

SURVEY ON THE PREVALENCE OF GENDER-BASED VIOLENCE AGAINST FEMALE SEX WORKERS IN BOSNIA AND HERZEGOVINA



**Survey on the prevalence
of gender-based violence
against female sex workers
in Bosnia and Herzegovina,
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SUMMARY

The purpose of this research is to provide information that will contribute to the development of strategies and interventions directed toward preventing gender-based violence against sex workers and which will facilitate the providing of post-violence support to sex workers who have suffered such violence.

This survey by Association PROI in Sarajevo and Zenica in Bosnia and Herzegovina is the beginning of a detailed analysis of gender-based violence among key populations at higher risk, in this case sex workers.

The research aimed to estimate prevalence and the most common perpetrators of violence against sex workers. One hundred respondents from Sarajevo and Zenica were located and interviewed using the “snowball” technique. The interviewers were representatives of the sex worker population, which increased respondents’ level of comfort, confidence and openness during the interviews.

Key findings from the research:

- It was found that 85 of 100 sex workers had been exposed to one or more types of violence (psychological, physical and sexual) during their careers. The most common perpetrators of violence were husbands/partners, clients, family members and pimps.
- Four out of five sex workers had experienced psychological violence, two out of three had experienced physical violence, and three out of five sex workers had experienced sexual violence.
- Every seventh sex worker (16%) had suffered an attack with a weapon

According to the research, the most common forms of psychological violence were insults and causing feelings of guilt. Physical violence included slapping and throwing items. Sixteen percent of respondents reported that they suffered the threat of using a gun, knife or other weapon, usually from a client (12%) and husband/partner (9%).

Sexual violence often took the form of forced sexual intercourse without condoms (56%), forcing some form of unwanted sexual activity (53%) or forced sexual intercourse (63%).

Among sex workers who reported suffering psychological, physical and/or sexual violence, a small proportion (8%) had never reported the violence – neither to close persons nor to representatives of institutions. Around half of respondents who experienced violence told their friends about the cases of abuse; one third informed family members and/or other sex workers.

Four out of five sex workers who suffered violence made no report to institutions for law enforcement. Most cases reported to institutions were cases of physical violence; respondents rarely informed other people or institutions about cases of sexual violence.

The results show a disturbingly high prevalence of gender-based violence against sex workers in two cities of Federation of Bosnia and Herzegovina (FBiH). A high level of stigma and the illegality of sex work create barriers to accessing formal and informal services for post-violence support. In order to improve the situation, it is necessary to implement socio-legal reforms regarding sex work, to develop programmes to prevent violence against sex workers and to create easy access to post-violence services.

INTRODUCTION

Data obtained in this study indicate the prevalence of different types of violence among a population of sex workers in Sarajevo and Zenica, Bosnia and Herzegovina. Further, research investigated who perpetrated violence and other significant factors believed to have direct or indirect influence on violence, namely drug use, location of work, type of sexual services and use of post-violence support services.

The main limitation in the study was the fact that current legal provisions in Bosnia and Herzegovina prohibit and punish the soliciting sex work and the receiving or giving any sexual services. These laws and policies create a serious obstacle to accessing sex workers and add to the difficulties of doing representative research.

In the past 7-8 years in Bosnia and Herzegovina, no research has been conducted which provides accurate information about the number of sex workers. For these reasons and because of the methodology and locations of the survey, the number of respondents is not representative for the entire population of sex workers in Bosnia and Herzegovina. The survey is, however, large enough to confirm or deny the presence of violence against sex workers.

An assumption was made prior to the research that violence against sex workers exists and has not been sufficiently explored – either in form (psychological, physical, sexual and economic) or by perpetrators (including clients, pimps, partners, police, husbands or family members). Collected data confirm the presence of violence. The need for prevention of violence is clear as is the need to help those who are suffering violence to obtain access to adequate assistance and support.

This research is only the beginning of a process in Bosnia and Herzegovina which will require a more detailed analysis of the current situation of gender-based violence among vulnerable populations of women such as sex workers. It will be necessary to continue to explore all factors that influence the violence, and above all, the causes that lead to violence.

LITERATURE REVIEW

In order to achieve more comprehensive analysis of gender-based violence, a review of published and online literature was carried out, particularly exploring Bosnia and Herzegovina and the Balkan region. Quotes from sources used for the survey are listed in this section, and a detailed review of references and other sources is located in the References section below.

GENDER BASED VIOLENCE

According to the definition used by the United Nations Agency for Gender Equality and Empowering Women – UN WOMEN – violence against women and girls is one of the most common forms of human rights violation. It can include physical, sexual, psychological and economic abuse, and knows no age, racial, cultural, social or geographic boundaries. It happens at home, on the streets, in schools, in the workplace, in the village, in refugee camps and during conflicts and crises. It has many manifestations – from the most prevalent forms of domestic and sexual violence and harmful practices, abuse during pregnancy, to so-called honour killings and other forms of femicide. (**UN WOMEN, 2010.**)

The World Health Organization also states that gender-based violence against women is a major public health and human rights problem.

Violence against women has profound implications for health, but it is often neglected or ignored. *The World report on violence and health* by WHO states: “One of the most common forms of violence against women is that performed by a husband or intimate male partner”. This type of violence is often invisible because it happens behind closed doors. In addition, legal systems and cultural norms often treat this subject as a “private” family matter or a normal part of life, rather than as a criminal act. (**World Health Organization, 2002.**)

In Bosnia and Herzegovina there is a legal definition of gender-based violence: “any act that causes physical, mental, sexual, or economic harm or suffering, as well as threats of such acts that seriously impede people from enjoying their rights and freedoms on the principle of gender equality in public or private life, including human trafficking for forced labor, and restrictions, or arbitrary deprivation of liberty”. (**The Law on Gender Equality in Bosnia and Herzegovina, 2003.**) Although it is recognized that boys and men can be exposed to sexual violence, inequality of power that is the basis of violence, together with the inferior status of women in almost all societies, means that women and girls around the world are the primary targets of gender based violence. As such, the term of gender based violence is used primarily in relation to violence against women and girls.

Besides its presence in all layers of society, violence against women is especially prevalent among **key populations at higher risk** such as sex workers, injecting drug users and female partners of injecting drug users and alcoholics. Among these groups, sex workers are most exposed to violence. Although this statement seems quite logical and acceptable, the violation and abuse suffered by female sex workers is rarely addressed in discussions of violence against women; this is emphasized in the overview of the global scope and extent of gender-based violence. (**Tyndal, et. al., 2009.**)

An overview of normative documents on gender equality in Bosnia and Herzegovina indicates that the problem of violence against sex workers is not emphasized and is practically absent in the national strategies and action plans related to the struggle against violence and strategy for gender equality.

SEX WORK AND GENDER BASED VIOLENCE

According to a widely used definition, sex work is the exchange of money or goods for sexual services either regularly or occasionally, including female, male and transgender sex, among adults, young people and children where the sex worker may or may not consider this act as a source of income. **(UNAIDS, 2011.)**

Sexual services imply economic activities with intent to provide sexual enjoyment. Sexual services include manual stimulation, oral sex, vaginal intercourse, anal sex, pornography, stripping, erotic massage and phone sex.

