



Sex work & violence in Mozambique.

Needs Assessment report

Hands OFF!  Hands OFF!

 **Aids
Fonds**

Hands Off!

Reducing violence against sex workers

The Hands Off! programme focuses on the reduction of violence against sex workers in Southern Africa through prevention, care and support activities. Violence is a key factor in the vulnerability of sex workers to HIV/AIDS. It leads to inconsistent condom use and prevents sex workers from accessing valuable legal support and health care. Hands Off! works with sex worker-led groups, law enforcement, health and support services, legal centres and non-governmental organisations (NGOs) working on human rights.

Research findings on sex work and violence in Southern Africa

This report presents the main findings of a study in Mozambique examining violence against sex workers. It is part of a regional study in the Southern African region under the Hands Off! programme.

The research was designed by sex workers and partner organisations in the Hands Off! consortium. Sex workers in the five programme countries – Botswana, Mozambique, Namibia, South Africa and Zimbabwe – participated in the implementation of the research and the dissemination of results. Regionally the quantitative research part entailed more than 2000 surveys conducted by 37 sex workers who were trained to interview their peers. For the qualitative part of the study researchers conducted 125 semi-structured in-depth interviews and 40 Focus Group Discussions with sex workers. Topics included: violence, social networks, police attitudes, safety, security and risk mitigation strategies.

Country reports and fact sheets on sex work and violence are available for:

Botswana
Mozambique
Namibia
South Africa
Zimbabwe
Southern Africa (regional)

Collaborating institutions

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Contents

Abbreviations	4
Executive summary	5
1 Introduction	7
2 Methods	9
Definition of violence	9
2.1 Quantitative methods	9
2.2 Qualitative methods	9
2.3 Study sample	10
2.4 Limitations of the study	10
3 Mozambique country context	12
3.1 Legal framework	12
3.2 Context of sex work in Mozambique	12
3.3 HIV and violence	12
3.3.1 HIV and sex workers	12
3.3.2 Violence against sex workers	13
4 Violence against sex workers	15
4.1 The community	15
4.1.1 Family, friends and partners	15
4.1.2 Clients	16
4.1.3 Other sex workers	16
4.2 The role of law enforcement officers	18
4.3 Health	20
4.3.1 Health services	20
4.3.2 Supporting organisations	20
5 Conclusion	22
5.1 Recommendations	22
References	24
Credits and acknowledgements	25

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioural Survey
LGBTI	Lesbian Gay Bisexual Transgender and Intersex
MSM	Men who have Sex with Men
NGO	Non-Governmental Organisation
PRM	Police of the Republic of Mozambique
STI	Sexually Transmitted Infections
VU	Vrije Universiteit

Executive summary

Background

Violence is a key factor in the vulnerability of sex workers to HIV/AIDS. Violence prevents sex workers from accessing valuable information, support and services that help to protect them from HIV/AIDS. With the Hands Off! programme Aids Fonds (www.aidsfonds.nl/handsoff!) and partners¹ aim to reduce violence against sex workers in Southern Africa. The programme, a regional response, offers a comprehensive and joined-up approach to working with sex workers, police, law enforcement and service providers in Botswana, Mozambique, Namibia, South Africa and Zimbabwe.

Methods

A mixed method community-based participatory research (CBPR) approach was used. All partners, including sex workers, contributed to the design and implementation of research and tools. Both quantitative and qualitative components were developed in cooperation with the Vrije Universiteit (VU University) in Amsterdam. In Mozambique, five sex workers were trained as research assistants working alongside a social scientist specialised in qualitative methods. In total, 200 surveys, 12 in-depth interviews and 10 Focus Group Discussions (FGDs) with 49 participants were conducted. Participants were selected through snowball sampling techniques, through which each respondent invited a fellow sex worker to participate in the survey.

Results

Sex workers in Mozambique experience high levels and multiple forms of violence, ranging from societal stigma, discrimination, verbal abuse and humiliation to beatings, rape and theft. The main perpetrators are clients and law enforcement workers. Seventy percent of sex workers experienced violence in the past year. Drug use has been associated with higher levels of violence.

The role of law enforcement officers in relation to sex workers in Mozambique is ambiguous. Law enforcement officers act as protectors of sex workers, but can be perpetrators of violence as well. Law enforcement workers are involved with physical and sexual violence towards sex workers, and deprive sex workers of their money in various ways. Some provide protection to sex workers, but this is unreliable and depends on the individual officer. As a result, many sex workers are reluctant to trust police and avoid reporting violence or seeking legal aid. Interestingly, improved relationships are observed between sex workers and law enforcement units which have been sensitised towards effectively engaging with sex workers.

The relationship between sex workers and health care workers can be problematic as well. Many health care centres are characterised by a context of discrimination and stigma towards sex workers, which hampers sex workers' willingness

to access prevention and treatment services. Twenty-eight percent of the sex workers were HIV positive or did not want to disclose their status. Of those in need of anti-retroviral medication, 13 percent received regular treatment.

Conclusions

Sex workers in Mozambique face unacceptable levels of violence, stigma, discrimination and other human rights violations, leaving them considerably more vulnerable to HIV/AIDS. To secure the safety and wellbeing of sex workers in Mozambique, it is important to have clearly articulated support for sex workers by government and NGOs. In addition, training and sensitisation of law enforcement workers is required to ensure increased protection and safety for sex workers. A well-functioning rapid response system to assist sex workers with cases of violence is also needed.

