



A Manual for Counselling Women in Sex Work



Year of Publication:

2013

Place of Publication:

Mumbai, India

A Publication of:

Saksham – The Global Fund to Fight AIDS, Tuberculosis and Malaria, Round -7
(GFATMr-7), Counselling Component

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Acknowledgements

It has been a pleasure to put together this resource manual for trainers on counseling women in sex work. This has drawn on the experience of different people across the country who have engaged with the women over the past 3 decades and more.

We would like to thank the communities of women in sex work, who have shared their life experiences and insights, which has led to a deeper understanding of the issues that this manual deals with.

This manual has been greatly enriched by the unique insights and deep understanding of the authors and we would like to thank them for taking the time to share this here.

We would also like to thank the Saksham Project of the Tata Institute of Social Sciences which gave us this marvelous opportunity to bring together these diverse perspectives and range of counseling approaches for the benefit of field practitioners and trainers.

Sanghamitra Iyengar and Divya Sarma
Editors



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Foreword

The GFATM (Global Fund to fight AIDS, Tuberculosis and Malaria)-round 7, Counselling Component grant was awarded to the Tata Institute of Social Sciences (TISS) in April 2008. The project is named *Saksham*, a Sanskrit word, which means, “Capable” or “Self- reliant”.

The objective of *Saksham* is to strengthen human and institutional capacities of the national health system in the field of HIV counselling to achieve and better meet the long term goals of the National AIDS Control Programme for HIV prevention, care and treatment. The programme, led by TISS, is being implemented in partnership with 38 institutions of higher learning spread over 25 states.

As part of the programme mandate *Saksham* has developed a range of learning and teaching resources on different aspects of HIV counselling and training. Written and created by experts in the field of HIV and counseling, these resources are available as manuals, handbooks, films on DVDs, leaflets, posters and other self study material. Meant to supplement the training resources developed by NACO for HIV counselling professionals working in the public health system, these resources can be used within other learning contexts as well.

Developed under the aegis of the Tata Institute of Social Sciences these resources have been subjected to rigorous standards and have a strong practice base.

With the strong belief that knowledge is for sharing, all *Saksham* resources are made freely available for use to different stakeholders.

The manual for ‘**Counselling Women in Sex-work**’ looks to build knowledge and skills for HIV counsellors working with women in sex work, on related aspects such as risk reduction counselling, HIV test related counselling, counselling positive sex workers, counselling in situations of gender-based violence. It also gives perspectives on sex-work and looks at the ethics of counselling women in sex work.

The trainers will find this resource manual useful in strengthening the quality of content in their sessions on HIV and women in sex work. The exercises and FAQs included will help in making the sessions interactive and participatory.

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GFATM r-7





Introduction

The Scope of HIV Programmes

The nature of HIV as well as the populations more affected by it, have influenced the scope of interventions for HIV prevention and care. They have differed from conventional public health approaches to epidemics. As HIV affects some of the socially excluded groups like women in sex work and sexual minorities, and the impact of HIV on their lives is mediated by the extent of their social marginalization, most HIV interventions have had to move beyond the health domain and address issues of social justice.

Ever since the introduction of the concept of vulnerability to HIV infections by Mann and Tarantola in 1996, this concept has been integrated into all prevention efforts. In order to reduce vulnerability, intervention designs have been forced to look not just at individuals or their behaviour but at the social and economic context in which they exist (Pathfinder International, 2008).

Thus, it is now acknowledged that certain groups are at risk of getting infected with HIV not just because of their own behaviour which exposes them to the virus, but also because of certain circumstances over which they have little control. There has, therefore, been a focus on creating an enabling environment, which will increase the control which individuals have over their environment and thus reduce their vulnerability.

This is reflected in the policy positions, international declarations and commitments regarding HIV, which many countries including India have ratified. Following the UNGASS declaration of 2001, where countries reaffirmed their commitment to prevention and to providing a comprehensive and integrated package of prevention, care, support and treatment, UNAIDS came up with a policy position paper for intensifying HIV prevention efforts (UNAIDS, 2005). This paper affirms that all prevention efforts must have "as their fundamental base, the protection, promotion and respect for human rights, including gender equality." Further, it highlights that the participation of the communities for whom HIV prevention is designed is critical for its impact and success.

The investment framework proposed by UNAIDS (2011) for the international HIV response recognizes both the need for a broader approach while working with populations at risk, and the value which such an approach adds to HIV prevention efforts. This framework proposes that certain critical enablers- social enablers like political commitment, legal reform, stigma reduction and community empowerment as well as programme enablers like community centred programme design- along with synergies with other development work, could strengthen all the basic components of an HIV prevention programme (UNAIDS 2008).



Experience has shown that unless marginalized communities increase their ownership of the HIV prevention and control programme, sustained behaviour change will not happen. NACP III will invest in developing leadership among community members, improve group cohesion and facilitate the development of community based organizations which will eventually take over ownership and management of targeted interventions. (NACP III guidelines for State Implementation Plans)

Community empowerment-based approaches to targeted intervention have had a demonstrable effect on HIV prevention. The World Bank in its report on the Global HIV Epidemic states that among sex workers, expanding empowerment-based approaches has the potential to avert substantial number of infections among women in sex work, across different epidemic scenarios (World Bank, 2013). In India, targeted interventions based on a community empowerment approach is reported to have averted almost 3 million infections over a period of 20 years (World Bank, 2012).

In India, the National HIV Programme has recognized this need for community ownership and empowerment. A peer based model of targeted intervention was started as part of the second phase of the National AIDS Control Programme. The third phase of the programme that looked at saturating the groups at high risk specifically included community mobilization and empowerment as part of the targeted intervention programme. There has been a focus on helping communities collectivize around common issues, increase ownership of the HIV prevention programme, and strengthen community based organizations.

The Structure of this Manual

This manual has been developed keeping in mind the fact that HIV prevention needs to focus on issues which are much wider than just individual behaviour change for longer term sustainability. As such, the counsellors involved in these programmes also need to be aligned to the larger programmatic vision.

The first section of this manual aims to give counsellors an understanding of the background issues and debates which surround the issue of sex work in the country. It discusses different ideological perspectives on sex work and how these have shaped certain interventions, as well as the emerging aspirations of this marginalized group of women. It also examines how dispersed and community-based sex work is embedded in social mores and economic realities, which lead women in sex work to take different decisions on where and when they claim their sex worker identity.

This introductory section is important because it can help counsellors locate their clients and their issues within the larger social and political debates and processes. It also enhances the counsellors' understanding of the client and her context, which, in turn, deepens the counselling relationship. It is important for trainers to expose the counsellors to these concepts because it can help counsellors to understand how empowerment brings a sense of self worth which in turn promotes self-care and self-protection and that this valuing of self is at the root of long term sustainability of motivation towards safe behaviours .



Subsequent chapters explore different counselling situations, which can emerge, in the context of counselling practice, within HIV interventions. These chapters further highlight the importance of basic counselling principles and values while dealing with women in sex work. Further, they also expose the counsellors to different overlapping issues which need to be understood while counselling such clients. All these situations contribute to HIV risk and vulnerability. For instance, counselling for risk reduction needs to take into account the clients' vulnerability to violence or substance abuse. These issues also affect positive sex workers. Understanding all these overlapping issues can help the counsellor understand the context better and develop empathy towards the client. This will ensure that counselling does not limit itself to information giving, but is a genuine attempt to engage with the client and help her find solutions to her problems.

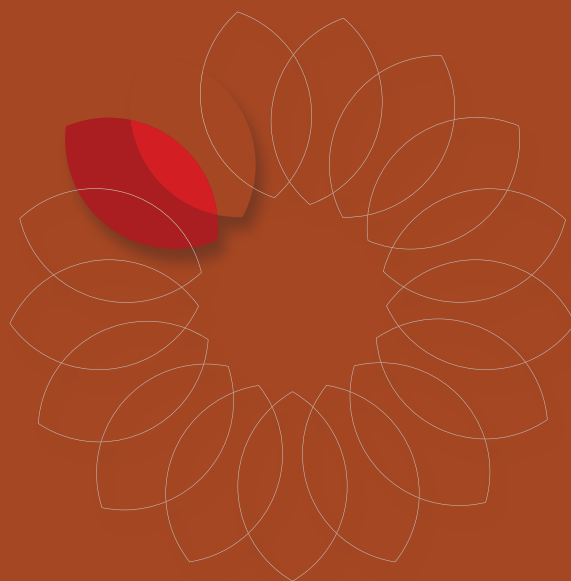
The last section has two chapters. The first deals with ethical dilemmas which counsellors can face when working with women in sex work. The last chapter highlights some of the important gaps in current counselling services and sums up core counselling competences while dealing with women in sex work

This manual can be used by trainers as background reading, while developing sessions for counsellors. Rather than a prescriptive to-do manual, it can serve as reference material, from which trainers can design sessions. Trainers are encouraged to cover all topics in this manual, including the initial chapters which provide a perspective on sex work. This will ensure that trainees are equipped not just with counselling skills, but also critical thinking capacities which will help them in different situations in the field, when they face conflicts and dilemmas and ensure that they act in ethical ways, in the best interest of the client.

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5. **World Bank (2013) The Global HIV Epidemics among Sex Workers.** Accessed from <http://www.worldbank.org/content/dam/Worldbank/document/GlobalHIVEpidemicsAmongSexWorkers.pdf> in July, 2013

Chapter 1





Perspectives on Sex Work

Meena Saraswathi Seshu¹ and Aarthi Pai²

Sex work and sex trafficking are not the same. The difference is that the former is consensual whereas the latter coercive. Trafficking for the purpose of commercial sexual exploitation involves adults or children providing sexual services against their will, either through force or deception. A denial of agency, trafficking violates their fundamental freedoms. Setting aside the question of whether people would choose sex work if they had better options, a point of view that casts "voluntary prostitution" as an oxymoron erases the dignity and autonomy of the sex worker in myriad ways. It turns self - directed actors into victims in need of rescue.³

The Global Commission on HIV and the law: Risks, rights and health, July 2012

Chapter Overview

The chapter examines the current environment and related practices which impact people in sex work and its implications for counselling. It provides various perspectives that exist on sex work and their impact on policies and laws. It captures sex workers' involvement in the HIV/AIDS response since the early '80s and the consequent re - articulation of a rights based approach to sex work. The theoretical inputs will encourage participants to engage with the various constructs on sex work and independently articulate a view. Sex workers are adult female, male and transpersons who consent to exchange sexual services for money.

Learning Objectives for Training

- The participants will develop an appreciation and understand various perspectives of sex work
- The participants will engage with the most common policy responses to sex work
- The participants will develop sensitivity towards the concerns of and challenges faced by sex workers.