Sex work can be formal or informal. In some cases, sex work is only a temporary or occasional informal activity. Periodical sex work involves exchanging sex for basic, short-term economic needs and is less likely to turn into a formal, full-time occupation. Women and men who have occasional commercial sexual transactions, or exchanging sex for food, shelter and protection will not consider themselves as someone who is associated with formal sex work. Commercial sex work can be carried out in formally organized settings such as escort agencies, brothels, night clubs and massage salons; or more informally among commercial sex workers who are otherwise self-employed or work on the street.

There is also a definition that defines prostitution as a form of sex work. This is the action of attracting in sexual intercourse or performing other sexual acts in exchange for payment. The UNAIDS Terminology Guidelines explicitly state that the word *prostitute* and *prostitution* should not be used. For adults, one is encouraged to use terms like sex work, sex workers, commercial sex, transactional sex, or selling sexual services. When the issue is children, the preferred term is "commercial sexual exploitation of children." **(UNAIDS, 2011.)**

There are two types of sex work: voluntary and forced. Voluntary sex work is defined as sex work conducted by a person older than 18 years, with free will as an instrument or mean for life. Forced sex work is a commercial sex act induced by force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years.

The notion of "voluntary" sex work is debated in the human rights field. For some all sex work is equated with exploitation and trafficking. Others recognize that many sex workers decide to sell sex as a pragmatic response to limited livelihood options or may have been coerced into sex work through trafficking. The latter argue for sex workers to have the right to work with the law's protection from harm — be it rape, violence, harassment or other human rights violations. **(Butcher K, 2003.)**

Equating sex workers with victims of trafficking prevents the expression of opinions and attitudes by sex workers, worsens their working conditions, increases stigma and disables discussion on possible ways of preventing trafficking. **(Urban Justice Centre, 2004-2006.)**

OTHER ACTORS IN SEX INDUSTRY

Sex workers are not the only actors in the sex work industry. Customers and pimps also play a significant role in this industry. Most users (92,4%) of sexual services (customers) are men. **(Institute of Public Health FBiH, 2008.)**

Pimping is illegal and pimps are often perceived as individuals who abuse and exploit sex workers. The situation in reality is often more complex. In some cases, pimps are friends or partners of sex workers and often find themselves in the role of protector. In other cases pimps can be exploiters and they are often associated with crime, including taking the earnings of sex workers and treating them violently. In the latter case, pimps restrict basic human rights including freedom of movement and decision- making.

SEX WORK IN BOSNIA AND HERZEGOVINA

In Bosnia and Herzegovina, sex work is illegal and sex workers are a hidden population. There are a number of legal provisions that regulate sex work. Forced prostitution and sexual slavery is considered a criminal offense and shall be punished by imprisonment from one to ten years or by long-term imprisonment. **(FBiH Criminal Code, 2003.)**

“Prostitution and use of prostitution will be punished by a misdemeanour fine of 100.00 BAM.” **(Law on Offences against Public Order and Peace, Sarajevo Canton, 2007)**

Bosnia and Herzegovina is a country with a prevalence of sex workers from 0.4% to 1.4% among the population of women of 15-49 years of age. **(J. Vandepitte et. al, 2006.)** Since independence, Bosnia and Herzegovina has not conducted a census nor undertaken any research to determine the exact number of sex workers; therefore it is not possible to asses the percentage of sex workers in Bosnia and Herzegovina.

In 2004, the Federation Government adopted the decision to utilize the standard classification of occupations, which is based on International Classification of ISCO. Under this classification, the occupation “salesgirl of love” is identified under code 5149.04, Section „Service and sales workers”. This occupation would be the closest to correspond with the currently used term “sex worker”. **(Standard Classification of Occupations of the FBiH, 2004.)**

METHODOLOGY

SURVEY DESIGN

The primary goal of the study was to find out the prevalence of sex work and to identify the most common perpetrators of violence against sex workers in Bosnia and Herzegovina. Research was conducted among populations of sex workers in Sarajevo and Zenica.

SURVEY INSTRUMENTS

For collecting data a structured questionnaire was designed and completed by interviewers during the individual interviews.

The questionnaire for the survey was designed to facilitate the purpose of the interview by introducing the question of violence into the interview environment, which often stimulated memory of events which occurred in the past. In the design of the questionnaire methodological and ethical recommendations were utilized from "Researching Violence Against Women: A Practical Guide for Researchers and Activists". (Ellsberg M, and Heise L.: WHO, PATH, 2005.) In addition, advice was utilized from representatives of UN WOMEN as well as representatives of the population of sex workers.

The questionnaire was the same for both survey locations (Sarajevo and Zenica) and included 42 questions, the majority of which were multiple-choice answers. Questions were divided into the following sections:

1. Demographic characteristics
2. Sex work
3. Gender-based violence (including sub-categories addressing types of violence (mental, physical and sexual) and identifying perpetrators (clients, pimps, husbands/partners, members of the family and police).
4. Support or assistance received after violence
5. Use of drugs

A pre-testing of the questionnaire was conducted in Sarajevo with two sex workers. Their comments and recommendations were incorporated into the survey instrument during the finalization of the questionnaire.

THE WORK OF THE RESEARCH TEAM IN THE FIELD

Interviewers engaged in the research were representatives of sex workers, which increased the level of trust and openness among respondents during the interview. Interviewers were trained over a two-day period through the conduct of intensive sessions on interviewing techniques, confidentiality and security issues. The training also included basic information on gender based violence with a focus on violence against sex workers, and interviewers' perceptions and attitudes related to violence based on gender. The questionnaire was thoroughly examined, and interviewers utilized role playing situations to practice administering the questionnaire, first in front of the whole group, and then in pairs.

Interviews were conducted in previously agreed upon places suitable for the respondents: in an apartment/house, a bar/restaurant or a hotel lobby. The interviewer reported on the agreed place and time of the interview to the research supervisor, who gave their consent to the location and time of interview. When the presence of the supervisor was desired for overseeing the process and flow of the interview, respondents were asked for their approval. Given a positive response and agreement from the interviewee, the supervisor attended the interview and supervised its implementation.. During the implementation of the research project, interviewers had regular meetings with the research supervisor, and analysed the successes and problems associated with each interview.

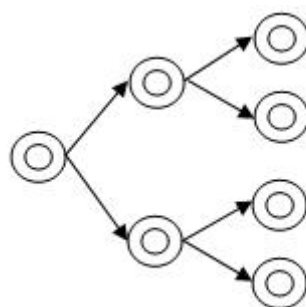
SAMPLING METHODS

Sex workers are a hard-to-reach population for standard sampling techniques because of the stigmatization and illegality of their occupation (**Freimuth & Mettger, 1990.**) As the exact size and boundaries of this population are unknown, it is difficult to determine a representative sample of sex workers. Therefore, two cities were mapped that were believed to have the largest number of sex workers population – Sarajevo and Zenica.

Eighty women in Sarajevo and twenty in Zenica participated in the study. In order to determine the sample as specifically as possible, time needed to carry out studies and available human and financial resources were taken into account.

Guided by the fact that sex workers are hard to reach population, the “snowball” technique were chosen by authors to locate survey participants. Representatives of the target population were engaged in research as interviewers and carried out interviews with peers who had experience in the field. The interviewees then nominated further peers who would be suitable for interview.

