

A photograph of a woman in profile, looking out of a window with metal bars. Her reflection is visible in the glass. The scene is dimly lit, with light coming from the window. The woman has dark hair and is wearing a dark top. The window frame is pinkish-red.

Sex work & violence in Kenya

Photo: Aidsfonds

A participatory research

 **aidsfonds**

Bridging the Gaps

Reducing violence against sex workers

Bridging the Gaps (2016-2020) is an international HIV programme that works to improve the health and rights of sex workers, people who use drugs and Lesbian Gay Bisexual Transgender (LGBT) people. The programme aims to end the AIDS epidemic among key populations through three interrelated long term goals: 1) a strengthened civil society that holds governments to account; 2) increased fulfilment of human rights of key populations; and 3) improved sexual reproductive health and rights (SRHR) and fewer HIV infections. Aidsfonds is one of nine alliance partners in Bridging the Gaps, which is implemented by and for the three key populations in 16 countries. The programme applies a participatory approach based on assumption that key populations know what is best for them.

Violence is a key factor in the vulnerability of sex workers to HIV/AIDS. It leads to inconsistent condom use, increases the risk of HIV infection and prevents sex workers from accessing valuable information and services such as legal support and health care. Global studies on sex work often look at HIV prevention but few focus on the effect of violence on HIV infection. There is a significant lack of data specifically on violence and sex work, and factors that increase or decrease the risk of violence towards sex workers.

Research findings on sex work and violence in Kenya

This report presents the main findings of a study in Kenya examining violence against sex workers. The results provide insights into:

- the levels of violence experienced by sex workers
- the type of perpetrators
- factors that increase the risk of experiencing violence
- mitigation factors to lower the risk of violence towards sex workers

Study outcomes will be used to inform future decision making around appropriate intervention strategies and for lobbying and advocacy purposes.

This research was designed by sex workers and partner organisations in the Bridging the Gaps programme. Sex workers participated in both the research implementation and the dissemination of the results. The quantitative research entailed 599 surveys conducted by 14 sex workers who were trained to survey their peers. For the qualitative part, a researcher conducted 30 semi-structured in-depth interviews and 20 focus group discussions with sex workers. Topics included: violence, social networks, police attitudes, safety, security and risk mitigation.

Collaborating institutions

- Aidsfonds, The Netherlands
- Bar Hostess and Empowerment Support Program (BHESP), Nairobi
- Coast Sex Workers Alliance (COSWA), Mombasa
- Eagles for Life, Kisii
- Government of the Republic of Kenya
- Healthy Options for Young Men living with HIV and STIs (HOYMAS), Nairobi
- HIV/AIDS Peoples' Alliance of Kenya (HAPA Kenya), Mombasa
- Hope World Wide, Empowering Marginalised Communities, Meru
- Kenyan Sex Workers Alliance (KESWA), Nairobi
- University of Nairobi, Kenya
- Vrije Universiteit Amsterdam (VU University), The Netherlands

March 2020

Cover photo: Carolyn Njoroge, Programme manager at KESWA

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Abbreviations

AIDS	Acquired immune deficiency syndrome
CBPR	Community-based participatory research
FGD	Focus group discussion
FSW	Female sex worker
HIV	Human Immunodeficiency Virus
HTC	HIV testing and counselling
KP	Key populations
LGBT	Lesbian Gay Bisexual Transgender
MSW	Male sex worker
N	Number
NACC	National AIDS Control Council
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
SRHR	Sexual and reproductive health and Rights
TSW	Transgender sex worker

Executive Summary

Background

Violence is a critical factor in the vulnerability of sex workers to HIV/AIDS. It prevents sex workers from accessing valuable information, support and services that help to protect them from HIV/AIDS. Global studies on sex work often relate to HIV prevention and only few of these studies focus on the effect of violence on HIV prevention. Data specifically focusing on violence and sex work and on risk factors for experiencing violence is generally lacking. This research investigates types and levels of violence experienced by sex workers in Kenya; who the perpetrators are; factors that increase the risk of experiencing violence; and mitigation factors to lower the risk of violence towards sex workers.

Methods

A mixed method community-based participatory research (CBPR) approach was used, in which participation and considering viewpoints of sex workers themselves were essential. All partners, including sex workers, contributed to the design and implementation of this research. Both qualitative and quantitative components were developed in cooperation with the Vrije Universiteit (VU University) in Amsterdam. In Kenya, 14 sex workers were trained as research assistants who worked alongside two social scientists specialised in qualitative methods. In total, 599 surveys, 30 in-depth interviews and 20 focus group discussions (FGDs) were conducted with sex workers. Ten in-depth interviews were also conducted with additional relevant stakeholders. Participating sex workers and stakeholders were based in Kisii, Meru, Mombasa and Nairobi.

Results

People involved in sex work in Kenya experienced high levels of violence (97%) over the past 12 months including physical violence (75%), sexual violence (33%), economic violence (86%) and emotional violence (90%). The main perpetrators of violence against sex workers are clients and law enforcement officers. Sex workers are confronted

with stigma and discriminatory treatment, attitudes which hamper their health seeking behavior, including access to HIV prevention and treatment services. Homophobic societal attitudes lead to additional (gender-based) violence against male- and transgender sex workers. Criminalisation of activities associated with sex work and same-sex practices result in a tense relationship between sex workers and the police. Although some sex workers report positive experiences with police officers, the majority are reluctant to seek police assistance, to report violence and seek other forms of legal aid. Perceived and real impunity violates sex workers' human rights and places sex workers at heightened risk for experiencing violence. Risk factors associated with higher levels of violence include gender; alcohol- and substance use by both sex workers and clients; migration status; and working location. Empowered sex workers experience significantly less violence. Sex worker-led organisations support sex workers to stay safe; provide them with legal assistance and empowerment; and engage with perpetrators and government to reduce violence against sex workers in the future. Mitigation strategies to reduce the risk of violence include working from safe locations; selection and refusal of clients; working with third parties such as bar- and hotel staff and involvement in peer networks.

Conclusion and recommendations

To reduce violence against sex workers and eliminate HIV in Kenya it is important to decriminalise activities associated with sex work and homosexuality, and stop arbitrary arrests based on county by-laws. Sex workers need to be meaningfully involved in formulating an effective national HIV response. In addition, it is vital to promote structural HIV interventions that support and empower sex workers to advocate for their rights. Finally, to prevent discriminatory treatment of sex workers, there is an urgent need for training of health care workers and police, and measures that increase police accountability.



1. Introduction

Violence is a critical factor in the vulnerability of sex workers to HIV/AIDS. It prevents sex workers from reaching out for HIV services and it exposes them to the risk of contracting HIV through inconsistent condom use; client condom refusal; condom use failure and breakage; and HIV infection (Shannon et al., 2014, 2015). Injuries caused by physical and sexual violence increase the risk of HIV infection, and the threat of violence may be used to coerce unpaid and unprotected sex or other risky services including anal sex (Hampanda, 2013; Okal et al., 2011). Sex workers who have experienced violence prioritise their safety over less immediate concerns such as HIV. Modelling estimates show a decline in HIV infection of almost 25 percent among sex workers when physical or sexual violence is reduced (WHO, 2010).

1.1 Criminalisation and violence

Sex work, sex work related behaviours and same-sex sexual practices, are currently criminalised in Kenya through national laws and county by-laws. Studies show that criminalisation of sex work not only obstructs sex workers' safety, health, and rights but also hinders them from accessing police protection and justice (Krüsi, Kerr, Taylor, Rhodes, & Shannon, 2016; Nelson, 2019) and leaves them vulnerable to violence, stigma and discrimination (Bhattacharjee et al., 2018).

When sex work is criminalised the use of violence and coercion by law enforcement seems to be justified (Deering et al., 2014, 2015; Shannon & Csete, 2010). A study shows that in such an environment, police officers wield tremendous power over sex workers through arbitrary arrest and forced detention. Sex workers also report significant lack of police protection e.g. the resistance to take cases (Shannon et al., 2018).

It is important to decriminalise sex work and end discriminatory laws, policies and practices against female, male and transgender sex workers to reduce violence against sex workers and eliminate HIV/AIDS (Shannon et al., 2018).

Estimates suggest that decriminalisation of sex work could halve the incidence of HIV among sex workers and their clients (Shannon et al., 2015). Documenting data on violence and human rights abuses against sex workers - which is currently lacking or unreliable (Shannon et al., 2018) - is therefore essential. This will both inform evidence-based policy and action to protect sex workers from harm and optimise the benefits of new and emerging HIV and treatment programmes (Muldoon et al., 2017).

2. Kenya country context

2.1 Kenya's legal framework



Although Kenya's constitution states that 'every person is equal before the law and shall enjoy equal protection by the law' many sex workers are denied these basic rights.

The Penal Code and sex work

Kenya's Penal Code criminalises activities associated with sex work including 'detention of females for immoral purposes' (section 151); 'male persons living on the earnings of prostitution or soliciting' (section 153); 'women living on the earnings of prostitution or aiding, abetting or compelling an individual to engage in sex work' (section 154); 'premises used for prostitution or residing in or frequenting or living in a house wholly or in part on the earnings of prostitution' (section 155) and 'running a brothel' (section 156).

County by-laws

In most cases, police arrest sex workers on the basis of municipal by-laws, including laws to control public nuisance, pornography and public entertainment. Municipal by-laws contain provisions relating to general nuisance that outlaw loitering for immoral purposes, importuning for prostitution and indecent exposure (KESWA, 2018). For example, the Nairobi 'City By-Laws' under the General Nuisance By-law (2007) states that 'loitering, importuning or attempting to procure a female/male for prostitution' is an offence. The Mombasa Municipal Council By-Laws (2003), sections 258 (m) and (n) state that 'any person who shall in any street or public space – (m) loiter or importune for the purpose of prostitution (n) procure or attempt to procure a female or male for the purpose of prostitution or homosexuality shall be guilty of an offence.'

The Penal Code and same-sex sexual practices

The Penal Code criminalises 'unnatural offences- any person who has carnal knowledge of any

person against the order of nature', or 'permits a male person to have carnal knowledge of him or her against the order of nature' is guilty of a felony and is liable to imprisonment for 14 years' (Section 162a and c). Similarly, anyone who 'attempts to commit unnatural offences' (section 163) and 'indecent practices between males is guilty of a felony and is liable to imprisonment for five years' (section 165). These criminal laws particularly affect male sex workers, although police also use them to harass other LGBT sex workers.

2.2 Laws and policies addressing violence against sex workers

The Sexual Offences Act No. 3 (2006)

The Sexual Offences Act recognises sexual harassment as a crime and empowers the court to recognise and provide protection for victims, including sex workers, during the prosecution of sexual offences (KESWA, 2018). The Act criminalises many sexual offences including 'rape' (section 3 and 4), 'gang rape' (section 10), 'indecent acts' (section 6), 'the procuring of, or permitting children under the age of 18 to be sexually abused, or to participate in any form of sexual activity, or in any obscene or indecent exhibition or show' (section 15), 'trafficking for sexual exploitation' (section 18) and 'prostitution of persons with mental disabilities' (section 19). The Sexual Offences Act contains several provisions that penalise acts of third parties, including 'to encourage one to be a sex worker or be in control of a sex worker' (section 17). Section 26 criminalises 'deliberate transmission of HIV or any other life threatening sexually transmitted disease.' This section compels disclosure of HIV status and gives courts the power to authorise compulsory testing of an accused person.

