sex workers, including the perpetration of violence.
- Support services needed by sex workers who experience violence.

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