¹ The partners under the Hands Off! programme are the African Sex Worker Alliance (ASWA), BONELA, Sisonke Botswana, Sisonke South Africa, Sex workers Education and Advocacy Taskforce (SWEAT), Rights not Rescue Trust, Pathfinder, Tiyane Vavasate, Sexual Rights Centre, Women's Legal Centre, North Star Alliance and COC.

Introduction.

1. Introduction

Violence is a critical factor in the vulnerability of sex workers to HIV/AIDS. It prevents sex workers from accessing valuable information, support and services that can help protect them from HIV/AIDS. It also puts them in situations that make them more vulnerable to HIV/AIDS. Modelling estimates show that a reduction of almost 25 percent in HIV infections among sex workers can be achieved when physical or sexual violence is reduced [1]. A systematic review indicated a correlation with violence and condom use and HIV infection. Evidence also shows that psychological and sexual violence decrease condom use and increase HIV infection [2].

Numerous studies indicate a high level of violence towards sex workers, and linkages have been made between laws that criminalise sex work and increased vulnerability to violence [3]. Sex workers experience violence in different forms and on different levels. It ranges from blatant physical and sexual violence to social stigma, discrimination, intimidation, coercion and harassment. Perpetrators are clients, pimps and brothel owners, but also family and community members [4], [5]. Even police are involved, and in some cases increase violence rather than protect sex workers from it. Thus violence against sex workers is not only widespread, but legitimised and accepted by many [6].

Laws and policies that criminalise sex work leave sex workers very vulnerable to sexual and physical abuse. Sex work is currently criminalised in most Southern African countries through national laws and municipal by-laws. Criminalisation contributes to an environment in which violence against sex workers is tolerated. Lack of protection of street sex workers and those working in isolated places is generally the result of anti-prostitution laws and police policies. The criminalisation of sex work also means that sex workers operate in unhealthy and unregulated conditions.

An overarching study by Decker et al. [7] reviewing 800 individual studies provides evidence of the global burden and impact of human rights violations against sex workers on HIV. The reviewed studies indicate that the rates of homicide are 17 times that of the general public, 7-89 percent of sex workers indicated sexual violence and 5-100 percent indicated psychological violence. Four to 75 percent experienced arbitrary arrest and detention, while 7-80 percent had condoms confiscated. Impunity or the failure to investigate and report police threats and violence is reported by 39-100 percent, highlighting the importance of sensitising police officers [7].

Through the Hands Off! programme, Aids Fonds (www.aidsfonds.nl/handsoff!) and partners² aim to reduce violence against sex workers in Southern Africa. The programme offers a comprehensive and joined-up approach to working with sex workers, police, law enforcement and service providers in Botswana, Mozambique, Namibia,

South Africa and Zimbabwe. Hands Off! involves the meaningful participation of sex workers and is based on sex workers' own priorities and needs.

The programme aims to make health clinics more accessible to sex workers and uses community rapid response methods³ and sex worker-led protection systems as intervention strategies. Police sensitisation is employed to work towards a police force that respects the rights of sex workers. In addition, the programme partners work to improve sex workers' access to justice by providing legal services and facilitating reform by bringing legal cases to court. Hands Off! has a strong capacity building component focusing on sex workers and sex worker-led organisations in the region. Lobbying and advocacy activities are carried out on law reform, and policies and practices involving sex workers. Research is carried out to generate evidence and knowledge on the effectiveness of the implemented intervention strategies.

Lack of reliable data makes the provision of comprehensive violence reduction and HIV prevention challenging. Data and information on human rights violations towards sex workers is often underestimated. Lack of systematic documentation of cases amongst this highly mobile target group challenges insight into the extent of the problem. In addition many of the strategies to reduce violence against sex workers have not been formally researched and evaluated [1]. To help bridge this gap, Hands Off! studied the needs of sex workers in Southern Africa using a team of 11 researchers, 37 sex workers trained as research assistants, and five coordinators.

² The partners under the Hands Off! programme are the African Sex Worker Alliance (ASWA), BONELA, Sisonke Botswana, Sisonke South Africa, Sex workers Education and Advocacy Taskforce (SWEAT), Rights not Rescue Trust, Pathfinder, Tiyané Vavasate, Sexual Rights Centre, Women's Legal Centre, North Star Alliance and COC.

³ Sex worker-led referral network for medical, psychosocial and legal support.

Methods.

2. Methods

A mixed method community-based participatory research (CBPR) approach was used. This means that all partners, including sex workers, contributed to the design of the research and tools, selection of the hired researchers, gathering of the data and writing up of the results. Through the involvement of sex workers themselves, the programme aimed to reflect the actual needs of the sex worker community.

The research has two components – a quantitative and a qualitative aspect -, and both worked with informed consent. During the initial meeting of the Hands Off! programme staff, experts and sex workers from all the participating countries developed the Theory of Change and established a topic list for the research. Based on this list both the qualitative and quantitative tools were developed in cooperation with the VU University in Amsterdam.

Definition of violence

For the purpose of this report, violence has been categorised and defined as:



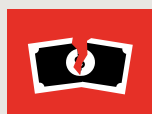
Physical violence: Any deliberate use of physical force against sex workers with the potential for causing harm. This includes, but is not restricted to, beating with hands or objects, kicking and pushing.



Sexual violence: Any sexual act, or attempt to obtain a sexual act, to which consent is not being given. This includes, but is not restricted to, rape, attempted rape, unwanted sexual touching and sexual harassment.