The Public Health Act (1986, 2012)

The Public Health Act was developed to control infectious diseases (as well as other diseases), but



John Murwa, member of HOYMAS raises awareness on National Condom Day

Photo: Aidsfonds

currently is used to enforce HIV testing on sex workers. Sections 43 and 44 of the Act make it mandatory for anyone suffering from any venereal disease to consult a medical practitioner and be treated until cured. The Act criminalises non-compliance with the provisions. If a sex worker is found guilty under the Public Health Act, they could face a fine of up to 30,000 KES (260 euros) and/or three years in prison as was the case in Kisii in 2015.¹

2.3 Sex work in Kenya

The context and realities of sex work in Kenya differ from place to place. A large proportion of female sex workers (FSW) operate in just a few urban cities and towns (Odek et al., 2014). Sex work is concentrated in urban areas, especially in Nairobi (e.g. Lorway et al., 2018) and Mombasa

(e.g. Okal et al., 2009). Nairobi is the capital and largest city of Kenya. Here sex workers operate from over 2500 'hotspots': places where sex workers and their clients meet and which range from outdoor and street-based sex work, to clubs, bars, and hotels (Lorway et al., 2018; Muraguri et al., 2015). Mombasa is one of Kenya's coastal cities, where tourism is an important part of the sex work market (Česnulyte, 2015; Okal et al., 2009b; Omondi & Ryan, 2016). In border towns, long distance truck drivers and transporters as well as cross border traders make up much of the sex work clientele (Ferguson & Morris, 2007). In rural market areas, sex work is shaped by patterns of seasonal payment for cash crops such as wheat, coffee and tea (Ondimu, 2010) but also by mobility of fishing communities (Camlin, Kwena, & Dworkin, 2013) and those working in the cut flower industry (Lowthers, 2018).

Until now, studies on male sex workers (MSW) in Kenya, as elsewhere in Africa are limited (Scorgie & Chersich, 2012). The few existing

¹ www.nswp.org/resource/nswp-statement-arrests-mandatory-testing-sex-workers-kenya

studies on male sex work in Kenya that focus on Nairobi and Mombasa, show the severe stigma and social exclusion MSWs experience, and how their health needs are overlooked (Luchters et al., 2011; Mannava, Geibel, King'ola, Temmerman, & Luchters, 2013). Studies on transgender sex workers (TSW) in Kenya were not found. Although sex work has been reported in Nairobi's migrant communities from neighbouring countries including Tanzania, Uganda, Ethiopia and Somalia (IOM, 2011), the extent of migrant sex work in Kenya remains unclear.

2.4 Sex work and health

Kenya has the fourth largest HIV epidemic in the world and the highest national HIV prevalence of any country outside of Southern Africa (UNAIDS, 2019). Estimates show one in three FSWs (29.3%) and almost one in five MSW (18.2%) is HIV positive (Bhattacharjee et al., 2018). HIV prevalence among Kenyan sex workers is considerably higher than the prevalence of 5.9 percent in the general population (NASCOP, 2016), and key populations including sex workers contribute a third of new HIV infections (NACC, 2016).

The Kenya AIDS Strategic Framework (NACC, 2014) identifies sex workers as one of the country's key populations. Kenya's HIV policies strongly focus on epidemic control through '90-90-90' (90 percent of HIV positive individuals knowing their status, 90 percent of those receiving antiretroviral therapy, and 90 percent those achieving viral suppression).² HIV testing and counselling (HTC) is key to Kenya's HIV response, and several innovative approaches to HIV testing are used, including targeted community-based testing and the introduction of self-test kits (Collins et al., 2016).

² www.pepfar.gov/documents/organization/234744.pdf

In general, Kenya's national HIV prevention strategy has the potential to be effective. The strong focus on HIV testing and treatment, however, leaves several gaps in comprehensive care for sex workers. Sex workers face systematic barriers accessing appropriate HIV prevention and care services (Okall et al., 2014; Scorgie et al., 2013). Most (public) health facilities have difficulties reaching MSWs as well as migrant sex workers from neighbouring countries (IOM, 2011) and fail to adequately provide mental health care for male- and transgender sex workers (Okal et al., 2009; Van Der Elst et al., 2013). What is more, sex workers' psychosocial challenges and economic empowerment remain unaddressed (HOYMAS, 2019; Moyer & Igonya, 2018).

2.5 Sex work and violence

Sex workers in Kenya report violence and harassment, including discrimination, beatings, rape and theft but also murder (KESWA, 2018; NEPHAK, BHESP, KESWA, 2015). In 2014, 44 percent of FSWs, 24 percent of MSW were arrested or beaten up by police in six months prior to the study (NACC, 2014). And In 2016 alone, 25 FSWs were killed in Kenya (Abdallah, Maina, Mtende, & Mwangi, 2017). Perpetrators of violence against sex workers include clients, police and people from the community, whilst law enforcement generally denies sex workers (legal) protection and human rights (ASWA, 2019; KESWA, 2018; Scorgie et al., 2013).

The Kenyan national key population programme prioritises violence as a key structural barrier to HIV-related services and has adopted strategies to address violence against key populations in the national guidelines for HIV/STI programming with key populations (Bhattacharjee et al., 2018). A review of the national policy framework shows, however, the 'low program priority to address violence against key populations' (NACC, 2014). Few policies are put into practice and sex

workers lack access to other services required to address violence, including psychological services, rehabilitation and integration, victim protection and legal support (ASWA 2019; KESWA 2018).

2.6 The Kenyan sex worker rights movement

The Kenyan sex worker rights movement is flourishing, and provides an important source of social support for people involved in sex work (Česnulytė, 2017; Mgbako, 2016). Throughout the country, the movement engages in efforts to fill gaps in sex workers' access to health and human rights. Sex worker-led organisations provide sex workers with a 'safe space' and basic health care, including post-exposure prophylaxis (PEP) and post-rape care (ASWA, 2019), and implement various programmes to empower sex workers. Sex worker-led organisations continuously engage with Kenyan state health institutions to ensure health policies meet sex workers' needs, and engage in development and implementation of support policies and programmes (Česnulytė, 2017; van Stapele, Nencel, & Sabelis, 2018). To gain fundamental human rights (KESWA, 2018), sex worker-led organisations also advocate for legal and policy reforms, both on the national and international level (Abdallah et al., 2017; Česnulytė, 2017). A recent example is 'Repeal 162', a law reform campaign seeking to challenge sections of the Penal Code criminalising same-sex activities. Members of HOYMAS, a male sex worker-led organisation, petitioned in this case.³

³ On the 24th of May 2019, the High Court dismissed this petition. The judge found that the petitioners failed to convince the court that the Penal Code clauses are used to discriminate against sexual- and gender minorities. Read more: www.repeal162.org

3. Methods

This research used a mixed method community-based participatory research (CBPR) approach. CBPR is a partnership approach to research, that equitably involves community members, practitioners, and academic researchers in all aspects of the process, enabling all partners to contribute their expertise and share responsibility and ownership (Israel et al., 1998). This means that sex workers were actively involved in the design and execution of this research including the design of the research and tools; selection of the hired researchers; data collection and writing the results. All methods were tried and tested under Hands Off! - an Aidsfonds programme focusing on the reduction of violence against sex workers in Southern Africa.⁴

In total, 14 sex worker research assistants and five coordinators were trained by Aidsfonds and VU University, based on standardised training focusing on different aspects of the questionnaire administration. The following issues were part of the training: 1) violence as a concept; 2) different research methods and tools; 3) open versus closed question; 4) the research protocol; 5) different types of violence; 6) sampling techniques; 7) effect of attitude of interviewer and 8) ethical consideration and referrals. There were many opportunities to practice using the tools in the field during the training.

Data collection took place on the premises of, and as the result of, contact with the following sex worker-led organisations: Bar Hostess Empowerment and Support Programme (BHESP) and Healthy Options for Young Men living with AIDS and STIs (HOYMAS) in Nairobi; Eagles for Life in Kisii, HIV/AIDS Peoples Alliance of Kenya (HAPA Kenya) and Coast Sex workers Alliance (COSWA) in Mombasa; and Hope Worldwide, Empowering Marginalised Communities (EMAC) in Meru. Representatives of these organisations also contributed to and commented on earlier versions of this report.

The research has two components: a quantitative and a qualitative aspect. Both worked with informed consent.

3.1 Quantitative methods

The quantitative research component consists of a survey questionnaire, established following participatory principles. Stakeholders created a topic list and worked with existing questionnaires, previously developed for research with sex workers and measuring violence- and health-related topics. While developing the survey, several survey drafts were shared with experts and partner organisations within Kenya, and discussed and reviewed among sex workers through FGDs.

The final questionnaire had 94 questions and took approximately 1.5 hours to complete, focusing on the following themes: 1. aspects of sex work (such as working location, economic incentives, clients, immigration and reasons for entering sex work); 2. social network; 3. violence and law enforcement; 4. prevention strategies, harm reduction and risk mitigation; 5. health and services; and 6. demographic variables.

Surveys were conducted by research assistants. Through snowball sampling, whereby respondents invited fellow sex workers to participate in the study, a total of 599 questionnaires were

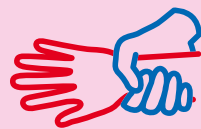
⁴ See e.g. Aidsfonds (2018)

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 beatings with hands or objects, kicking and pushing.



Sexual violence

Any sexual act or attempt to obtain a sexual act, to which consent is not 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 not paying for sexual services.

administered, including N=200 in Mombasa, N=191 in Nairobi, N=101 in Kisii and N=101 in Meru. All questionnaires were uploaded in SPSS, a software package for statistical analysis.

3.2 Qualitative methods

The qualitative research component consists of FGDs and in-depth interviews/life stories with sex workers as well as in-depth interviews with relevant stakeholders. Two social scientists with expertise in qualitative methods conducted in-depth interviews and FGDs, and were involved in data analysis and writing up the results.

The in-depth interviews and FGDs with sex workers were grouped around four central themes: 1) violence, 2) police, 3) social networks, and 4) prevention strategies, harm reduction and risk mitigation. All FGDs started with introductions and worked with open ended questions which were posed by the facilitator. A human sketch was used in order for participants to identify parts on the human body where they were likely to be wounded.

The in-depth interviews with stakeholders discussed: 1) relation to sex work, 2) violence related

to sex work, 3) policies relating to sex work, 4) service provision and sex work, and 5) safety and security of sex workers.

The study includes 30 in-depth interviews with sex workers and 20 FGDs (including 170 participants) and 10 interviews with relevant stakeholders. All in-depth interviews and FGDs were recorded and transcribed. Transcripts were analysed in Dedoose, a software package for qualitative analysis.

3.3 Study sample

The study sample of this research (N=593) consists of people from Kisii (N=101), Meru (N=101), Mombasa (N=200), Nairobi (N=191) and other (N=6). Most respondents in this study identify as female (55%), others as male (41%) and trans-gender (4%). These three fixed categories do not apply to everyone though, as a respondent explains:

"I think I have a confused gender: most of the time I would prefer dressing like a man but sometimes I wake up and feel so feminine that I will cross dress at night but I don't want to identify as transgender."