1. General Secretary, Sangram, Sangli

2. Director, Centre for Advocacy on Stigma and Marginalization (CASAM), Sangram, Sangli

3. Global Commission on HIV and the law: Risks, rights and health, July 2012, Page 32



Introduction

Sexuality and sexual relationships have been forced 'out of the closet' during the era of HIV/AIDS in India, and are under tremendous public scrutiny. The epidemic has forced society to confront innumerable types of sexual relationships both within and outside marriage, heterosexual and homosexual – and, of course, the world of multiple sexual partnerships within a commercial context. Though openness around sexuality has its obvious advantages, it has come at a price – particularly for the sexually marginalized. Society ably backed by religion and the state has debased women in sex work as immoral, bad and illegal and has actively intervened in the practice of the sex business over generations – either to stop it, reform it or to regulate it.

The advent of HIV/AIDS a few decades back has now centre-staged the business of sex and people who are in sex work. State and society are now dependent on sex workers to help stem the epidemic. On the one hand sex workers are being wooed to help fight the epidemic and on the other are condemned not only for their immoral practice, but also for risking the lives of 'innocent' people: the 'innocent' being clients and their families. Women in sex work are thus constructed as a bad influence upon others, especially 'good' women, they are also considered 'vectors' of disease and now they are also instruments of state interventions to stem disease.

All people in sex work female, male and transgender face the backlash of a society that blames them for attacking the moral fabric of society and for spreading disease. This situation effectively, has meant that being a sex worker means all of one's human rights are suspended – most critically, the right to life without discrimination and violence including being treated as instruments of state control in public health programmes. This has made people in sex work an extremely vulnerable population routinely exposing them to moral policing and violence by state and non state actors.

Added to this, ambivalent understandings and policies on sex work have resulted in bad laws and bad implementation of the law. Women in sex work particularly are raided in the name of being 'rescued' and are subjected to varying kinds of rehabilitation in correction homes. At times, the motivation underlying these actions is regulating sex work for a notional 'good' of society, or reforming 'lifestyle', presuming that sex workers need a 'better' life, while the impulse is to abolish sex work altogether. Such standards set by patriarchal norms, and social stigma provides the fodder for upholding violence against women in sex work.

Over the years, numerous positions have emerged on sex work. These positions are exclusively about women in sex work, male and transgender persons are ignored completely in the debates. Generations have debated the issue but there is very little evidence that the voices of sex workers themselves are ever heard in the debates. To date many continue to perceive sex workers as women and, from a moral lens, view a woman in sex work either as a fallen woman or a victim of sexual exploitation.



Sex Work as Violence and Exploitation

Sex work has traditionally been seen as a form of violence and exploitation. A widely shared perspective of the radical feminists has been that 'sex work' is the epitome of patriarchy that objectifies women's bodies and treats them like commodities to be commercialised for the pleasure of men. This view holds that prostitutes are victims of "female sexual slavery" (Berry, 1995).

Kathleen Barry, an American sociologist has elaborated on the manner in which sex work is inherently violent, where women are kidnapped, purchased, fraudulently contracted through eorganized crime syndicates or procured through love and befriending tactics. She concludes that the normalization and acceptance of sex work based on arguments of prostitutes' consent ignores the human-rights principle that violation cannot be consented to.⁴

Over the last two decades, however, the sex workers' rights movement has consistently argued that while there is violence within the sex industry, the exchange of sexual services for money is not in and of itself violence. **Consensual adult sex work does not constitute violence per se.**

Sex workers experience disproportionate levels of violence including police abuse, sexual assault, rape, harassment, extortion, abuse from clients and agents, intimate partners, local residents, and public authorities. Sex workers who have been beaten up have reported being turned away at government health centres. "Police ask for free sex, rape and beat us and demand bribes to drop cases", Shabana Khazi sex worker from Nippani. But because of the positioning of '**sex work as sexual exploitation and violence**', the everyday violence that sex workers face is overlooked, ignored or accepted resulting in discrimination by state and non-state actors.

Violence is an important factor affecting the vulnerability of sex workers to HIV, sexually transmitted infections, abuse and assault by State and non-State actors. At an individual level, sex workers often find themselves in situations that put them at increased risk of violence. This situation is exacerbated because **sex work is understood as an illegal activity or is perceived as illicit by law enforcement**, forcing the 'industry' underground.

Consequences of Viewing Sex Work as Violence and Exploitation

Discrimination against sex workers permeates the criminal-justice machinery across India resulting in a lack of protection under the law. Police routinely abuse sex workers, illegally detain and torture them.

Nothing About Us Without Us

As women in sex work we as adult women consent to exchange sexual services for money, but this is disputed and our ability to consent is contested.

We consider sex work as work, as a business, and do not consider ourselves as either criminals or victims. Because feminism posits prostitution as violence, this viewpoint forecloses any discussion over whether we can actively choose sex work as a livelihood option. Accordingly, it is assumed that all of us have been coerced into sex work. In order for the stigma of discrimination to end, and fundamental rights extended to us to carry out our livelihood, societal perception must be transformed. We in the business recognize the ills of trafficking and want to fight it. This is only possible if we are strengthened as workers with a right to fight against criminalization of our trade.

4. The Prostitution of sexuality, 77. Kathleen Barry, New York, 1995



Their rights when being arrested are routinely violated in blatant violation of the guidelines laid down by the National Human Rights Commission on arrest and custody.

Systematic violence and police harassment against women, men and transgender persons in sex work have been documented by human rights organizations in many settings.⁵ The risk of human rights violations for sex workers is deepened by criminal prohibitions of sex work or of some key elements thereof. Criminal prohibitions not only facilitate social stigma and marginalization of sex workers but make it virtually impossible for them to enjoy the protection of the police when they face violence or abuse. On the contrary, these provisions in the law open the door to harassment and extortion of sex workers by the police.⁶

Sex Work as Trafficking

Those working to end trafficking in women and children forward the notion that all sex workers are forced into the institution, and that making money from sex is synonymous with sexual exploitation. Complete abolition of prostitution / sex work is thus the logical solution to end such exploitation of women.

This approach criminalises the manifestations of sex work such as soliciting, pimping, brothel keeping and trafficking, and often criminalises the sex worker. The concept of the fallen and deviant woman also governs much of the public opinion and resulting policy and law. Women are policed, coerced and raided to be rescued, attempts are made to reform and rehabilitate in order to regulate or abolish 'sex work'.

The complexity of human trafficking and its growing tentacles globally has complicated the sex work discourse tremendously. Trafficking in persons as evinced in the Trafficking Protocol, involves critical steps such as the Act (recruitment, transportation, transfer, harbouring or receipt of persons) using Means (threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or position of vulnerability) for the purpose of exploitation.⁷ Organizations and activists engaged in anti – trafficking work describe sex work as being the same as trafficking in persons or see sex work as the root cause of trafficking into sex work.

5. See, e.g., Human Rights Watch, *Epidemic of abuse: Police harassment of HIV/AIDS outreach workers in India*, New York, 2002; Human Rights Watch, *Lessons not learned: Human rights abuses and HIV/AIDS in the Russian Federation*, New York, 2004; Human Rights Watch, *Rhetoric and risk: Human rights abuses impeding Ukraine's fight against HIV/AIDS*, New York, 2006, all available at www.hrw.org; and Pivot Legal Society, *Voices of dignity: A call to end the harms caused by Canada's sex trade laws*, Vancouver, Canada, 2004, available at www.pivotlegal.org.

6. See *Epidemic of abuse*, *ibid.*, and G Misra, A Mahal and R Shah. "Protecting the rights of sex workers: The Indian experience." *Health and Human Rights* 2000; 5(1): 88-115.

7. Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, Palermo Protocol, UN Doc. A/55/383 (2000).





Further ambiguities in anti-trafficking legal instruments have contributed to over-reach of anti trafficking measures and has led to problematic national laws and policies to address trafficking and sex work. Internationally, political pressure and historical bias have caused the collapse of trafficking in persons into sex work. In many cases, political pressure by the U.S., not concern for trafficking, has compelled countries to pass anti-prostitution bills.⁸ Such political pressure by the U.S. has included placing countries on watch-lists in the “Trafficking in Persons Report” and placing anti-prostitution stipulations on foreign aid.⁹

India itself buckled under the pressure of being on the tier 2 watch list and signed the Trafficking Protocol in 2011. Many gaps in the Trafficking Protocol have led to over-reach of trafficking laws. For instance it doesn’t specifically refer to ‘sex work’ and doesn’t provide a definition of ‘exploitation’ allowing for the interpretation that all forms of prostitution/sex work are exploitative.

Conflating sex work with trafficking into sex work erases the voices of sex workers, worsening their conditions and warping discussions of trafficking. It poses a danger not only to those who are trafficked but also to sex workers. International response on this conflation has emerged strongly in the recent past. The Global Commission on HIV and Law, for instance has called on governments to ensure that enforcement of laws against human trafficking must be used to “prohibit sexual exploitation, but they must not be used against adults involved in adult consensual sex work.”¹⁰

According to the Global Commission on HIV and the Law, **some governments deploy anti-trafficking laws so broadly that they conflate voluntary sex work with the exploitative, coerced trafficking of people (primarily women and girls) for the purposes of sex.**¹¹ Municipalities may interdict sex work under the authority of vaguely worded statutes relating to ‘public decency’, ‘morality’ and even rape;¹² ‘nuisance’ laws

8. The danger of conflating trafficking and sex work: A Position Paper of the Sex Workers Project at the Urban Justice Center, Lisa Diane Schreter & Mariellen Malloy Jewers, Columbia University, School of International and Public Affairs and Stephan Sastrawidjaja, Sex Workers Project at the Urban Justice Center

9. United States Leadership Against HIV/AIDS, Tuberculosis, AND Malaria (Global AIDS Act) Pub. L. No. 108-199; 22 U.S.C.S. § 7631(e)-(f) (2004) (These subsections respectively mandate that no funds “may be used to promote or advocate the legalization or practice of prostitution or sex trafficking” or “to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking”). See also, Trafficking Victims Protection Reauthorization Act, 22 U.S.C. 7110(g) (2) (2003) (This section prohibits U.S. funding for organizations that tacitly “promote, support, or advocate the legalization or practice of prostitution”).

10. Global Commission on HIV and the Law, 2012, HIV and the law: Risks, Rights and Health, Bangkok, p.10

11. Shah, S., 2011. *Trafficking and the Conflation with Sex Work: Implications for HIV Prevention and Control* Working Paper. The Global Commission on HIV and the Law. 2011 and Burris, Overs and Weait, 2010, *supra*.

12. For instance, see the submission by Matsinhe and Odete, Mozambique, 2011. Africa Regional Dialogue, Aug 3-4, 2011 for a discussion of the Mozambique law against ‘vices against nature’ used to penalize sex work.



prohibiting loitering and vagrancy; or zoning or health regulations.¹³ These statutes give police wide latitude to arrest and detain sex workers. Even if they are detained only briefly, their working lives are vexed by harassment and fear.