Emotional violence: Any act that diminishes sex workers' sense of identity, dignity, and self-worth, including threats, harassment, belittling and shaming and being made to feel unworthy. This includes, but is not restricted to, discrimination.



Economic violence: Any act aimed at depriving sex workers from their money, including, but not restricted to, exploitation, theft, and clients not paying for sex workers' services.

2.1 Quantitative methods

The survey questionnaire was established following participatory principles. The questionnaire was based on the established topic list and took into account existing questionnaires on violence related topics. Drafts were shared with experts and partner organisations within the five participating countries, and discussed among sex workers through Focus Group Discussions (FGDs) in each country. The final questionnaire had 88 questions and an approximate duration of 1.5 hour focusing on the following themes: 1) aspects of sex work, (such as working location, economic incentives, clients, immigration and reasons to enter sex work), 2) social network of violence, 3) violence and law enforcement, 4) prevention strategies, harm reduction and risk mitigation, 5) health and services, and 6) demographic variables.

In total 37 sex workers were trained as research assistants, based on standardised training focusing on different aspects of the questionnaire administration. In Mozambique, 5 research assistants were trained. The following issues were part of the training: 1) violence as a concept, 2) different research methods and tools, 3) open versus closed question, 4) the research protocol, 5) different types of violence, 6) sampling techniques, 7) effect of attitude of interviewer, 8) ethical consideration and referrals. There were many opportunities to practise using the tool in the field.

Through snowball sampling, whereby respondents invited fellow sex workers to participate in the study, a total of 1800 questionnaires were administered in the region. All questionnaires were uploaded in SPSS, a software package for statistical analysis. In Mozambique, 200 surveys were administered.

2.2 Qualitative methods

For the qualitative section, which consisted of FGDs and in-depth interviews/life stories, a local social scientist with expertise in qualitative methods was hired in each country. The sex worker community took part of their selection process to ensure an open and trusting relationship. The in-depth interview/life stories and FGDs were grouped around four central themes: 1) violence, 2) police, 3) social networks, and 4) prevention strategies, harm reduction and risk mitigation. All the FGDs started with a warm up activity, such as a drawing exercise, to break the ice and ensure that each FGD focused specifically on one of the different topics. In Mozambique, 12 in-depth interviews were conducted and 10 FGDs held with four to five participants each. In total, 49 participants were involved in these FGDs.

2.3 Study sample

Within this study sample (N=200), the average age of sex workers was 21 (range of 18-52 years). A large majority of sex workers in this sample (99.5%) were female, 0.5% percent were transgender. The majority of sex workers (82%) were originally from Maputo, 16 percent from another part of Mozambique and two percent from another country. The majority of sex workers in the sample were single (70%), 26 percent were in a relationship but not married, one percent is currently married, one percent divorced and another two percent widowed. Almost all sex workers in this sample have children (91%), with an average of two.

The average age sex workers started working in the sex industry is 31 years (minimum 17 and maximum 52 years). Among sex workers in this sample, 21 is the most common age to start in the sex industry (modus) and the median as well. Most common reasons for entering sex work were: in need for money (100%), looking for a better life (96%) and their situation forced them (97%). Over half of the group indicated that other reasons to start were that they needed to take care of their children (79%), for their studies (64%), or to support their parents (68%) nine percent was forced into sex work and 1.5 percent indicated that drug use played a role.

Most sex workers in Mozambique operate from the street (97%), a hotel (50%), a bar/tavern (34%) and a brothel (24%). Other working locations that were mentioned are: market places (14%), truck stops (10%), and casinos (6%). Data shows that sex workers on average work from three different working locations. Sex workers stay in contact with their clients through their phone (92%) and through the Internet (9%).

Several sex workers (29%) had additional sources of income: they sell clothes (12%), have a food or beverage stall (9%), work at the market (6%), as a nanny (3%), as a domestic worker (2%), cleaner (2%) or in a bar (1%).

2.4 Limitations of the study

It is important to note that Mozambique is a vast country with substantial regional differences and that data collection only took place in the capital, Maputo city. The south of Mozambique (with its focal point Maputo) is a privileged area in terms of welfare and development, and is not considered representative of the rest of the country. Looking at the numbers for violence against sex workers from the Integrated Biological and Behavioural Survey (IBBS) 2011-12, it is clear that violence is much higher in Beira (Central region) or Nampula (North) than in Maputo [10]. It is likely that if the Hands Off! research was repeated outside the capital, the findings relating to violence would be significantly higher than those presented in this study.

**Country
context.**

3. Mozambique country context

3.1 Legal framework

Sex work is not criminalised by Mozambican law. However, the law penalises what are seen as assaults on public decency, like having sex in a public space or dressing 'indecently'. **Article 225 of the 2014/35 Penal Code** encourages the conservative interpretation of sex workers' behaviour, as against decency and public morals.

Sexual exploitation and human trafficking are prohibited by several laws:

- The **2014/35 Penal code** (Article 227) penalises persons who 'professionally or with any lucrative intention encourage, promote or facilitate another person entering prostitution'.
- The **2008/6 Law on Human Trafficking** prohibits recruiting or facilitating the exploitation of a person for purposes of prostitution, forced labour, slavery, or involuntary debt servitude. Article 12 penalises anybody who adopts or facilitates the adoption of persons with the intention of involvement in prostitution and Article 20 describes general measures of witness protection for victims.
- The **2008/7 Children's Rights Law** (Article 63) prohibits the exploitation of children in prostitution.