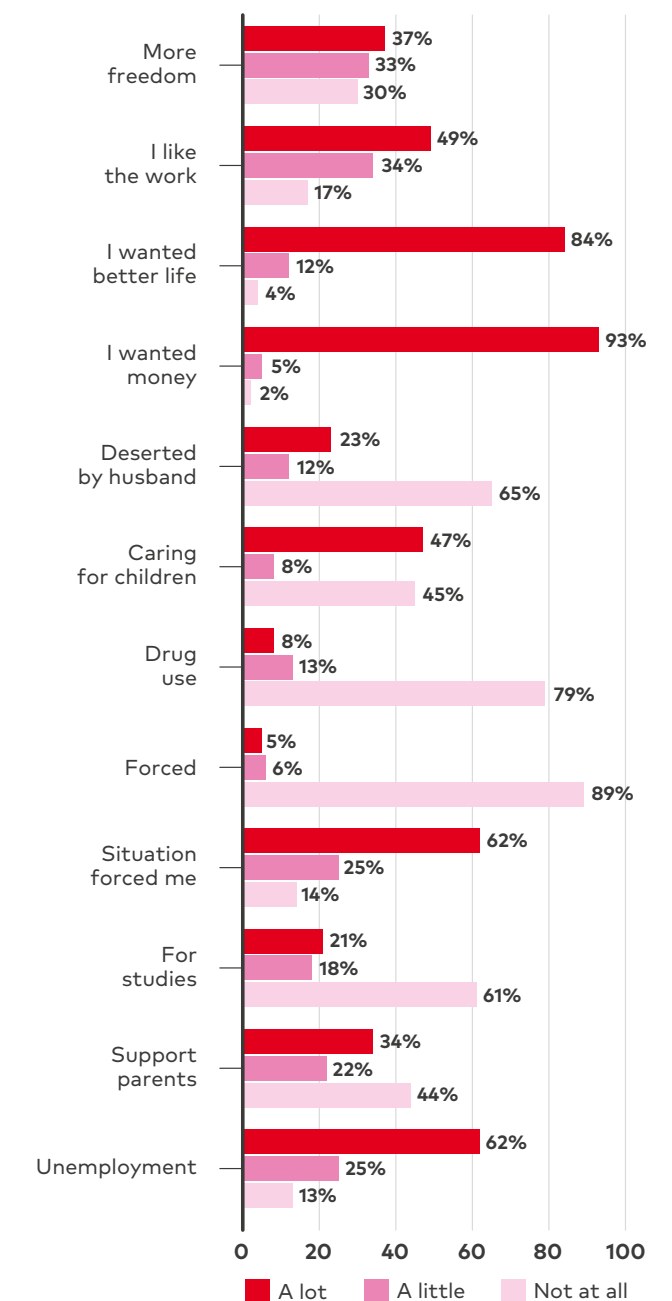
More than half of our respondents (55%) are originally from the four research sites included in our study. TSWs (55%) and MSWs (48%) originate more often from another area, and thus migrate more, than FSWs (34%). Most migrant sex workers come from Nyanza (28%), Coast (25%) and Western Kenya (25%). 23 study participants are originally from another country (4%); most were born in Uganda (N=14).

The average age sex workers in this sample started to do sex work is 21 years (minimum 10 and maximum 42 years). Respondents started sex work for various reasons: a need for money (98%), looking for a better life (97%), or someone's situation forced him or her (87%). Others liked the freedom that comes with it (70%) or needed to take care of their children (55%). Some respondents indicate that drugs played a role (21%) or that someone forced them (11%). This shows that the reasons study participants engage in sex work are often similar to the reasons why Kenyan citizens in general need to take on other forms of (informal) work.

Kenya's economy is doing relatively well compared to other African nations, although poverty- and unemployment levels are high (World Bank Group, 2018). Kenya's population is predominantly young, and many people experience barriers in accessing formal employment. Hence, most of Kenya's population relies on the informal sector and self-employment - of which sex work is a part (Hall, 2017). Our study findings show people's reliance on other forms of employment, since three out of four respondents (78%) have additional sources of income. In the month before the interview, respondents on average earned 14.285 KES (126 euro) through sex work compared to 14.395 KES (125 euro) through other sources of income. The type of other work people do varies: respondents in this study work as peer educators or paralegals in a sex worker-led organisation (36%); do business (17%); sell clothes (14%); work as a cleaner (13%); do office work (9%); have a

food or beverage stall (8%); work at a market (8%); domestic work (6%); do farming (5%) or work as a nanny (1%). Homosexual men who are openly gay experience increased barriers to formal and informal employment. Stigma and discrimination around homosexuality limits the social- and economic opportunities MSWs

Reasons to have entered sex work





Collaboration between law enforcement and sex worker-led organisations HOYMAS and KESWA

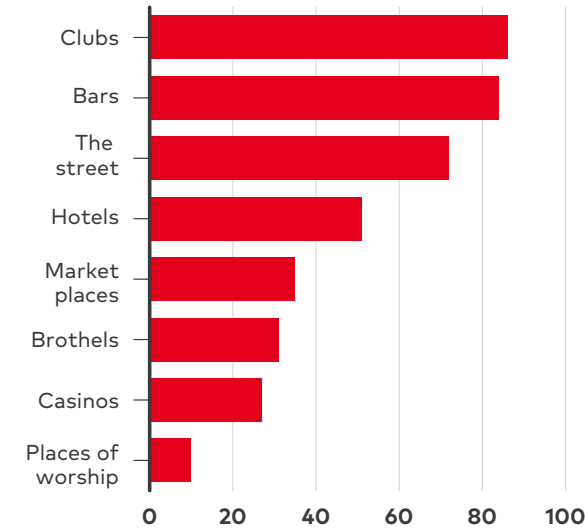
generally have, something which will be further discussed throughout the report. Some men in this study were able to start their own business, but access to most other forms of employment is restricted. This does not mean, however, that all MSWs are forced into sex work. A common credo among MSWs in Nairobi is:

"Selling tomatoes pays but selling sex pays better."

showing perceived benefit of engagement in sex work over other forms of (informal) work.

In terms of sex work, respondents on average work from six different locations. Most work from clubs (86%), bars (84%), the street (72%), hotels (51%), market places (35%), brothels (31%), casinos (27%) and from places of worship (10%). People often talked about 'hotspots' when discussing their working locations. On average sex workers worked just over four days a week (4.4 days). Sex workers engage in a variety of services including hand jobs (78%), blowjobs (69%), vaginal- (62%) and anal sex (51%). Sex workers provide clients with escort (73%) and stripping services (40%). Sex workers stay in contact with clients by phone (85%) and the internet (73%). Facebook and other social media apps (e.g. Grindr for MSWs) are commonly used. HIV prevalence in this study is estimated at

Percentage of sex workers and their working locations, or so called 'hotspots'



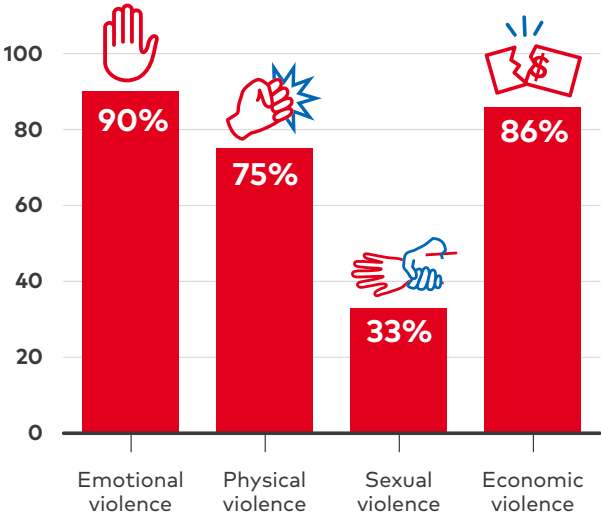
10 percent among women, 12 percent among men and 33 percent among transgender people. One fifth (20%) of respondents in this study did not want to disclose their status. HIV prevalence rates in this study are higher than among the general Kenyan population (5.9%), but lower than national estimates for key populations, which are estimated at 29.3% for FSW and 18.2% for MSW (Bhattacharjee et al., 2018).⁵

⁵ This deviation from national estimates is assumed to be partly due to a lack of recent national size- and prevalence estimates.

4. Results

The study revealed that people involved in sex work in Kenya experienced high levels of violence (97%) over the past 12 months.

Percentage of sex workers having experienced violence in the past 12 months



Both men and women experience rejection from family, either because they do sex work or because they are gay. Family members gossip about respondents, insult and discriminate against them, and exclude them from family events and activities. A woman from Mombasa explains what happened to her when her family found out she did sex work:

"My brothers beat me up and threw me out of the home. Since then I have been living like I don't have a family."

Her quote shows the hardships many sex workers go through. MSWs said they feel like a 'disgrace' to their families, because of failure to conform to family expectations. Men are expected to get married and have children, something many male respondents cannot - and will not live up to. In some cases, family members accept the men's homosexuality to some extent, although it is rare to find families openly supporting them. For example, one male respondent explained how his family treat him:

"They are aware of my sexual orientation but they don't speak about it. They have never discussed it with me."

These men feel 'silenced' and unable to express who they really are. Other families force MSWs to leave the family home, which pushes many to migrate to cities such as Nairobi and Mombasa. Another MSW in Mombasa shared what he experienced in his community:

4.1 Experiences of stigma and discrimination

Kenyan sex workers' illegal status, public values of immorality and cultural- and religious influences all fuel their marginalisation. Both men and women in this study said community members gossip about them, and reject them from all sorts of (in)formal societal structures including community meetings, parties, and Chamas (informal social saving groups). What is especially hurtful to many respondents is the ways that community members ignore them, or refuse to associate with them:

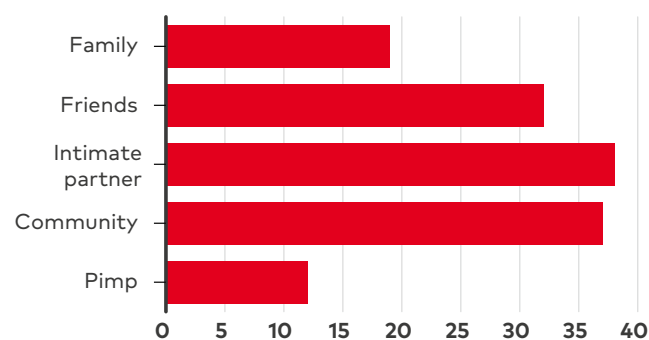
"Sometimes you go sit next to people and they all leave."

a male respondent from Mombasa said.

"Verbal abuse and hate. Some spit at us, gossip and talk about us and some even throw stones at us. Sometimes I'm even afraid of the people who are outside the house. How will I even go to work with such people around?"

– male respondent, Mombasa

Percentage of sex workers that experienced humiliation by type of perpetrator



Anti-sex work views and anti-gay narratives ostracise people involved in sex work from society, including from family and friends. This explains why both male and female respondents prefer to keep their sex work a secret and many lead a double life. Most parents (80%) and siblings (68%) are unaware of respondents' work and 54 percent of respondents think the community is unaware of the work they do. Respondents are afraid of other people's opinions. A woman from Kisii prefers not to tell people about her work 'because of how people talk about sex workers'. Another respondent fears judgement, and is afraid people consider her 'less human' once they know about the work she does.

MSWs experience additional (gender-based) violence because of their homosexuality. Influenced by religious- and family values, Kenyan society generally perceives homosexuality as 'abnormal' and un-African. These values affect queer people in general, and gay men specifically. Several men in this study were sent away from school as soon as teachers and other students found out about their sexual orientation. Others have difficulties finding a

place to live: as soon as a landlord or neighbours find out their sexual orientation, they are generally forced to leave. A male respondent in Nairobi explains how he experiences the consequences of societal rejection on a daily basis:

"Most of the time I encounter verbal abuse like when I am walking on the streets, somebody comes and insults me or looks at me in a different way. It gets to the extent where someone can deny you something like when you are getting into a matatu and the conductor says 'You can't get into this matatu because of your dress code.'"

"This is Mombasa so the main religion here is Islam. The moment they know, I don't even know what they can do to you."

– male respondent, Mombasa

Stigma and discrimination are often a first step towards other forms of (physical) violence and aggression towards sex workers. Male respondents experience the constant threat of violence, and are regularly attacked by strangers because of their sexual orientation. A man from Nairobi was physically attacked by several men from his neighbourhood who knew he was gay:

"I almost died. I was attacked by a group of men. They shouted 'You gay you must die' and wanted my money. I didn't have any money or anything else to give them and they stabbed me with a knife in my head."

Homophobic physical attacks like this one were reported on all research sites and show the vulnerability of homosexual men in Kenya, and how hostile society is towards them.

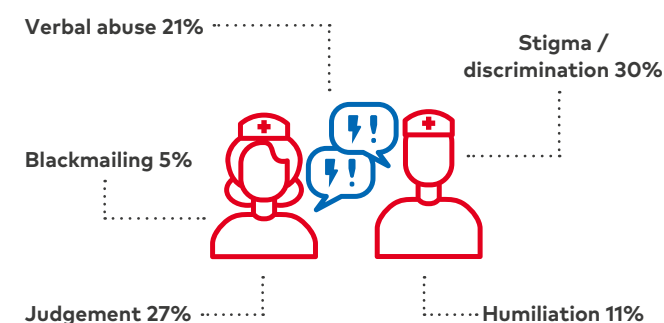
This study findings suggest that men who present themselves in ways perceived as 'female' or 'feminine', through body language and clothing, experience more societal rejection than those who do not. For men with a more 'feminine' appearance it is more difficult to assimilate into society and 'to pass' as heterosexual.