Exponential Non-Discriminative Snowball Sampling:



The “snowball” sampling strategy proved to be very successful and the target sample size of 100 respondents was easily achieved. Engagement of representatives of the target population in the role of the interviewer increased the level of comfort, trust and openness of the respondents.

One of the main problems of the snowball technique is that the characteristics of the sample depend on the initial selection of subjects. Initial subjects tend to nominate people who they know well. Therefore, it is possible that the respondents share the same features and

characteristics, so that research results can display data valid for only one subgroup within the entire population.

CRITERIA FOR INCLUSION

The criteria for inclusion in the survey was that respondents had to be older than 18 years and have experience of providing sexual services in exchange for money, goods, accommodation or other value at any time in their lives.

DATA ANALYSIS

Data analysis for this study was conducted using SPSS Statistics 17.0 for the provision of non-weighted frequency and percentage of the main variable.

PROTECTION OF HUMAN SUBJECTS

The subjects were informed that the research is confidential and that anonymity is guaranteed. Questionnaires were marked by codes that contained numbers and first letters of the cities (SA and ZE). Taking into consideration that the interviewers also belong to the *sensitive* group, the researchers used a series of measures to protect the identity of interviewers.

While writing the survey report and other relevant documents, mentioning of locations where women provide sexual services or locations where the interviews took place was avoided.

All the subjects were informed that they could end the interview at any time if they were feeling uncomfortable, and could skip questions which they did not want to answer.

The completed questionnaires were stored and locked. There were no identifiers that could link any respondent to the questionnaire. All persons who worked on the project were requested to protect the confidentiality of participants and not to share information with others.

RESULTS

DEMOGRAPHIC CHARACTERISTICS

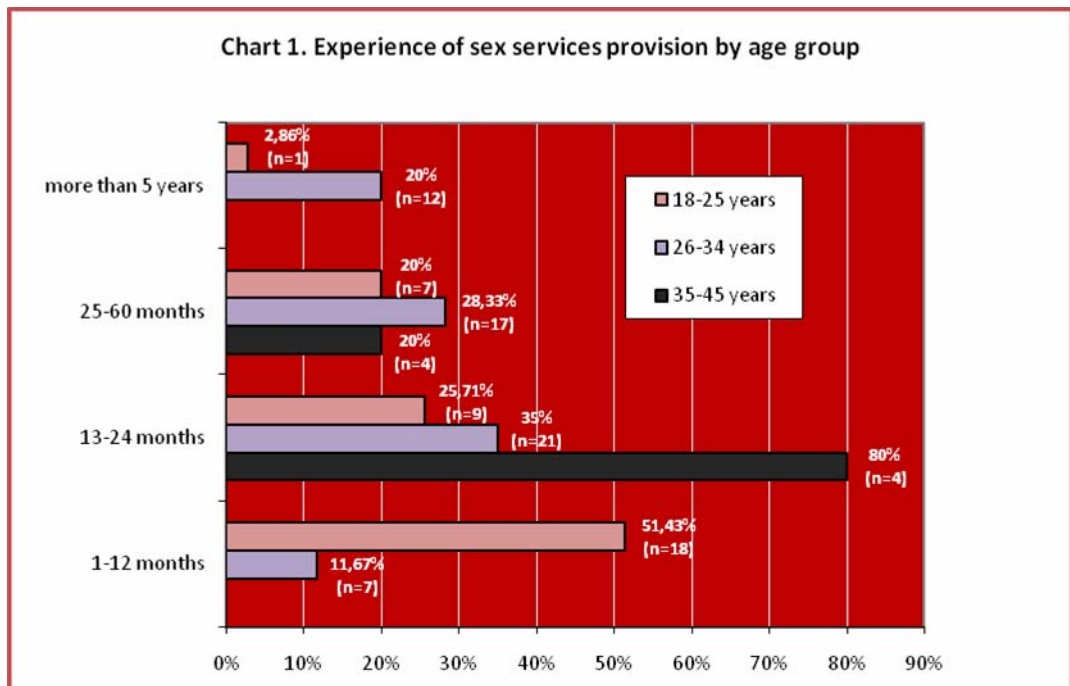
The survey was sampled with a pattern of 100 sex workers – 80 in Sarajevo and 20 in Zenica. Respondents were aged 18-45 years. The average age of respondents was 27 years; most respondents belonged to the 26-34 year-old age group.

Comparing the age structure by the locations, interviewees from Sarajevo were older, mostly being aged 26-34 years. In Zenica, the majority of sex workers who participated in the survey were 18-25 years old (*Table 1*). One third of respondents (31%) had at least one child.

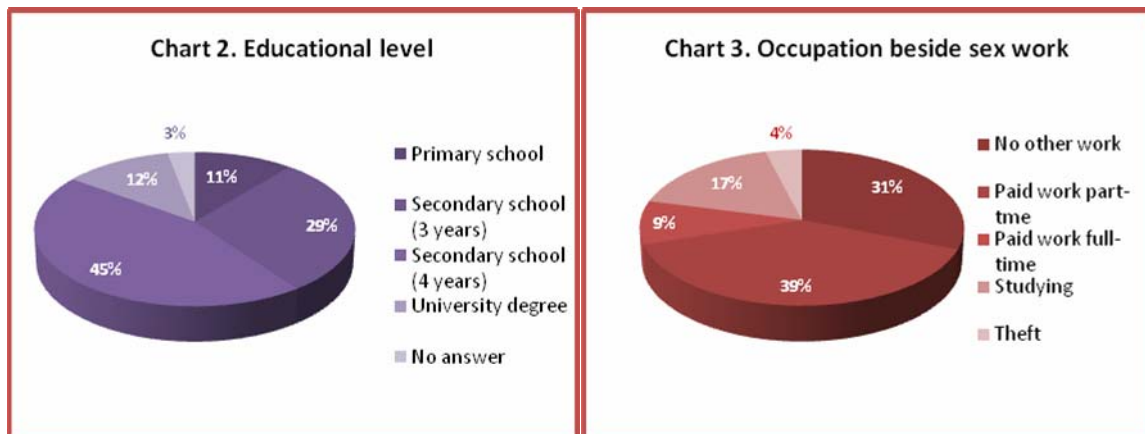
Table 1. Breakdown of respondents by age (n=100)		
Age group	Frequency	Percent
18-25	35	35
26-34	60	60
35-45	5	5
Age breakdown of respondents in Sarajevo (n=80)		
18-25	19	23,75
26-34	56	70
35-45	5	6,25
Age breakdown of respondents in Zenica (n=20)		
18-25	16	80
26-34	4	20
35-45	0	0

All respondents stated that they received money, goods, accommodation and/or other value in exchange for sexual favours. Most respondents (72%) were offering sexual services over the past 12 months.

All respondents had experience of providing sexual services for more than a month. Most respondents (34%) reported providing sexual services for 13 to 24 months, 25% for 1-12 months, 25% for 25-60 months and 13% for over 5 years. Three respondents did not answer this question. *Chart 1* shows the experience of providing sexual services depending on age of the subjects.



When it comes to education, the majority of subjects had high school education (74%), 11% of subjects has completed primary school and 12% has university degrees (*Chart 2*).