In Mozambique, same-sex relationships were decriminalised by the revision of the Penal Code in 2014. Mozambican society accepts only limited LGBTI rights, resulting in increased vulnerability of MSM and transgender sex workers [9].

The **1991/8 Law on the Right to Freedom of Association** notes that, in order to be recognised, goals of non-profit associations and/or organisations have to be in accordance with moral, economic and social constitutional principles of the country (Art. 1 and Art. 18). These articles affect the official association of organisations representing LGBTI sex workers. For example, in order to meet these principles, sex worker-led organisations in Mozambique officially support 'vulnerable women', instead of openly representing sex workers.

3.2 Context of sex work in Mozambique

Estimating the character and magnitude of sex work in Mozambique is challenging. Available studies are scarce and those that exist often focus on aspects of health and HIV/AIDS only. Moreover, socio-demographic characteristics of sex workers are mostly described in relation to specific geographical areas, rather than Mozambique as a whole.

The IBBS estimates that 27,285 sex workers operated in the three major cities of Mozambique [10]. This number is

divided between Maputo (13,554), Nampula (6,929) and Beira (6,802). Other studies show that sex work is also common along main transport corridors. These corridors attract many long-distance truck drivers, migrant workers and travellers and, as such, provide significant work opportunities for sex workers and pathways for human trafficking. The corridors attract migrant sex workers as well, particularly from Zimbabwe [7], [8], [9], [11], [12].

The majority of sex workers in Mozambique are under the age of 29 [10]. The number of minors⁴ engaged in sex work in the country is alarmingly high, ranging from 10% percent of all persons selling sex in Maputo, to 17% in Beira, and as much as 26% in Nampula. Minors are especially active in border towns and along key transportation routes [8].

Sex work in Mozambique can be characterised as occasional, with most women working a few days a week and having relatively low numbers of clients (on average 7 in the past month) [10], [11]. Sex workers in Mozambique operate from hotspots, defined by certain streets and neighbourhoods, *barracas* (stalls selling alcohol and other drinks), clubs, (striptease) bars, roadside restaurants, pensions and hotels. Sex workers working from the streets often perform their services in so called *esquinas*. These are guarded places, such as courtyards, empty warehouses or offices, or abandoned houses, which, in exchange for a small fee, can be used by sex workers as working places [8], [15], [16], [17]. Most sex workers in Mozambique work independently, without use of intermediaries, although *chulos* (pimps) who function as protectors and managers of sex workers do exist [8], [14], [15], [16].

In Mozambique, there are two officially recognised sex worker-led organisations: Tiyane Vavasate operating in Maputo city, and the recently established UnGaGodoli in the suburb of Matola. Both organisations primarily focus on peer-education regarding health, violence and human rights.

3.3 HIV and violence

3.3.1 HIV and sex workers

Between 2011 and 2012, HIV prevalence among sex workers in Maputo was estimated at 31 percent, in Beira at 24 percent, and in Nampula at 17 percent. Prevalence rates amongst sex workers are significantly higher than among the general female population of Mozambique (12%) [10], but comparable to those found among female sex workers in other sub-Saharan African countries. HIV prevalence rates amongst sex workers in Mozambique have been associated with excessive alcohol consumption and limited condom use [10]. In 2013, 30 percent of annual new HIV infections occurred within networks of sex workers [20].

⁴ Sex workers younger than eighteen years old. In this case female sex workers under the age of eighteen.

Studies describe poor translation of HIV knowledge into prevention practice, highly uneven and irregular condom use, and limited testing for HIV [8], [14]. Regarding HIV care and treatment, the study showed that only half of the HIV-positive sex workers received Anti-Retroviral Treatment (ART) in Maputo and Beira, while as much as 72.7 percent of sex workers in Nampula had never taken ART [10]. The IBBS [10] found that approximately two thirds of sex workers did not seek assistance from any health professional in the last six months. From the ones that did seek care 10 percent experienced difficulties receiving it. It is assumed that sex workers experience particular difficulties since services are not specifically adapted to their needs.

The National Strategic Plan for HIV and AIDS in Mozambique for 2015-2019 (PEN IV) [21], Guidelines on HIV Services for Key Populations by the Ministry of Health [22], and Plan for the Acceleration of the Response to HIV and AIDS for 2013-2015 [23] recognise sex workers as a key population for an effective HIV response. Despite these official recognitions, in 2014 only 3 percent of national HIV funding was assigned to sex workers [24]. In recent years national efforts to reduce HIV and AIDS among sex workers have only increased slightly. In 2016 for example, the Ministry of Health issued the Guidelines for Integration of Prevention Services, Care and Treatment of HIV and AIDS for key populations in the Health Sector, providing guidelines for better attendance of key populations at health facilities [22].

In addition to governmental HIV prevention efforts, international as well as national NGOs are involved with HIV prevention amongst sex workers. These include Pathfinder International, Médecins Sans Frontières, FHI 360, Foundation for Community Development, AMODEFA, Tiyane Vavasate and UnGaGodoli. The IBBS of 2011-2012 suggests, however, that HIV prevention programmes aimed at sex workers do not yet have broad coverage. For example, less than a quarter of female sex workers in all three urban areas reported having had any contact with an HIV peer educator in the six months preceding the survey [10].

3.3.2 Violence against sex workers

A limited number of studies have addressed violence against sex workers in Mozambique. It is, however, clear that violence against sex workers frequently occurs [8], [12]. For example, the IBBS [10] found that sex workers were beaten in Maputo (6%), Beira (16%) and Nampula (19%) six months preceding the survey. The IBBS shows that sex workers were being raped or forced to have sex against their will: 4 percent, 12 percent and 15 percent in Maputo, Beira and Nampula respectively. There are reports of clients refusing to pay, or taking sex workers to a distant location, raping and leaving them there. Attacks and robberies on the street, and fights amongst sex workers over money have been reported too [8], [17].