In India the principal legislation dealing with sex work/prostitution is the Immoral Traffic Prevention Act, (ITPA) the erstwhile Suppression of Immoral Traffic Act, 1956 (SITA).¹⁴ The origins as well as the title of the legislation itself reflect the stigmatization and the conception of sex work as being synonymous with trafficking. The legislation was enacted in pursuance of the ratification by the Government of India of the International Convention for the Suppression of Traffic in Persons and of the exploitation of the prostitution of others [Shukla].

In ITPA, the law with regard to sex work is called prevention of 'immoral traffic' further deepening the incorrect association of prostitution with trafficking. In a departure from criminal jurisprudence, indicative of stigmatization of sex workers, the ITPA has paradoxical offences like detaining a person 'with or without his consent' in premises where sex work is carried on or taking a person, 'with or without his consent' for the purpose of prostitution.

Consequences of Viewing Sex Work as Trafficking

Violent actions of street clean-up operations, police-led brothel closures or so-called rescue operations are carried out en masse by law enforcers. Police raids conducted under the Immoral Trafficking Prevention Act are an exercise of abuse and violence against consenting sex workers rather than of arresting individuals involved in trafficking.

The process of 'rescue' of these sex workers involves beating, dragging by the hair, abuse, looting by the law enforcement personnel conducting the raid. A social welfare measure intended to treat sex workers as victims/survivor, becomes an exercise in uprooting of consenting sex workers, extreme violence and detention. It is rare to find the arrest of traffickers in such raids. These arrested or detained sex workers; far from being treated as victims and survivors, are treated as criminals and are placed in detention homes, for indefinite periods, to be reformed. It is important to

13. Sukthankar, 2011, *supra*. The author cites the example of Italy, where Domestic Security laws that 'invest mayors with the judicial power to declare anything that might endanger the security and decorum of the cities an emergency' have been used to fine sex workers. See also Burris, S., Overs, C. and Weait, M., 2010. *Laws and Practices that Effectively Criminalise People Living with HIV and Vulnerable to HIV*. Paper prepared for First Meeting of Global Commission on HIV and the Law, Oct 6-7 2010, New York, USA. See also submissions by Apisuk, 2011. Asia-Pacific Regional Dialogue, Feb 16-17, 2011; Ferdoko, 2011. EECA Regional Dialogue, May 18-19, 2011; Confidential, 2011. Latin America Regional Dialogue, Jun 26-27, 2011; Maseko, 2011; Sisonke, Botswana, 2011. Africa Regional Dialogue, Aug 3-4, 2011.

14. It is proposed to change the name of the Act to "Immoral Traffic (Prevention) Act...", Proposed amendment (a) in Act 44 of 1986 -Gazette of India, August 20, 1986, Pt II, S2, Ext, p 9 (No 38).

note here that the agency of consenting women is completely ignored thus criminalizing people engaged in sex work and driving them underground.

HIV and Human Rights Approach

Over the years, the human rights movement has impacted this discourse strongly. The rights based approach takes into account that women come into sex work for a wide range of economic social and political reasons. This approach believes that the women in sex work have the same and equal rights as everyone else. Policies made for them should take their realities into account and be based on the suggestions made by them. It also believes that effective policy implementation is possible only through equal and active participation of the community. This discourse has helped to shift the focus from blaming the woman and her sexual life to a continuum ranging from the 'beneficial exploitation of the institution of prostitution' to the 'inherent victimisation of the woman in prostitution'.¹⁵

The spiralling global HIV epidemic in the '80s, forced a rethink of the role that vulnerable communities could play in the HIV response. Rather than regarding communities as passive beneficiaries of services, the principle recognized that "people are able to think and act constructively in identifying and solving their own problems." (UNGASS 2001). Traditional definitions of communities were challenged and widened to incorporate the notion of a group of people linked through circumstances and experience such as sex workers.

The joint UN system under the leadership of UNAIDS emphasised that the community is essential to a successful national response and stressed on the need to adopt community mobilization strategies¹⁶ and by 2001, governments had begun signing global commitments to involve civil society in the response to HIV.¹⁷ Consequently, at the international level, approaches to sex work over recent years have articulated that responses to sex work need to have a strong underpinning of a rights based approach. This is premised on the recognition that sex workers are entitled to legal protection of their human rights, consistent with international law and human rights and that strengthening these protections would reduce their HIV vulnerability. Health issues such as the HIV epidemic have called for a re-look at punitive systems that criminalise communities such as sex workers, push them beyond the purview of mainstream society and prevent access to HIV and health care options.¹⁸ A human rights based approach asserts that HIV responses are more effective in contexts where the human rights of most – at – risk of HIV such as sex workers

15. 'Sex Work and HIV/AIDS: The Violence of Stigmatization'. 2003. Meena Seshu

16. Community mobilization and HIV/AIDS, 1997, UNAIDS Technical update

17. UN General Assembly Special Session (UNGASS) Declaration on HIV/AIDS, 2001.

18. Redefining AIDS in Asia: Crafting an effective response. Report of the Commission on AIDS in Asia, Ban Ki – Moon, 2008



are protected by laws, policies and law enforcement practices. Respect for rights of sex workers is seen as a pre condition for their involvement in national HIV responses and the reduction of vulnerability.¹⁹

More recently, the Global Commission on HIV and the Law called for the removal of laws that criminalise people on the basis of engagement in adult consensual sex work. It cited extensive evidence of how such criminal laws exacerbate risk of HIV infection and drive people underground and into the margins of society away from health services²⁰. A member of the Global Commission Festus Mogae, Former President of Botswana in fact went on to say *"What we have found is an epidemic of bad laws that is costing lives. We must end the epidemic of bad laws and enact laws based on evidence, common sense and human rights"*.²¹

Implications for Counselling

1. Violence of Stigmatization

Counsellors should be aware of the 'Violence of Stigmatization' which most people in sex work face. Stigmatization, which has its roots in the standards set by patriarchal morality, is experienced as the major factor that prevents women from accessing their rights. This impacts the lives of women in more ways than one. Some of the rights denied to women due to discrimination are: freedom from physical and mental abuse; the right to education and information; health care, housing; social security and welfare services.

The most basic of all is the denial of the right to practice the 'business of making money from sex'. "We protest against a society that deems us immoral and illegal mainly because we do not accept its mores, rules and governance. We protest against the various forces of mainstream society that deny us the right to liberty, security, fair administration of justice, respect for our lives, discrimination, freedom of expression and association" declares the VAMP statement succinctly.

It is the randi [whore] stigma that pushes women-in-prostitution outside the rights framework, effectively cutting them off from privileges and rights supposedly accorded to all citizens irrespective of what they do for a living. Women in prostitution and sex-work from VAMP state that, "As people who experience violence as a part of our daily lives, we are being more and more penalised by increasing violence in a society that is trying

19. Sex work and the law in Asia and the Pacific. Laws, HIV and human rights in the context of sex work, John Godwin, 2012, UNDP, UNAIDS, UNFPA

20. Global Commission on HIV and the Law, 2012, HIV and the law: Risks, Rights and Health, Bangkok

21. Global Commission on Law urges countries to make the law work for HIV, not against it. 11 July 2012. <http://www.unaids.org/en/resources/presscentre/featurestories/2012/july/20120711lawcommission/>





to order and control our lifestyles. As women in prostitution we protest against a society that forces on us the violence of a judgmental attitude”.

2. Illness and the Health System

Ill health of any kind affects people in sex work in very fundamental ways. The economic impact of ill health is loss of earnings. Sex workers need to work and earn every single day. Many who are ill often go to hospital during the day and try to work at night to earn a few rupees. These meagre earnings, more often than not, then have to be spent on medication and treatment, creating more frustration.

But the deeper impact of ill health, particularly HIV, is emotional. Women who test positive are deeply disturbed about the future of their children. The illness of regular clients is difficult to deal with, since regulars are like family – they are part of the fabric of the women’s lives. When colleague’s funerals became a frequent occurrence, the fearful question uppermost in the minds of the women is ‘Who is next? Could it be me?’

Like all women, women in sex work too typically dismiss their own ill health – although services are free, the public health system is inevitably the last resort. Women will turn to the public health system only when they have exhausted all their resources. Often by the time they reach the ‘civil hospitals’, they are already in an advanced phase of illness.

This is mainly because of three reasons.

- Women in sex work inevitably face discrimination from medical professionals, doubly so if they are HIV – positive. Hospital staff often expresses the attitude that these women deserve no better.
- AIDS is connected to immoral behaviour and is accorded the position of an ‘immoral disease’. The stigma of both sex work and HIV increases the discrimination.
- Public health services in many of these areas are inadequate. For instance, many of the municipal hospitals do not provide free food, which has to be separately arranged.

3. Health Implications of Criminalization and Stigmatization

According to research conducted by the Commission on AIDS in Asia and the Pacific, a direct link has been found between low levels of condom usage amongst sex workers who are arrested and prosecuted. Criminalizing sex work clearly undermines efforts to prevent new infections, and hinders the provision of treatment and care to those infected. Government and non government organizations need to act upon the elimination of HIV in conjunction with the elimination of violence against sex workers for HIV/AIDS prevention in the region to be effective.



Women recount being stigmatized when they attempt to access care. This includes

- Medical and paramedical staff often humiliate them by asking irrelevant and embarrassing questions about sexual positions
- Forced free sex with doctors and social workers
- Doctors refuse treatment on grounds that they are AIDS carriers, or lack of equipment, facilities
- Attendants conduct physical examinations of women in sex work rather than qualified doctors.

Exercises

Exercise 1: Words that come to your mind

Objective: To identify participant's level of understanding of sex work

Time: 1 hour

Materials: Chart Papers (one for each group and two for listing words), Marker pens

Process: Participants to list five words that come to their mind within half a minute of hearing the word.

Variation: 1. You could ask participants to list all words that come to their mind within one minute of hearing two words.

Prostitute
Prostitution
Sex Work

2. Invite a volunteer from the group to assist in listing all the words that come up on the board and tick the words that are repeated to indicate the number of times a particular word has come up.

3. Ask the participants to club the various words into groups based on similarities and differences. There is no instruction on how words are classified, only that there should be consensus in the group regarding the classification.

4. Each group should now make a small five minute presentation to explain the basis of their grouping.

5. From time to time, intervene and comment on the nature of words that have typically come up and also the grouping of words. What biases, stereotypes do they reflect? What assumptions underlie their choice of words?

Responses to Women in Sex Work

There appear to be four kinds of emotional sources for responses to women in sex work

1) **Effrontery**: to protect our own sensibility and self perception as highly civilised people, women in sex work are painful to our self consciousness...that leads to abolitionist policies. This is probably the most common source of an intervention. Metaphors of 'blot on our society'...'debasement of women' etc., are mobilized and reflexive attempts at eradication masquerade as abolition of sex work with its components of legal strictures, sympathetic alternative incomes, etc.