The subjects in the survey were asked to list main reasons for providing sexual services. These reasons are divided here into material and non-material.

More than half of respondents (55%) stated that they provide sexual services only for financial reasons, 7% of respondents said they provide sexual services only for non-material reasons, and 38% of respondents identified tangible and intangible reasons for offering sexual services.

About half the respondents (47%) said they provide sexual services for money, about a third of respondents need the money to pay rent (33%). Sex work was the only form of income for 29% of respondents (*Chart 4*). The most common non-material reason was a good social life (25%) (*Chart 5*).

Chart 4. The main material reasons for providing sexual services

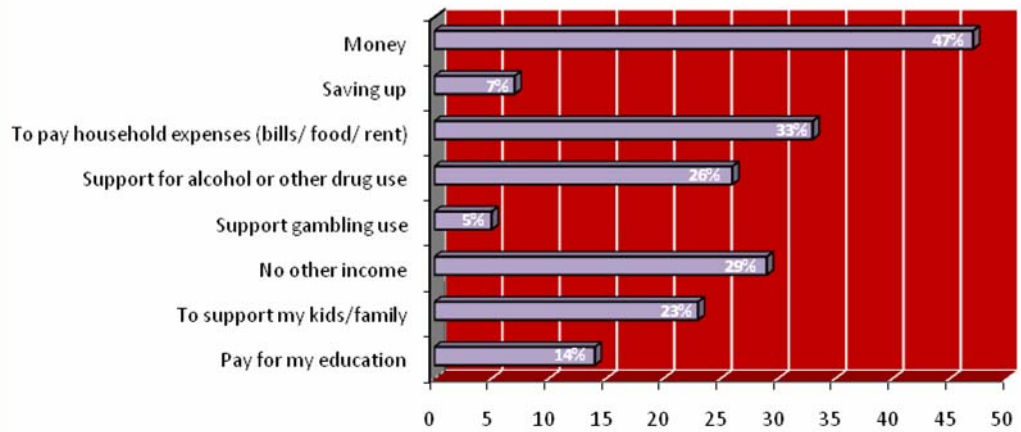
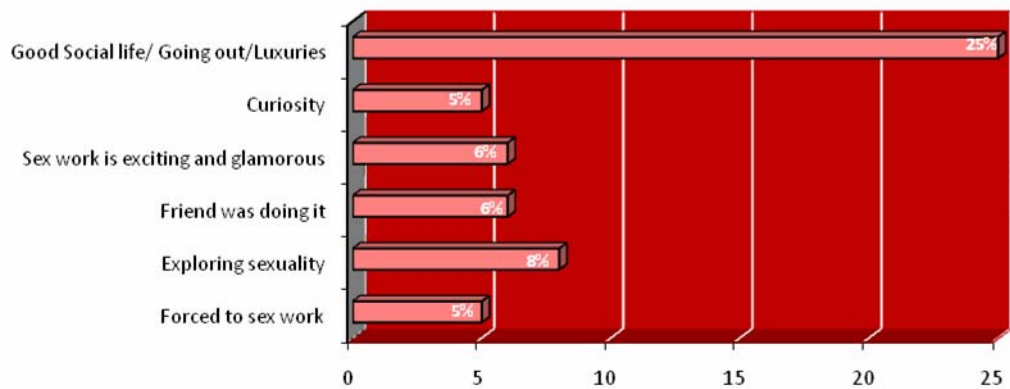


Chart 5. The main non-material reasons for providing sexual services



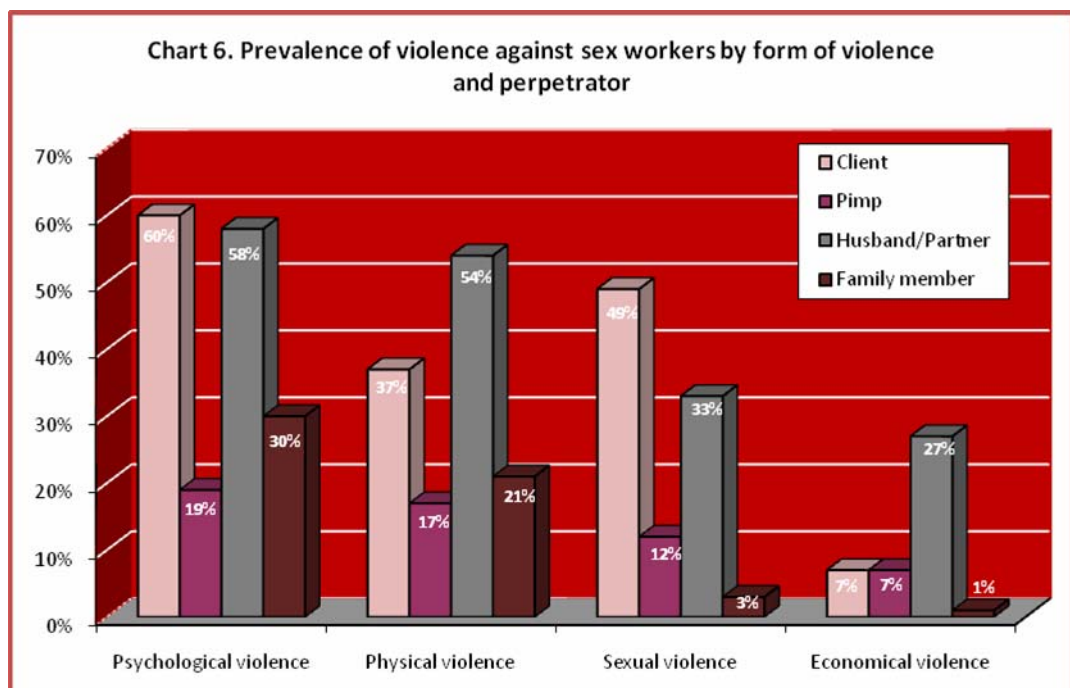
PREVALENCE OF VIOLENCE AGAINST SEX WORKERS