The IBBS suggests that in most cases of violence, sex workers do not seek health care. Some of the sex workers sought health services but did not received treatment [10]. Regarding justice and protection, most sex workers are reluctant to report incidents to police or to the Women and Child Services office [10].

Another issue frequently raised is emotional violence faced by sex workers accessing health facilities. Discrimination and stigma are commonly experienced by sex workers in health care facilities, and female workers are especially mentioned as treating sex workers badly [11]. Sex workers report discrimination, but also shouting, beating and being sent away by health workers [14], [25].






Results.

4. Violence against sex workers

The Hands Off! study revealed that 70 percent of sex workers experienced violence in the past 12 months. In Mozambique, violence takes different forms and is perpetrated by different actors, meaning that sex workers are confronted with emotional, physical, sexual, and economic violence on a regular basis.

Transgender sex workers experience a double-stigma and describe how people stare and laugh at them, and insult them. They also experience difficulties in finding a job. Some of them even feel forced into selling sex because of discrimination on the job market.

Type of violence against sex workers by perpetrator experienced in the past twelve months

	 client	 police	 health worker	 community	 other sex worker
physical	43%	18%	0%	3%	11%
sexual	45%	18%	0%	-	-
economic	49%	24%	-	-	20%
emotional	-	27%	26%	78%	-

4.1 The community

In Mozambique sex work is embedded in a context of stigma and discrimination. The moral stance towards sex work is not supportive. This study revealed that the majority of sex workers (80%) experienced discrimination in the past 12 months. Another large proportion (78%) experienced being called names. Sex workers are confronted with emotional violence from the community on a regular basis. They are looked down upon, and denied access to various informal societal structures. Sex workers described how people driving past them shout and tell them to go home. People also try to humiliate them by telling them that sex work cannot be considered 'real work'.

“ It is difficult in Mozambique. If you would like to have a public job, it's impossible, because they will discriminate against you. What remains for us, if we want to survive, is to enter sex work. There aren't many trans here that do normal work. Besides LAMBDA [LGBTI association] no other organisation would accept us ever. So, we have to sell sex, you see? This is the law of life. ”

- Transgender sex worker

4.1.1 Family, friends and partners

This study revealed that in the past 12 months a small proportion of sex workers in this sample experienced physical (8%) and sexual (2%) violence from family members, and physical (7%) and sexual (3%) violence from friends. A significant number reported physical (24%) and sexual (17%) violence by their intimate partner.

More often they experience emotional violence from family and friends. Due to stigma and discrimination, many sex workers are reluctant to open up about their profession to their family, friends and partners. These sex workers often choose to lead a double life. Those that do confide in other people are often confronted with disapproval but often acceptance as well, since family members usually depend on the income being gained from sex work.

“ I am an orphan with seven siblings, our relationship is good. They don't know what I am doing and I don't want them to. I really don't want it. It is my secret. I would rather die than that they find out, because it is a shame. It is a great shame. If they knew, as much as they like me, they could stop liking me. They wouldn't understand that I do this work. ”

- Female sex worker

4.1.2 Clients

Clients are the main perpetrators of violence against sex workers in Mozambique, and mistreat sex workers in numerous ways. This study revealed that sex workers experienced economic (49%), sexual (45%) and physical (43%) violence from clients in the past 12 months.

The study also revealed that almost half of sex workers (49%) experienced economic violence by clients in the past 12 months. Examples of economic violence are: clients refusing to pay after sex, paying less than the agreed price or demanding extra services without intending to pay for them. Sometimes clients do pay sex workers initially, but take the money back by force, or steal sex workers' money or belongings after having sex.

“ He gave me the money and we had sex. When we finished he took out a knife and demanded the money back. I was afraid; I gave it back to him. 250 metical [3 euro] is not worth my life. ”

- Female sex worker

In many cases, sexual violence is accompanied by physical violence including force and beatings. For example, sex workers explained that clients take sex workers to the beach or a forest, force them into sex and leave them without money to return. Sex workers also reported gang rape, and recalled stories of sex workers being murdered by clients in the past as well. Most cases of physical and sexual violence are accompanied by emotional violence: *'You are worth nothing, you are a whore'*, *'I'm going to kill you'*, *'You are trash'*, and *'You have no value at all, you bitch'* are expressions used by clients to insult sex workers.

Transgender sex workers particularly reported violence by clients showing surprise about their masculine body parts. Although some clients are accepting and open to new experiences, others feel betrayed and can turn aggressive. Others accept sex services, but refuse to pay for 'they had agreed services with a woman and not a man'.