2) **Poor you**: a sympathy wave often leads to ad hoc actions and ideas. Such a perception further diminishes the feelings of self-worth for women and stunts their ability to grow and assert themselves.

3) **Reform**: also leads to abolition, but through the rhetoric of progress, equality, religion, etc. and is evident in countries avowedly egalitarian.

4) **Acceptance**: leads to regulatory devices like identity cards and licenses; this is in keeping with the government assurance of reduction of harm.

Exercise 2: Take a stand

Objective: To enhance participants' understanding of the various positions and policies on sex work

Time: 1 hour 30 minutes

Materials: Chart paper

Process: 1. Write any one of the following sentences on a board or chart paper for everyone to see:

"Legalization is the best way to deal with sex work"

"Trafficking and sex work are not the same"

"Women and children are victims of the sex trade"

2. Let the participants form three groups in reaction to the statements: Agree, Disagree and Undecided/Not sure.

3. Each group should occupy three corners of the training room, representing agree, disagree and undecided/not sure.

4. The participants now have to present their arguments and attempt to convert people from other groups to their point of view and win them over to their own team.

22. Sourced from a Report on Societal Violence on Women and Children in Prostitution, National Commission For Women: 1995-6

Facilitator's Note:

Here are some examples of responses from another group to the statement - "Rehabilitation is an effective strategy to deal with sex work."

Agree	Disagree	Undecided
<ul style="list-style-type: none">- Give them other work.- Don't have a choice.- Most have no alternative.- Most brought by force.- They want social status.	<ul style="list-style-type: none">- Job satisfaction e.g. money- They are happy with their choices- Presumption: immoral, bad- Rehabilitate them into what?- Fight for their rights instead- Improve their conditions- Why change someone?- Legalization, insurance, rights- Separate trafficking & sex work- Why hold women responsible for sex work? What about clients- Give them a choice- Many support family members-Don't generalise about all women in sex work- Body parts are used to earn – head, hands, legs, etc...why not the vagina?- They are seen as dirty/helpless, thus some think that they are in need of rehabilitation	<ul style="list-style-type: none">- Rehab can be one component of policy, which should include information, education, etc- When is rehabilitation okay as a specific strategy rather than a general policy on sex work?- Distinguish between those who are willing and forced; keep unemployment situation in mind when considering rehabilitation

- There are two million sex workers in India. Any one position on sex work and sex work cannot capture all their realities.
- Sex work takes place at different sites in villages, towns and cities all over India. These sites include brothels, highways, women's own houses, lodges, etc.

- Women can be in sex work temporarily and permanently.
- Women in prostitution/ sex work are not 'bad' or 'loose' women. Women get into prostitution/ sex work for purely economic reasons.
- Force and choice are two extremes – the factors that bring women to sex work are often somewhere in between these two.
- Sex work cannot be considered a separate occupation that occupies an entirely different universe of its own. The factors that lead to women getting into sex work are often the same factors that lead women into construction, rag-picking, domestic work – and other low-paying, unsecured, informal sector employment.

Exercise 3: Policies and Positions

Objective: To understand the three most common policy responses to sex work – Abolition, decriminalization, legalization

Time: 1 hour

Material: Copies of Policies and Positions

- Process:**
1. Ask the participants to split into three groups – legalization, decriminalization, abolition. Each participant should choose the position he or she most agrees with.
 2. Give each group the handout. Ask the legalization group to go through the legalization bit and explain it to the other two groups, the decriminalization group should go through the decriminalization bit and explain it to the other two groups; the abolition group should go through the abolition bit and explain it to the other two groups.
 3. After hearing from all the groups, participants may change their groups if they feel they agree with another position
 4. Before winding up, each group should answer the following questions
 - a. What are some of the unanswered questions or discomforts around your group's position (legalization, decriminalization, abolition)?
 - b. How does your group's position (Legalization, decriminalization, abolition) advance the rights of sex workers?
 - c. Is your group's position a rights based position?

Handout for Exercise Policies and Positions:

There have been numerous efforts and movements concerning the sex work movement since the early '60s. The global sex work rights movement as we know it today, began in the late 60s and early 70s. The difference between the contemporary sex work movement and previous efforts is that the current movement has been defined largely by sex workers themselves. Sex work activists have defined the legal status of sex workers in



specific ways since the beginning of the sex work rights movement. The current movement includes a recognition of the rights of sex workers to autonomy and self regulation.

Common Definitions of Legalization

There is no official definition of legalized or decriminalized sex work. Those who are not familiar with the contemporary discussion about sex work law reform use the term 'legalization' to mean any alternative to absolute criminalization, ranging from licensing of brothels to the lack of any laws about sex work. Most references to law reform in the media and in other contemporary contexts use the term 'legalization' to refer to any system that allows some sex work. These common definitions of legalization are extremely broad. Conflicting interpretations of this term often cause confusion in the discussion of reform. In fact, in one of the commonly accepted definition of legalization, legal can simply mean that sex work is not against the law.

Legalization

Most societies that allow sex work do so by giving the state control over the lives and business of those who work as sex workers. Legalization often includes special taxes for sex workers, restricting sex workers to working in brothels or in certain zones, licenses, registration of sex workers and government records of individual sex workers and health checks which often mean punitive quarantines.

From a sociological perspective, the term legalization usually refers to a system of criminal regulation and government control of sex workers wherein certain sex workers are given licenses which permit them to work in specific and usually limited ways. Although legalization can also imply a decriminalized, autonomous system of sex workers, in reality, in most legalized systems the police are relegated the job of controlling sex work through criminal codes. Laws regulate business of and lives of sex workers, prescribing health checks and registration of health status (enforced by police and often corrupt medical agencies), telling sex workers where they may or may not reside, prescribing full time employment for their lovers, etc. Sex work activists use the term legalization to refer to systems of state control, which defines the term by the realities of the current situation, rather than by the broad implications of the term itself.

Because of the range of definitions of legalization, it is difficult to use the term in a discussion of reform. When the general public concerned with civil rights, privacy, etc. call for 'legalization', they may not be aware of implications of that term, or of the problems inherent in many legalized systems.

Decriminalization

Sex worker rights organizations use the term decriminalization to mean the removal of laws against sex work. Decriminalization usually refers to total decriminalization, that is the repeal of laws against consensual adult sexual activity, in commercial and non – commercial contexts. (Some sex work rights organizations prefer to refer to the 'abolition of laws against sex workers') Sex workers rights advocate call for the decriminalization of all aspects of sex work resulting from individual decision. Asserting the right to work as sex work, many claim their right to freedom of choice of management. They claim that laws against pimping (living off the earnings) are often used against domestic partners and children, and these laws serve to prevent sex workers from organizing their businesses and working together for mutual protection. They call for the repeal of current laws that interfere with their rights of freedom of travel and freedom of association, civil rights and human rights advocates from a variety of perspectives call for enforcement of laws against fraud, abuse, violence and coercion to protect sex workers from abusive, exploitative partners and management.





Regulation

The regulation of sex workers usually refers to the criminal regulation of sex work, but sex worker's rights activists also refer to regulation in terms of both civil regulation and self – regulation. They call for sex worker regulation of sex work businesses and civil codes regulating sex work businesses with regard to the condition and rights of workers. Those who call for autonomy support solo and collective work arrangements and sex worker's control of their own lives and businesses. The discussion of regulation is primitive and it is difficult to invoke concepts of self – regulation in a context that presumes police control over sex workers.

Abolition

The attitudes of sex workers' rights activists, contrast with attitudes about sex work by anti – sex work or abolition organizations. Abolitionist movements define sex work and other categories as inherently exploitative. Abolitionists define sex work as violence, per se, emphasising involvement in sex work as a response to childhood sexual abuse. As a reaction to the exploitation fostered by imperialism and military occupations, international anti – sex work activists oppose sex work per se, as well as sex tourism and trafficking (international 'pimping'). Historically, abolitionists have dedicated themselves to rescuing women from sex work and training women to find alternative careers or security in marriage. Abolitionists want to end the institution of sex work, envisioning a world where no one sells sexual services for any reason, these organizations do not self – define as sex worker's rights organizations. They work to reduce or abolish the sex business, advocating against pornography, strip clubs' etc.

Summary

Each of the linguistic approaches can be problematic. The term legalization is overboard. The term decriminalization has not worked its way into a contemporary discussion and can elicit confusion and misinterpretation. As the discourse develops, it is essential that terms be developed from the perspective of those who will be affected by the legislation.

Chapter Summary

The chapter examines the current environment and related practices which impact people in sex work and its implications for counselling. It provides various perspectives that exist on sex work and their impact on policies and laws. It captures sex workers' involvement in the HIV/ AIDS response since the early '80s and the consequent re – articulation of a rights based approach to sex work. The theoretical inputs will encourage participants to(?) with the various constructs on sex work and independently articulate a view. Sex workers are adult female, male and transpersons who consent to exchange sexual services for money.

Over the years numerous positions have emerged on sex work. These positions are exclusively about women in sex work, male and transgender persons are ignored completely in the debates. Generations have debated



the issue with very little evidence of including voices of sex workers themselves in the debates. To date many continue to perceive sex workers as women and from a moral lens view woman in sex work either as the fallen woman or a victim of sexual exploitation.

a. Sex work as Violence and Exploitation

When sex work is constructed as a form of violence and exploitation, the everyday violence that sex workers face is overlooked, ignored or accepted. Violence is an important factor affecting the vulnerability of sex workers to HIV, sexually transmitted infections, abuse and assault by State and non State actors.

Consequences of Viewing Sex Work as Violence and Exploitation

Discrimination against sex workers permeates the criminal-justice machinery across India resulting in a lack of protection under the law. Systematic violence and police harassment against women, men and transgender persons in sex work have been documented by human rights organizations in many settings. The risk of human rights violations for sex workers is deepened by criminal prohibitions of sex work or of some key elements thereof. Criminal prohibitions not only facilitate social stigma and marginalization of sex workers but make it virtually impossible for them to enjoy the protection of the police when they face violence or abuse. On the contrary, these provisions in the law open the door to harassment and extortion of sex workers by the police.

b. Sex Work as Trafficking

Those working to end trafficking in women and children forward the notion that all sex workers are forced into the institution, and that making money from sex is synonymous with sexual exploitation. Complete abolition of prostitution / sex work is thus the logical solution to end such exploitation of women. Conflating sex work with trafficking into sex work erases the voices of sex workers, worsening the conditions of sex workers and warping discussions of trafficking.

In India the principal legislation dealing with sex work/prostitution is the Immoral Traffic Prevention Act, (ITPA). In a departure from criminal jurisprudence, indicative of stigmatization of sex workers, The ITPA has paradoxical offences like detaining a person “with or without his consent” in premises where sex work is carried on or taking a person, “with or without his consent” for the purpose of prostitution.