Stigma and discrimination in health facilities

Experiences of discriminatory treatment in (public) health facilities was reported in all research sites. In total 41 percent of the respondents experienced one or more forms of stigma or discrimination at health services. Survey outcomes support findings on discriminatory treatment: respondents report being stigmatized (30%), judgement by health workers (27%), being verbally abused (21%) and humiliated (11%) and being blackmailed (5%).

Sex workers' experience with discriminatory treatment by health workers



Sex workers experience discriminatory treatment at health facilities, based on their involvement in sex work and/or sexual orientation. In public health settings, respondents experience neglect, denial of care, verbal abuse and gossip. Some health care workers openly discuss cases with colleagues, sometimes within hearing distance

of other patients, which violates sex workers' privacy. A woman from Mombasa experienced a burst condom and went to a public health facility to receive post-exposure prophylaxis (PEP), a medicine used to prevent HIV transmission:

"I decided to go for PEP. The first hospital told me to go look for the client - that he too had to be tested for me to get the PEP. I couldn't find that client so I went to two more hospitals where I was told the same thing. Then I asked them where they expected me to find the man. I was honest that I was a sex worker and needed help. They couldn't help, apparently because I was a sex worker which didn't sit right with me. Since then I have never gone to a public hospital for a medical inquiry."

– female respondent, Mombasa

"You know for some of us in bondage, domination, sadism and masochism (BDSM), some styles will bruise you, so when you go to seek immediate help, they will interrogate whether your spouse hurt you, when you say no it's a client, they will tell you to wait, put you in line regardless of all the pain I was in."

– female respondent, Mombasa

Male- and transgender sex workers are especially vulnerable to discriminatory treatment in health facilities due to intersecting bias (cumulative form of discrimination). In all research sites, men experienced homophobic attitudes and discriminatory treatment by health care workers. In interviews and focus groups, men explained how health staff laugh at them, or call their colleagues to come and look at the 'gay men'. Male respondents believe health care workers



Kevin of HOYMAS raises awareness on National Condom Day

Photo: Aidsfonds

refuse to treat them because of their sexual orientation. A man from Nairobi said:

"I don't receive good treatment from them, just because I have anal sex."

"One of our friends had anal warts and we took him to a health centre. Instead of helping us, the nurses formed a group and started talking and looking at us. Now you feel stigmatised, isolated and even the other patients started talking about us and hurling insulting words. Others are just laughing."

– male respondent, Mombasa

Because of stigma and discrimination in public health facilities, many respondents avoid or delay seeking health services here. One fifth of respondents (20%) go to public health services without telling the health care staff about their involvement in sex work. A man from Nairobi explains how avoidance or delay in seeking health services has detrimental effects on sex workers' health:

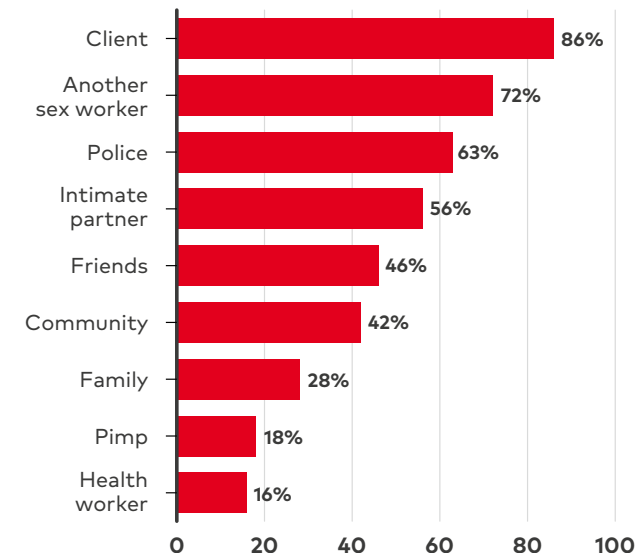
"We have lost so many MSW because of that. Especially in the rural areas where MSW lack transport to access services in the urban centers, they end up going to the local health facilities where they face stigma from the health care providers. That has led to four deaths: in Nyeri, Meru, Embu and Kirinyaga counties. They were all below 21 years and they suffered from sexual transmitted diseases and it's due to stigma in health care."

– male respondent, Nairobi

To fill gaps in service provision for sex workers, sex worker-led organisations in Nairobi and Mombasa provide sex workers with condoms and lubricants, as well as (basic) health services. To reduce stigma and discrimination against sex workers, organisations increasingly engage in 'sensitisation' of health care workers. This strategy to reduce stigma and other forms of violence is further discussed in conclusions and recommendations.

4.2. Violence at work

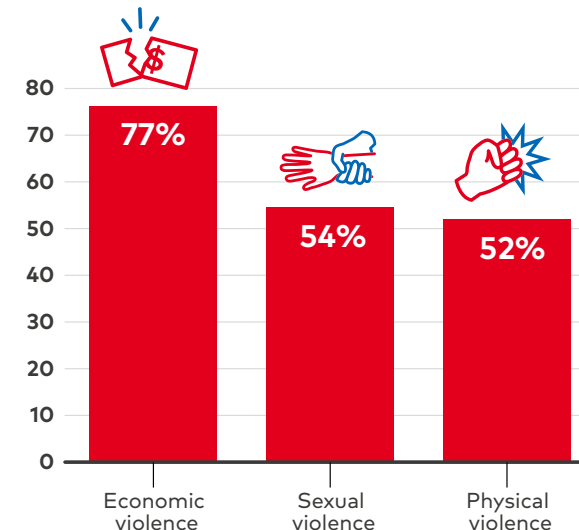
Percentage of sex workers that experienced violence by type of perpetrator



Violence by clients

Most (86%) sex workers in this study experienced violence inflicted by clients in the year before the survey. An issue that strongly emerged from interviews and FGDs was how money is often the main reason for conflict. More than three out of four (77%) respondents reported economic violence by clients.

Sex workers' experience with violence from clients



Respondents' experience with violence from clients

In terms of economic violence, clients refuse to pay the amount agreed on, or refuse to pay at all. A female respondent from Kisii experienced this:

"I had a client and we had agreed on the amount he should pay, but when morning comes, he started claiming that he doesn't have the money."

Another woman met a client who expected free sexual services in exchange for the food and drinks he bought her, while other clients demanded extra services without offering additional payment. Sometimes, for example, a sex worker will agree on one round of sex with her client then the client demands another (free) one. Some sex workers also experience theft:

"You have a client and you go with him and discuss a price. Then when you reach the hotel, he has sex with you and he pays you but when you wake up there is no money anymore because he stole the money even though you had sex all night."

– male respondent, Mombasa

Disagreement over payments often functions as a catalyst for other forms of violence. A man from Kisii explains:

"If you argue about the agreed price, they end up beating you or abusing you."

More than half of respondents (54%) report sexual abuse by clients. To illustrate what sexual violence means to her, a respondent from Mombasa explains:

"Touching me on parts which I'm not comfortable with and you're forcing it but I'm not comfortable. Even after explaining to you that I'm not comfortable."

Clients also force sex workers into sexual acts without consent, as was experienced by another woman from Mombasa:

"You negotiate with a client and leave to the room but when you get there he completely refuses and grabs you, having sex without a condom."

"Sometimes you can go to a room with a client and agree on the payment, but after the act he asks you 'what I'm I paying for? When someone goes to a shop, you pay so that you can take it with you, what am I paying for?' He will go ahead and beat you up seeking his money back. You end up fighting in the room."

– female respondent, Kisii

"There was this client, we had agreed on a 'gold extreme package'. He tied me up on the bed, and after we were done, he started taking photos of me and started threatening to expose me. He took a substantial amount of money until I was fed up and told him to go ahead and put me up wherever he wants. Then when he realised I don't care, he stopped. I felt really abused because I would go out have sex with people and had to give him all the money I made."

– female respondent, Mombasa

Sex workers' experience with blackmailing from clients



Blackmailing 39%

"You might hook up with someone thinking that he is a client and once you're done, he removes a weapon, knife or even a gun and threatens you. You will have to leave so as to spare your life. It's such a loss for us after spending the whole night with the client."

– male respondent, Mombasa

More than half (52%) of respondents in this study report physical abuse by clients in the year before the survey. Physical violence takes different forms: clients beat sex workers in their face, kick them in their stomach and breast area and some respondents had been attacked with a knife or other weapon. Some study respondents carried visible scars on their bodies. In all research sites, respondents also reported sex workers being murdered by clients.

Sex workers' experience with type of physical violence from clients



One female respondent described being kidnapped and dumped in a remote location:

"I entered a car with two men. One was younger and the other was older. We had talked about business. We went to their home, finished the business and came back. When it came to paying me, he said that he didn't have cash so we went to a petrol station. When we got there, they didn't stop. They took me to the forest. On the way there, they produced a knife and asked if I had a

child. I said yes and they told me to open my purse and remove everything I had. I gave them the 400 shillings I had and my small phone. He put a tape on my mouth and eyes and used a rope to hold my hands. The car was still moving and was being driven by the older man who was maybe in his 50s. We got to a place where they put me down because I couldn't see. I could only feel myself stepping on trees. He put me beside a tree, gave me my bag and left. They had tied my hands from behind and I managed to scratch the glue on my eyes to allow me to see the way. It was at night and I didn't know which forest I was in. I walked to people's gates but couldn't ask for help because my mouth was tied up. When I got to the road, nobody helped me, maybe because no one trusted that I was a good person. At some point, a car stopped, and five men grabbed me and put me in the car. They asked me to tell them what had happened. They took me to the police station and left. I reported the case but the challenge was that I didn't know the number plates. There are so many cases where people report number plates and nobody follows up because it's a sex worker. The only cases that are followed up are when two sex workers are in conflict. It's hard when you report clients or other problems."

– female respondent, Mombasa

The climate of impunity for perpetrators of violence against sex workers is an aspect that strongly emerged from this and previous research (see e.g. KESWA 2018; ASWA 2019). This will be further discussed in the following sections. Since sex work is criminalised and sex workers have

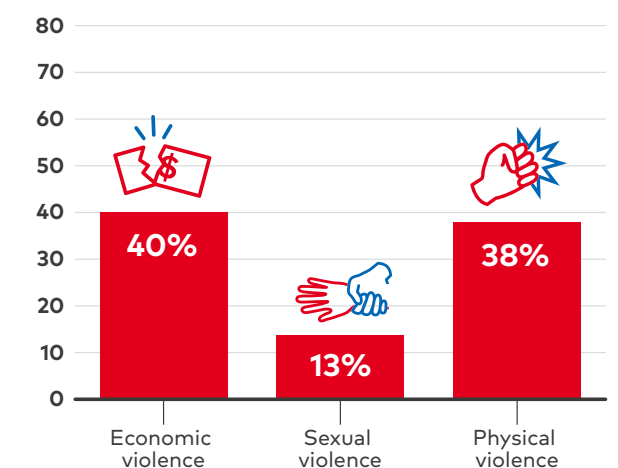
limited access to (social) justice, clients who engage in violent behaviour towards sex workers easily escape any form of punishment. This places sex workers at heightened risk for virtually all forms of violence (see also Decker et al., 2014; OSF, 2015).



Violence by law enforcement

After clients, police officers are the main perpetrators of violence against sex workers in Kenya. More than six out of ten respondents (63%) experienced at least one form of violence by police in the 12 months prior the survey. MSWs on average reported more incidents of violence by police in the last month compared to FSWs. Likewise, in interviews and FGDs, police harassment, corruption, arbitrary arrests and humiliation were recurring themes.