“It was my first night to go out with a client. He was very well known down in the Baixa, but I didn't know him yet, and as I was a new face, he chose me that night. We went first to a bank so he could get money and he put the money there in the car. When we entered Avenida 25 de Setembro, he closed the windows and told me to give him the 1000 metical that I had stolen from him. I was very surprised and I told him I hadn't stolen anything and he could search me over. But he said that 1000 metical had disappeared and that I had stolen it from him. I told him again

I didn't do anything and he started to increase the speed of the car. I lost the hope that I would keep on living that day, I thought maybe that day would be the day that God leaves me. He took me to a bar and asked for drinks. But I didn't feel at ease anymore, because I saw this wasn't a good man. I drank with him but I didn't feel well at all, I had no hope for anything anymore, I just hoped that even if he would sleep with me without paying, he would let me live at least. So we went to the place he had told me, a pension. I felt a little bit more safe, because we were attended at the reception and I knew if anything would happen to me, at least they would know that two people went up into that room, so if only one comes down that is a bad sign. I asked to go to the bathroom and told the boy who was working there that I don't know the place where I am, it seems the client I am with is not a good person, and if he hears anything strange from that room, shouting or something, he should come and help me, because I feel very unsafe. So when I went back to the room the client told me: 'I will give you no money. You can go and file a case wherever you'd like, you're just a whore, you sell yourself! Even if you go to the police you can't do me nothing, you are just a whore!' and so on. I just shut my mouth I was so afraid. He locked the door and we had sex, and then he slept. I couldn't sleep the whole night, I was only waiting for the sun to come up so I could go home. When he woke up he said 'It's not that you stole money from me, I was just testing you, because I know all the girls in the Baixa steal.' I just stayed quiet and got dressed, and he gave me money, more then we agreed upon. Since this day I am afraid to go away with a client, it is very risky. Clients can take you far and can do anything they want with you, they will just insult you and maltreat you. To prevent suffering the same humiliation that I suffered that night I now prefer to stay at the street corners and earn less money.”

- Female sex worker

4.1.3 Other sex workers

Among sex workers in this sample, 11 percent of sex workers experienced physical violence from their peers in the past 12 months. Especially in Baixa, an area notorious for its night clubs, striptease bars, thieves and alcohol abuse, physical fights between sex workers are common. According to sex workers, violence amongst them is often fuelled by feelings of competition and jealousy.

Solidarity among sex workers in Mozambique is very strong, however. For example, they agreed minimum prices to avoid inflation resulting from competition. And they support each

other in situations of conflict: establishing informal groups with a leader to help settle disagreements or fights, and to call upon the police when needed.

“ The girls there, we are united. We have this agreement: if one of us is in trouble we will all go and help. We grab him, one of us will take off his shoes, another his shirt, we threaten him, we beat him. We grab him by force and take him to the police office. Even if we have disagreements, we will leave it behind us when we need to help each other. We all know that tomorrow it could be us there, in trouble. ”

- Female sex worker

Prevention strategies and risk mitigation

The study showed that in order to avoid violence from clients, sex workers select their clients carefully. Almost all sex workers in this study (90%) indicated that they refuse certain kinds of clients. Reasons included: not wanting to use a condom (84%), offering a too low payment (72%), not being respectful (67%), having sexual preferences the sex worker does not like (66%), not liking the client (62%), knowing he is a violent person (59%), not looking healthy (55%), knowing the client (52%) and a client wanting to use alcohol or drugs (51%). To help them select clients, sex workers sometimes share information about clients too, for example if they are of a violent character. Transgender sex workers adopt additional prevention strategies, and try to inform clients that they are transgender, in order to avoid violence.

“ There are no safe places. Anything can happen on the streets. It could be outside a discotheque, or inside. Or in a car, or in an alleyway. Sometimes there is no police yard close-by. Guards won't help. We can't do anything, just pray to God. ”

- Participant in Focus Group Discussion

To try to prevent economic violence, sex workers negotiate before providing services, and where possible they receive the agreed fee before engaging with the client. After receiving money, some sex workers hand their money to a fellow sex worker or security guard for safekeeping. This is usually done in a very visible way, so the client sees that there is no point in robbing the sex worker. Other sex workers hide their money, for

example in their underwear, hair and sometimes even wrapped in a condom in their vagina.

In theory, sex workers carefully select their place to work also. Clubs, hotels and pensions are seen as safer locations because of the relative security provided by employees or guards. Even there safety is not guaranteed however. Guards in hotels and pensions, for example, often don't intervene and tend to side with perpetrators.

What fuels violence?

Certain working conditions and circumstances increase the risk of violence. Quantitative data shows a correlation between drug use and violence, and sex workers using drugs or having clients who use drugs are at higher risk of experiencing violence.

In Focus Group Discussions, sex workers also agreed that when they are drunk, they lose control of the situation and are an easier target for aggressive clients. Sex workers feel that their working location can be a factor also, since violence is more prone to happen in certain neighbourhoods. 'Baixa' in Maputo is recognised as an area where 'anything and everything can happen'.

Risk factor



Drug use

4.2 The role of law enforcement officers

In Maputo 18 percent of the sex worker sample experienced violence from police in the past twelve months. They experienced economic (24%), physical (18%) and sexual (18%) violence from law enforcement workers. Sex workers reported being taken by police officers to remote places, gang raped and/or having all their belongings taken. Law enforcement workers also pretend to be clients but demand a lower price, or demand sex for free.

“A police officer forced me to have sex with him and infected me with an STI. They shut us up in a cell and beat us up well, and we had to sleep on the floor. Next day they made us clean the cells and the bathrooms. They told us that what we were doing was prohibited, it wasn't legal and we were worth nothing. We had to pay them or have sex with them to get out. Some of the girls were shut up in prison for one or two months.”

- Female sex worker

Sex workers noted being further prevented from earning money by officers who pressure and threaten their clients. In these cases, police will enter the workspace of the sex workers and take the money that clients were due to pay them. They demand to see the clients' documents and threaten to inform their wives. To avoid trouble, clients usually accompany the police to a bank automat and pay them a bribe, leaving the sex workers without their fee. Threatened clients will be reluctant to return and women feel that their work is disrupted by police harassment. Officers usually remove their name tags and car license plates to prevent sex workers from reporting them.

