

## Foreword

The idea of drawing together the experiences of sex work projects into a set of guidelines for sexual health promotion projects and services for sex workers was conceived by the Global Programme on AIDS (GPA) of the World Health Organization in 1989. By 1995, when GPA closed, a draft had been produced. At the same time, the Network of Sex Work Projects had developed a file overflowing with photos, newsletters, notes and tapes from conferences and meetings, articles and papers, but had no means of disseminating this information. *Making Sex Work Safe* combines material from GPA and the network.

*Making Sex Work Safe* covers key issues for those initiating projects, including developing policies and strategies, what is safe commercial sex, working with mobile populations and drug users, and planning and evaluating projects. However, it does not attempt to be a complete guide. It does not cover some important issues such as obtaining funds or consolidating local support. Information about these can be obtained from other materials or agencies which are listed at the back of this book.

One of the aspects of *Making Sex Work Safe* that generated most discussion among reviewers was choice of terminology. Should we use “sex work” or “prostitution”, “business manager” or “pimp”, “safe sex” or “safer sex”? Should we describe sex work in the language of sociology and anthropology or discuss it as an occupation? These questions are important because language has a significant impact on how we think and work.

We have tried to use terms that are neutral and accurate. We have used the term “sex worker”, which has become widely popular among sex workers and sex work projects because it is less stigmatising than “prostitute” and it emphasises the labour-based nature of providing sexual services. Viewing prostitution as work provides a basis for organising to solve many of the problems of commercial sex. Throughout *Making Sex Work Safe*, “sex worker” is used to mean male, female and transgender sex workers, unless one gender is specifically referred to.

However, we recognise that different terms are appropriate in different communities. “Sex worker” is not universally accepted. Some people, including some sex workers, do not agree that sex work should be destigmatised or do not regard their participation in commercial sex as work. In some places, other destigmatising terms are used, such as “free woman”.

It is important to avoid judgemental language that casts sex workers as helpless victims or condemns them and their associates. Some organisations choose “prostituted women” to shift blame from female sex workers to those who recruit, manage or assist them. “Pimp” does not appear in *Making Sex Work Safe* because it is judgemental, ill-defined and often racist. One report that we came across from a country in Europe consistently described local brothel keepers as “sex business managers” and sex workers’ foreign associates as “pimps”. Sex workers understandably resent outsiders who judge and label their partners and associates. We decided to use “influencers” to describe sex workers’ associates, because they have an important influence on the commercial sex environment.

“Commercial sex” is used frequently in this book instead of “prostitution” or “sex work”, because these terms focus on the seller of sexual services and perhaps contribute to the invisibility of the buyers.

It is also important to recognise that sex workers’ priorities vary from one community to another. For example, improving health and safety standards in the workplace may be a realistic goal for those involved in a formal sex industry, but is not helpful for marginalised young people selling “survival” sex spontaneously.

Regardless of different circumstances, there are important underlying principles — fairness, accuracy and respect for self-identification — that should guide the choice of terminology and ways of working with sex workers.

One of the disappointing aspects of collating educational materials for sex workers has been the lack of materials from some developing countries in which large numbers of sex workers are affected by HIV, sexually transmitted diseases (STDs) and violence. In some of these countries there are good programmes for sex workers which, for various reasons, have not produced any materials. But in many countries there are no programmes, or programmes are very limited or inappropriate. Unfortunately, substantial sums are often spent on medical or social research or health promotion for other groups.

A key challenge for those planning services for sex workers is to convert theory into practice. Stigma and denial often present obstacles to delivering appropriate responses to sex workers’ health needs. In such cases, governments, health authorities and NGOs need to lead opinion rather than follow it.

Sometimes conditions in the sex industry are so difficult that attempting to convince sex workers to practise safe sex seems hopeless. However, significant breakthroughs are possible, even in the face of extreme poverty, stigma and other factors that contribute to sex workers’ powerlessness. The HIV/STD Intervention Project in Calcutta, India, is cited several times in this book because it is an example of successful work in the particularly difficult environment of Calcutta’s Sonagachi red light district. The project has developed practical ideas for health and social services and breathed life into them by forming an alliance of international agencies, local health professionals and sex workers.

A recurrent theme of *Making Sex Work Safe* is the impact of policies and practices that shape the sex industry. Conditions in the sex industry, and commitment by the general population to safe sex, are the factors most likely to determine the level of HIV and other STDs among sex workers. Policies that help sex workers to increase their control over their lives and improve their working conditions are key to limiting the spread of HIV and other STDs through commercial sex.

However, those aiming to reform policy usually face stiff opposition. Although reforms that grant sex workers full civil rights benefit public health, they are also seen as promoting commercial sex, which is widely condemned.

*Making Sex Work Safe* is the first publication of the Network of Sex Work Projects. We hope that it will have a useful role in helping communities, governments and health services to mobilise in support of realistic health promotion and policy reforms that will change the landscape by making sex work safe. We would welcome any comments and suggestions for improving possible future editions. Please write to the Network of Sex Work Projects (address on page 95).

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