Forms of violence and perpetrators

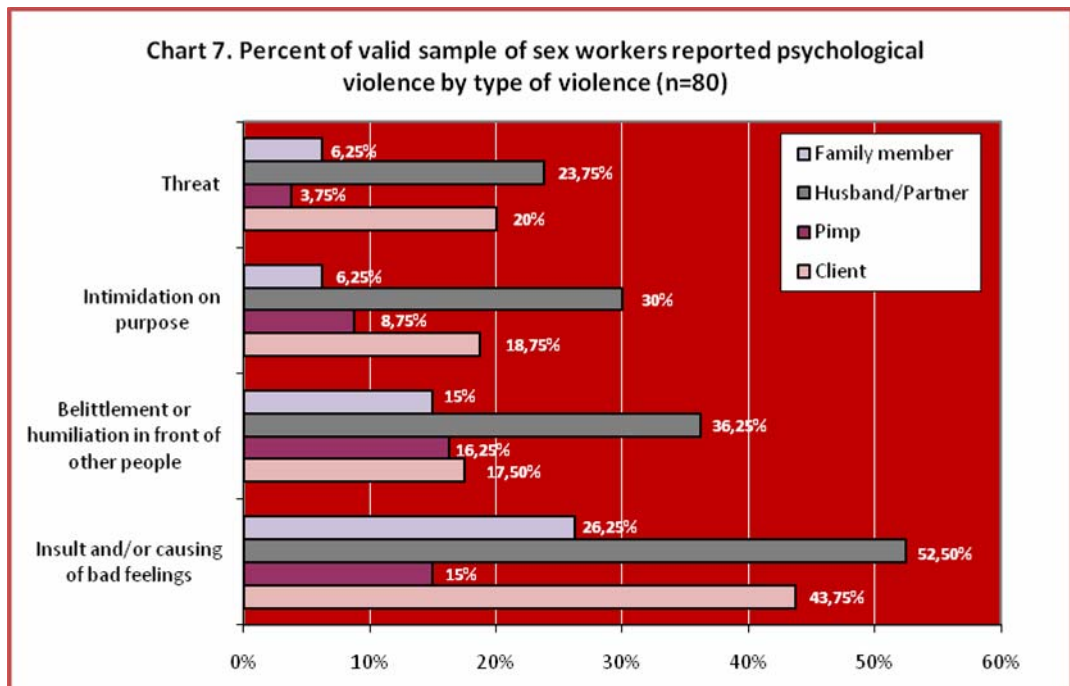
This section deals with data related to violence against sex workers by clients, pimps, husbands/partners and family members, and also by the police.

A large majority (85%) of sex workers who participated in the survey stated that they had suffered psychological, physical and/or sexual violence by a husband, family member, customer and/or pimp. Four of five sex workers (80%) had suffered psychological violence, 4 of 6 sex workers (68%) had suffered physical abuse, and 3 of 5 sex workers (60%) had suffered sexual violence. Every sixth sex worker (16%) had suffered an attack with weapons.

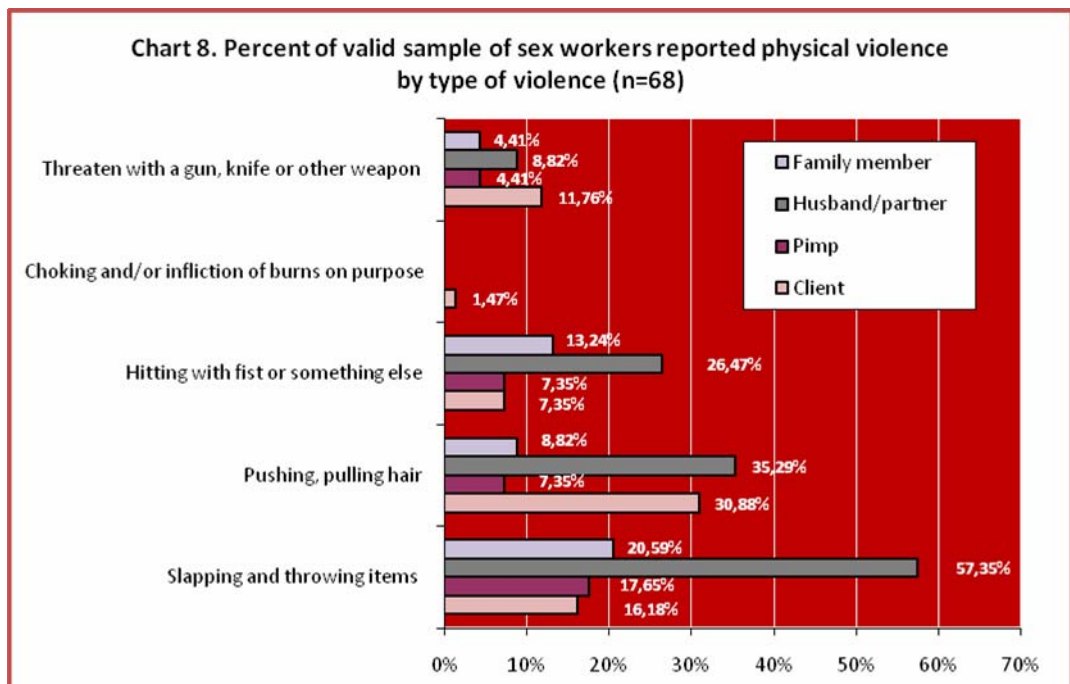
The most common perpetrators of all forms of violence against sex workers are users of sexual services (clients) and husbands/partners (*Chart 6*).



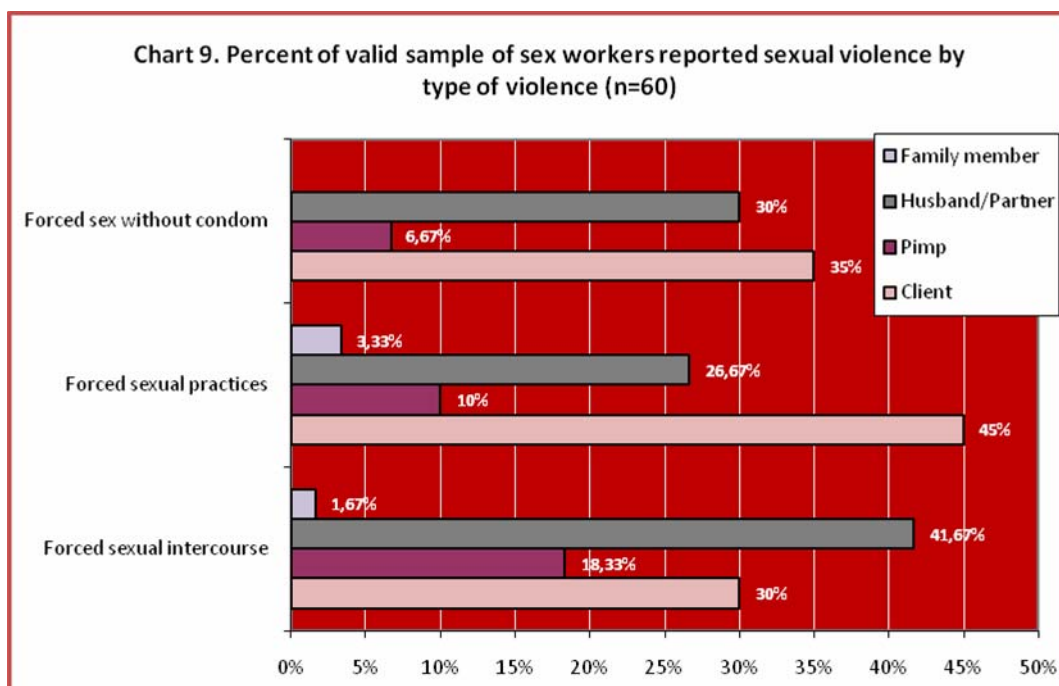
Subjects who reported violence were asked to identify the forms of mental, physical and sexual violence inflicted by clients, pimps, husbands/partners or family members. The most common type of psychological violence was insult or slurs which caused guilt and bad feelings (*Chart 7*).



Physical violence occurs most often in the form of slapping and throwing items at the person. 16% of respondents reported being threatened with a gun, knife or other weapon, most often by clients (12%), and husband/partner (9%) (Chart 8).