“The officers threw us in the swimming pool. They said: ‘So you need money? Go and look for fish and sell it on the market!’ It was ice cold and they threw us in with all our clothes and bags and everything.”

- Female sex worker

“I once went with a client to a car park which is often used by sex workers. We had sex in the car, he said he would pay me after, because we would have to exchange the money first. We had sex in all possible ways. He was a very demanding person, and as he was going to pay me well, I accepted to do all the things he wanted. When we finished, I asked for my money. He said he wouldn't give me money because ‘You are a sex worker, you are a prostitute, you don't deserve money, you don't deserve anything! You are nothing and you don't deserve to be paid! You can go and file a case if you want!’ He pulled my hair, so strong that it stayed in his hands. I was shouting for help and he kept on saying that he would kill me, and nobody was there to help me, and that he was a police officer, but he didn't have his uniform on. He showed me his badge. ‘Your word doesn't count. People will always believe a police officer instead of a prostitute. Between us two they will always believe me. Just go to the police yard if you want, the person attending you will be me or one of my colleagues and nobody will do anything for you there!’”

- Participant in Focus Group Discussion

In Mozambique, the military police (FADM), presidential guards (Casa Militar) and Rapid Intervention Units (UIR) particularly mistreat sex workers. This abuse is often fuelled by drug and alcohol use.

“The military police, they drink *tentação* or I don't know what, and then they come with four, five of them together to insult us and beat us up, throw bottles at us, all that. (...) Once I entered with one as a client and he took his badge and said: ‘Look, it says I'm a military, you have to sleep with me by force now.’ He tore my clothes. I said I wanted money. He was very drunk and we started to fight, I wanted to free myself and run away. In the end I got away and I went to the military base to explain what happened. The guards at the door just sent me away, they said it was late and they couldn't resolve anything now.”

- Female sex worker

Unlike their relationships with FADM, Casa Militar and UIR, sex workers indicated that in the past few years their contact with the Police of the Republic of Mozambique (PRM) has somewhat improved in Maputo. Sex workers refer to officers of PRM as their friends and report mostly positive experiences and being treated with respect. Sex workers explained that training including sensitisation of police officers has largely contributed to this.

“ Before even our own police were abusing us. We had to pay them money when they found us with a client. If we didn't have money, we had to have sex with them. It happened all the time. But not anymore. Nowadays, the bosses of the police won't accept it anymore. The police now would only treat you bad outside the police office, without their nametags on. ”

- Participant Focus Group Discussion

Violence upon arrest

Thirteen percent of sex workers in Mozambique were arrested in the past 12 months. Specific grounds for arrest were: being a sex worker (20%), getting caught in a police raid (17%), soliciting clients on the street (13%), carrying a condom (6%) and stealing from a client (4%). On average sex workers were arrested once, and most were detained for four days. While being arrested, 18 percent of sex workers experienced violence. Violence during arrest included forced sex (17%), beatings (12%), and their money or condoms being stolen (respectively 6% and 2%). To prevent getting arrested, 25 percent of sex workers paid a bribe, and 16 percent had sex with the police in exchange for their freedom.

Seeking police assistance

As stated previously, sex workers in Mozambique have relatively good relationships with PRM officers. However, police assistance is not always reliable and varies from one police officer to another. Given the widespread corruption, police officers tend to side with whoever pays them. A sex worker described: *The clients can pay them and we can't. Even if you go to the police and you know where the client who abused you lives, they will just ignore the information. The client will pay the police and when you come back the case doesn't exist anymore.*

In the past 12 months, 27 percent of sex workers had experienced discrimination in accessing police assistance. Sex workers report discrimination at the police station, and being sent away in an unfriendly and unhelpful manner.

The study shows that 23 percent of sex workers filed an incident with the police. Although the majority of them (74%) were happy with the process, the remaining 23 percent were

not. Nearly half (48%) of the cases were investigated by the police. The rest stay unresolved or even disappear from the system. As a result of practices like these, many sex workers in Mozambique are reluctant to file a case, having little faith that the police will actually help them.

[After being threatened, robbed and raped by four men] “There was no way for me to go to the police, because I am doing despicable work. With this work nobody will help you, pay attention to you or listen to what you have to say. I thought about going to the police, but I knew they would ask me where I met these men, and then I would have to tell them it was on the streets, and the situation would become difficult. For them I have no right to stand on the streets and sell sex. But I am not doing this work because I want to do it, or because I like it. Police will not help me. There are these situations when a client doesn't want to pay and you have a fight. If you bring him to the police, they will turn the story around and agree with the person who robbed you, they won't agree with you because you are selling sex. We have nobody to defend us in this life, we don't. Nobody to help us, listen to us, or who would help us to step out of this work. When you bring the person who didn't pay to the police, instead of arresting that person, the police will threaten you, the one who has been mistreated. They can say that they will arrest you because what you are doing is not legal, you don't have the right to do it. What happens is that the person you brought to the police will pay them, and they will let him go, and they will call you names, insult you and send you away and it doesn't make sense at all.”

- Participant of Focus Group Discussion

4.3 Health

4.3.1 Health services

Within this study, 28 percent of sex workers were HIV positive, 66 percent indicated they were HIV negative, two percent have never been tested and four percent preferred not to talk about it. Amongst HIV positive sex workers in this study, 87 percent receive regular treatment.