Sex workers' experience with violence from police



The Kenyan police force is known for its lack of professionalism, including widespread corruption and excessive use of violence (see e.g. Osse 2014). Interviewees generally knew that the official role of police is to protect Kenyan citizens, but made clear this duty does not correspond with their current interactions with- and treatment from

the police. On the contrary, most respondents refer to police officers as enemies, expecting harassment and abuse from them rather than protection.

Half of sex workers in this study (50%) felt humiliated by police in the past 12 months. One way police officers humiliate sex workers is through verbal abuse and derogatory language. Respondents experienced police officers who laughed at them, and asked them 'why they sell their vagina', 'who penetrates their arse' or 'why they spread the HIV virus'.

Sex workers' experience with emotional violence from police



Several respondents reported police officers engaging in physical violence and aggression towards them. Respondents had been thrown out of police vans, beaten and kicked, most of the time for no reason.

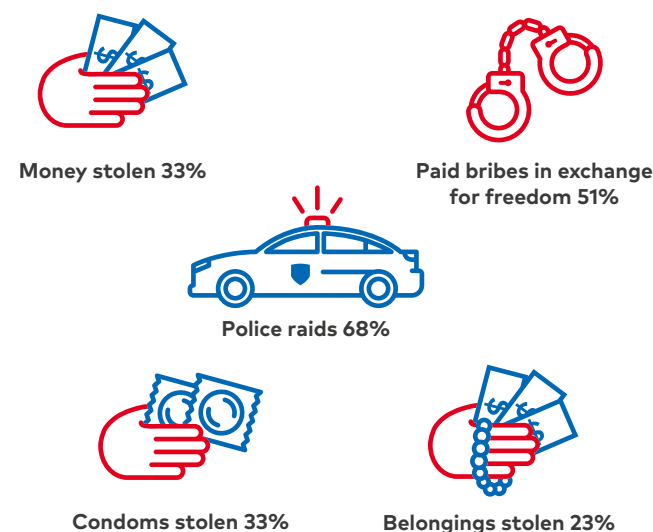
Sex workers' experience with physical violence from police



"A police officer once arrested me and asked: "Who penetrates your arse, you are very beautiful. What are you doing here?" I told him that the reason I was on the streets was because of lack of money for upkeep and raising my children. He asked how much I was looking for. I told him that I charge 1000 for one shot and 3,000 for the whole night. He told me that he would pay. He arrested me and put me in a cell. I asked the police officer what he wanted so that he could release me. He said that he wanted sex. He took me to a store and after sex he said to me: "leave, you prostitute." I asked why he didn't want to pay. He said to me: "What am I paying you for? Leave now or I will take you back to the cell." I had to force myself to do it because I do not have anyone to rely on. I do not have parents, I am not married, and I have many children with different fathers. I had to have sex with the police officer so that he would release me."

– female respondent, Meru

Sex workers' experience with economic violence from police



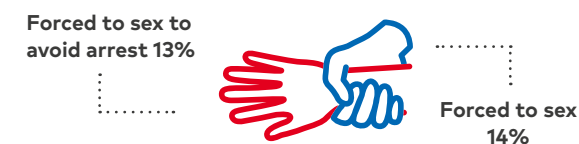
Participants in our study feel the main driver for police harassment is money and, to a lesser extent, expectation of sexual services. Raids are an easy way for police officers to obtain money and sexual services from sex workers. The majority of respondents in this study (68%) experienced at least one police raid in the past 12 months. A man from Mombasa explains what usually happens:

"The police will come when you are at the hotspot. When the police arrive, they just take you in. They grab you and put you in their car. The first thing they do after that is say 'whoever has money will give me', So I am coerced by the police to give them money."

If someone is unable to pay the amount demanded, police officers might steal the person's belongings or demand free sexual services. If the latter, most police officers refuse to wear a condom.

Survey outcomes confirm that many sex workers pay bribes (51%) and provide free sexual services (13%) in exchange for freedom.

Sex workers' experience with sexual violence from police



"The relationship with police officers is not good because they mostly harass us. They don't allow us to work in peace, and we have to hide every time we see them because when they arrest us there will be trouble. We are always alert and when we see them, we just hide."

– male respondent, Nairobi

"You bribe them or have sex with them; that's what normally happens. You have no other option. Sometimes they are hurling insults at you. You have to humble yourself, listen to them, if you have money you give them and if they ask for sex you give it."

– female respondent, Mombasa

Our study shows police officers were involved in blackmail of sex workers, experienced by 22 percent of sex workers in 12 months prior to the survey. Interestingly, rather than being blackmailed themselves, two MSWs were also approached by police officers to collaborate in blackmailing their clients.

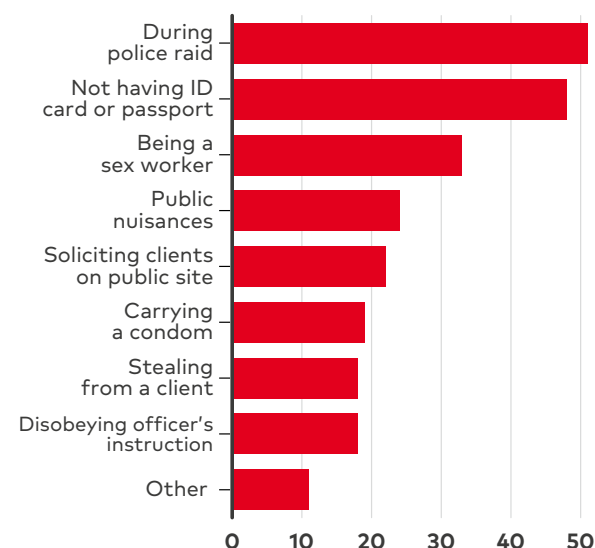
"I went to Kileleshwa police station for assistance and the police officer told me to approach the client again. [He said] Call us again when you are in the room, we will come with cameras and record everything and use this to blackmail him."

– male respondent, Nairobi



Arrest

Reasons for sex workers to be arrested by police



Survey outcomes show that more than half of sex workers in this study (58%) were arrested in the past 12 months, with an average of two times. For sex workers in this study, common grounds for arrest were: to not have an ID card or passport (48%); being a sex worker (33%); public nuisance (24%); soliciting clients on a public site (22%); carrying a condom (19%); disobeying a police officer's instruction (18%); and stealing from a client (18%). More than half of them (51%) were arrested during a police raid.

"I was charged with loitering at a dangerous hotspot at night. I was falsely accused. He also claimed that I was arrested at ungodly hours, after midnight to show that I am a criminal. I explained to him that I am a sex worker since I have accepted myself and all that I was doing was selling sex. He did not want to understand me."

– male respondent, Mombasa

In most cases, police officers arrest sex workers unlawfully. Interviewees explained it is rare and difficult to be charged with involvement in sex work or homosexual activities, primarily because it is difficult to be caught in the act. Because of this, police officers often charge them with another crime such as loitering, mugging, touting or drug possession. More than half of sex workers in this study who were arrested (68%) were detained after their last arrest. The average duration of their detention was six days. In order to be released from detention, people in Kenya pay bail. Bail costs depend on the police officer, but generally range from 1000 to 5000 KES (around 9 to 45 euros).

Most interviewees are convinced police officers are more interested in money than actual prosecution, which explains why very few of them have been taken to court after arrest. Those that are taken to court are often forced to admit false charges and pay bail.

"We were three of us, and when we asked them why they arrested us they did not explain and took us to central police station. When we reached the OB desk, they wrote down loitering and something else that we didn't even do. We were arrested on Sunday, and on Monday morning we were taken to court. Our charges were read which were not our charges, but we paid bail and we left."

– male respondent, Nairobi

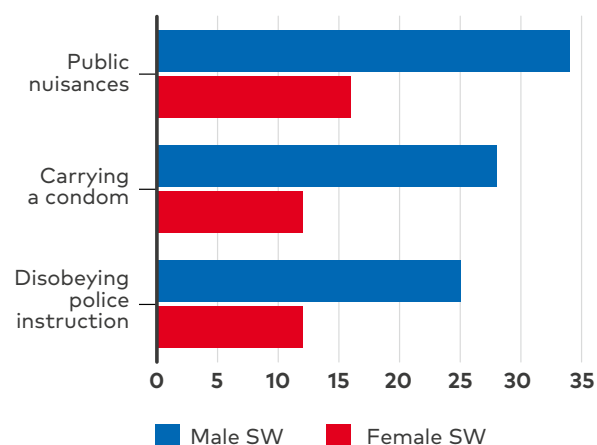
MSWs were more likely to be arrested on grounds of public nuisance (34%) than FSWs (16%), on grounds of carrying a condom (28% and 12%) and for disobeying police instructions (25% and 12%).



Peter Njogu, clinician of HOYMAS during time of this study

Photo: Aidsfonds

Reasons given for arrest compared by gender



"I am a male sex worker and obviously I carry lubricants and condoms. When the police arrest you, search your bag and find the products, they take you to the station and report a different version of the story like they caught you loitering, mugging and touting."

– male respondent, Nairobi

"They just want money, because at the end of the day they know you don't want to sleep in a police cell or face the court. So, to avoid that they ask you for something so that you can be released."

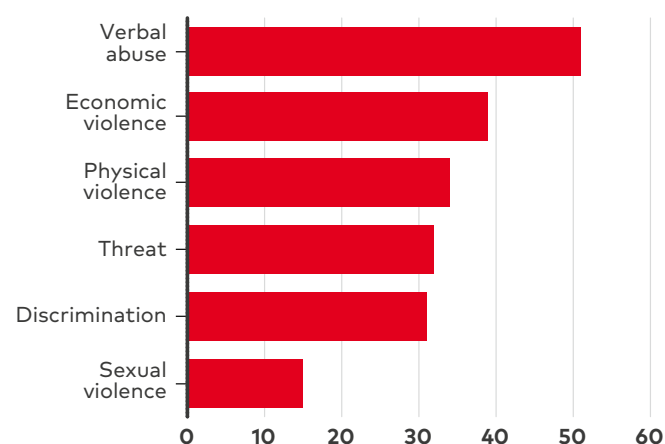
– male respondent, Nairobi

During arrest, police officers can be aggressive and violent towards sex workers. More than half of sex workers in this study (61%) experienced violence during arrest, including verbal abuse (51%); economic violence (39%); physical violence (34%); threats (32%); and discrimination (31%). In Meru, police forced sex workers to take compulsory HIV and STI tests, which is illegal in Kenya. Depending on the police officer, often sex workers will only be released after being sexually

abused by the police officer, usually without a condom.

In an interview, a chief inspector of the Kenya police force confirmed that officers falsely charge sex workers to solicit money from them. He acknowledged sex workers experience a lot of 'inhumanity', and recognises they should receive protection based on Article four of the constitution. At the same time, he is aware this doesn't reflect reality: 'It's difficult for the police to say that we are working closely with the sex workers because the constitution does not allow [us to do that].' He advises organisations that work with sex workers to improve relations by going out and educating society, including police officers, that sex workers are human beings like everyone else.

Sex workers' experience with violence during arrest



This section demonstrated how the illegal status of sex work often leads to harassment, bribes and abuse, instead of protection of sex workers' human- and constitutional rights. The next section shows how this limits sex workers' access to police assistance and social justice.

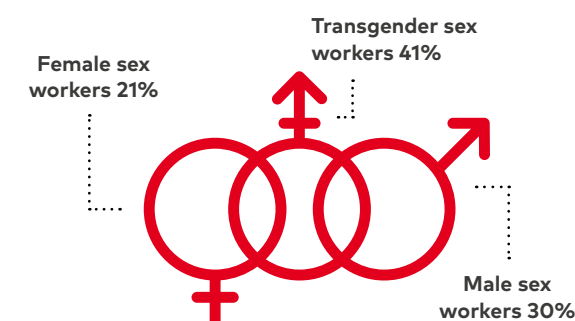


Barriers to police assistance and social justice

Repressive police behaviour limits sex workers' access to police assistance and social justice. Survey outcomes confirm this, since almost half (43%) of the people involved in this research experienced discrimination in accessing police assistance at least once in the past 12 months. Long-standing discrimination and the sense that police viewed them as criminals made sex workers reluctant to report violence and theft to the police. They feared moral judgement; being asked for money; or being accused of crimes they had not committed, but also arrest and detainment. Very few respondents believed police action would be taken to address the crime. To illustrate, a respondent was arrested on the streets when a police officer threatened to (falsely) charge her with possession of marihuana. He demanded free sexual services to which she gave in. Afterwards he beat her and dropped her in a remote location. She explains that even though she wanted to report him, his threats made her anxious: "I couldn't report that having been told that I'd be charged with possession of marihuana. There was nothing I could do."