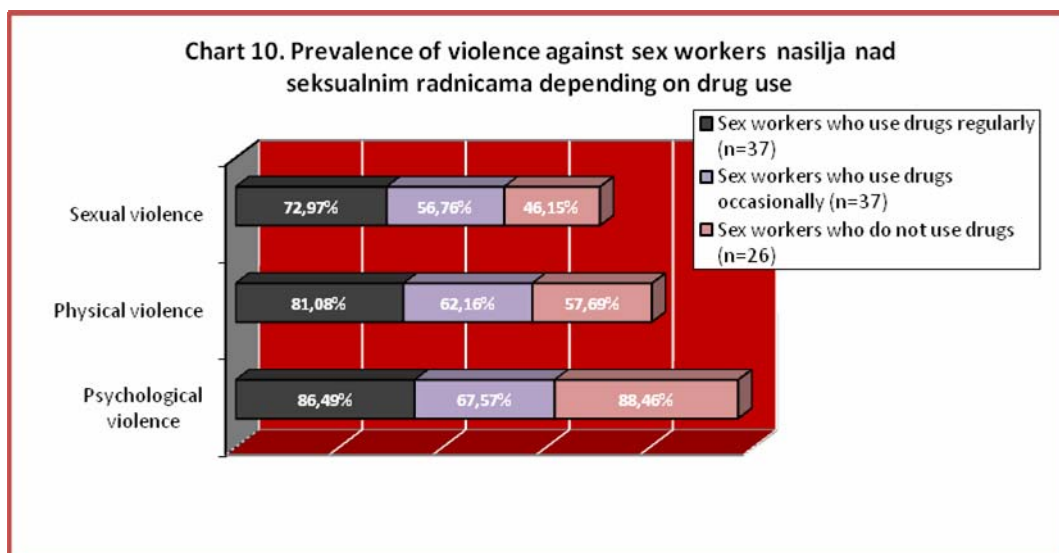


Reported sexual violence included forcing sexual intercourse without a condom (57%), forcing some form of unwanted sexual activity (53%) and forcing sexual intercourse (63%)(Chart 9).



Drug use and violence

Over one third of respondents (37%) said they regularly use drugs such as heroin, cocaine and speed. The same proportion said they use these types of drugs occasionally and 26% said they do not use such drugs. Sex workers who regularly use drugs are the most vulnerable to physical violence (81%) and sexual violence (73%) Psychological violence is most identified by sex workers who do not use drugs (88%) and who have regular use of drugs (86%) (Chart 10).

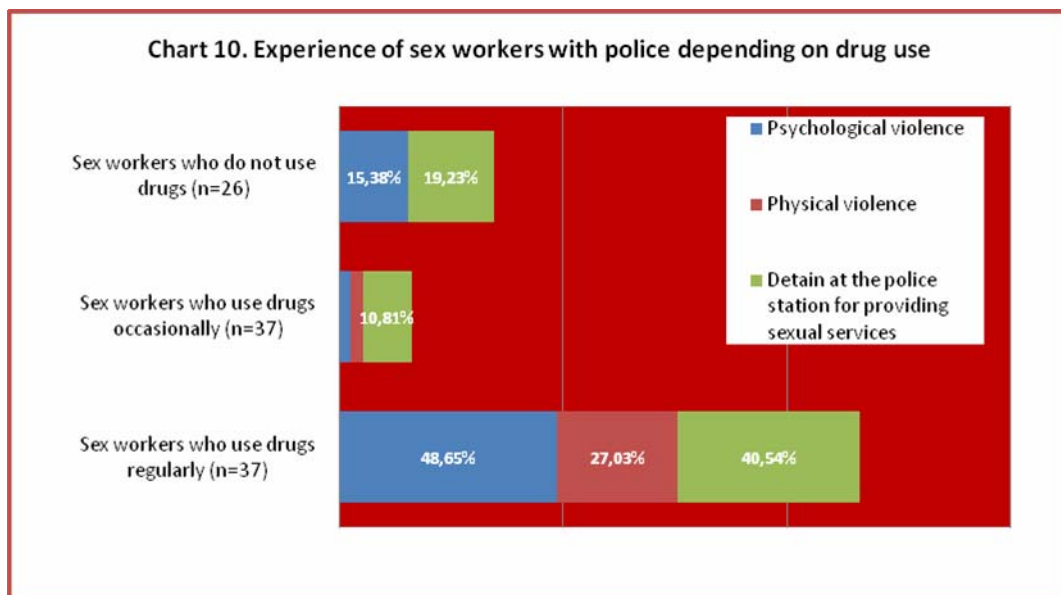


Experience with police

One quarter of respondents reported that they suffered psychological and/or physical violence by police representatives. Most of these (92%) reported that they suffered psychological violence, while 44% had suffered physical violence. Twenty-four percent of respondents reported that they had been detained at the police station for providing sexual services.

Most vulnerable to violence by the police are sex workers who regularly use drugs: about half of women in this group had suffered psychological violence by the police and over a quarter had suffered physical violence (28%). No cases were found of physical violence by police against sex workers who do not use drugs.

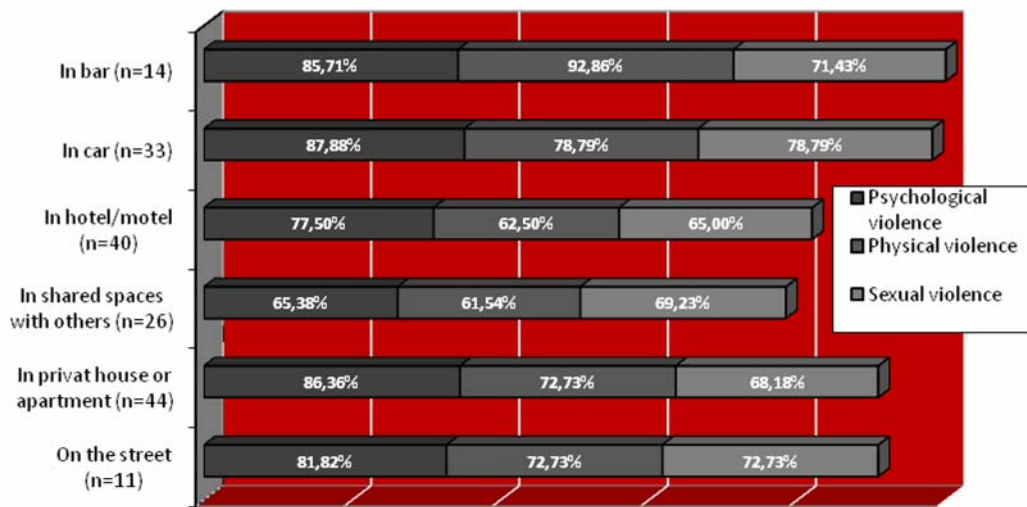
Respondents who reported regular use of drugs had the highest level of arrest for providing sexual services (41%), while only 19% of respondents who do not use drugs and 11% of those who occasionally use drugs reported being brought to the police station (*Chart 11*).