Ninety-four percent of sex workers in the study always use a condom while selling sex. They acknowledged the importance of taking care of their own health. Almost all of the sex workers interviewed stated that they wouldn't accept a client who didn't want to use a condom. They indicated however that prices offered for having sex without a condom are at times hard to refuse. With 'good friends' and/or regular clients, sex workers would accept having sex without a condom.

Sex workers don't always have control over condom use, as clients can intentionally pull off condoms while having sex or damage condoms without them noticing. Also, in cases of rape sex workers suffer a high risk of acquiring an STI.

Some sex workers in this sample access health services without any perceived problem. Others, who fear discrimination and gossip, can be reluctant to disclose their profession to health care workers. Many are afraid that health staff will verbally abuse them, and judge them for the work they do.

“ I'm going to a gynaecologist but I won't tell her. I am ashamed. I have serious health problems but still, I have to do this work that is bad for my health. She sometimes asks me if I am doing this and this, but I say no, I'm not. She gives me medicines with which I am not supposed to have sex, but if I don't have sex, what will I eat? So I just continue doing it, and I don't tell her. ”

- Participant in Focus Group Discussion

Thirty-two percent of sex workers were verbally abused or judged by health care workers in the past 12 months and 26 percent experienced discrimination in accessing health services. Transgender sex workers experience increased discrimination and mistreatment in health facilities. They reported having their names read out loud in the waiting room, enabling everybody to hear that they were given a male name by birth.

Sex workers consider attitudes of health care workers towards them to have worsened recently. Previously health care workers were sensitised to receive sex workers as key populations and to treat them accordingly. At that time sex workers could access a psychologist in health care clinics and their privacy

and rights were respected. Today however, results of these sensitisation processes are wearing off and sex workers are again increasingly reluctant to visit health clinics.

4.3.2 Supporting organisations

Although some sex workers in this study were approached by or in contact with peer educators from Tiyane Vavasate, most were unaware of the existence of support organisations such as these. Sex workers that are in touch with Tiyana Vavasate receive condoms and advice on how to deal with matters related to health and violence.

“ What we want from the government is to help us. They should legalise what we are doing and society will understand. Here in Mozambique it is not legal. It is not illegal. If the government would understand, we wouldn't be abused by society. We might not have gone to school, but we do need help. We are asking for help, we are really asking for help. ”

- Participant in Focus Group Discussion

Conclusion.

5. Conclusion

Sex workers in Mozambique, where activities associated with prostitution are criminalised, face increased risk of violence, experience police abuse and lack access to health care and the justice system. The main perpetrators are clients and law enforcement workers, but sex workers can be violent towards each other as well. Family members, friends and people from the community are especially likely to be emotionally violent towards sex workers.

Sex workers in this study experience various forms of violence, ranging from discrimination and humiliation to beatings, rape and theft. Certain circumstances increase the level of violence. Quantitative study outcomes show that sex workers' drug use increases their chances of experiencing violence.

In general the relationship between law enforcement workers and sex workers is problematic. Many law enforcement workers abuse their power, interrupt and disrupt sex workers' work and demand bribes in exchange for freedom. As a result, many sex workers don't trust police assistance and will avoid reporting violence or seeking legal aid. Interestingly, improved relationships are observed between sex workers and law enforcement units who have been sensitised towards effectively engaging with sex workers.

The relationship between sex workers and health care workers is also problematic. Many health care centres exist in wider social context of discrimination and stigma towards sex workers, which hampers sex workers' willingness to access prevention and treatment services.

Within this violent context, sex workers have various strategies for risk mitigation. They negotiate fees before providing services, and carefully select their clients and working locations. Money is either hidden or given to another sex worker for safekeeping.

5.1 Recommendations

The study has three main recommendations:

1. Clearly articulated support by government and NGOs

In order to reduce stigma and discrimination, sex workers should be enabled to have a stronger voice and stand up for their rights. Governmental organisations as well as NGOs and sex worker-led organisations should take the lead in developing mechanisms for doing so, by promoting the interests of sex workers and supporting these. In addition, legislation granting sex workers protection from violence should be established. It is assumed that official regulations lead to improved societal tolerance towards sex workers.

2. Training and sensitisation of law enforcement officials

Training and sensitisation of law enforcement officials should be implemented in order to protect sex workers from violence and increase their access to justice. Behaviour towards sex workers is often shaped by moral judgements and personal standards. To shift law enforcement workers' attitudes, it is therefore critical to sensitise and train them. As the study findings showed that police sensitisation already positively affects sex workers' relationships with particular police units in Mozambique, it is recommended to extend this training to other law enforcement units. To reduce violence against sex workers, it is also important to make law enforcement workers more accountable. To reinforce good conduct, law enforcement workers need strong leadership and higher salaries and standards.

3. Develop a well-functioning rapid response system to assist in cases of violence

To encourage sex workers to access health care after experiencing violence, a well-functioning rapid response system to assist sex workers needs to be established. This system can provide immediate support and/or referral to medical, psychological and legal help and can involve peer-educators, legal aid organisations and health facilities amongst others.

Additional recommendation

In addition, as this research focused on the city of Maputo only, we recommend expanding the scope of the study and ensuing interventions to the rest of Mozambique, where the reality of sex work is probably very different. It is also critical to ensure the sustainability of the interventions aiming to reduce violence against sex workers. If they are to succeed, community and governmental support of sex workers, the sensitisation of law enforcement and health staff, peer education and the creation and use of rapid response systems need to be provided as an on-going process.

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