



A participatory research in Angola

Sex work & violence

June 2026



Hands Off

Reducing violence against sex workers

The Hands Off programme (January 2020 – June 2026) focuses on the reduction of violence against sex workers in Southern Africa at community, national and regional level. Hands Off works with sex worker-led groups, law enforcement, community and religious leaders, and service providers in Angola, Eswatini, Mozambique, South Africa, Zambia and Zimbabwe. Violence is increasingly recognised as an important risk factor for HIV transmission and sexually transmitted infections (STIs) worldwide. High rates of violence perpetrated against sex workers have been consistently reported in the Global South.

Violence significantly increases sex workers' vulnerability to HIV. It leads to inconsistent condom use, increases the risk of HIV infection and prevents sex workers from accessing essential services such as healthcare and legal support. It also directly violates their human rights and negatively affects their safety and wellbeing. While much research on sex work focuses on HIV prevention, far less evidence examines the impact of violence or identifies factors that increase or reduce risks to sex workers' rights and wellbeing.

Studies on sex work and violence in Southern Africa and Angola

Directly linked to the Hands Off programme, this report presents the main findings of a study in Angola examining violence against sex workers. The results provide insights into the levels of violence experienced by sex workers; the type of perpetrators; underlying factors and variables that increase the risk of violence; and mitigation factors that lower the risk of violence towards sex workers.

Study results will be used to inform decision-making around appropriate intervention strategies and for lobby and advocacy purposes. The report is intended to support government stakeholders and other decision makers in strengthening strategies to address violence within existing legal and policy frameworks.

The research was designed by sex workers and partner organisations during the first phase of the programme. Sex workers in the five programme countries – Botswana, Mozambique, Namibia, South Africa and Zimbabwe – participated in implementing the research and disseminating results. Topics included: violence, social networks, police attitudes, safety, security and risk mitigation strategies.

In Angola, the Hands Off programme was launched in 2025 in partnership with the National Institute for the Fight against AIDS (INLS) and two sex worker-led organisations: the Association for Women's Rights (ADM) and the Alliance of Sex Workers of Angola (ATSA), which serve as implementing partners.

Hands Off is coordinated by Aidsfonds, a Dutch non-governmental organization committed to ending the AIDS epidemic and advancing global sexual and reproductive health, with support from the Embassy of the Kingdom of the Netherlands in Maputo.

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

- > Botswana
- > Eswatini
- > South Africa
- > Mozambique
- > Zambia
- > Zimbabwe
- > Kenya
- > Namibia
- > Southern Africa (regional)
- > The Netherlands

Partner institutions

- > Aidsfonds, the Netherlands
- > Association for Women's Rights (ADM)
- > Alliance of Sex Workers of Angola (ATSA)

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Abbreviations

ADM	Association for Women's Rights
AIDS	Acquired Immunodeficiency Syndrome
ATSA	Alliance of Sex Workers of Angola
DNSP	National Directorate of Public Health
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioural Survey
INLS	National Institute for the Fight Against AIDS
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer and all other sexual orientations and gender identities not specified by the letters LGBTIQ
MASFAMU	Ministry of Social Action, Family and Women's Promotion
MININT	Ministry of the Interior
MJDH	Ministry of Justice and Human Rights
PEN	National Strategic Plan for Response to HIV/AIDS, Viral Hepatitis and Other Sexually Transmitted Infections
PrEP	Pre-Exposure Prophylaxis
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme

Executive summary

Background

Sex workers exposed to violence are more likely to be infected with HIV and other STIs. In Angola, female sex workers, transgender women sex workers, and male sex workers experience various structural inequalities due to poverty, social stigma in the community and in families, and gender oppression. Angolan laws and policies, while not explicitly punishing or criminalising these groups, contain important omissions.

Methods

This study aimed to explore the dynamics of violence among sex workers in Luanda to generate deeper insight into factors that increase the risk of violence, as well as mitigating strategies. Mixed methods were employed: quantitative, in the form of a survey with 469 participants, and qualitative, in the form of focus groups with 42 participants; in-depth interviews with 20 participants; and interviews with 6 key informants.

Results

The results show that violence against sex workers in Luanda is widespread, frequent, and multifaceted. **90% of sex workers reported experiencing at least one type of violence in the last 12 months.** The violence is recurrent and can involve several types of violence occurring simultaneously. Different experiences of violence stem from how gender, stigma, family responsibilities, education, and work contexts intersect. Clients and police are the main perpetrators of violence. More than half of the participants suffered physical (55%) or sexual (56%) violence from clients, and more than half reported physical violence from the police (51%). The results also show a consistent association between violence and structural vulnerability factors. Almost all participants reported adopting strategies to prevent or mitigate violence, with limited effectiveness.

Conclusions

Sex workers in Angola face unacceptable levels of violence, stigma, discrimination, and other human rights violations, leaving them considerably more vulnerable to HIV/AIDS. The study results support the need for interventions that go beyond individual behaviour change and address structural barriers, the broader systems and conditions that make it difficult for people to protect their health or access justice and services. Reforming laws, systems, and service standards is essential to protect sex workers. So too is stronger advocacy to recognise violence against them as a human rights and public health issue, and to ensure their inclusion in decision-making. At the same time, efforts must focus on expanding safe services, easy ways to report issues beyond the police, and integrating violence prevention into HIV programmes. This should be supported by increased funding for sex worker-led organisations, improved access to HIV and violence prevention tools, and opportunities for education and income generation.

Introduction

Sex workers in many places are highly vulnerable to HIV. Structural factors such as poverty, low educational attainment, stigma due to sex work – intersected with sexual orientation, gender identity, migration status, violence, discrimination and criminalisation of sex work, and HIV-positive status – contribute to increasing the risk of HIV. These factors cause sex workers to face multiple barriers to accessing HIV information and services (Viswasam et al., 2021).

A study reveals that discrimination in treatment, breach of confidentiality, and even denial of services is common (Decker, 2015). This mainly affects access to HIV testing. In 2021, UNAIDS highlighted that 67% of sex workers knew their serological status in 30 countries (UNAIDS, 2021). By 2024, among the 69 countries that reported data, this figure had increased to 80% (UNAIDS, 2024).

Violence, in particular, is a critical factor in the vulnerability of sex workers to HIV. They experience verbal, physical, or sexual violence, social stigma, discrimination, intimidation, coercion, and harassment at the hands of clients, brothel owners, police, intimate partners, and other people in the community and family. This violence is not only widespread but legitimised and accepted by many. (UNAIDS, 2012; Decker, 2015; Viswasam et al., 2021).

Repressive policies or laws further increase the likelihood of violence. Sex work is currently criminalised in most Southern African countries through national laws and municipal regulations. Criminalisation contributes to an environment of tolerance and normalisation of violence against sex workers and a lack of protection for street sex workers and those working in isolated locations. It also contributes to sex workers operating in unsanitary and unregulated conditions (Deering et al., 2014).

The total, partial, or indirect criminalisation of sex work (such as prohibiting the promotion of sex work) also renders violence invisible, meaning that sex workers may not recognise acts of violence as such (Deering et al., 2014). This may, to some extent, explain the varying rates of violence found in a literature review of over 800 studies on sex work: 7-89% and 5-100% of sex workers reported experiencing sexual and physical violence, respectively, at the hands of the police in the countries studied, while 8-76% experienced physical or sexual violence from clients and 4-64% from intimate partners (Decker et al., 2015). Estimates suggest that 25% of HIV infections among sex workers could be reduced if physical and verbal violence against them decreased (Aidsfonds, 2018; FHI 360, 2019).

HIV programmes aimed at sex workers must therefore address structural factors such as violence in order to be truly effective (Decker et al., 2015; UNAIDS, 2012). To this end, evidence is needed to inform interventions. However, data and information on human rights violations against sex workers are frequently underestimated. The lack of systematic documentation of violation cases skews the extent of the problem. Furthermore, many strategies to reduce violence against sex workers have not been formally investigated and evaluated (WHO et al., 2010).

1. Methods

For this study, a mixed method community-based participatory research 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 implementing partners ATSA and ADM, the programme aimed to reflect the actual needs of the sex worker community.

In Angola, a technical working group made up of government bodies, international agencies and ADM and ATSA, oversaw and supported all phases of the study, from protocol development, submission to the Ethics Committee, adaptation of tools to the Angolan context, training of research assistants, data collection, and reporting. The working group was crucial for securing Ethics Committee approval, strengthening institutional support for sex workers, and ensuring uptake of the study's findings. It included representatives from: the National Institute for the Fight against AIDS (INLS); the Ministry of the Interior (MININT); the Ministry of Justice and Human Rights (MJDH); the Ministry of Social Action, Family and Women's Promotion (MASFAMU); the National Directorate of Public Health (DNSP); the United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The research has two components – a quantitative and a qualitative aspect – and both worked with informed consent, based on tools previously developed in collaboration with sex workers from all the participating countries with support from Hands Off programme staff and experts, in cooperation with the VU University in Amsterdam. These methodological tools were adapted to the Angolan context, with support from ATSA and ADM and the technical group.

All participants were of legal age (18 years and older), proficient in Portuguese to answer the questions, and gave informed consent. The study prioritised sex workers from municipalities in Luanda with a high flow of sex work, and where ADM and ATSA work within the context of the Hands Off programme, namely: Ingombota, Maianga, Belas, Cacuaco, Viana in the province of Luanda and the Zango neighbourhood in the province of Icolo e Bengo.

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 of their money, including, but not restricted to, exploitation, theft, and clients not paying for sex workers' services.