Sex workers' reluctance to report is reflected in survey outcomes: three-quarters of respondents (74%) did not report any cases of violence in the past 12 months. TSWs (41%) were most likely to file a case, compared to MSWs (30%) and FSWs (21%).

Percentage of sex workers who reported a case in the past 12 months



More than half of sex workers (58%) were not satisfied with the reporting process. When asked what happened with their case, they stated: The case was: filed with follow up (54%); filed without follow up (53%); refused (25%); or too complicated (31%). Only 24 percent said the reporting process was successful. Police corruption further complicates reporting processes. In almost half of the cases (43%), sex workers had to pay policemen a bribe for them to take their cases. Clients on the other hand can also bribe police officers to free themselves from any further prosecution.

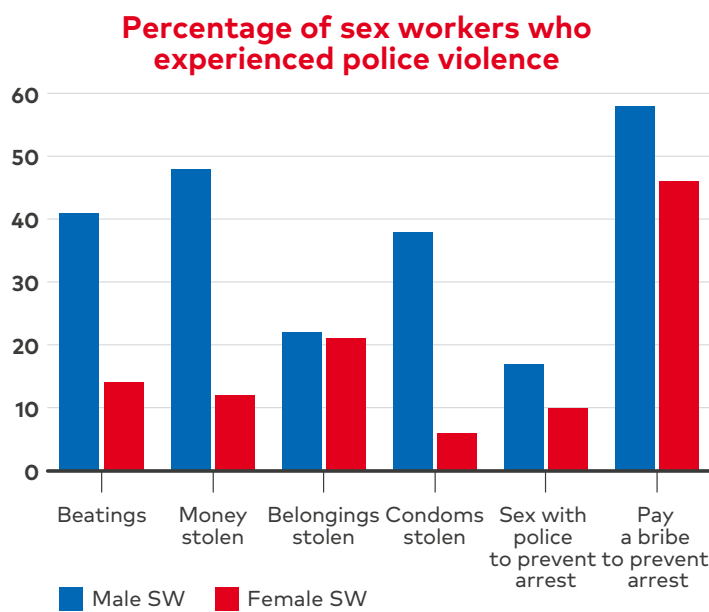
"They [the police] do not listen, they only see a sex worker and since she is a sex worker, they think she doesn't deserve any help."

– female respondent, Nairobi

"I used to go to the police station to report some things, but they were like, why should we report your case and you are a sex worker? I felt like my right is being taken away. I have to go to the police station and report a case, but simply because of what I do people do not take it seriously."

– female respondent, Nairobi

MSWs experience increased barriers to accessing police assistance. Because of long-standing discrimination, most men feel uncomfortable reaching out to police. They fear arrest because of their homosexuality, but also moral judgement, verbal abuse and other forms of harsh treatment by police officers. Survey findings show that male- and transgender sex workers are more vulnerable to police violence. MSWs in this study were more likely to have experienced police beating (41%) compared to FSWs (14%). Police more often stole money, belongings and condoms from MSWs than FSWs (respectively 48% and 22%; 38% and 12%; and 21% and 6%). MSWs were also more likely to pay a bribe to prevent arrest (58%) than FSWs (46%) and interestingly had sex more often with the police to avoid arrest (17%) than FSWs (10%). TSWs (32%) had sex with police to avoid arrest most often compared to other sex workers.



The following examples show how MSW's fears are fueled by previous negative experiences with the police. One respondent who wanted to report rape, was asked how he could sleep with a man and was sent away. Another respondent who had

been raped was told by police officers that he was lucky because if it was up to them, they would have beaten him to death.

"I don't see any positive side of police officers. When I report a case of a client not paying, they do not listen to me. I don't receive any help from the police. When I report they will chase me away and take a bribe from that client. That is the biggest challenge with police officers."

- male respondent, Mombasa

"You will find that you will go to the station with a complaint and once they know what you do, they will harass you. I once went to visit a friend who was in the cells and they arrested me too. They said that I am one of the sex workers. I ended up serving a three-month sentence."

- male respondent Mombasa.

A chief inspector from Nairobi recognises that MSWs fear approaching the police: "The ladies are very open; they will tell you what happened and how it happened. But men they don't want to come out and say what happened to them. Most men suffer in silence." When asked why he thinks this is the case he answers: "Because of stigma. If they report, the police officer will look at him and ask him what are you telling us? You are doing this, are you normal?"

Positive police experiences

Although many sex workers have negative experiences with the police, almost half of sex workers in this study (47%) also received positive assistance from the police at least once 12 months prior to the survey. Respondents from Kisii, Mombasa and Nairobi observe that relationships with police officers have started to improve. A man from Kisii explains:

"Before, it was very difficult to work with the police but these days they have become very supportive."

They talk about policemen who show solidarity with- and make an effort to actually assist sex workers that need help. There are some stories of police officers that helped FSWs after theft by clients, others who assisted sex workers who were threatened with, or experienced physical violence. Respondents largely attribute changes in police-sex worker relationships to interventions and sensitisation conducted by sex worker-led organisations.

A chief police officer in Nairobi observes similar results:

"Long time ago it used to be so rough but nowadays it's improving. They [sex workers] are coming out to report their cases because they are treated like any [other] person."

Although our research outcomes show police still discriminate against sex workers, and sex workers lack access to (social) justice, the observed progress and perceived improvements are signs of hope for the future.

"Sometimes when you make a distress call, they respond very quickly because when you tell them you are in danger or been beaten, they will come. They may insult and condemn you but at the end of the day they have saved you."

- female respondent, Mombasa

Violence among peers

Outcomes of discussions on peer networks show that relationships between sex workers can be double-edged. On the one hand, respondents refer to peers as their friends and chosen families, not least because some of them have been rejected by their 'kin-families'. These peers spend considerable time with each other, at work as well as in their private lives. Peers provide social- and financial support to each other, and in some cases are part of sex worker Chamas (informal social saving groups). They often work together at hotspots to promote safety, for example by informing each other where they are going with a client (67%) and giving their money to another sex worker to look after (55%). However, at the same time, our research shows a thin line between ally, friend and competitor. When asked if peers fight amongst themselves a woman from Meru said:

"Yes, a lot. It happens when one finds a good client. They might tell the friends about that client, and when the client comes back the girls start fighting over him. It also happens when you hustle more than your friends."

A significant number of respondents experienced violence from other sex workers including humiliation (61%), physical violence (39%), blackmail (30%) and sexual violence (18%). Respondents explained how jealousy and competition fueled by increased scarcity of clients are often key reasons for this violence.



John Murwa, member of HOYMAS raises awareness on National Condom Day

Health and support

Survey outcomes show sex workers in Kenya have access to HIV-related care: almost everyone involved in this study sought services for HIV testing (95%) and STI treatment (79%) in the past 12 months. The majority of respondents (79%) test for HIV and STIs every three months, and most (88%) HIV positive sex workers receive regular HIV treatment. Moreover, three out of four (74%) participants indicate that they always use a condom while selling sex, demonstrating availability of condoms and awareness of the importance of using them.

Sex workers' access to violence related care is, however, less evident. Out of all those who experienced violence (97%) only limited numbers sought services for violence related care (32%); for experiences with violence (43%) and post-rape care (17%).

To support sex workers' health and human rights beyond HIV testing and treatment, in recent years sex worker-led organisations have started implementing their own programmes. Sex worker-led organisations provide sex workers with legal assistance and empowerment; engage in 'sensitisation' of police and health workers; and do advocacy to improve living- and working conditions of sex workers. Survey outcomes confirm respondents attend meetings of sex worker groups (82%); meetings to improve sex workers' safety (74%); and meetings that address collective action against violence (48%). Although sex worker-led organisations play a key role in addressing HIV and violence against sex workers, they only receive limited amounts of funding which constrains the work they can do (see e.g. Mama Cash, Open Society Foundations and Red Umbrella Fund 2014).

Percentage of sex workers who sought services for violence related care



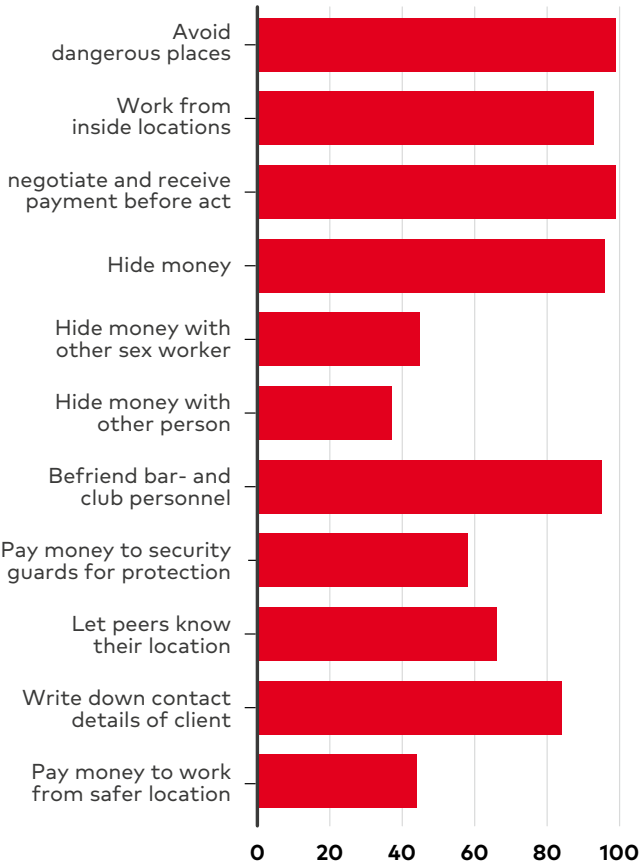
Mitigation strategies

Almost all sex workers in this study (96%) changed their behaviour to avoid violence and increase safety. Respondents on average use 14 risk mitigation strategies. Some strategies decrease their risk of violence. Sex workers avoid known dangerous places (99%) and work from inside locations (93%), but also negotiate and receive payment before having sex with a client (99%) in order to prevent theft. Sex workers frequently hide their money (96%) and temporarily give their money to another sex worker (45%) or another person (37%) to look after it.

Sex workers also befriend people around their working location (93%), such as bar- and club staff, security guards. Some respondents (58%) pay small amounts of money to security guards in exchange for protection. Others (44%) make payments to third parties to enable them work in a specific, potentially safer, location.

A final aspect that strongly emerged from our research is the importance of sex workers' involvement in peer networks. Sex workers are part of smaller peer groups that provide protection in several ways. Peers share information related to violent clients and police raids, but also look out for each other and check on each other's whereabouts. They let each other know where they go with a client (66%) and write down contact details of clients (84%). If one of them doesn't return at a particular time and place, peers will be alert and take further action. To avoid risk of non-payment and theft, sex workers also temporarily give money (45%) or transfer M-pesa payments (mobile money transfer service) to another sex worker.

Applied strategies by sex workers to avoid violence



“Sex workers are very united, when something happens you realise how united we are. We are together and have this bond that in case I'm arrested, I find other sex workers coming for me.”

– male respondent, Mombasa

These risk mitigation strategies show sex workers' resilience and creativity around increasing their safety and security. Our research shows, however, that individual strategies cannot counter the prevalent threat and existence of violence. Against a backdrop of such high levels of violence, prevention- and risk mitigation cannot guarantee the safety of sex workers. Therefore more structural interventions are needed to stop violence perpetrated against them.