Consequences of Viewing Sex Work as Trafficking

Violent actions of street clean-up operations, police-led brothel closures or so-called rescue operations are carried out en masse by law enforcers.





Police raids conducted under the Immoral Trafficking Prevention Act are an exercise of abuse and violence against consenting sex workers rather than arresting individuals involved in trafficking.

c. Sex Work and the Human Rights Approach

Over the years, the human rights movement has impacted this discourse strongly. The rights based approach takes into account that women come into sex work for a wide range of economic social and political reasons. This approach believes that the women in sex work have the same and equal rights as everyone else. It also believes that effective policy implementation is possible only through equal and active participation of the community.

A human rights based approach asserts that HIV responses are more effective in contexts where the human rights of most – at – risk of HIV such as sex workers are protected by laws, policies and law enforcement practices. Respect for rights of sex workers is seen as a pre condition for their involvement in national HIV responses and the reduction of vulnerability .

d. Implications for Counselling

Counsellors should be aware of the 'Violence of Stigmatization' which most people in sex work face. Stigmatization, which has its roots in the standards set by patriarchal morality, is experienced as the major factor that prevents women from accessing their rights.

According to research conducted by the Commission on AIDS in Asia and the Pacific, a direct link has been found between low levels of condom usage amongst sex workers who are arrested and prosecuted. Criminalizing sex work clearly undermines efforts to prevent new infections, and hinders the provision of treatment and care to those infected.

Three exercises for the counsellors will help to develop an appreciation and understand various perspectives of sex work and to engage with the most common policy responses to sex work. The third exercise aims to help develop sensitivity towards the concerns of and challenges faced by sex workers.

Reading List

1. **Sex work and HIV/AIDS: The violence of stigmatization**, Meena Saraswathi Seshu. UNAIDS Global Reference Group on HIV/AIDS and Human rights, August, 2003.



2. **The feminist and the sex worker, The business of sex**, *Laxmi Murthy* and *Meena Seshu* (Eds), Zubaan 2012 (Forthcoming).

3. **Legal environments, human rights and HIV responses among sex workers in Asia and the Pacific**. UNDP Asia-Pacific Regional Centre and UNFPA Asia Pacific Regional Office, in partnership with APNSW and UNAIDS, 2012.

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 2. Sex Work and HIV/AIDS: The Violence of Stigmatization. 2003. Meena Seshu.
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 7. The danger of conflating trafficking and sex work: A Position Paper of the Sex Workers Project at the Urban Justice Center, Lisa Diane Schreter & Mariellen Malloy Jewers, and Stephan Sastrawidjaja. 2005.
 8. United States Leadership Against HIV/AIDS, Tuberculosis, AND Malaria (Global AIDS Act) Pub. L. No. 108-199; 22 U.S.C.S. § 7631(e)-(f) (2004).
 9. Trafficking Victims Protection Reauthorization Act, 22 U.S.C. 7110(g) (2) (2003).
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Chapter 2





Women in Sex Work: Collectivization and Implications for Counselling Practice

Dr. Smarajit Jana,¹ Sanghamitra Iyengar² and Divya Sarma³

Chapter Overview

This chapter will give a brief overview of the philosophy which helped the women in sex work collectivize in India and the processes which went into the collectivization and empowerment of women in Sonagachi, Kolkata - one of the earliest such initiatives. It will briefly explore the ideology of sex work as work, which was the framework used in this intervention. This was also what helped many sex workers to redefine their lives and terms of engagement. This chapter will further discuss the experiences and specific strategies which were used by the Durbar Mahila Samanwaya Committee to claim a space in the mainstream and highlight the issues women in sex work were facing.

It will then discuss the implications of these empowerment processes for counselling. It will give a brief overview of the theoretical foundations of anti-oppressive social work practice, and use this framework to redefine the scope of counselling practice with sex workers. It will help counsellors move beyond the traditional focus on behaviour change counselling and draw from structural, feminist and anti-discriminatory theories of social work in their practice of counselling.

Learning Objectives

1. To deepen the understanding of the context of collectivization of women in sex work in India.
2. To help counsellors understand some of the movement building processes that led to the empowerment of women in sex work in India.
3. To help counsellors understand the implications of these empowerment initiatives on counselling practice.
4. To help counsellors broaden the scope of counselling practice and internalize a rights based approach in working with women in sex work.

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Introduction

The context of collectivization of sex work in India

Sex work has a long history in India, and through much of this period, sex workers have occupied the margins of society. During this time, many progressive social movements have emerged in the country, including the Marxist, Feminist and the Dalit movements. These movements have highlighted the plight of many marginalized communities and brought their voices into the mainstream. But despite women in sex work facing similar kinds of exploitation and social exclusion, all these movements have largely ignored the plight of the sex workers (Batliwala, 2010).

The refusal to even acknowledge this exploitation by progressive social movements has been rooted in certain social norms and attitudes towards sexuality and sex work. Within a social milieu where sex and sexuality were seldom discussed and largely seen only within the framework of marriage and reproduction, people were constantly socialized within families and communities to regard the sale of sexual services in the open market as 'morally wrong'. Existing channels of institutional learning provided no space to put forward an alternate perspective on non-marital sex, sex for pleasure and sex work as a profession (Jana et al., 2006; Batliwala, S., 2010; Bannerjee, S., 1998). Sex work, therefore, continued to be viewed within the framework of morality and did not get included in the rights debate.

Paradoxically, since many of the women in sex work were themselves part of the same society, they had internalized these same values. They had perceived themselves as 'immoral' or 'fallen' women. They did not think they deserved anything better. They did not think they were entitled to basic human rights. Therefore, they did not challenge the situation.

The process of collectivization

It was the threat of HIV which forced mainstream society to even acknowledge the need to work with sex workers and start looking at some meaningful interventions for them. But for the most part, even these interventions were driven by the agenda of prevention of HIV transmission. While the stated goal was to prevent the women from getting infected, the unstated goal was to prevent the transmission from the women to their clients and to society at large (Gooptu, N., 2000). However, interactions with the women showed that their immediate issues and concerns were very different: harassment by police, rowdies or pimps and violence by clients and partners bothered them much more than the threat of HIV.





Defining an alternative framework

It was clear that if the women were to be involved in HIV prevention, their own needs would need to be respected and their immediate concerns addressed first. It was also clear that interventions to address these issues had to be owned and led by them, to make any meaningful change in their lives.

In such a scenario, HIV preventive interventions provided a platform for the women to come together and explore the idea of collectivization. However, HIV intervention work itself provided only a very limited framework for empowerment of the women. A different and broader framework was necessary.

This alternate framework was conceived, based on the notion of sex work as 'work', as something which involved the exchange of labour for due consideration. Since the women were involved in 'work', they could collectivize just like any other group of workers or professionals (Gooptu, N., 2000).

For the women themselves, this notion of sex work as work, was easy to accept. They identified critical features through which what they did could be construed as work. Firstly, they provided a service which was sought by clients. Secondly, this service had a physical and mental component. Thirdly, they were paid for this service and they used this payment to maintain themselves.

With this recognition of their work as 'work', they were able to model themselves on other 'workers' movements. A demand for certain basic rights as workers and improvements in their conditions of work was a logical progression. They sought laws to protect them from exploitation, constitution of their own forum to protect their rights, and the repeal of laws which were designed to control and exploit them.

Processes Involved in Collectivization of Women in Sex Work

Certain processes and drivers are critical for the collectivization and empowerment of any marginalized group because this helps them reinterpret their world and their own position in it and this was also true for the sex workers.

Creation of an alternative moral philosophy

The primary process for this was the creation of a new moral philosophy which would allow them to occupy the moral high ground. Sex workers had themselves accepted their exploitation for many years, mainly



because they had internalized the moral principles which saw them as 'bad' women.

To build a new identity, it was very important to help them to create an alternative moral philosophy which allowed them to recognize that what they were doing was not wrong. The women reflected on their work, on the fact that they were not harming anybody; that, in fact, they were providing pleasure to their clients who appreciated their service. Once they were able to occupy this 'moral high ground,' they were able to assert their right to a better life and demand a stop to their exploitation.

Redefining their Work and Values within the New Philosophy

Once such a moral perspective was developed to redefine their work, the women were able to question their entire belief system based on this new perspective. They were able to uncover the values because of which, they had considered sex work as 'wrong': values which stated that sex could not become a saleable item in the market, that sex had to remain within the confines of marriage. They started redefining these values, claiming a moral space for themselves, and justifying the work they were doing.

This questioning and redefining of values was an extremely critical but challenging process because challenging of self and the values which had been part of all socialization processes was very difficult. But once this was done, it not only changed the way women viewed themselves, it significantly improved their confidence and self-esteem.

Mobilization around the Community's own Agenda

Once the process of redefining moral values started, it was important for the community to identify a specific agenda which could catalyze mobilization and empowerment. Here it was critical to acknowledge that communities can only get mobilized on their own agenda, never on a third party one. Even when development workers started engaging with the sex workers on the issue of HIV, the collectivization only took place when it began to be driven by issues which the community identified as critical: violence, stigma and exploitation. Once the community defined their own agenda, the ownership of the processes became completely theirs (DMSC and TAAH, 2006).

Adopting a New Identity

It was important for this marginalized group to carve a fresh social identity for themselves, based on their new outlook (Jana and Ray, 2012). Within the sex worker movement, these women carved a new identity of 'sex worker', as opposed to 'prostitute'. This redefined their terms of engagement with the world, and allowed them to build networks with other





groups of women involved in related occupations like the entertainment industry.

Drivers which helped the Collectivization Processes

HIV Issues

Once these processes started, certain drivers helped the collectivization. The first was the emergence of the HIV issue which became the primary area through which developmental organizations started working with these women. The scope of the work was limited, but the work itself gave the women an opportunity to come together and forge a common identity and shared vision.

Catalyst Individuals and Organizations

There was also the emergence of certain individuals and organizations, who served as the catalysts. These had started engaging with the women after the emergence of HIV, but were willing to look beyond HIV, to truly understand the contexts and perspectives of the women themselves. It was this openness and vision of those individuals and organizations which gave a momentum to the collectivization process.

It was this that allowed collectivization and empowerment to occur even in an age when larger policies and programmes were not supportive. Today, a policy environment explicitly states its support for such processes, although within the narrow focus on certain ends and targets. Yet, it would not have been possible to have achieved this empowerment in the absence of this kind of vision and openness to understand the issues of sex workers.

The Notion of Choice

The concept of sex work as 'work' also recognized the element of choice involved in women's decision to enter or stay in the profession. There was an acknowledgement that many women chose to come into this profession. Even if women were initially forced into the profession, for many, a further decision to stay in the profession had been their choice.