To define the overall risk of violence experienced by sex workers, the study combined the risk factors for both physical and sexual violence.

1.1 Quantitative method

The survey questionnaire was established following participatory principles. It was based on a topic list that took into account existing questionnaires developed for sex workers measuring violence and health-related topics. The final questionnaire has 88 questions, focusing on the following themes: 1) aspects of sex work (such as working location, economic incentives, clients, migration and reasons for entering 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.

The data were collected between November and December 2025 by research assistants who met with sex workers in hotspots or other locations. In total, 11 sex workers of different gender and age groups were trained as research assistants. The training was adapted from Aidsfonds material focused on different aspects of administering questionnaires: 1) violence as a concept; 2) different research methods and tools; 3) open versus closed questions; 4) the research protocol; 5) different types of violence; 6) sampling techniques; 7) the effect of the interviewer's attitude; and 8) ethical considerations and references. There were opportunities to practise using the tools in the field.

Through snowball sampling, whereby respondents invited fellow sex workers to participate in the study, a total of 469 questionnaires were digitally administered, using Ona Data software and mobile phones. The average administration time was 1.5 hours. Participants were compensated for taking part.

1.2 Qualitative methods

The qualitative component, which consisted of focus group discussions, in-depth interviews with sex workers and interviews with key informants, was conducted by two social scientists, who coordinated the study. The focus group discussions tackled four central themes: 1) violence, 2) police, 3) support networks, and 4) prevention and risk mitigation strategies; and applied two approaches: 1) homogeneous groups

in which all topics were discussed altogether; 2) heterogeneous groups that addressed each topic separately. The sessions started with a warm-up activity, such as a drawing exercise, to break the ice.

At the end of the group discussions, an information session on HIV/AIDS took place, as many participants indicated gaps or misinformation in their knowledge. All participants received condoms and received compensation for participating and were referred on to support and health services.

In total, 20 in-depth interviews were conducted, alongside nine focus group discussions involving 42 participants. With the participants' permission, the conversations were recorded and then transcribed using a transcription application. The contents were analysed using NVivo software.

In addition to the sex workers' perspectives, the study included six other stakeholders with work experience or contact with sex workers. Key informants were interviewed from: the National Institute for the Fight Against AIDS (INLS); the Ministry of Social Action, Family and Women's Promotion; the National Directorate of Public Health; the HIV/AIDS focal point in one of the study's target municipalities; UNDP/Global Fund; and ATSA.

1.3 Study sample

Participants

Quantitative data analysis shows a study sample (n=469). Most sex workers in this sample are female (46%), others are male (30%) and transgender (23%)¹. 0.6% indicated that they have another gender identity. The majority (63%) are 25 or older. Participants' ages ranged from 18-49 with a median age of 25. About 76% are originally from Luanda, while 20% are migrants from other provinces and 4% are from other countries.

The majority of sex workers in this sample are single (76%), others are in a relationship but not married (24%), currently married (0.4%) and 0.4% widowed. 28% have children, with a median of 2 children. Fifty-one per cent of female sex workers report having children, for whom many are the sole providers, while only 11% of male

¹ Female sex workers are cisgender women. Male sex workers are cisgender men, regardless of sexual identity, sexual orientation, or LGBTIQ+ affiliation. Transgender women sex workers are individuals assigned male at birth who identify as women.

sex workers and 2% of transgender women sex workers report the same. Family responsibilities such as caring for children (24%), supporting parents (19%) and siblings after becoming orphans (20%) were listed as reasons for entering sex work.

The most common age at which people began sex work was 18, which reflects the legal age of majority, with the starting age ranging from as young as 8 – indicating child sexual exploitation – to 41. Most common reasons for starting sex work are need for money (90%), looking for a better life (77%) and they were forced by circumstances (72%). Other reasons given were that they liked the work (67%), were unemployed and needed work (66%), or they liked the freedom that comes with it (60%). A smaller proportion took up sex work to finance their studies (28%), because they were deserted by their family (23%), because drugs played a role (21%) or they were forced into sex work (12%). 44% worked with a pimp.

Sex workers in this sample work, on average, from four different locations. Most work on the street (64%), in hotels (57%) and bars (55%). Other locations are clubs (38%), truck stops (31%), brothels (15%), markets (16%) and casinos (11%). For those who work online, there is more opportunity to choose clients and be more discreet about sex work. The most used online platforms for sex work are Facebook, Badoo, Grindr, and WhatsApp. Engagement occurs through profiles, which do not necessarily mention sex work specifically, but there are suggestive and provocative photos and posts that incite potential clients.

Sex workers service their clients by phone (84%) and online (71%). Where most sex workers in this sample provide blowjobs to clients (74%), anal sex and hand jobs are provided by 70% and 49% of participants, respectively. 57% provide vaginal sex, 32% video sex, 27% provide direct company and 14% stripping services.

Within this study sample, 11% are HIV positive and willing to share their status, although this percentage is assumed higher since 17% do not know their status. 21% of the respondents do not want to disclose their status. Among those who are HIV positive, 71% receive regular treatment.

More than a third of sex workers in this sample had additional sources of income: they work in a bar (8%), sell clothes (7%), have a food or beverages stall or work at the market (3%), work as a cleaner (2%), work as a domestic worker (1%) or a nanny (0.2%), or in an office (1%). Eighteen percent reported a wide range of other occupations including cook, hairdresser, beautician, vendor.

2. Country context

2.1 Legal framework

In Angola, there are no legal frameworks that directly criminalise sex work, whether it be the sale or purchase of sex. That is, neither sex workers nor clients are committing a crime when engaging in sex work. However, there are some legal provisions that, depending on the interpretation, could be used as justification for criminalisation or negatively impact sex workers. In practice, sex workers lack legal protection in their profession. Sex work is not considered work in Angola (AIA, ADM & ATSA, 2024).

The new Penal Code, in force since 2021, removed provisions that punished sex work, such as a clause that could classify sex work as a dangerous situation, since “prostitutes” could cause public scandal or disrespect the police (UNDP, 2020). The current Penal Code does not criminalise sex work, but it does not legalise it either. Some aspects related to sex work, such as the promotion, facilitation, or profiting from prostitution, are crimes. In theory, a pimp could be committing this crime, but in practice, there is no clear legal understanding of whether any act by third parties could be classified as a criminal activity, in addition to the difficulty of proving it (USAID & UNDP/ LINKAGES, 2019).

Some provisions in the Civil Code could suggest that the sale of sex would be illegal, since freedom of contract is limited by law, public order, and morality. This interpretation conflicts with the principles of equality, non-discrimination, autonomy, freedom, security, and privacy enshrined in the Constitution of the Republic of Angola. In theory, people have control and ownership over their own bodies, and can decide with whom to have (consensual) sex, regardless of the will of the State or third parties (UNDP, 2020).

Legal frameworks related to HIV that impact sex workers

The criminalisation of HIV transmission, present in the Penal Code, can negatively impact sex workers. As already mentioned, experiences of stigma and discrimination are not uncommon in the lives of sex workers. The criminalisation of transmission can reinforce such experiences and act as a disincentive to HIV testing, thus preventing them from knowing their serological status. There are reports of illegal detentions of sex workers due to this provision. Some are subjected to compulsory HIV testing (UNDP, 2021; AIA, ADM & ATSA, 2024).

The Law 8/04 on HIV/AIDS (2004) contains an important omission regarding sex work and sex workers, as well as LGBTIQ+ groups. It is known that these groups are more vulnerable to contracting HIV, however the Law does not explicitly address these groups (UNDP, 2021).

Rights of lesbian, gay, bisexual, transgender, intersex, and queer people

Although Angola does not have laws that explicitly punish homosexuality or non-hegemonic gender expressions, it also lacks specific laws protecting LGBTIQ+ people, including many sex workers. Laws that potentially protect the lives of LGBTIQ+ groups in Angola lack practical application (UNDP, 2021).

The new Penal Code removed the criminalisation of homosexuality and penalises discrimination, including discrimination based on sexual orientation, but there are no guidelines on how to apply this (UNDP, 2020; UNDP, 2021). There is no legal support for LGBTIQ+ people forming families, either in the Angolan Constitution or in the Family Code (1998), and they lack access to rights related to marriage and family. According to the Civil Registry Code, transgender people in particular cannot change their names to align with their gender identity, which creates obstacles to recognising their identity.

2.2 Violence against sex workers in Angola

The experience of violence is very present in the lives of sex workers. According to the latest Integrated Biological and Behavioural Survey (IBBS) (2025), in the last 12 months, 38% of sex workers reported having been victims of some type of violence, with 18% suffering aggression at the hands of the police. 36% reported having been victims of sexual violence.

Although there is no specific information for male sex workers and transgender women sex workers, data on violence against men who have sex with men and transgender women give an idea of the context of violence these groups face when engaged in sex work. More than one third (35%) of men who have sex with men and more than half (52%) of transgender women reported being victims of some type of violence; 33% of men who have sex with men and 49% of transgender women reported being victims of sexual violence. A quarter (25%) of men who have sex with men and 31% of transgender women specifically indicated having suffered aggression at the hands of the police.

Police intervention is a challenge when it comes to violence, especially against sex workers (AIA, ADM & ATSA, 2024). Sex workers in Luanda report arrests, detention, and sexual violence at the hands of the police, as well as economic violence. According to IBBS data (2025), 17% of sex workers reported spending at least one night in jail in the last 12 months. When these violations are reported to the police, they are not taken seriously, and the crimes are not always recorded. There is a lack of trust in the relationship between sex workers and the police (UNDP, 2020).