Risk factors of violence

Several significant characteristics, such as HIV, alcohol and drug use, gender, migration, working location and empowerment increase the risk of violence.



HIV

Out of all the sex workers surveyed, HIV positive sex workers reported on average most incidents of physical violence in the past 12 months.



Alcohol and substance use

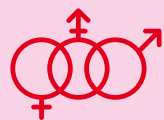
Survey outcomes show a positive association between violence and the sex workers' use of alcohol and substances. Interviewees explained that alcohol - and to a lesser extent drugs - provide many respondents a means to escape from reality. Almost three out of four respondents in this study (74%) had at least one alcoholic drink during his or her last day of work. More than half (63%) used drugs at least once in the past month. *Khat* (a mild stimulant consumed by chewing) was used most often (47%), followed by marihuana (35%), cigarettes (34%) and *shisha* (flavoured tobacco) (25%). Respondents are aware that the use of alcohol and substances could jeopardise their safety. The more frequently respondents had used drugs, the more likely they had experienced blackmailing, discrimination in accessing police assistance, humiliation and emotional violence at least once in the past 12 months. This could explain why most try to make sure they do not get drunk or high while working (90%).

“You know there are times you don't get clients like for a whole week...You have children who need food, a landlord who wants the rent paid, so we drink to ease the stress.”

– female respondent, Meru

In addition to experiencing violence, alcohol and drug use are also negatively associated with condom use. The more frequently respondents drank alcohol and used drugs in the past month, the less frequently they used a condom and the fewer clients they used a condom with in the past month. The same negative association was found in terms of the number of alcoholic drinks respondents had during their last day of work and the frequency of being under the influence of alcohol when having sex with clients.

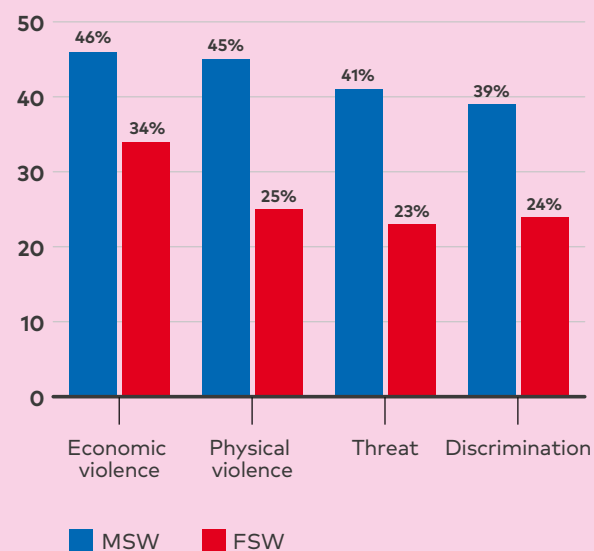
Almost all respondents had clients who were under the influence of alcohol (91%) and drugs (83%). Clients' substance use was significantly associated with almost all forms of violence. The more frequently clients were under the influence of alcohol and drugs, the more likely respondents experienced physical-, sexual-, economic- and emotional violence and humiliation. Additionally, the more frequently clients used alcohol and drugs, the less frequently respondents used a condom and the fewer clients they used a condom with in the past month.



Gender

Men were more likely to have experienced stigma at health services at least once (57%) than women (28%). Men on average also reported more incidents of stigma at health services than women. Women on the other hand reported more incidents of economic violence by clients and more emotional violence, including humiliation

Sex workers' experience with violence during arrest



Migration

Study findings show links between sex workers' migration status and police violence. International migrant sex workers are more likely to have experienced sexual violence from a policeman at least once (35%) compared to respondents originally from Kenya (12%). They were more likely to have experienced blackmailing by a policeman at least once (39%) compared to respondents originally from Kenya (21%). Interestingly, however, migrant sex workers were also more likely to have asked for police assistance after experiencing sexual violence (41%) compared

to sex workers originally from Kenya (21%). Migrant sex workers were also more likely to have asked for police assistance after experiencing discrimination (43% and 22%) and threats (57% and 36%).

	Migrant sex worker	Kenyan sex worker
Sexual violence	35%	12%
Blackmailing	39%	21%

Sex workers' experience with police violence

Several associations were found between sex workers' migration status and strategies to protect themselves from violence. Sex workers originally from Kenya were more likely to make sure not to get drunk or high while working (91%) compared to international migrant sex workers (65%). The latter were more likely to hide from the police (92% and 78%) and to change working locations in case of a police raid (96% and 83%). These findings, thus, suggest local sex workers are more familiar with (certain) prevention strategies than their international colleagues.



Working location

Quantitative analysis shows several associations between sex workers' working locations and experiences of violence. Sex workers who work at clubs, bars, in market places and at home are at higher risk of experiencing violence. People who work from their own home are more likely to experience all forms of violence, while sex workers working from clients' houses are at increased risk of experiencing humiliation, other forms of emotional violence and economic violence. People who work from vehicles in parking lots are likely to experience humiliation, economic violence and sexual violence. People who work in bars are likely to experience blackmailing and sexual violence. People who work at market places are likely to experience blackmailing, physical violence and sexual

violence while working in hotels heightens likelihood of experiencing sexual violence.

Empowerment

Sex workers' experiences of violence are associated with different forms of empowerment.⁶

The more empowered sex workers feel, the less likely they had experienced any type of violence in the past 12 months. Moreover, the higher respondents scored on empowerment, the more likely it was they would engage in mitigation strategies.

Outcomes suggest that awareness of rights supports sex workers in positioning towards police: The higher respondents scored on empowerment the less likely they would change their behaviour to avoid trouble, the less likely they would make payments to- and seduce the police to avoid arrest.

Higher empowerment levels are associated with increased self-protecting behaviour. The higher respondents scored on empowerment, the fewer alcoholic drinks they had during their last day of work and the less often they were under the influence of alcohol when having sex with clients. The higher respondents scored on empowerment the more frequently sex workers used a condom and the more clients they used a condom with during the past month.

Qualitative data shows empowerment functions as a protection mechanism. Respondents emphasise that sex workers should know their rights, especially in relation to police officers. Empowered sex workers feel they know what to do in case of violence, and feel more confident about addressing

violence perpetrated against them: 'If the police come to arrest me, I will ask why he is arresting me. We know that they should not arrest us while we have not committed any wrong. When I ask him that, he will know that I know my rights.' (female respondent, Kisii). Sex workers who feel empowered are more confident to report violence and enter a police station.

The director of KESWA observes a direct relation between sex workers uniting, empowerment of individual or networks of sex workers and the diminishing of violence. She explains:

"The fact that we came and spoke out, it made a lot of people shy off because they knew we can point fingers and we will say 'It was you who was violating me, I even have your picture, I even took a video or my friend saw you'.. And I think the fact that violence has really attacked us, that's why we decided to be smarter than we were before."

Her words indicate that sex workers came together and became stronger partly because of the hostile environment they operate in.

"I told her [the client], 'I know my rights and what I will do, you will give me cash and if you won't give me, I will go to the police station and report you. That is my work' so the lady was surprised that I know my rights. I threatened to call one of the officers or that I would leave without arguing about the money but would be back. When I told her that, she got scared that I might expose her so she agreed to give me my cash and I left. I can say now it's doing good."

– male respondent, Kisii

⁶ The survey measured empowerment as 1) to feel able to take care of yourself; 2) to feel in control of your own body; 3) to feel to have access to justice in case of human rights violations; 4) to know three or more human rights related to sex work; 5) to feel able to change to another job if you would like to; 6) to feel able to decide where and when you work; and 7) to feel you can influence programmes that exist for sex workers.



Peter Njogu, clinician of HOYMAS during time of this study

Photo: Aidsfonds

5. Conclusions and recommendations

Conclusions

This research shows that sex workers in Kenya face unacceptably high levels of violence, stigma and discrimination. Almost all respondents experienced at least one form of violence in the year prior to this study. Violence ranged from verbal abuse and humiliation, to exclusion, discrimination, stealing, physical abuse and rape. Clients are the main perpetrator of violence against sex workers, but police, health workers and people from the wider community were mentioned as well. Several risk factors, including alcohol- and drug use, immigration, gender, working location and empowerment, can predict experiences of violence. MSWs and TSWs are at heightened risk of violence from various perpetrators, due to pervasive homophobic attitudes and anti-gay narratives.

An important conclusion of this report is that discriminatory treatment in public health facilities violates sex workers' right to health, while at the same time the physical and mental health consequences of their treatment is damaging. In addition, discriminatory treatment threatens the elimination of HIV in the country. Stigma against sex workers leads to reduced use of HIV prevention services, including HIV testing and counselling and accessing care and treatment. Fear of public exposure and discrimination might make sex workers avoid or delay accessing HIV-related services, including treatment for STIs. This is problematic since 50 percent of new HIV infections are among key populations and clients as well as other sexual partners (UNAIDS, 2019).

The report also concludes that Kenya's legal environment impacts sex workers' health, safety and protection. Impunity for perpetrators leads to sex workers experiencing major barriers in accessing police assistance and social justice, which violates sex workers' human rights and results in heightened risk of experiencing violence; reduces condom use; and increases the risk of contracting HIV.

Recommendations

Currently, the strong clinical focus on HIV/ AIDS prevention fails to address issues such as sex workers' mental health and economic empowerment, non-judgemental service provision by law enforcement and health workers, and neglects sex workers' human rights. This research provides several starting points to fill these gaps, to reduce violence against sex workers, promote safe working environments and to eliminate HIV in Kenya.

Decriminalise activities associated with sex work in Kenya

Decriminalisation of activities associated with sex work is needed to promote a more supportive environment for sex workers. Criminalisation of activities associated with sex work heightens sex workers' risk of experiencing violence and deprives them of health and human rights. Criminalising sex work leads to a 'climate of impunity', enabling perpetrators of violence to act with impunity while sex workers lack access to justice, legal aid and assistance. To address this hostile environment, it is essential to remove laws that target sex work and activities associated with it, such as 'sex against the order of nature'. Since sexual relationships are a private matter, they can only be taken to court in case of abuse, forced sex (rape) and being in relations, as documented in the sexual offences act. Decriminalisation of (activities associated with) sex work will result in improved protection of sex workers' rights and greater opportunities for sex workers to organise themselves to achieve improved safety and security. Support and (unearmarked) funding of the Kenyan sex worker movement is crucial to enable sex worker-led organisations to engage in strategic litigation. For similar reasons, decriminalisation of same-sex sexual practices is a prerequisite to creating safer living- and working conditions for male, female and transgender sex workers.

Promote and fund comprehensive HIV interventions for sex workers

Structural interventions respect the lived realities of sex workers, and can improve the outcomes of HIV/AIDS interventions by changing the social, economic, political or environmental factors that determine risk and vulnerability for HIV and violence. This requires government, (international) donors and NGOs to focus on sex workers' (human) rights, supportive legislation and policy, economic empowerment and addressing stigma and discrimination of sex workers. Involvement of sex workers and sex worker-led organisations in the design and implementation of HIV interventions is critical. Because of their knowledge and experience on the ground, these actors are best placed to take the lead. Involvement in all phases of decision-making, to ensure that interventions meet sex workers' needs on the ground is strongly recommended.

Support and empower sex workers to advocate for their rights

Awareness of sex workers' rights and equal protection before the law are needed to address the climate of impunity around violence and discrimination against them. This requires an enabling legal and policy environment, but also empowerment and networking of sex workers. By working together, sex workers can protect and assist each other from, as well as in, violent situations and can advocate for their rights. Support and funding of sex worker-led initiatives is crucial to empower sex worker groups and communities. Governmental organisations and NGOs should listen to sex workers and give them opportunities to develop mechanisms that promote and support their interests.