However, for the mainstream community, the notion of 'voluntary choice' was and remains problematic. This is because the prevailing social norms make it difficult to accept the idea that women could voluntarily choose to be involved in something like sex work, which is considered 'morally wrong'. Even the women's movement in the country has largely dismissed the notion of voluntary choice as 'false consciousness'; it was



felt that women did not really choose to be in the profession, and that such a 'choice' was made because of lack of alternatives and could not really be construed as a voluntary choice (Batliwala, 2010).

Choice as a Social Construct

This argument failed to recognize that any choice is a social construct. That it is strongly mediated by both aspirations and options, and these options are directly linked to one's background, including class, caste and educational qualification. Options which were available for women from lower socio-economic background or with limited education were different and perhaps fewer than what was available to men or women from upper socio-economic backgrounds. However, even within those limited options, some women had still chosen this work. They had felt that other options like domestic work and work in the garment industry, or even simply being married and working in their own homes was more arduous and exploitative.

A pan India survey done by the university of Pune found that 63% of women in sex work interviewed held another job earlier and had made a conscious and calculated choice to change to sex work as a better economic option (Sahni and Shankar, 2013). In a study conducted by DMSC in Sonagachi among women in sex work who were married and had later come into this profession, many of the respondents felt a greater sense of freedom and self-efficacy after having come into the profession (SRTI, 2003, Unpublished study). They had experienced married life as exploitative, with excessive demands from the family and demands of sex from their husband, irrespective of their wishes. Whereas as sex workers, they appreciated that they had choice over their customers. They felt good about themselves because their clients appreciated them and the service they provided. They were also rewarded for it.

Three Demands of Durbar Mahila Samanwaya Committee to candidates for the State Assembly Elections :

- 1. Repeal of Immoral Trafficking Prevention Act*
- 2. Recognition of sex work as work and ensuring labour rights for sex workers*
- 3. Recognition for the Self Regulatory Boards set up by sex workers.*

Some Strategies adopted for Mainstreaming: Lessons from the DMSC Experience

For mobilization and empowerment of any marginalized community, the root cause of their social exclusion needs to be addressed. Social exclusion starts with an ideology where cultural and moral boundaries between groups create dualistic categories of ordering the world and excluding a group as undesirable (Rawal, 2008). To negate this undesirability, an alternate ideology was needed. As discussed earlier, for the sex workers, the notion of sex work was as legitimate a work as any other, available to people with limited options provided the ideological justification for seeking to become a part of the mainstream.



DMSC decided to address this exclusion programmatically by getting involved with the issues of the mainstream society, and gradually moving towards the mainstream. This strategy was operationalized in various ways.

Taking up Causes in the Mainstream

The sex worker movement demonstrated its concern and its identification with larger social issues during challenging times like natural calamities, internal strife, etc. During these times, the sex workers were able to show a concern and an ownership for the major issues faced by the mainstream society, and thus claim a space in the mainstream. It also influenced mainstream society's perception of these women.

The sex workers at DMSC started engaging with other groups of marginalized women like fisherwomen and tribal women. They also identified certain occupational groups like entertainment workers and domestic workers, whose situations were similar to theirs and with whom they could create an alliance. This also allowed the sex workers to play the role of capacitors in the other groups, drawing from their own experiences and helping them to collectivize.

Demonstrating Capacity to Regulate and be Accountable

The formation of self-regulatory boards showed that the women were themselves keen to curb problems like trafficking and under-age sex work and also had the capacity to regulate themselves (Jana, et al., 2005; DMSC and TAAH, 2006). Moreover, by claiming this right to self-regulate, the sex workers were equating themselves with other professional groups.

Empowerment Processes: The Way Forward

The Need to Define Alternative Spaces and Symbols

One of the most contentious issues when a marginalized community attempts to move to the mainstream is the opening up of certain spaces and symbols which have till then been seen as the preserve of the mainstream. Historically, the attempts of marginalized groups to gain legitimacy by seeking access to these spaces and symbols have been strongly resisted by the powerful, leading to much conflict. For instance, the staunch resistance by upper castes towards any attempts by Dalits to enter certain exclusive spaces like temples is an attempt by the elite to maintain the existing hegemony.

How DMSC created a space for themselves in the mainstream

- 1. Creating a visibility for themselves and their issues through festivals, melas, etc.*
- 2. Influencing public opinion through engagement with artists, writers, film makers and journalists.*
- 3. Working to support other marginalized groups like domestic workers.*

The Self Regulatory Board (SRB) set up by DMSC is regularly able to remove many underage girls from the red-light area. The SRB has promoted an innovative model of public private partnership, where the board comprises of people from the Department of Labour, Health and Social Welfare, along with sex workers and medical practitioners. Since its inception in 1996, the number of underage girls rescued by the SRBs has been steadily increasing.⁴

4. Durbar Anti-trafficking website. http://antitrafficking-durbar.org/srb_impact.html





However, if the process of empowerment of the marginalized truly emerged from an alternate moral philosophy and redefined social values according to that, new spaces and symbols could be created based on the new ideology. The socially excluded groups could regulate access to these.

So, too for the movement of women in sex work. It was recognized that the challenge for the movement was not just to be accepted into spaces which the mainstream society defined as desirable for women. It was not about gaining acceptance in society, by confirming to its notions of 'good woman' or 'bad woman' and aspiring inclusion in the rituals and symbols which signify this. It was really about redefining what is good and moral based on their own values, and celebrating this through their own symbols.

Vision and Leadership Development in the Marginalized Community

Collectivization and empowerment of a community needs the community leadership to have a vision for itself. Leadership development can be supported by external stakeholders, but it is important for these stakeholders to be conscious of this vision.

For one, genuine leadership from the community can be identified only through a process of democratic representation and election. A selection of the leaders without these processes can lead to the perpetuation of certain hierarchies within the community. It can also mean that all the efforts at leadership development has been invested on leaders who have been seen as suitable by the external stakeholders based on their own criteria, rather than those who satisfy the community's criteria.

Secondly, the leadership development curriculum needs to be rooted in the alternative ideology of the movement. For leadership development among sex workers, the curriculum needs to have a strong alternative ideology which rejects the notion of sex workers as victims and reaffirms the choice, capacity and agency of the sex workers.

Thirdly, leadership development is not a one-time activity. Rather, long periods of mentorship and hand holding are needed during the different phases, and it is important to constantly give them opportunities for exposure and development.

Lastly, existing systems and spaces need to be redefined, in order to build on the community's strengths. Currently most systems and processes are defined by an external agency, and the community is evaluated based on these systems. This recognizes neither the context nor the strengths of the community and imposes a need for external support on them. Instead, the systems need to allow communities to demonstrate their capacity for independent and responsible functioning.





This understanding of leadership underlay the processes of leadership development of women in sex work in several places in India.

Opportunities to Align the other Social Movements

Over these years, the sex worker movement has had many opportunities for engagement with other social movements. This engagement has not been easy, because the leaders of the other social movements had again internalized existing social values and could not recognize the claims of the sex worker to a dignified life. Among certain sections of the woman's movement, it is still difficult to accept the notion of sex work as work, and of women choosing to be involved in this work. Frequently, the leaders of the woman's movement have equated all forms of sex work with trafficking and advocated a rescue and rehabilitation approach.

Similarly, the involvement with the trade union movement has also been challenging. The trade union movement was able to understand the construct of sex work as work, and therefore empathize with the women in sex work as fellow workers. However, the political parties which are closely involved with most trade unions in the country being still governed by existing social norms, could not accept the sex worker movement. It is only recently that certain newer trade unions have recognized their fellowship with sex workers and allowed the sex worker movements to affiliate themselves with them.

Currently, the movement of the people involved in the unorganized labour market is staking a claim for space in the mainstream, with demands for basic working conditions including insurance, health benefits and pension. The sex worker movement has also become a part of this movement. This is an important development, because as per the Ministry of Labour, 93% of the labour market is in the informal sector and this is a growing trend in the country. The unorganized sector workers and their issues already have a locus standi in the mainstream community, and the acceptance of sex workers within the unorganized sector is a significant step towards their acceptance in the mainstream.

Implications for Counselling: Understanding Anti-Oppressive Social Work Practice

The above sections give a brief overview of the history of processes which have resulted in the collectivization of women in sex work in India and their subsequent empowerment.

The Limitations of the Behaviour Change Model

Sex workers today are at a certain stage of empowerment. Although they continue to face harassment, exploitation and injustice, there is now a



consciousness among large sections of the community that they deserve better and this oppression has begun to be challenged. Counsellors need to understand this and appropriately redefine their counselling relationship.

During a series of consultations with women in sex work, as part of the planning process of the National AIDS Control Programme, Phase IV (NACP IV), the women expressed the view that the current role of counselling was inadequate. They felt that it focused on the counsellor's own goals and targets, rather than the lives of the women. (Regional Consultations of Sex Workers, for NACP IV, 2011)

This dissatisfaction can be traced to the 'behaviour change' model that HIV counselling has adopted. This focuses on 'a treating, curing and problem solving approach' that has been found to be inadequate and in fact even oppressive for work with marginalized groups.

Counselling Approaches that look at Oppression and Marginalization

The social work profession has been grappling with this problem since the 1970s. Social work practice with marginalized groups from this time has revealed the limitations of the framework of 'individual and his problem' and propelled the search for newer approaches, which were grounded in social justice.

Radical Social Work

Newer approaches locate the individual within the larger economic and political systems. Radical social work (Bailey and Brake, 1975) critiqued the existing social work practice as an instrument to preserve status quo even in oppressive socio-economic conditions. It used elements from class analysis to review the relationship between counsellor and client. It questioned the agenda of social service providers, asserting that they were only focused on making people accept and cope with their situation and ignore the systemic injustice and oppression.

Radical counselling approaches negate the idea that problems are located within individual psychopathology, disorganization and dysfunction. They assert that, on the contrary, they lie in the external environment and in the politics of race and ethnicity (Rivera et al, 2005; Weinrach and Thomas, 2002).



Structural Social Work

Structural social work practice draws from Marx and Freire and sees human relationships as significantly influenced by the inequities in power and privilege embedded in capitalist societies. These could be based on race, class, gender, sexual orientation, ability, or age. Structural theorists challenge these oppressive structures and call for the inclusion of the voices of these marginalized groups in the theory and practice of social work (Campbell, 2003).

Feminist Approaches in Social Work

Within the feminist discourses, liberal, socialist and radical feminism differ in terms of locating the roots of women's oppression. Freeman (1987) captures the differences well. Liberal feminism, she finds, sees the oppression stemming from the lack of civil rights and holds 'sex role' socialization as responsible for this. Its response is to advocate re-education of society regarding sex roles.

She describes socialist feminism as being influenced by Marxist ideology and locating oppression "in the interaction between capitalist and patriarchal systems". The strategy that it adopts is alignment of the woman's movement with other oppressed groups. It advocates assertion of oneself both inside and outside the home.