2.2.1 Stigma and discrimination in access to healthcare in Angola

Stigma and discrimination are commonly experienced by sex workers and remain critical barriers to accessing health services, as indicated by the latest IBBS in Angola (2025). One-fifth (21%) of sex workers in Luanda avoided seeking health care for fear of discrimination. 61% reported being exposed stigma and discrimination.

Data from another study indicate that 47% of sex workers and 46% of men who have sex with men reported avoiding HIV testing for fear of people's reactions if they tested positive (GNP+, 2022). This confirms that stigma and discrimination, shown not only by healthcare providers but also by the general population, continue to discourage people from testing for HIV.

Sex workers and other key population groups also mention the low quality of services offered to them, such as breaches of confidentiality, except when they are attended to by HIV focal points (UNDP, 2020). This, coupled with other barriers, means that most sex workers and other key population groups do not know their serological status and, consequently, are not receiving HIV treatment. According to the IBBS, approximately 55% of sex workers did not know their serological status. It can be inferred that these numbers are also high for men who have sex with men and transgender women, given that 54% of men who have sex with men and 56% of transgender women did not know their serological status (IBBS, 2025).

Such stigma in accessing health care contradicts health rights enshrined in Angolan legal frameworks, such as the Basic Law of the National Health System (1992), which guarantees non-discriminatory access to health services for all Angolan citizens and foreigners in the country, in line with the Angolan Constitution (UNDP, 2021).

2.3 HIV prevalence among sex workers in Angola

Angola's National Strategic Plan for Response to HIV/AIDS, Viral Hepatitis and Other Sexually Transmitted Infections (STIs) (PEN VII, 2024-2028) by the National Commission for the Fight Against AIDS and Major Endemic Diseases recognises sex workers, men who have sex with men and transgender women as key populations to be prioritised in the country's national response to HIV/AIDS. It also mentions the high degree of stigma, discrimination, and violence experienced by these groups and the limitations in the protection of their rights. Aside from cisgender women, the strategic plan makes no mention of other sex worker groups.

Much of the statistical information available for sex workers in Angola comes from studies and research that come from within the framework of HIV projects, but these do not provide detailed information for transgender men and women who are in the sex industry.

The most recent IBBS (2025) with key populations included 1.249 female sex workers, 1.025 men who have sex with men, and 359 transgender women participants in the provinces of Luanda, Benguela, Bié, and Cuanza Sul. Estimates indicate that 26.000 female sex workers, 22.000 men who have sex with men, and 3.640 transgender women reside in Luanda. HIV prevalence was estimated at 7% among female sex workers, 12% among men who have sex with men, and 34% among transgender women, all of which are above the general population prevalence of 2% (IIMS, 2015-2016).

The most recent IBBS also indicated significant involvement of men who have sex with men and transgender women in sex work: 45% of men who have sex with men and half (50%) of transgender women identified as sex workers. 45% of men who have sex with men and 81% of transgender women indicated having received money for sex in the last six months. More than a quarter (27%) of men who have sex with men and 41% of transgender women stated that they had paid other men for sex during the same period.

3. Study results

Violence against sex workers

The Hands Off study results show that violence experienced by sex workers is widespread, although it affects different groups in different ways. The types of violence include physical, economic, sexual, or emotional violence, and often occur simultaneously. The violence takes place in a context of stigma where sex workers are discriminated against by multiple actors and have difficulty accessing services to which they are entitled.

Quantitative data indicate that 90% of sex workers experienced at least one form of violence in the past 12 months.

Female sex workers reported the highest prevalence (99%), followed by transgender women sex workers at 94% and male sex workers at 73%.

Physical violence is the most common type of violence, experienced by 93% of female sex workers, 67% of transgender women sex workers, and 44% of male sex workers, in the form of beatings and assault with objects, to name a few. Rates of economic violence related to income theft are also high: 87% for female

sex workers, 66% for transgender women sex workers, and 33% for men who have sex with men. The frequency of sexual violence, being forced to have sex without consent, was also higher among female sex workers (85%) than among transgender women sex workers (61%) and male sex workers (44%).

Emotional violence, which accompanies all other types of violence, includes insults, humiliation, blackmail, and institutional discrimination. 82% of sex workers reported at least one episode of emotional violence in the last 12 months; 79% were called offensive names; 48% reported blackmail; 48% felt discriminated against when seeking police assistance; and 31% felt discriminated against when accessing health services.

The main perpetrators of violence are clients and the police, as shown in the table below. More than half (55%) of sex workers suffered physical violence, 56% sexual violence, and 59% economic violence at the hands of clients in the past 12 months. Similarly, more than half (51%) of sex workers suffered physical violence, 43% sexual violence, and 46% economic violence at the hands of the police.

Type of violence against sex workers, by perpetrator, experienced in the past 12 months

	 Client	 Police	 Health worker	 Community	 Other sex workers
Physical	55%	51%	7%	16%	35%
Sexual	56%	43%	4%	7%	16%
Economic	59%	46%	n/a	n/a	40%
Emotional	n/a	48%	44%	79%	n/a

3.1 The community



The study shows that 19% of sex workers indicated having experienced at least one episode of violence within the community in the past 12 months, with 16% having suffered physical violence and 8% having suffered sexual violence. This violence, perpetrated by neighbours, shopkeepers, passersby and other residents in the areas where sex work takes place, often takes the shape of insults, humiliation, and physical assaults.

Transgender sex workers are particularly vulnerable to violence in the community and in public spaces, as their gender expression makes them more exposed. Many prefer to travel at night to avoid being stigmatised within the community.

Moralistic and religious views about sex fuel stigmas associated with sex work and the people who engage in it. This contributes to sex work being viewed as criminal, even though it is not a crime in Angola. In practice, sex work is not considered work.

“I've noticed that Angolan society, or rather Angolan human rights politics, don't believe in the work we provide to society. They simply judge it as amateur work and not professional work.”

Male sex worker, Luanda Province

Female sex workers experience high levels of selfstigma, which often translate into ambivalence or aversion toward sex work itself. This selfstigma is shaped by deeply rooted social norms that portray women as sexually modest and familyoriented, positioning sex work as a deviation from accepted femininity. Traditional expectations of women's roles therefore play a significant role in reinforcing the stigma faced by women engaged in sex work.

“I myself know that this is not a good life, this is not a good reputation for us. You are a woman, what man is going to want you seriously?”

Female sex worker, Luanda Province

3.1.1 Family, friends and partners

Violence from within the family itself is also significant. Almost a third (30%) of sex workers reported experiencing violence from family members in the past 12 months such as physical violence and even rape, and 29% have experienced violence by their intimate partner. Few share their profession with family to avoid violence, abandonment, and expulsion from the family. A female sex worker tells her husband that she is going out to sell things on the street (a common occupation in Angola), when in fact she is in the hotspot, where sex workers work on a regular basis, daily.

“If my family finds out, I don't know where I'll end up.”

Female sex worker, Luanda Province

Many male sex workers and transgender women sex workers report that the family is not a safe space for them. Due to their sexual orientation and gender identity, they have suffered physical and emotional violence since childhood, resulting in expulsions and being abandoned by family. These situations of family neglect are what led many to enter sex work. Even after being kicked out of their homes, some male sex workers and transgender women sex workers provide for their families with money earned from sex work without their families knowing.

“I'll get home and say, 'Mum, I got this, here it is.' She'll want to ask, 'Where did you get it from?' I'll say, 'Mum, there are certain things I don't need to tell you.'”

Male sex worker, Luanda Province

“Recently, in 2023, I came out as a trans woman. It hasn't been easy, but the good thing is that I'm okay with myself. And the reflection of all this is basically that I'm okay, I don't have a guilty conscience for telling the truth [about who I am]. But, sadly over time, I lost a lot of people [as family and friends]. Simply because they don't align with my gender identity anymore, but it's my life, right? And I can't be a lie to people, without the truth as part of me. Here in Angola, back then [when she was a child], if you're an LGBT person, people could tease you and even hit you, and I often went through that too. My parents would say, 'Oh, behave like a man, talk like a man, stop playing with women, what do you think you deserve, what do you deserve? Kisses or hugs after playing like a woman all day?' They have no connection with me anymore; they don't care anymore. I had to cut off from them. My mother once looked at me when I 'came out of the closet', she said she was disgusted, and even today I look at that and say, I tried to be the best person for my mother, but she couldn't see it, so I can't change the fact that she thinks I'm disgusting, so I preferred to give her space. I preferred to leave it [my old life] behind.

Transgender woman sex worker, Luanda Province

Despite situations of domestic violence, sex workers also point to family – in the shape of husbands, mothers, brothers, and uncles – as an important source of emotional support. Even though this support is limited because they do not share situations that occur in sex work, such as violence. For male sex workers and transgender women sex workers, in particular, family support is a shield against the social stigma they suffer in their communities due to their gender identity and sexual orientation. Family support is fundamental to their empowerment.

“When I look at my mother, I am so grateful that she accepted me. And anything from the outside doesn't affect me anymore because, first and foremost, the mother who gave birth to me accepted and respects my sexual orientation. So there's no way anything from the outside can really shock me.”

Transgender woman sex worker, Luanda Province

3.1.2 Other sex workers

The relationships between sex workers and their peers are marked by ambiguities. While they may perpetrate violence against one another, their colleagues are their primary source of support. Often, rivalries among sex workers can result in situations of physical or emotional violence, so much so that more than a third (38%) of sex workers reported having suffered violence at the hands of colleagues. Rivalries and disputes over clients and territories are very common. For female sex workers, the arrival of newer sex workers in the area is often a source of tension. This can mean losing clients, or even leaving the area or being expelled by pimps.