Train and sensitise health care workers

Stigma and discrimination towards sex workers in public health clinics deprives them of access to comprehensive HIV- and other health services. Health workers' attitudes reflect prevalent stigma about sex work in wider Kenyan society. To shift attitudes towards sex workers, it is critical to sensitise and train these health workers. Trainings should reflect the universal application of human rights, which are guaranteed to all persons, as well as the application of the Kenyan constitution which guarantees health to all Kenyan citizens including sex workers and gay men. Guidelines should be developed, focusing on how to treat sex workers without stigma and discrimination and how to handle their cases with sensitivity and privacy.

Train and sensitise police and foster police accountability

Police were reported as one of the main perpetrators of violence against sex workers. Violence and discriminatory treatment by police officers violates sex workers' human rights as well their access to justice. Similar to health care workers, police behaviour is often shaped by prevalent social stigma towards sex work. To shift police attitudes towards sex workers it is therefore critical to engage in continuous training of officers. Guidelines should be developed, focusing on how to handle arrests related to violence against sex workers, how to register complaints from stigmatised people and above all how to handle cases with sensitivity and accountability. To reinforce changing attitudes, it is important to involve police leadership. Interventions to reduce violence need to include reform of current police practices to improve accountability in the reduction of violence against sex workers and in the prevention of HIV transmission. Moreover, higher salaries and the removal of incentives for sex workers' arrest are needed.

References

Abdallah, P., Maina, L., Mtende, J., & Mwangi, P. (2017). "Aren't we also women?" Kenya sex workers' shadow report submission to the United Nations Committee on the Elimination of Discrimination Against Women 68th session Geneva 2017. Kenya Sex Worker Alliance (KESWA) Bar Hostess Empowerment and Support Program.

ASWA. (2019). Every sex worker has got a story to tell about violence: Violence Against Sex Workers in Africa. Nairobi. <https://doi.org/10.1007/s13398-014-0173-7.2>

Bhattacharjee, P., Morales, G. J., Kilonzo, T. M., Dayton, R. L., Musundi, R. T., Mbole, J. M., ... Musyoki, H. K. (2018). Can a national government implement a violence prevention and response strategy for key populations in a criminalized setting? A case study from Kenya. *Journal of the International Aids Society*, 21(S5: e25122).

Camlin, C. S., Kwen, Z. A., & Dworkin, S. L. (2013). Aboya vs Jakambi: Status. negotiation and HIV risks among female migrants in "sex for fish" economy in Nyanza province, Kenya. *AIDS Education and Prevention*, 25(3), 216–231.

Česnulyte, E. (2015). "I do not work: I do commercial sex work". Ambiguities in the Discourse and Practice of Selling Sex in Mombasa, Kenya. *Development and Change*, 46(5), 1159–1178.

Česnulytė, E. (2017). Gendering the extraverted state: the politics of the Kenyan sex workers' movement. *Review of African Political Economy*, 44(154), 595–610.

Collins, C. J., Greenall, M. N., Mallouris, C., & Smith, S. L. (2016). Time for full inclusion of community actions in the response to AIDS. *Journal of the International AIDS Society*, 19(1), 1–3.

Decker, M. R., Crago, A.-L., Chu, S. K. H., Sherman, S. G., Seshu, M. S., Buthelezi, K., ... Beyrer, C. (2014). Human rights violations against sex workers: burden and effect on HIV. *The Lancet*, 385(9963), 186–199.

Deering, K. N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., ... Shannon, K. (2014). A systematic review of the correlates of violence against sex workers. *American Journal of Public Health*, 104(5), 1–3.

Ferguson, A. G., & Morris, C. N. (2007). Mapping transactional sex on the Northern Corridor highway in Kenya. *Health & Place*, 13, 504–519.

Hampanda M, K. (2013). The social dynamics of selling sex in Mombasa, Kenya: a qualitative study contextualizing high risk sexual behaviour. *African Journal of Reproductive Health*, 17(2), 141–149.

HOYMAS. (2019). Narratives that Matter: Community Led Research, Activist Development Aid in Nairobi Life as a Male Sex Worker. (E. Kibui, Ed.).

IOM. (2011). Integrated Biological and Behavioural Surveillance Survey Amount Migrant Female Workers in Nairobi, Kenya 2010. Nairobi.

KESWA. (2018). Silenced by Law: The Impact of The Legal Environment on Health, Safety and Protection in Relation to Sex Work Related Violence in Kenya.

Krüsi, A., Kerr, T., Taylor, C., Rhodes, T., & Shannon, K. (2016). "They won't change it back in their heads that we're trash": The intersection of sex work-related stigma and evolving policing strategies. *Sociology of Health & Illness*, 38(7), 1137–1150.

Lorway, R., Lazarus, L., Chevrier, C., Khan, S., Musyoki, H. K., Mathenge, J., ... Blanchard, J. (2018). Ecologies of security: On the everyday security tactics of female sex workers in Nairobi, Kenya. *Global Public Health*, 13(12), 1767–1780.

Lowthers, M. (2018). On Institutionalized Sexual Economies: Employment Sex, Transactional Sex, and Sex Work in Kenya's Cut Flower Industry. *Journal of Women in Culture and Society*, 43(2), 449–472.

Luchters, S., Geibel, S., Syengo, M., Lango, D., King'ola, N., Temmerman, M., & Chersich, M. F. (2011). Use of AUDIT, and measures of drinking frequency and patterns to detect associations between alcohol and sexual behaviour in male sex workers in Kenya. *BMC Public Health*, 11: 384.

Mannava, P., Geibel, S., King'ola, N., Temmerman, M., & Luchters, S. (2013). Male Sex Workers Who Sell Sex to Men Also Engage in Anal Intercourse with Women: Evidence from Mombasa. *PLoS ONE*, 8(1), 52547.

Mgbako, C. A. (2016). To live freely in this world. NYU Press.

Moyer, E., & Igonya, E. (2018). Queering the evidence: remaking homosexuality and HIV risk to 'end AIDS' in Kenya. *Global Public Health*, 13(8), 1007–1019.

Muldoon, K. A., Akello, M., Muzaaya, G., Simo, A., Shoveller, J., & Shannon, K. (2017). Policing the epidemic: High burden of workplace violence among female sex workers in conflict-affected northern Uganda. *Global Public Health*, 12(1), 84–97.

Muraguri, N., Tun, W., Okal, J., Broz, D., Fisher Raymond, H., Kellogg, T., ... Geibel, S. (2015). HIV and STI Prevalence and Risk Factors Among Male Sex Workers and Other Men Who Have Sex With Men in Nairobi, Kenya HHS Public Access. *Journal of Acquired Immune Deficiency Syndrome*, 68(1), 91–96.

NACC. (2014). Kenya AIDS Strategic Framework 2014/2015-2018/2019.

NACC. (2016). Keny AIDS Response Progress Report 2016. Nairobi.

NASCOP. (2016). Kenya HIV Estimates.

Nelson, E.U. E. (2019). The lived experience of violence and health-related risks among street sex workers in Uyo, Nigeria. *Culture, Health & Sexuality*, 0(0), 1–14.

NEPHAK, BHESP, KESWA, GNP+. (2015). Speaking Out: Personal testimonies of rights violations experienced by sex workers in Kenya.

Okal, J., Chersich, M. F., Tsui, S., Sutherland, E., Temmerman, M., & Luchters, S. (2011). Sexual and physical violence against female sex workers in Kenya: a qualitative enquiry. *AIDS Care*, 23(5), 612–618.

Okal, J., Luchters, S., Geibel, S., Chersich, M. F., Lango, D., & Temmerman, M. (2009). Social context, sexual risk perceptions and stigma: HIV vulnerability among male sex workers in Mombasa, Kenya. *Culture, Health & Sexuality*, 11(8), 811–826.

Okall, D. O., Ondenge, K., Nyambura, M., Otieno, F. O., Hardnett, F., Turner, K., ... Gust, D. A. (2014). Men Who Have Sex With Men in Kisumu, Kenya: Comfort in Accessing Health Services and Willingness to Participate in HIV Prevention Studies. *Journal of Homosexuality*, 61, 1712–1726.

Omondi Odek, W., Githuka, G. N., Avery, L., Njoroge, P. K., Kasonde, L., Gorgens, M., ... Moses, S. (2014). Estimating the Size of the Female Sex Worker Population in Kenya to Inform HIV Prevention Programming. *PLoS ONE*, 9(3). <https://doi.org/10.1371/journal.pone.0089180>

Omondi, R. K., & Ryan, C. (2016). Sex tourism: Romantic safaris, prayers and witchcraft at the Kenyan coast. *Tourism Management*, 58, 217–227. <https://doi.org/10.1016/j.tourman.2015.11.003>

Ondimu, K. N. (2010). Labour migration and risky sexual behaviour: Tea plantation workers in Kericho District, Kenya. In F. Thomas, M. Haour-Knipe, & P. Aggleton (Eds.), *Mobility, Sexuality and AIDS*. London, New York: Routledge.

Open Society Foundations. (2015). 10 Reasons to Decriminalize Sex Work. Retrieved from www.opensocietyfoundations.org/publications/ten-reasons-decriminalize-sex-work

Platt, L., Grenfell, P., Meiksin, R., Elmes, J., Sherman, S. G., Sanders, T., ... Crago, A.-L. (2018). Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies. *PLoS Medicine*, 15(12). <https://doi.org/10.1371/journal.pmed.1002680>

Scorgie, F., & Chersich, M. F. (2012). Socio-Demographic Characteristics and Behavioral Risk Factors of Female Sex Workers in Sub-Saharan Africa: A Systematic Review. *AIDS and Behavior*, 16(4), 920–933. Retrieved from [www.plri.org/sites/plri.org/files/aids and behaviour.pdf](http://www.plri.org/sites/plri.org/files/aids%20and%20behaviour.pdf)

Scorgie, F., Vasey, K., Harper, E., Richter, M., Nare, P., Maseko, S., & Chersich, M. F. (2013). Human rights abuses and collective resilience among sex workers in four African countries: a qualitative study. *Globalization and Health*, 9(1), 33. <https://doi.org/10.1186/1744-8603-9-33>

Shannon, K., Crago, A.-L., Baral, S. D., Bekker, L.-G., Kerrigan, D., Decker, M. R., ... Beyrer, C. (2018). The global response and unmet actions for HIV and sex workers. *The Lancet*, 392. [https://doi.org/10.1016/S0140-6736\(18\)31439-9](https://doi.org/10.1016/S0140-6736(18)31439-9)

Shannon, K., & Csete, J. (2010). Violence, Condom Negotiation and HIV / STI Risk Among Sex Workers. *JAMA*, 304(5), 2010–2011.

Shannon, K., Strathdee, S. A., Goldenberg, S. M., Duff, P., Mwangi, P., Rusakova, M., ... Boily, M.-C. (2014). Global epidemiology of HIV among female sex workers: influence of structural determinants. *The Lancet*, 385(9962), 55–71.

Shannon, K., Strathdee, S. A., Goldenberg, S. M., Duff, P., Mwangi, P., Rusakova, M., ... Boily, M. C. (2015). Global epidemiology of HIV among female sex workers: Influence of structural determinants. *The Lancet*.

UNAIDS. (2019). *AidsInfo*.

Van Der Elst, E. M., Gichuru, E., Omar, A., Kanungi, J., Duby, Z., Midoun, M., ... Operario, D. (2013). Experiences of Kenyan healthcare workers providing services to men who have sex with men: qualitative findings from a sensitivity training programme. *Journal of the International AIDS Society*, 16(suppl 3).

Van Stapele, N., Nencel, L., & Sabelis, I. (2018). On Tensions and Opportunities: Building Partnerships Between Government and Sex Worker-Led Organizations in Kenya in the Fight Against HIV/AIDS. *Sexuality Research and Social Policy*, 1–11.

WHO. (2010). Addressing violence against sex workers. *Research for Sex Work*.

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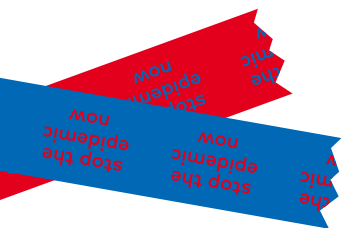
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