Radical feminism asserts that the patriarchal need to control female sexuality and fertility is the root for oppression and calls for the redefining of social relations and the overthrow of the dominant patriarchal system. But all three perspectives lead social work to focus on new perspectives that confront the oppression of women in society (Freeman, 1990).

Anti-Oppressive Social Work

All these approaches politicise the practice of social work and uphold social justice and have been brought under the umbrella of 'Anti-Oppressive Social Work' (AOSW, <http://aosw.Social work.dal.ca whatisaosw.html>).

The key elements of this approach are:

1. It combines providing individual support to people belonging to disempowered groups while at the same time working with social movements connected to these groups (Carniol, 2003, p. 151). This simultaneous engagement with the personal and the political is unique.
2. It "seeks to reduce, undermine or eliminate discrimination and oppression specifically in challenging sexism, racism..... and other forms of discrimination encountered in social work". It recognizes that counsellors/social workers "occupy positions of power and influence, and



so there is considerable scope for discrimination and oppression, whether this is intentional or by default. This approach leads the counsellor/ social worker to identify and address discrimination within his/her own practice and challenge it in the practice of others (Thompson, 1993).

3. It recognizes the various forms of oppression which support discriminatory behaviours that impact the identities of people from socially excluded groups. It sees these oppressions as being mediated through the dominant ideologies, hegemonies and discourses in society (Thompson, 1993 cited in Lago and Smith). These could take the form of external attributes like social status, economic position and life opportunities as well as internal attributes like low confidence, poor self esteem, and feelings of alienation, isolation and marginality (Thompson, 2003).

When it comes to counselling/social work practice with women in sex work, as the earlier part of this paper illustrates, the women have themselves come a long way in their journey of understanding the roots of their oppression. They are today able to challenge the dominant ideology related to sex and sexuality, sex work and their place in society as sex workers. They have started redefining their identity according to their own world view. Therefore, in engaging with them, it is the anti -oppressive approach that provides the counsellor with the most appropriate set of principles and practices.

Campbell (2003) lists the key values and principles that underlie the various anti- oppressive approaches. Those practising this approach:

- share the values of equity, inclusion, empowerment, and community.
- understand “the nature of society and the state of an individual’s consciousness [to be] critically related” (Howe, 1987, p. 121) and therefore link the thoughts, feelings, and behaviours of individuals to material, social, and political conditions.
- link personal troubles and public issues.
- see power and resources as unequally distributed, leading to personal and institutional relationships of oppression and domination.
- promote critical analysis.
- encourage, support, and ‘centre’ the knowledge and perspectives of those who have been marginalized and incorporate these perspectives into policy and practice.
- articulate the multiple and intersecting bases of oppression and domination while not denying the unique impact of various oppressive constructs.



- conceive of social work as a social institution with the potential to either contribute to, or to transform, the oppressive social relations which govern the lives of many people.
- support the transformative potential of social work through work with diverse individuals, groups, and communities.
- have a vision of an egalitarian future.

Exercises

Objective I: To help counsellors understand the implications of these empowerment initiatives on counselling practice.

Objective II: To help counsellors broaden the scope of counselling practice and internalize a rights based approach in working with women in sex work.

Exercise 1

Materials: Art/ chart paper; colour pencils/ crayons/felt pens

Process: Fold the paper into two. In the first half, draw a picture of a sex worker.

After you have finished drawing, in the second half draw a picture of any woman who is not a sex worker, maybe someone from your family.

Facilitator: Ask the participants to comment on the difference between the two pictures. Ask them to reflect on what it tells them about their perceptions of women in sex work. Discuss the implications of such perceptions on their counselling of clients from this community

Exercise 2

Draw a line on the floor with coloured duct tape. Place two placards at the two ends of the line “Helpless Victim”, and “A Person with Choice and Agency”



Helpless Victim

*A Person with Choice
and Agency*

Facilitate a discussion on “Where do you see women in sex work on this continuum? Why?”



Exercise 3

Break the participants into **three groups** and give each group these **two** case scenarios (one for each) and ask them to reflect on how they would react to such a situation. How would they feel? Role play the situations if time permits.

Radha is a 27 year old woman in sex work whom you had met three years ago. She had tested HIV positive and you had provided post test counselling. She is carrying a year old baby and comes to ask for help to fill a form to file as a candidate in the local elections.

Lata is a 35 year old sex worker, non-literate, who has been invited to a conference in Melbourne to present the situation of HIV in her community. She comes for help to apply for a passport and visa. You had sent in an abstract to that conference, but have had no reply.

Kamala is a 45 year old sex worker, who comes to the clinic for her monthly check up, but completely breaks down. Her daughter for whom she had arranged a marriage with a businessman from her community and had a grand marriage ceremony 2 months ago, had returned home. Her in laws had found out that Kamala was a sex worker. Kamala feels that her 'bad deeds' have led to her daughter's life being spoilt. She curses herself for being responsible for the misery of her daughter.

Facilitator : Sum up the participants reactions and facilitate reflections on how the three women view themselves. How did the counsellors view them? Were they able to relate to the empowerment of the women? If a role play, generate feedback from those playing the sex worker's role on how they perceived the counsellor's response. Draw conclusions.

Counsellor Self Reflection on Practice

Counsellors need to explore their own view of sex work and women in sex work and reflect on where they stand in relation to how women in sex work perceive themselves.

For effectively engaging with women in sex work using an anti-oppressive approach, counsellors need to understand and internalize the alternate ideology which sees sex workers as active agents who have made a choice to do a certain kind of work. An attitude which treats sex workers as helpless victims, denies their agency and their capacity to make informed choices. This will be reflected within the counselling session, which can slip into advice-giving mode, rather than facilitating clients to move towards their own goals.



The anti-oppressive approach warns against the subtle show of power in the relationship between counsellor and client. Lago and Smith (2010), talk about being sensitive about the use of language that can maintain oppressive power relations. This can take the form of using jargon, specialized and technical words which invests the power of the expert in the counsellor and reinforces power differences; stigmatising words such as 'immoral' or 'fallen women' doing 'bad' work, and in depersonalization where words such as CSW (commercial sex worker) deny the primary identity as women whose legitimate occupation is sex work and adds a value laden word 'commercial'.

Further, if the counsellor holds an attitude that sex workers are 'bad' or 'immoral', it may steer him/her away from ensuring their fundamental rights of freedom and dignity. It may make him/her accept and comply with systems and practices, such as forced testing and line listing, which violate the ethical principles of consent, confidentiality and choice. Recognizing the legitimacy of sex work as an occupation that is meeting a demand for sexual service, helps counsellors to practice acceptance and a non-judgmental attitude

Understanding and Accepting Empowerment of Women in Sex Work

Behaviour change toward self-care can only occur if clients value themselves. An understanding of the empowerment processes is essential for the counsellors to help their clients develop and maintain self-esteem and self-worth. This will help counsellors support their clients as they redefine their identity and their work, using alternate ideologies of the sex worker movement.

Collectivization and empowerment has created many new aspirations in sex workers and it is important for the counsellors to understand these aspirations. This can enlarge the counselling relationship and also improve congruence between the counsellor and client.

The National HIV programme has recognized collectivization as a strategy for the empowerment of women in sex work. The last two decades of work with collectives has established that. The peer educator model recognizes the power of affiliation in influencing change. The sense of self-worth and internal motivation for self care and protection is irrevocably tied up with the process of empowerment. Thus counsellors cannot limit themselves to a directive role of just safe sex prescriptions and testing. They need to broaden the scope of their response to include issues of social exclusion and structural inequities.



Chapter Summary

The sex worker movement has achieved a lot in terms of collectivization and empowerment of its community members over the last two decades. This has been achieved through the construction of an alternate moral philosophy of looking at sex work as work. This has helped women in sex work to redefine the social values which have condemned them as 'immoral' and to claim a moral space for themselves.

Following this, different strategies have been adopted for them to engage with the mainstream. One of the collectives, the Durbar Mahila Samanwaya Committee has done this by engaging politically, by taking up causes from the mainstream society and aligning with groups like domestic workers who face similar exploitation. They have also demonstrated a capacity to self-regulate. In order to claim a space in mainstream consciousness, they have reached out to significant opinion leaders in the community, political leaders as well as cultural icons.

The empowerment processes have had significant impact on the self-esteem and self-concept of the women. In order to work with them, counsellors need to look beyond the behaviour change model and draw from radical, feminist and structural approaches to social work, in order to engage in anti-oppressive social work practice. This will truly help the women continue to challenge social injustice and marginalization and achieve their full potential.

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Chapter 3





Women in Sex Work: Identities and Aspirations

Sanghamitra Iyengar¹, Sheetal Naik², Ananthamma Naik³ and Muktha Poojar⁴

We bring in different experiences of sex work,... and when we come together in sex worker organizations, two key things seem to remain constant... one of them is the whole concept of identity as sex workers and the kinds of stigmatization of that identity and the resulting issues of disclosure: about who we choose to let know about our sex work status, identity or history and who we don't and about the implications of those things.

Serena Mawulisa at the Scarlet Alliance National Symposium at New South Wales, December 2010.

Chapter Overview

More and more women in sex work live in the community today. This means that the sex work identity is one among the many they carry. This chapter explores the implications of a sex worker identity on the life of a woman in sex work, the claiming of this identity at certain times and contexts, and differences in willingness to claim this identity across different sex work settings. The chapter also examines the continuum of identity and disclosure, its influence on the aspirations of women in sex work and its impact on health seeking and self care.

The chapter examines other identities and social roles of women and the interplay of these with the role of sex worker. It will look at conflicts between identities and the implications for counselling.

Learning Objectives

1. To understand the multiple identities of women in sex work and the spaces in which they are claimed.
2. To understand the changing aspirations of women in sex work.
3. To examine the counselling approaches required to respond to the above scenarios.

1. Director, Samraksha

2. Secretary, Mahila Kranthi, Uttara Kannada

3. Project Director, Beladingalu Mahila Okkoota, Raichur

4. Project Director, Rakshane Zilla Mahila Okkoota, Gadag

Introduction

The HIV epidemic brought visibility to the population of women in sex work. Earlier they were invisible. Nobody spoke about them and even if they did, it was derisively, or it formed the language of abuse. In literature and the Arts, they did feature, but the images were the stereotypes of victim (a 'good' woman who has been cheated, deceived, exploited and trafficked into prostitution) or a vamp (a seductive woman who uses her sensuality to entrap and exploit men). Over the years, all public acknowledgements of women in sex work fell into these two stereotypes which media, police reports, rescue and rehabilitation missions and creative work constantly reinforced (ZindaLaash, 1967). If confronted with the public disclosure of their identity or asked about reasons for entering sex work, women in sex work themselves often portrayed themselves as victims (Saggurti et al, 2011) as that was a less damaging image to deal with.