“We make each other jealous. There are others who don't like it that you are called upon more often, we sometimes fight amongst ourselves.”

Female sex worker, Luanda Province

While acknowledging the existence of violence among themselves, sex workers also expressed feelings of sadness at the disunity within the community and emphasised the importance of being united. Since sex work is often kept secret from family and community, many sex workers report only trusting fellow sex workers to deal

with violence in the workplace. Colleagues are an important source of emotional and financial support in sharing condoms, food and money for transportation. And often they are the only people they can count on.

“And what happens there at the hotspot, you can’t explain it to just anyone. It can only be to someone else at the hotspot. Because the people you try to explain it to will discriminate, but your colleague at the hotspot won’t, because she lives the same life as you. You can’t explain it to your family. You can’t explain it to your neighbour. It really has to be someone who’s at the hotspot.”

Female sex worker, Luanda Province

“There was a time when I went through something at home and I simply decided to leave home. And it was him [a fellow sex worker] who took me in, even when I explained to him what happened, I was tearing up, crying, and this friend simply hugged me and started crying with me, and, like, that was very emotional. Well, it was very emotional and, well, there was a moment when I wasn’t just crying because of what happened to me, but I was crying because I knew I had someone close by that I could count on, not only in good times, but also in bad times in this case.”

Male sex worker, Luanda Province

3.2 Clients



Clients are the main perpetrators of violence against sex workers in all types of violence. Many sex workers report that not knowing who they are negotiating with puts them in a vulnerable situation. Different types of violence can occur simultaneously. Situations of economic violence can generate physical violence. Clients may use physical violence when sex workers do not do what they demand. Often, sex workers respond to these aggressions with violence, and things can escalate. The fact that there is often impunity when it comes to violence against sex workers further fuels violent behaviour on the part of clients.

“You have to be lucky. Because many times we go out with men who are real thugs. You’ll have sex with him, he’ll break the condom. Sometimes he wants to be on top of you for an hour, two hours. But the amount of money he gave you is too little. He’ll hit you, he’ll beat you up. That’s it.”

Female sex worker, Luanda Province

Physical violence

More than half (55%) of sex workers have experienced physical violence at the hands of clients in the form of pushing, kicking, cutting, slapping, and burning. There were reports of a sex worker who went missing, never to be found, after contact with a client. Even after her colleagues confronted the client and went to the police, nothing was done.

“I have been kicked here [points at her ribs] at a client’s house. I went with him to his house, so we could arrange something. He didn’t want to do what we agreed on. He started being violent with me, and I also started defending myself.”

Female sex worker, Luanda Province

“The first instance of violence that happened to me, I was with someone who, at the time, if I can say so, was a regular client. Well, we were together and then, out of nowhere, he snapped, his behaviour changed. At first, he just started swearing, and I thought it was all based on lust, but then the situation changed and he became super aggressive. He even beat me up, causing some injuries.”

Male sex worker, Luanda Province

“So, I accepted the money [negotiated with the client]. When we got there, the conversation didn't go well. Some of his other friends asked to stay with me, but without paying me extra. That's when I was raped by them and, when I was leaving, he said I could report it to the police, but that the police wouldn't listen to me because, given the life I lead, there's no one who could speak for me. He punched me, tore my lips, and then I left.”

Female sex worker, Luanda Province

Economic violence

Economic violence is the most frequently reported type of violence at the hands of clients: 59% of sex workers have experienced this. Negotiations and payment are often tense. Abuse occurs when clients refuse payment, pay less than negotiated, or demand other services without agreeing to change the price. There are also situations where clients steal what they have paid. Some sex workers acknowledge that they themselves steal clients' belongings. They recognise that this puts them at risk of violence from clients and affects the demand for their services.

“Some clients come from their house with pure malice. They'll just come there, they'll arrive, you know, they don't have money, they'll charge you X, they'll take you, you will do your job, and when you're finished, they won't pay you the correct amount, and then a fight will start that will turn violent.”

Female sex worker, Luanda Province

Sexual violence

More than half (56%) of sex workers have experienced sexual violence at the hands of clients, often involving forced sexual practices that were not agreed upon, having sex without a condom, and having sex with other clients without prior consent. In some instances, sex workers report unwanted pregnancies as a result of sexual violence from clients, pimps or police officers.

Emotional violence

Many sex workers report having been insulted by clients for being sex workers. They report cases of humiliation and threatening behaviour. Transgender women sex workers face a specific situation in their relationships with clients that causes them emotional discomfort, as they often have to reveal to clients that they are not cisgender women. Sometimes clients seek them out already knowing they are transgender women; in other circumstances, they do not realise it. Some prefer to avoid clients in this situation to avoid the embarrassment of revealing themselves as trans. Others reveal themselves as trans; in some cases, the client accepts it or it can lead to violence.

“That part of telling men is the hardest part for a trans woman sex worker. Because we don't know what the man's reaction will be. In most cases, it's preferable for a trans woman to be drunk to be able to speak. Because it's not easy to say, 'look, I'm a trans woman.’”

Transgender woman sex worker, Luanda Province

“And to be honest, my first experience was very traumatic. It lasted three months and he was a white man. My perspective is that he was racist because he just wanted to use my body as if it were an object. We would arrange to meet at a place, and he would go in his car, tell me to get in, and he would say, before I did anything, ‘take this towel,’ meaning a damp towel. And he would tell me to clean my body, to clean my genitals, before he performed oral sex, or something else. And I would look at him and think, ‘am I dirty that he’s cleaning me like this?’ And what he was supposed to give me was basically 17,000 kwanzas at the time. I felt traumatised. I remember that on the first day I had sexual contact with this guy in 2020, the Portuguese guy, I got home and cried. I cried so much. I didn’t even know if I was clean, if I was dirty, I didn’t know. Because it seemed like he was disgusted by my body, because he always told me to clean my body. I hated that. Before going out, I would shower from head to toe, I even put perfume all over my body. To at least be clean. But he would get there and say, ‘clean your body’.”

Transgender woman sex worker, Luanda Province

Positive client relationships

Some sex workers report positive experiences with clients. Often, clients seek comfort in the arms of sex workers, and not necessarily sex. As well as sex, the sex workers offer emotional support services. Many participants highlight the importance of making a good impression on the client so that he may seek them out again. There are situations where clients have provided financial support for a daughter’s school fees or paying hospital costs. Regular clients are more likely to provide financial assistance.

“A regular client called me to meet and I explained to him, ‘I can’t.’ He asked me if ‘you’ve been to the hospital yet?’ I explained to him that I hadn’t. It was probably God who sent him, because it was he [the client] who helped me financially, took me to the hospital, we did all the treatments. And then he paid for everything, all my hospital expenses, took me home and gave me some money to take care of myself at home.”

Male sex worker, Luanda Province

“Sometimes they [clients] just look for someone to listen to them, and there’s no one better than us, sex workers. Many times, what makes clients seek us out is us knowing how to deal with them. And in those situations, it’s good, because they know, ‘No, I can’t talk to my wife, but on the street there’s someone I can talk to and who can calm me down.’ This happened to me several times. There are a few clients who come to me, but it’s more to talk. Sometimes we’ll have a drink, we’ll have two, just to talk. Sometimes, without even doing anything to me, they end up paying me for the time I spent with them.”

Female sex worker, Luanda Province

3.3 Pimps



Many sex workers report violence perpetrated by pimps, or so-called **plaqueiros**. They report experiences of economic violence at the hands of pimps, often at the hot spots. These pimps are men, such as security guards or car washers, who remain where the sex workers work and demand a percentage of the money made, a kind of 'tax'. This relationship does not involve a mutually agreed contract. Sex workers also report physical and sexual violence, such as gang rape, by pimps.

“There are some pimps who stay up all night with us to control where we go at night, if you have money. And there are some who take all your money, they won't leave you with anything, they'll just go on with their lives, and you'll be suffering again. So, what we sometimes do is try to get along with them, give them money for a soda, a beer, or take one to them so that they won't mess with you anymore.”

Female sex worker, Luanda Province

“The pimp who hurt my fingers with the stove was there and threatened me. I had to leave and ask one of the security guards for taxi money so I could get home.”

Female sex worker, Luanda Province

“The plaqueiros already lived there. They took me, there were about five or six of them. They raped me right there. A lady found me and took me to the police station. At the station, I'm explaining what happened, but they're not listening to me. The police are kicking me. It was just young men who hung out in Mutamba. I even got pregnant with a daughter. I suffered this rape, I went to complain, but it didn't do any good. My daughter's 12 years old now. She doesn't live with me; she lives with my aunt in Viana. It hurts a lot. I can always see it [the perpetrator's face] when I look at my daughter. I even used to feel anger towards her. I felt her anger. But then, when I started participating in some meetings with other sex workers, they got me a psychologist. Today I'm here, back to normal.”

Female sex worker, Luanda Province

3.4 The police



The police are a significant actor in the lives of sex workers. They should be agents of protection, as one sex worker put it: "The police are there to protect, to help in case of emergency," but this is not the experience of sex workers. Police action directly contributes to violence against sex workers. The relationship with the police is conflictual. Moralistic views regarding sex work lead the police to not recognise sex workers as having rights, but as susceptible to all sorts of abuse and violence. The power imbalance in this relationship motivates police officers to

arrest sex workers who are on the street, even though sex work is not a crime according to Angolan law.