Practices of sex work and violence

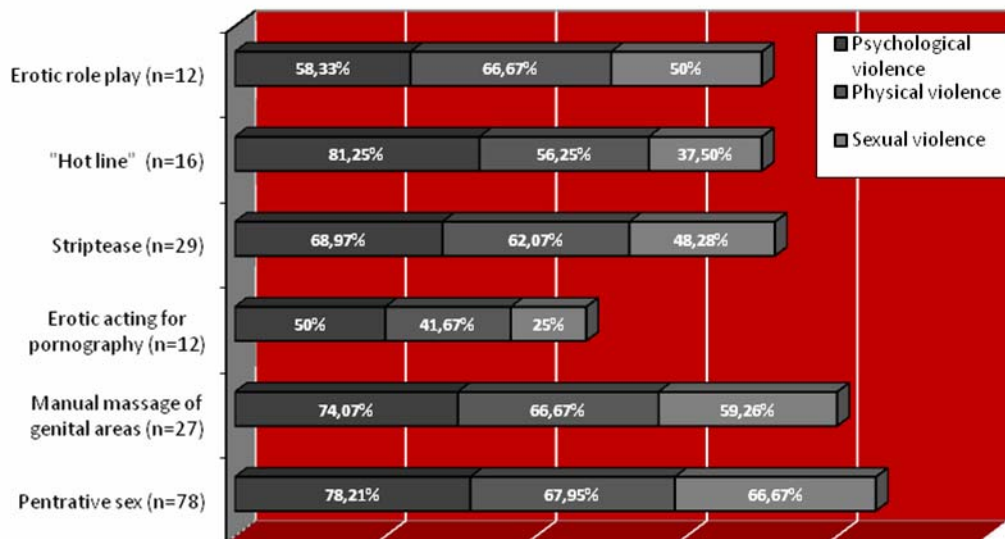
Most respondents said that they provide a variety of sexual services, as well as providing them at various locations. Most sexual services are provided at locations such as private and rented flats and houses, followed by hotels/motels and areas in and around bars (e.g. toilets, facilities for storage of goods, etc.). One third of the respondents reported providing sexual services in vehicles and the smallest number of respondents (11%) provides sexual services on the street (defined in this context as any open place). Prevalence of mental, physical and sexual violence is greater than 60% among sex workers who provide services at different locations. The largest number of reported violence was by the sex workers who provide sexual services in external environments. (*Chart 12*).

Chart 12. Link between violence against sex workers and location of sex services provision



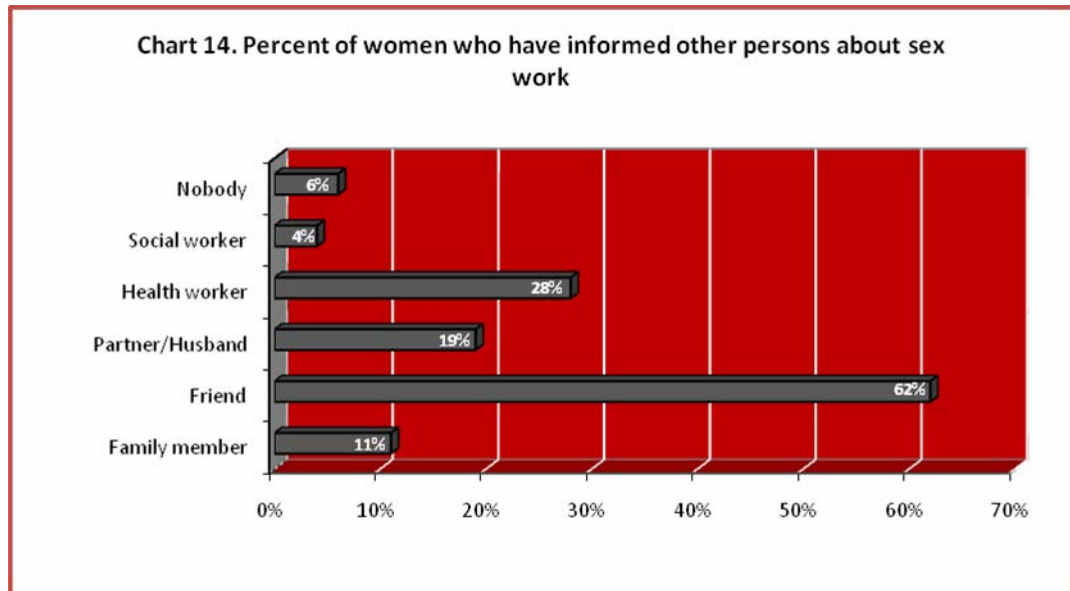
Most cases of physical violence (67%) and sexual violence (67%) were reported by respondents who provide penetrative sex services. The smallest number cases of sexual or physical abuse was reported by sex workers engaged in erotic posing or pornography.

Chart 13. Link between violence against sex workers and type of sexual services



INFORMING OTHERS ABOUT SEX WORK EXPERIENCES

Six percent of respondents reported that they have not informed their relatives and/or any representative of social and health services about providing sexual services. Most sex workers had not informed their partner/husband (81%) or their families (89%) about their sex work. Most sex workers did, however, inform some of their closest friend about their jobs (62%) (Chart 14).

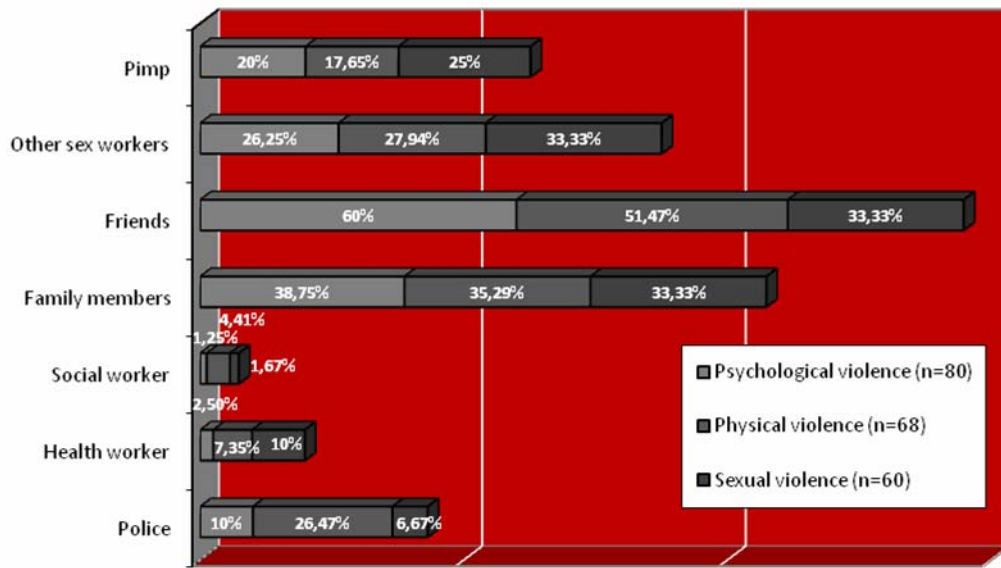


USE OF POST-VIOLENCE SERVICES

Eight percent of sex workers who had suffered psychological, physical and/or sexual violence did not inform any relatives or representatives of institutions about the violence. Respondents most rarely inform others about cases of sexual violence, and most commonly about physical violence.