3.4.1 Violence

Rates of police violence are high. More than half (54%) of sex workers have experienced police violence in the past 12 months. Female sex workers are most affected (95%), followed by transgender women sex workers (88%), while male sex workers experience lower, though still high, levels (80%). Data from this study show that locations where female sex workers and transgender women sex workers gather to work, such as the street, bars, and truck stops, are

associated with greater risk of police action, which helps explain these figures.

Situations of physical violence are the most common, in the form of beatings, kicks, shoves, and slaps. More than half of sex workers (51%) reported having suffered at least one episode of physical violence at the hands of the police in the last 12 months. Emotional violence in the form of name-calling due to stigma is also common. Many sex workers report that the police do not see them as human beings. Furthermore, male sex workers and transgender women sex workers suffer homophobia and transphobia in the form of insults due to their sexual orientation and gender identity. Bullying is a recurring experience.

“I'd say it's a little difficult to live with [the police]. And we've had a lot of trouble with the police for being a sex worker in inappropriate places, in this case on the street, because many times we don't have our own establishment. So, we do it [sex work] wherever we can.”

Female sex worker, Luanda Province

“You go to the police to report what happened to you, and the police don't even bother to call you. They ignore you immediately. They even have a name for us, 'rat,' 'that's a rat, leave her alone.' Nobody approves of prostitution. We are discriminated against more than anything else.”

Female sex worker, Luanda Province

Situations of economic violence are common. Almost half (46%) of sex workers report economic violence, including theft of income and keeping them confined in police stations. It is not uncommon for the police to stop sex workers and demand the money earned from sex work in order to avoid arrest. Sexual violence at the hands of the police was reported by all groups, with 43% indicating they were forced by police officers to have sex. More than half (44%) have had sexual relations with the police to avoid arrest. Many female sex workers suffer rape by police officers when they are taken to police stations. Some transgender women sex workers and male sex workers interviewed – although they did not understand their experience as sexual violence – recounted situations with police where they ended up having sex to avoid a violent situation.

“I was at a party, the client wanted to go to the hostel, I said: 'no, the prices at the hostel increase a lot, there's a wooded area there, let's go in and have sex there.' He agreed, and since he really wanted to, we had sex. But then the police arrived. It's well known that having sex in the street is a crime. They arrived, but the young man who was having sex with me ran away. The police grabbed me and brought me straight to the patrol car. There was one policeman driving and two who grabbed me and arrested me. I was in the back with them. It was a tight patrol car, one man asked me: 'Are you always like this, do you have sex with them [men]?' I couldn't answer. Another one started slapping me. I started to answer. Then he spoke to me. The other one started trying, starting to want to, like seducing me. I was depending on them to get back, to be released, right? And then I accepted. And then, the two of us, we penetrated each other. And then they left me, made me get out of the car, and told me: 'go home.'”

Male sex worker, Luanda

“They come out, they find you on the street. They know you’re a sex worker. They’ll pick you up. They’ll put you in the car. They’ll take you, they’ll drive you around. If you have a thousand kwanzas and find a good policeman, he’ll let you go. But if you don’t find a good one, he’ll take you to the police station. At the station, after having sex with you, he’ll let you go, yes. But others won’t. You’ll sleep there, wake up in the morning, [be made to] sweep. In the morning, they’ll leave you. They grabbed me once, I spent three days in the police station. I had a baby, my baby was breastfeeding. I spent three days in the police station.”

Female sex worker, Luanda Province

“There was also a time when I was working as a prostitute at what was more of a bar, where people usually knew that people went there to look for sex and fun and all that... so they [the police] caught me, arrested me, I think I was detained for two or three hours, but with verbal abuse. Then they started swearing, saying a lot of things.”

Male sex worker, Luanda Province

3.4.2 Arrest

Because police regularly remove sex workers from the streets, arrests and threats of arrest are common. Most arrests are arbitrary and often occur during police raids (44%). Arrests on charges of vagrancy or disorderly behaviour were reported by 42% of sex workers. Other common grounds for arrest include simply being a sex worker (43%), soliciting clients in public places (40%), stealing from a client (28%), lacking an identity card or passport (21%), and carrying condoms (18%).

In the past 12 months more than half of sex workers (55%) were arrested with an average of 4 times. The average duration of their detention was 3 days. Among those arrested, 92% experienced violence during arrest, often in overlapping forms. Sex workers reported humiliation and many female and transgender women sex workers report being forced to do cleaning tasks in police stations. Verbal abuse was the most frequent (83%), followed by discrimination (81%), physical violence (79%), threats, (78%), economic violence (74%), and sexual violence (64%). It should be noted that these forms of violence overlap.

“It was during the Corona[virus] pandemic. We thought it was a civilian car that was parked. In fact, it was the commander’s car. He was watching what we were doing. It didn’t take long. He ordered his men to come. They came with the patrol car. He ordered them to surround us. They took us, we stayed there [at the police station] for almost three days. The commander ordered them [police officers] to beat us. The commander himself was beating my colleagues. They didn’t hit me because I told the commander: ‘Commander, if you hit me, I think I’m going to die, because I had a surgery two months ago.’ He grabbed me, hit me lightly. But my friends really suffered from the commander’s beatings. Even the police officers themselves said, ‘He’s the commander, he’s the one in charge.’ We were there for three days.”

Female sex worker, Luanda Province

“Where we stopped, there were police stations nearby, so they would chase us, arrest us, and release us the next day. We were going to do the whole police station’s job, wash the dishes.”

Transgender woman sex worker, Luanda Province

“Is there violence? Yes. Sometimes, they chase us, they harm us. And, from time to time, they also try to assault us. We also insist on staying there [on the street] because that’s where we earn our living. And then, sometimes, there’s always a complication between us and the police.”

Female sex worker, Luanda Province

3.4.3 Seeking police assistance

This pattern of police violence contributes to the fact that most sex workers avoid seeking police assistance when they suffer aggression. When the police are called, it is sporadic and limited, often for reasons unrelated to sex work. Contact with the police force does not constitute an effective or safe response to the violence experienced, as sex workers suffer rights’ violations and systematic violence at the hands of police officers. In general, sex workers view the police with suspicion, even considering the officers as “criminals or ignorant,” given the abuse they suffer. There is no recognition of the police as a protective agent, therefore there is no credibility in the police.

Almost half (44%) of sex workers have never sought police assistance due to physical violence. This percentage increases to 57% among those who have suffered sexual violence and to 61% in the case of economic violence. In situations of emotional violence, the levels of police avoidance are even higher: 67% never sought police assistance after episodes of discrimination, and more than 70% never did so after episodes

of verbal abuse. This indicates that emotional violence is the most normalised type of violence among sex workers.

“Public order in Angola is not strictly enforced, excuse me. When they [the police] are present, their policing on the streets is awful. When they encounter a transgender woman on the street, to them we are the worst possible threat. That’s wrong. The police are supposed to protect, to help in emergencies. It feels like war, they make jokes. ‘Hey, what do you want to do?’ That’s why they irritate me. I never date police officers. I see that, outside the country, there is more respect for transgender women. Public service protects the population, no matter who they are. But here in Angola, it’s a mess.”

Transgender woman sex worker, Luanda Province

“If sex workers go to the police station, the police station doesn’t respond. Quite the opposite, they become more vulnerable, sometimes will suffer more violence, coercion, etc. So, you can’t trust those who should theoretically be defending you.”

Key informant, Luanda Province

Many of the sex workers interviewed who reported going to the police shared that their complaints were not taken seriously, with all sorts of reasons given, such as lack of fuel to travel to the crime scene or even that they had to bring the perpetrator of the violence to the police station. Often, they are simply ignored and even rejected. When cases advance to formal procedures, the

outcomes tend to be negative. Almost half of sex workers (45%) stated that they had tried to file a complaint, but only 11% of these cases were followed up. The majority indicated that the process was not followed up (28%), was refused (18%), or that they did not know what happened to the case (37%). As a result, the vast majority expressed dissatisfaction with the process (80%).

“I went to the police station... the police station told me, 'no,' that I had to go get the guy [client]. I said, 'no, I can't go get the guy. Man, chief, come with me.' He said, 'no, there's no time for these things.'”

Female sex worker, Luanda Province

3.4.4 Support from police/positive experiences

Despite the overall context of violence and mistrust, a proportion of sex workers (42%) reported having had at least one positive experience with the police. A significant proportion indicated that the police helped when needed (37%) or intervened in conflicts with clients (29%).

“It's such a good collaboration with us, whenever there's a fight with clients, we always go there to file a complaint, they've always supported us, they even come to the place where the incident happened, so they always give us that help. They always come with us, sometimes they give us advice on where we can go, where we can stay. And it's always like that.”

Transgender woman sex worker, Luanda Province

If the police officer is someone sex workers know personally, it is more likely they will get help. Many sex workers report that clients who are police officers help them when needed by intervening in situations of concern, such as violence by a client

or pimp, offering protection, and making the client return what was stolen, when applicable. There are many ways in which sex workers identify police officers among their clients. Some officers come in uniform, others mention being police officers. There are those who leave documents or weapons in plain sight. Even when they do not identify themselves as police officers, often the sex workers themselves can tell by the way they talk.

3.5 Health care



Healthcare access

Sex workers seek different types of health services, but access remains uneven in the last 12 months. Most sex workers sought general health services (74%). More than half of participants (51%) sought services for sexually transmitted infections (STIs) at least once. Nearly two thirds (65%) accessed HIV services, while 35% had never used them. Only 16% sought antiretroviral therapy (ART) services, although this low number may reflect non-disclosure of HIV status or limited awareness of their serological status. In addition, 29% sought care after experiencing violence, and 21% accessed post-rape care services. Male and transgender sex workers were less likely to seek HIV services, violence-related-care and post-rape care than female sex workers. Male sex workers were less likely to seek STI treatment and counselling compared to other gender groups.

Use of condoms

Quantitative data show that many sex workers do not use condoms consistently during sex work. Less than half (44%) report always using condoms during sex work, while 51% indicate they use them only sometimes and 5% report never using them. Even with this inconsistent use, sex workers across all groups mention the importance of condom use, although they highlight the difficulty in negotiating it, since clients generally prefer to have sex without a condom, and even pay more for it. Some sex workers report violence arising if they do not agree to have sex without one. Some of them mention the importance of the work of community organisations in gaining access to condoms, considering that they cannot obtain the quantity they need in health units, given the difficulty of disclosing that they are sex workers.

“Especially there are people who force you to have sex without a condom. If you don’t agree, they’ll beat you, leave, and give you nothing.”

Female sex worker, Luanda Province

“The work of the [community] organisations has been very helpful in getting condoms. They can give us five or six condoms. It helps a lot.”

Female sex worker, Luanda Province

Health units are often unable to meet the demand for condoms. Despite the Angolan government’s regular procurement of condoms, with the support of international donors, key informants in this study and previous reports from government agencies and civil society indicate that the illegal diversion of condoms from the public health sector is a recurring problem. This, coupled with cuts in international HIV programmes and government budget constraints, contributes to the unavailability of enough condoms in public services. In most cases, sex workers have to bear the cost of purchasing condoms.

“We even buy [condoms], we don’t go to the health facilities anymore.”

Female sex worker, Luanda Province

Stigma and discrimination

Stigma, discrimination, and abuse in healthcare settings often prevent sex workers from accessing and remaining in services, depriving them of essential healthcare, care post violence and HIV prevention. A significant proportion of sex workers reported negative experiences when seeking healthcare, such as humiliation in front of other patients. Almost a third (31%) felt discriminated against when trying to access health services. The same proportion (31%) reported feeling judged by healthcare professionals, and more than a third (37%) reported being verbally abused in healthcare facilities. This is supported by some key informants recognising discrimination in healthcare facilities due to personal biases held by some healthcare providers regarding sex work, sexual orientation, and gender identity.

“It’s a reality, the facilities are very unwelcoming... people are treated with contempt, a lot of coldness when someone identifies as a sex worker, a man who has sex with other men, or as a trans person who doesn’t need to identify themselves, because they’ll [the healthcare providers] immediately see that.”

Key informant, cisgender woman, Luanda Province

This discrimination does not affect different groups in the same way. Female sex workers report these experiences more frequently (36%), followed by transgender women sex workers (34%) and male sex workers who report lower but still significant levels (18%). Many sex workers do not disclose their occupation to healthcare providers to avoid discrimination. This means they do not receive healthcare services that meet their needs related to sex work, such as access to the quantity of condoms they need or HIV and STI testing.

“Because when you explain that you’re a sex worker, you’ll be ignored, even by the doctor you talk to. The treatment will already be different.”

Female sex worker, Luanda Province

Despite these instances of discrimination, some of the transgender women in sex work report positive experiences in healthcare facilities. Some highlighted the importance of “good looks,” which shows the positive impact of a transgender woman expressing her identity, when she adheres to conventional feminine ideals of beauty and elegance.

“When I go to the hospital, even when I’m sick, I take a shower first. I even wear high heels... You’re sick but you have to look good. I provoke them. So I’m well taken care of in hospitals. I love it.”

Transgender woman sex worker, Luanda Province

3.6 What fuels violence?

The study reveals that different risk factors impact violence experienced by sex workers in Angola, although a direct causal relationship cannot be established. These risk factors often occur together with other factors and circumstances. Risk factors associated with higher levels of violence include working in multiple locations and on the streets, alcohol and drug use, having a migrant status, education level and being HIV positive.



Working context

Some working conditions and circumstances increase the chances of violence, such as the location where sex work takes place.

Most participants in the study work in multiple locations, with nearly two-thirds (64%) reporting working on the streets, 55% in bars, and 57% in hotels. Working in multiple locations involves greater contact with potential perpetrators of

violence: clients, pimps, and police officers (as previously reported). Sex workers who are on the streets in particular, and therefore less protected and more exposed, are more vulnerable to violence than those who are in fixed locations or who work online. The police tend to engage with sex workers who are on the streets in order to pick them up, as previously noted. Female sex workers are the ones who most frequently report working on the streets, and this is an important factor that makes them more vulnerable than male sex workers and transgender women sex workers.

“The streets. The streets make sex work very dangerous. Many times we are chased away, judged, and even assaulted.”

Female sex worker, Luanda Province



Alcohol and drug use

One risk factor for violence is alcohol and drug use, and it is frequent among sex workers. It can affect their judgment and put them in risky situations. The majority of sex workers (78%) reported having worked under the influence of alcohol in the last month, and more than half (54%) used drugs during the same period. The substances most frequently mentioned in the last 12 months were marijuana (54%), sleeping pills (40%), Légua (homemade drugs) (24%), glue (14%), cocaine (12%), Kapassarinho (a street drug mixture of liquids and pills) homemade drugs (12%), and heroin (4%). The data suggest that alcohol use is more frequent than drug use.

Similar to studies in other countries, many sex workers interviewed shared the importance of alcohol and drugs in engaging in sex work. According to them, alcohol helps them “have the courage” to confront clients. Others cite alcohol use as a coping strategy to deal with violence, although it is not always effective.

“You have to drink; some people don’t drink, they smoke marijuana, some people don’t smoke marijuana, they smoke cocaine. So when you smoke that cocaine or marijuana, you’ll have the courage to face the client, you won’t be ashamed. You’ll be able to talk to them, you’ll be able to convince them [to buy sex].”

Female sex worker, Luanda Province

“My biggest struggle is getting out of alcohol, because I consume it because of what they [people] say. They said I’m a whore, ‘you’re dirty’, ‘every man sleeps with you’... I drink to forget everything they said about who I am, sometimes it doesn’t work when I drink, the thoughts just keep coming back, more and more.”

Female sex worker, Luanda Province



Lower level of education

The study found a correlation between low levels of education and all types of violence analysed.

Lower levels of education can limit

access to economic resources, support networks, information about rights and available services in the event of violence, and negotiation and protection strategies, increasing vulnerability to violence.

The experience of violence was particularly high among sex workers with no schooling (96%) and primary education (95%), progressively decreasing among those with secondary education (88%) and with vocational or university training (63%). The same pattern was observed for economic and sexual violence, where rates decreased sharply as the level of education increased.

The results also show that female sex workers have lower levels of education compared to male and transgender women sex workers. More than a quarter of female sex workers (27%) have no

schooling at all, possibly indicating illiteracy, as evidenced during the focus group with them, where many could not read or write. Another 38% have only primary education. In contrast, three-quarters (74%) of male sex workers have secondary education. Their higher levels of education also facilitate access to social media, an important space for accessing information, where they also engage in sex work.

3.7 People with increased risks



Migrant sex workers

Migrant sex workers, both from other regions within the country and from abroad, experience very high levels of violence (95%), compared to

non-migrant sex workers (88%). They experience higher rates of physical (85%), sexual (77%), and emotional (87%) violence compared to those from the Luanda region.



Sex workers with HIV serological status

The study found a significant association between HIV serological status and exposure to violence.

Sex workers living with HIV reported higher rates of physical violence (96%) compared to HIV-negative individuals, and higher rates of economic violence (88%). Among sex workers who reported discrimination, those living with HIV faced it more often than those who are HIV-negative. These associations do not establish causality, but they suggest that violence can increase vulnerability to HIV and may be more severe for those living with HIV. This reinforces the importance of integrating violence prevention and HIV services.

3.7.1 Prevention strategies and risk mitigation

Given this widespread and everyday scenario of violence, almost all sex workers resort to strategies to reduce the risks associated with sex work or to cope with violence. Almost all (99%) use at least one risk prevention or mitigation strategy. On average, each participant adopts 12 different strategies, which demonstrates a continuous and cumulative effort at self-protection. These strategies are essentially individual and reactive, reflecting the absence of systems of protection. Far from eliminating violence, these strategies primarily allow for

the management of risks in a context marked by insecurity, gender inequalities, stigma, and institutionalised violence.

Working from safe spaces

The most common violence prevention strategies are related to the management of space and the workplace. The vast majority of participants (95%) report avoiding places considered dangerous or remote, which is also a central guideline of sex worker organisations. 59% of sex workers change locations if there are raids or police.

“Another point is that, if they [sex workers] go to a location, it should be close to a place they know, because lately there have been many femicides. Men go to a location, take a sex worker. And then take her to a very...like a thicket, a drainage ditch, very dangerous. To assault her, steal her money, rape her and maybe even shoot her.”

Trans activist, Luanda Province

“When you’re working, on the sex side, I always aim to choose a place where I feel comfortable. Because we’re in a society where the level of malice is very high. So, many times, when clients request it, I agree to go to places the client chooses when it’s already a client who has requested my services before. Now, if it’s someone new, I prefer to choose the location myself. That way I’ll feel safer and I think it will have more advantages for me too.”

Male sex worker, Luanda Province

The data indicate that 95% seek to work indoors whenever possible. There is recognition that indoor spaces are safer than on the streets, as are fixed locations. Some female sex workers acknowledge that working in fixed locations would be safer for them.

“What I would do to make my work safer is to work with regular clients and only visit two or three locations. Not be in different places all the time. It’s more or less that.”