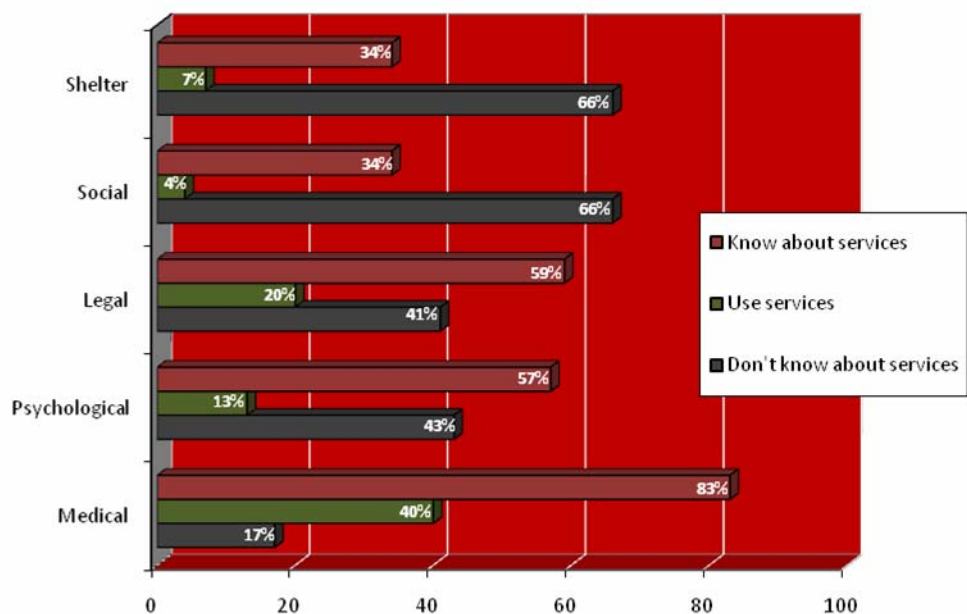
Around half of the women who had suffered violence, provided information on cases of abuse to her friends, and about one third to family members or other sex workers. Most sex workers (80%) had not reported violence to law-enforcement institutions. Most reported cases of violence to the police and institutions related to physical violence (26%). Only 10% of sex workers informed health workers about sexual abuse (Chart 15).

Chart 15. Percent of sex workers who have informed other persons about cases of violence

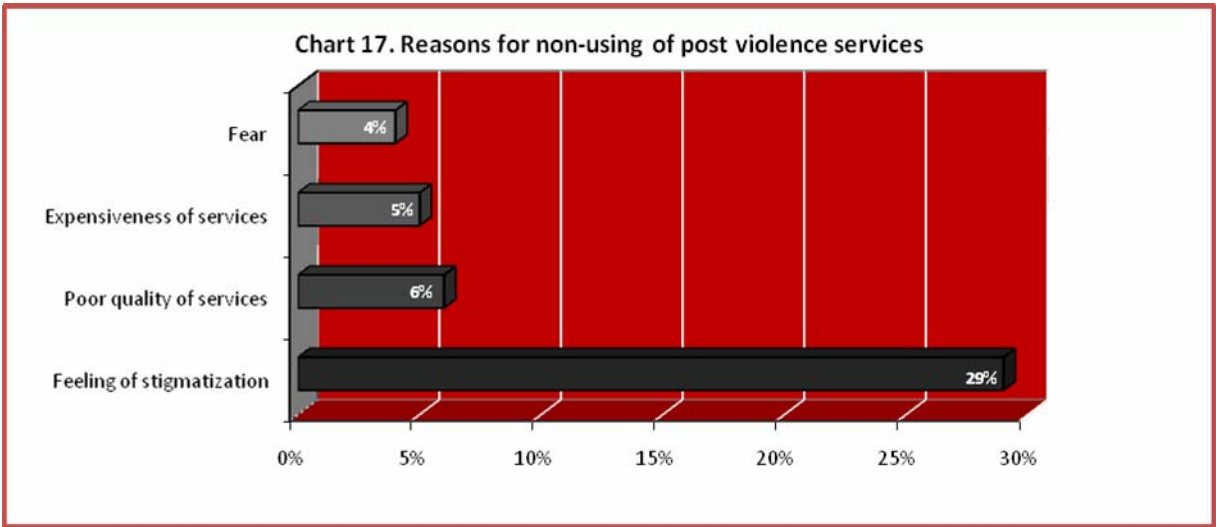


Almost all interviewees said that they were familiar with some type of post-violence support services. Most respondents (83%) knew about post-violence medical services, and only 34% knew about safety and social services. After suffering violence, sex workers most commonly use health services (40%), and least often use social services (4%) (Chart 16).

Chart 16. Informing about the post-violence services and using of the services



Four main reasons identified for why sex workers do not use support or recovery services after violence (*Chart 17*). Less than one third of sex workers suggested that a stigma or sense of shame was the main reason for not utilizing services after suffering violence. Further reasons identified by respondents included poor quality or high cost of services, and fear.



CONCLUSIONS

- Females engaged in sex work have a high risk of all types of physical and psychological violence. The most common perpetrators of all forms of violence against sex workers are the users of sexual services (clients) and husbands/partners.
- Sex workers who regularly or occasionally use drugs are at greater risk of physical and sexual violence.
- Sex workers are subject to verbal abuse and physical violence by the police. Sex workers who regularly use drugs have a greater risk of experiencing violence by the police.
- Sex workers who provide sexual services outdoors are at greater risk of violence.
- Sex workers who provide penetrative sexual services have the highest risk for experiencing sexual and physical violence.
- Most sex workers do not inform their family or partner/husband about their job, nor of cases of abuse. The highest degree of openness about sex work and violence is with close friends and between work colleagues (other sex workers).
- The stigmatization of sex workers restricts their access to formal and informal sources of institutional and social welfare support (including safety and health services), and support from friends, family and community).

RECOMMENDATIONS

These recommendations relate to civil society organisations and state institutions working with women, focusing on sex workers, and those working in the general field of health, peace and security and human rights protection.

- Continue to explore the issue of violence against sex workers, as well as issues of stigma and discrimination.
- Pay attention to other factors, such as HIV/AIDS and STI, affecting the health of sex workers as well as their social status, health risks, the conditions in which they live and their enhanced exposure to violence.
- Increase advocacy and public information efforts to decriminalize sex work through the development of more relevant and realistic policies and procedures. Decriminalization will encourage the creation of an environment where sex workers can talk openly about the problems of their profession, can protect themselves from violence and can seek and obtain assistance from appropriate institutions, organizations and individuals.
- Advocate for more effective involvement of responsible governmental political officials, especially those who oversee police activities, in the monitoring and prevention of violence against sex workers by police.
- Raise awareness of human rights in the local community and larger society, thereby increasing tolerance, mutual understanding and the prospects for coexistence with sex workers. This action will decrease the vulnerability of sex workers to those who would cause violence.
- Improve information and referral systems between all relevant social service agencies, NGOs and human rights advocacy organizations, etc. to help further coordination in meeting the different protection needs of sex workers.
- Organize and implement anti-discrimination, advocacy campaigns to raise the awareness and concern of those law enforcement, social workers and medical staff who deal with the needs and protection of sex workers.
- Implement peer education and self-protection programmes on human rights among sex workers
- Plan and initiate programs to raise awareness and further non-violent behaviour among adult men and boys toward sex workers.

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