Female sex worker, Luanda Province

Careful selection of clients

Client selection and management constitute another central aspect of risk mitigation strategies, although it is difficult because, most of the time, sex workers do not know the person with whom they are negotiating sex work. However, there are important signs that are taken into account, guiding sex workers’ decisions to refuse clients they deem potentially violent. The majority of sex workers (90%) report refusing clients, with 60% doing so because they know the client is violent, 62% due to disrespect, 66% due to refusal to use a condom and 37% when the client wanted to use alcohol or drugs. Sex workers interviewed agree that it is better not to accept clients who already show signs of violence during negotiations. They also prefer not to work with clients who have been violent towards them in the past.

“If the client is already causing trouble while we’re still talking, getting involved with him is worse, so then I prefer not to do it.”

Female sex worker, Luanda Province

“But since then, I’ve removed the [violent] client from my contact list.”

Male sex worker, Luanda Province

More than two thirds (68%) of sex workers write down contact details of clients. Many prefer to have regular clients to reduce the chances of violence; this is particularly so with male sex workers. Even this strategy is not a guarantee, as there have been cases where male sex workers arranged meetings with clients and, upon arrival, found more than one person present. One even mentioned that older clients would be safer.

“I always prefer to have regular clients. Not this thing of having several clients where, if something happens, I don't know where to find them, I have no information about them. So, I always prefer to have regular clients, so I don't have to go through this type of violence.”

Male sex worker, Luanda Province

Involving peers

A large number of sex workers reported sharing their location or where they are going with colleagues. Some even share their car's licence plate number. This way, if there is any excessive delay in returning, colleagues can track the person's whereabouts. Communication with colleagues is fundamental. According to quantitative data, 66% inform a trusted person about where they are going with a client.

“So, I called a friend right away, and he said, 'I'm here for a job with a client, the location is this, so-and-so's car is this colour. If you see that I haven't been around for a while, here are the details, so just contact me.' It's always good to do that.”

Male sex worker, Luanda Province

Changing behaviour

More than eight out of ten participants (88%) say they adapt their behaviour to avoid problems. In qualitative reports, female sex workers report preferring to obey the client or even the police to reduce the possibility of violence. Accounts from some male and transgender sex workers suggest

greater empowerment in their relationships with clients and police, although they are also less likely to escalate situations.

“Obedience. If he comes and says, 'I want money,' if you have money, just take it and give it to him. If you don't, talk to him respectfully, be humble with him, and he will understand.”

Female sex worker, Luanda Province

“Well, initially it's about listening to what he [police officer] has to say and remaining silent until you speak up... If it's someone who sees you as a nobody, he'll act aggressively because he's simply there to demonstrate his role as a police officer. But if you're someone who at least knows how to talk, especially someone who knows some of the rights before being detained, then he'll be a little more cautious. Because he knows that acting against a knowledgeable person [you] could be bad for him. So the police officer tries to have a good conversation to see if they can reach a middle ground and resolve things peacefully.”

Male sex worker, Luanda Province

At other times, some sex workers prefer to confront potentially violent situations directly. Sex workers report sometimes resorting to strategies of direct confrontation with clients as a form of agency, something less frequently mentioned by female sex workers. However, this strategy can often carry a risk of a violent reaction from the client.

Police evasion

Other strategies for dealing with violence are directly linked to the police, but these are strategies aimed at avoiding police violence, not because police protection would in itself be a strategy for mitigating violence. A large proportion (64%) hide from the police. Almost half (49%) of the participants pay money to avoid arrest.

Negotiating and receiving payment

Prior financial negotiation emerges as a key element of protection. Around 90% of sex workers claim to negotiate and receive payment before sex, which doesn't always work as clients may steal these amounts afterward. 85% hide the money to avoid theft, even in the soles of their shoes.

Building relations

More than two thirds (69%) of sex workers befriend people around their working location. 43% temporarily give money to other sex workers to protect money, 40% temporarily give money to other people and 50% pay small amounts to security guards to look after their money. These practices are frequently referred to as basic yet essential ways to reduce economic losses.

“The police were insulting me. I told them, ‘You’re not going to arrest us because you started the aggression. You’re already disrespecting us, that’s already a crime.’ We started arguing, until the police finally made up their minds and left.”

Transgender woman sex worker, Luanda Province

“The operational staff are the guards who man the booths. On the street, we stop people; there are businesses, there are houses, and those houses have security. We have a base mainly at the businesses, so the security guards stay outside, standing or sitting in chairs. When you have a lot of money, you can’t walk around with it; it’s too much, so you give it to the security guard to keep it safe.”

Female sex worker, Luanda Province

Other relationships might be exploitative as they involve bribes and sex in exchange for something but are still useful strategies to promote safety. More than half (51%) of sex workers have sex with the police to avoid further abuses, 49% make payment to a third person to let them work on a specific location, 32% seduce and 19% blackmail the police.

3.8 Support to sex workers

A minority of sex workers are connected to formal support networks: almost a quarter (23%) reported involvement with some network of sex workers such as ADM or ATSA, Doces para Sempre, or other community initiatives. Only 11% indicated receiving support from at least one non-governmental organisation. Community organisations like ADM and ATSA are small structures with a relatively recent presence in Luanda, still undergoing processes of consolidation and institutional strengthening, which explains this low reach among sex workers. Most are unaware of the existence of these organisations. The fact that many sex workers prefer to keep their occupation secret means they do not seek out organisations that could represent them. However, sex workers who receive support from these sex worker and LGBTIQ+ organisations emphasise how important the help is – both for getting enough condoms and for emotional support for workplace situations.

“Recently, it’s only been a week. But I say that she [the peer educator] is a good person. Yes. She didn’t have much, but she manages to give me a little [of what she has]. Yes. She helped me just by calling.”

Female sex worker, Luanda Province

“But most of the time, I come here to the [shelter]. Because [the shelter] is the only place where I can see myself as a person. It’s an inclusive place. It’s a place where all LGBT people can come. Unlike being on the street or being alone at home. And I always value every moment.”

Transgender woman sex worker, Luanda Province

Sex worker organisations in Angola: a growing movement

In recent years, Angola has seen the growth and increased visibility of sex worker-led organisations representing diverse groups such as cisgender women, transgender people, and men who have sex with men. These organisations – including the Angolan Sex Workers Association (ATSA) and the Women’s Rights Association (ADM) (aidsfonds partners) – have developed peer-to-peer services, offering information on HIV and other STI prevention, distribution of condoms and lubricants, counselling, psychosocial support, referrals to health services and legal assistance, as well as community outreach activities and human rights training.

In recent years, these groups have also contributed to strengthening the sex workers’ movement in Luanda, promoting greater community organisation, leadership training, and participation in spaces for political dialogue on health, human rights, and public policies related to sex work.

This movement is linked to a broader set of civil society organisations led by key populations working on the HIV response and the promotion of human rights in Angola. Among them are the IRIS Angola Association, one of the first LGBTIQ+ organisations in the country and a pioneer in implementing key population-friendly services in the public health system through the community-based care model at the Rangel Health Centre; the Eu Sou Trans Movement (MESTA), focused on the visibility and defence of the rights of transgender people; and the Angolan Identity Archive (AIA) which combines advocacy, knowledge sharing and direct community support, including the management of the only community shelter for LGBTIQ+ people and sex workers in the country. These organisations also play an important role in evidence gathering, training health professionals, and public awareness campaigns about stigma and discrimination.

4. Conclusion

Violence against sex workers in Luanda is widespread, frequent, and multifaceted, with overlapping forms of violence being common. Economic needs are the main reason for entering and remaining in sex work. Working on the streets, in bars and at truck stops increases exposure to violence, while less visible contexts such as online work can be a protective factor. Movement between locations is another risk factor, as is the social stigma associated with sex work. This stigma intersects with distinct gender oppression for female sex workers, male sex workers, and transgender women sex workers. Female sex workers experience significantly higher levels of violence, followed by transgender women sex workers and male sex workers. Discrimination is a barrier to accessing health services, including HIV prevention, testing, and treatment.

Clients and the police emerge as the main perpetrators of violence, which becomes a structural part of the context in which sex work is carried out. More than half of the study participants reported physical, sexual, and economic violence from clients, and an equally high proportion reported violence perpetrated by police officers. Contact with the police system increases, rather than reduces, the risk of abuse. The family's influence is mixed, but often negative and frequently leads to sex work due to the need to support family members financially, especially for female sex workers. A significant proportion has suffered family violence, especially transgender women sex workers and male sex workers.

Sex workers adopt risk prevention and mitigation strategies to deal with violence, using different ways to protect themselves with limited effectiveness and often involving high costs, such as payments or sexual favours to the police. Sex workers do not therefore have the support they need to cope with the violent situations they face. Few participate in sex worker networks, as their reach is limited.

Ultimately, violence against sex workers in Luanda is deeply linked to structural factors, including gender oppression, migration, family dynamics,

work contexts, and institutional practices. Action is therefore required by a wide range of actors in society. Given this context, the following recommendations involve various actors and levels of action, and are based on the testimonies of the sex workers and key informants interviewed.

4.1 Recommendations

Recommendations for government officials and policymakers:

- > Recognise violence against sex workers as a human rights and public health issue, and formally acknowledge the State's duty to prevent, respond to, and remedy such violations.
- > Ensure meaningful participation of sex workers and their representative organisations in all laws, policies, and decisionmaking processes that affect their lives, including through representation in government working groups, task forces, and committees.
- > Initiate inclusive legal reform processes, in direct collaboration with sex worker organisations, to advance full decriminalisation of sex work and laws that protect sex workers' labour rights, safety and bodily autonomy.
- > End police violence and abuse with impunity by reviewing policing practices toward sex workers, establishing independent accountability and monitoring mechanisms and strengthening oversight through institutions such as the ombudsman.
- > Guarantee nondiscriminatory access to health, justice, and protection services, including by developing sex workerfriendly protocols, standards of care and referral mechanisms that do not rely exclusively on police reporting. Expand free access to condoms and lubricants through health facilities and increase the supply of commodities to sex worker-led organisations.
- > Strengthen institutional practices through the training of police officers, healthcare providers, and other public agents on human rights, harm reduction, gender diversity, and survivorcentred responses to violence.

- > Integrate violence prevention and response into HIV and sexual and reproductive health and rights services for sex workers, recognising the clear links between violence, HIV risk, and treatment outcomes.
- > Support economic empowerment on a voluntary, rightsbased basis, ensuring access to education, skills training, social protection, and income generation programmes without making support conditional on leaving sex work.

Recommendations for funders, UN agencies and civil society

- > Provide sustained, flexible, longterm funding to sex workerled organisations, prioritising core funding that strengthens leadership, governance, advocacy, and movement building.
- > Support the Angolan government in the development of national mechanisms to address sex workers' rights, by sharing evidencebased practices, facilitating South–South learning, and enabling participation in regional and international human rights forums.
- > Advocate with donors and multilateral institutions for dedicated funding to prevent violence against sex workers, recognising that individual risk mitigation strategies are insufficient without structural reform.
- > Invest in economic empowerment and entrepreneurship opportunities, including access to financing and income generation initiatives, while respecting sex workers' autonomy and life choices.
- > Support the Government of Angola to strengthen combination HIV prevention for sex workers by expanding prevention choices, including access to a range of condoms and lubricants informed by user preference, communityled insights, and partnerships with sex worker organisations.

Recommendations for the sex worker movement

- > Build and strengthen alliances with feminist, LGBTIQ+, human rights, public health, and labour movements to address intersecting forms of violence, stigma, and exclusion.
- > Lead communitybased documentation of violence and rights violations, generating evidence to support advocacy, accountability, and improved services.
- > Expand 'know your rights' initiatives, enabling sex workers to understand, claim, and defend their constitutional rights while collectively challenging abuse and discrimination.
- > Develop sex worker leadership and peerled training, ensuring that lived experience informs engagement with government institutions, service providers, and other stakeholders.
- > Identify and cultivate allies within relevant government institutions, such as health, justice, and social services and invest in relationships to strengthen trust, increase institutional buyin, and promote more responsive, inclusive policies and practices.
- > Strengthen communityled violence response systems, including peer support networks, referral pathways, and safe mechanisms for reporting and care that prioritise confidentiality, dignity, and survivor autonomy.
- > Promote collective organising and movement building, recognising solidarity and mutual support as key strategies for reducing violence, increasing safety, and advancing longterm social change.

Communities lead the way

Community-led initiatives are the most effective way to reduce HIV and violence. Initiatives led by sex workers have proven to reduce the risk of new HIV infections among sex workers by 32% (Lancet, 2014). It is essential to fund sex worker-led initiatives, recognising them as experts, best positioned to design effective, rights-based solutions.

References

AIA, ADM & ATSA (2024). Submission to the Committee on Economic, Social and Cultural Rights Pre-Sessional Working Group (74th Pre-Session) Review of the Republic of Angola.

Aidsfonds (2018). Sex work and violence in Southern Africa. A participatory research in Botswana, Mozambique, Namibia, South Africa and Zimbabwe. <https://aidsfonds.org/resource/sex-work-and-violence-in-southern-africa-regional-report/>

National Commission for the Fight against AIDS and Major Endemic Diseases. VII National Strategic Plan for Response to HIV/AIDS, Viral Hepatitis and Other Sexually Transmitted Infections. https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/angola_pen_plano_estrat_gico_nacional_angola.pdf

Decker, M. R; Crago, A.; Chu, S.K.H.; Sherman, S. G.; Seshu, M.S.; Buthelezi, K.; Dhaliwal, M.; Beyrer, B. (2015). Human rights violations against sex workers: burden and effect on HIV. *The Lancet*, 385, 186-199.

Deering, K.N.; Amin, A.; Shoveller, J.; Nesbitt, A.; Garcia-Moreno, C.; Duff, P.; Argento, E.; Shannon, K. (2014). A Systematic Review of the Correlates of Violence Against Sex Workers. *American Journal of Public Health*, 104 (5), 42.54.

Egg, R. (2023). Narratives of sex workers in Luanda: contributions to feminist discussions on sex work. [Master's thesis in Women's, Gender, Citizenship and Development Studies, Universidade Aberto in Portugal]. <https://repositorioaberto.uab.pt/entities/publication/1dc19b34-a78f-4ea0-8217-4a7607749b8a>

FHI 360 (2019). A guide to comprehensive violence prevention and response in key population programs. [LINKAGES: A Guide to Comprehensive Violence Prevention and Response in Key Population Programs](#)

Global Network of People Living with HIV and AIDS (GNP+) (2022). *Stigma Index Report 2.0*, Angola.

IBBS (2018). Final Report: Programmatic Mapping and Prevalence of HIV and other STIs among Key Populations in Angola: PLACE Study 2018. https://msh.org/wp-content/uploads/2019/12/resource-linkages-portuguese-angola-report-june_2018.pdf

IBBS (2025). Integrated Biological and Behavioral Survey (IBBS) on HIV, Syphilis and Hepatitis B among Female Sex Workers, Men who have Sex with Men and Transgender Women in Angola. Final Report (in press).

INE, MINSA and ICF. (2024). *Angola Multiple Indicator Cluster Survey, 2023–2024: Basic Indicators Report*. Luanda, Angola, if published in Luanda, Angola and Rockville, Maryland, USA.

INLS (2023). *National HIV Counselling and Testing Protocol in Angola*.

Kerrigan D; Kennedy CE; Morgan-Thomas R; Reza-Paul S; Mwangi P; Win KT; McFall A; Fonner VA; Butler J. A community empowerment approach to the HIV response among sex workers: effectiveness, challenges, and considerations for implementation and scale-up. In: *Lancet*. 2015 Jan 10;385(9963):172-85. doi: 10.1016/S0140-6736(14)60973-9. Epub 2014 Jul 22. PMID: 25059938; PMCID: PMC7394498.

UNDP (2020). *Angola: Assessment of the Legal Environment for HIV and the Right to Sexual and Reproductive Health*.

UNDP (2021). *Inclusive Governance Initiative: Angola Baseline Report*.

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

UNAIDS (2021). HIV and Sex Work. https://www.unaids.org/sites/default/files/media_asset/05-hiv-human-rights-factsheet-sex-work_en.pdf

UNAIDS (2024). HIV and Sex Workers. https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-sex-workers_en.pdf

USAID & UNDP/LINKAGES (2019). Carry Your Rights With You. A practical guide to rights in light of Angolan legislation. <https://aiaangola.org/publicacoes-da-aia/>

Viswasam, N.; Rivera, J.; COMINS, C.; RAO, A.; Lyons, CE; & Baral, S. (2021). The Epidemiology of HIV Among Sex Workers Around the World: Implications for Research, Programs, and Policy. In: Goldenberg, SM et al. (eds.), Sex work, health and human rights. Springer.

WHO, UNFPA, UNAIDS, NSWP, World Bank & UNDP (2013). Addressing violence against sex workers [Implementing comprehensive HIV/STI programmes with sex workers: Practical approaches from collaborative interventions](#) | United Nations Population Fund.

Credits and acknowledgements

Authors

Ana Diaz (consultant)
Rafaela Egg (consultant)

Research coordinators

Ingeborg van Beekum (Aidsfonds)
Ana Diaz (consultant)
Rafaela Egg (consultant)

Academic supervision and support

Dr. Lorraine Nencel
Dr. Ineke Nagel (Vrije Universiteit Amsterdam)
Dr. Suzan Doornwaardt (Elephant Path Research & Consulting)

Research assistants

Alone Kandongo
Aury dos Reis Calunga
Diana Damião Manuel Gongga
Estefânia Paulo
Jeny Pata Léo
Lourdes Miranda
Madonna Bondo Zangula
Gilberto Francisco
Maria Simão Mendes Calemgue
Nery Vompark
Umbelina Mateus

Technical group

Maria Lúcia Mendes Furtado,
National Institute for the Fight against AIDS
José Carlos de Oliveira Dias Van Dúnm,
National Institute for the Fight against AIDS
Maria do Rosário Cardoso Marques,
National Institute for the Fight against AIDS
Tânia Chilumbo,
National Institute for the Fight against AIDS
Graça Manuel,
National Institute for the Fight against AIDS
Celeste dos Santos,
Ministry of the Interior, Angola
Luisa Calungu,
Ministry of Social Action, Family and Women's Promotion
Luisa Sanches,
Ministry of Social Action, Family and Women's Promotion
Daniel Massukinini,
Ministry of Justice and Human Rights
Suzana Trindade,
National Department of Public Health
Isabel Daniel,
UNAIDS
Claudia Barros,
UNDP/Global Fund
Fernando Damazio,
UNDP

Women's Rights Association

Catarina Mendes
Elisabeth Domingos Musseque
Olívio Domingos Sebastião

Alliance of Sex Workers of Angola (ATSA)

Mel Oliveira
Gelson Moreira
Narray Matias

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