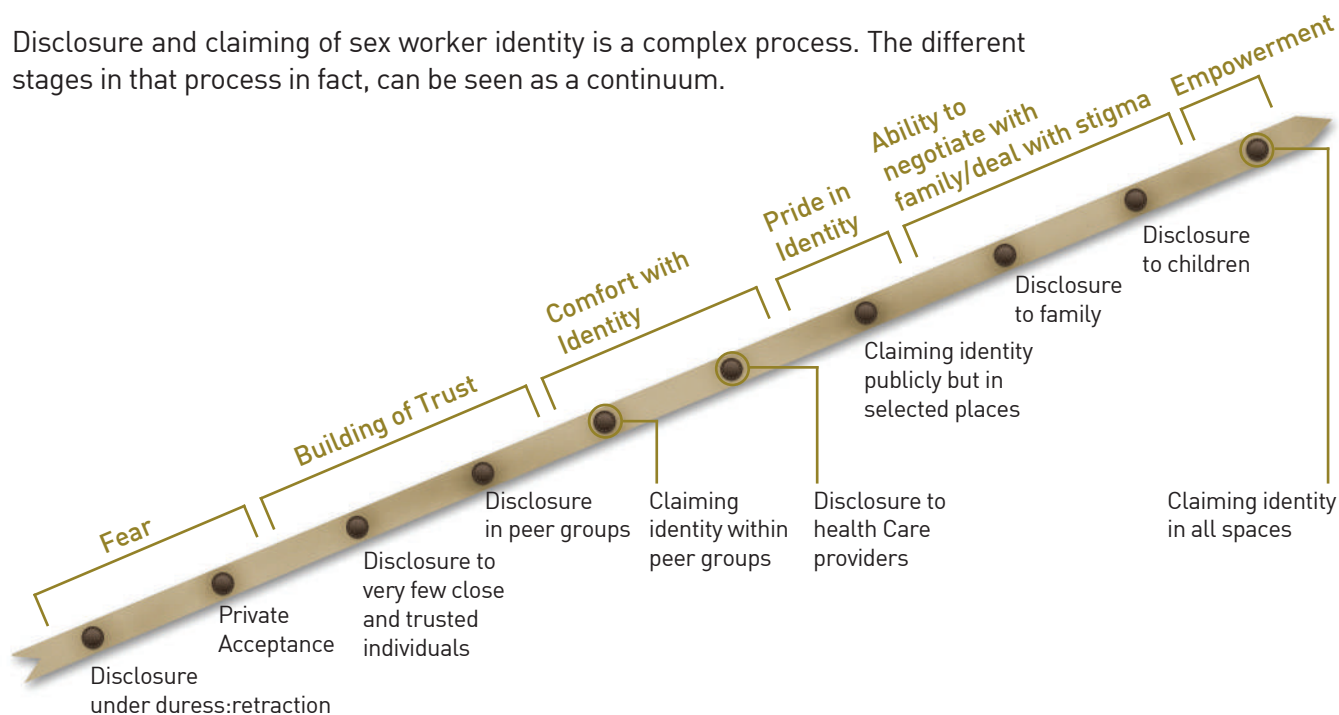
Identity is crucial to people's well being and aspirations. It influences what individuals do, how they position themselves and how they make sense of the world. It shapes their habits, attitudes, what they take for granted and how they relate to others. (Gilchrist et al, 2012).

Today, 12.63 lakh women in India have stepped out and acknowledged that they are sex workers (NACO, 2011). Not all publicly, but at least in safe spaces with their peers or to their health care providers. Brothel-based or area-based sex workers are known as sex workers where they live. But they form only a part of the sex worker population. Even among them, many have not disclosed their sex work identity back home to their families. The majority of sex workers in India live in the mainstream community without publicly claiming the identity of a sex worker.

Given that a person's identity is his or her own sense of self, claiming of the sex worker identity is closely interwoven with the self concept and empowerment of women in sex work.

Disclosure to Claiming Sex work Identity: A Continuum

Disclosure and claiming of sex worker identity is a complex process. The different stages in that process in fact, can be seen as a continuum.





In fact, a continuum of empowerment and agency runs parallel to the disclosure continuum.

Non brothel-based sex workers, at first contact, may not disclose their identity as sex workers to any stranger, not even to a peer, and if disclosure takes place because of circumstances, under duress, there will often be a subsequent retraction or an explanation to deny the identity.

Over a period of time as trust builds, in peers, in agents, or in certain people very close to them, there is partial disclosure. As the sex workers begin to interact with others in a sex worker organization or collective, they realize that there are others with similar experiences. There is sharing of joys and sorrows and a sense of 'we' feeling starts to develop. In this psychological space of security from rejection and stigma, a shared identity begins to emerge. Gradually, this leads to an unravelling of what the sex worker identity means and what it does not. They begin to move from thinking it is 'wrong', 'bad', 'criminal' or that 'they are victims' to considering it 'legitimate', 'work', and 'a right'. A level of comfort in disclosing sex work status within the peer group develops.

At this point, women in sex work move into a different dimension, and actually begin to claim the sex work identity within safe places such as peer group meetings or peer events. They may introduce themselves as women in sex work, talk openly about their sex work, clients, partners and difficulties faced. They are also able to sit in a group discussion with outsiders when their presence in the group itself would be an acceptance of that identity. Some begin to disclose to health care providers. In these safe places, they don't display helplessness and victimhood. Their self concept begins to undergo a change. There is increased self confidence and self esteem and a comfort in the sex worker identity.

As collectives and sex worker organizations grow, women in sex work are no longer alone. They have exposure to ideas and experiences. They are able to reflect on their own strengths, and the complexity of providing sexual service in an ambivalent environment, where sex work is not illegal, but is criminalized in many ways. They begin to become conscious of their communication and their negotiation skills, their ability to provide sexual service to a range of diverse clients, their ability to deal with power structures and to manage different kinds of crises. They recognize their capacity to work together, organize events and advocate. This leads to a pride in the identity of sex work and they begin to claim their sex work identity, publicly, although selectively.

Despite this advancement in self-esteem and self-confidence that leads them to claim the identity of a sex worker in anonymous public spaces, the majority of sex workers do not openly declare their sex work identity where they live, or in the media that reaches people where they live

The main reason for non-disclosure of the sex work identity in the personal space is the threat to the loss of the other identities in which they



live: a family woman, wife, mother, community leader. This repertoire of multiple identities is part of their social self. Besides, these identities are often tied up with relationships that are important to them. This keeps women from disclosing their sex worker identity to their families. Added to that, is fear of social stigma, rejection, and shame. The reasons are quite complex. Consequences of disclosure at the family and community level, could be gossiping, pointing, passing comments, distancing, being excluded from social functions, teasing of their children or their harassment or dismissal from school. Being asked to vacate the house or even leave the neighbourhood has been frequently reported.

At another level, most sex workers live with a partner who poses as a husband in the neighbourhood. As long as the identity is not open, he is comfortable. If the identity is fully disclosed, the live-in partner may not stay. The presence of the live-in partner actually keeps the gossip low and provides the semblance of normalcy. It caters to the social norms of a family, provides a father figure to the children and saves face for other family members. Patriarchal norms endorse hetero normative behaviour within a marital dyad. When a woman is unmarried, widowed or separated and there is no man present in her life, caste and kinship groups enforce norms on sexual behaviour. The live-in partner helps to keep the moral guardians from intruding. This, however, comes at a price. Often, the regular partners exercise control in many ways. It could be more than free sexual service or financial support. Often it is psychological or physical abuse and blackmail.

In the era of HIV, most clients of non- brothel based sex workers prefer it, if the person providing the sexual service is not a regular sex worker. They feel that there are less chances for HIV transmission with a non regular sex work partner. If the identity of the sex worker is in the open, they may not continue to seek service from that person. At another level, many of the clients want their 'client' identity kept confidential.

However, non-disclosure does not always mean that the family members do not know. Most of the time, they suspect or know the sex worker identity, although it is never openly spoken about or acknowledged. Many of the sex workers are the economic centres for their family. They support the household as well as the educational and medical expenses of other family members. They are the ones providing financial resources for capital expenditure like buying an autorickshaw or building a house. The family looks to them to arrange marriages in the family. So, some kind of homeostasis is maintained, with the family tolerating the non sex worker identity that is claimed in the occupation or in the social life. As long as there is earning power in the sex worker, this continues, with the family colluding to present a united front to the neighbours and society.

Women in sex work interpret this withholding of the sex work identity from the family in many ways. Some view this as empowerment, the agency to disclose or not disclose (Baffigo, 2009) while experiencing the freedom to continue the practice of sex work.



Others see the non-disclosure to family as a result of fear of family persecution. According to them, it is not as if the family members, rooted as they are in gendered norms, support this breakaway from normative behaviour. There is, they feel, always an undercurrent of threat and withdrawal of support (group discussions and personal communication with positive women in sex work, 2011 and 2012)

Another view (George, 2010) is that, in Indian society, social and economic assets are located within the family, caste and kinship groups. Sex workers need to retain the identity of a 'family' woman to have access to those assets and resources for themselves and their children. So proclaiming this identity and not claiming the sex worker identity is a subconscious way of social survival. As long as the sex worker identity is not publicly claimed or revealed, the family may allow the women to practise sex work in the interest of the economic stability that it provides the family. However, where the woman in sex work dares to publicly claim the sex work identity, defying the social norms of the expression of sexuality and sexual behaviour outside marriage, the family tends to react with rejection, withdrawal of support, distancing and often violence and expulsion from the family unit. By doing this, the family members secure their own position and resources within the caste, kinship or neighbourhood groups (George, 2010).

Disclosure of identity to children in non brothel based sex work is held by women in sex work to be one of the most difficult areas. There is much discussion across the country within groups regarding this and they are seeking help.

The final stage of empowerment has been reached by some brothel based and street based sex workers in the country who have publicly claimed identity in any space that has presented itself. However, community based and home based women in sex work have restricted themselves to claiming it only in selected spaces.

The Role of HIV Programmes in Sex Work Identity Disclosure

The HIV Prevention programmes, in addition to reducing HIV transmission risk to women in sex work, have provided them an opportunity to come together, recognize their rights, understand gender inequalities and patriarchal power structures, and have a sense of self-worth. However, they have allowed programme targets and priorities precedence over life priorities of women in sex work. This has been reported from across the world as well. For instance by groups such as POWER, SWAPOL, Scarlet Alliance, UKNSWP, SPOC etc. (<http://www.powerottawa.ca/home.html>; <http://www.swapol.net>; <http://www.scarletalliance.org.au/>; <http://www.uknswp.org/>; www.spoc.ca/).



The monitoring and tracking requirements/systems of the HIV prevention programmes require documentation of the sex work identity. This means forcing an identity disclosure. This happens in many ways- using peers as motivators to encourage other women in sex work disclose identity to them in private, but capturing their co-ordinates in programme data; assuring confidentiality in service areas with counsellors, but providing all data about them to health care providers and the government without their consent through line listing and micro-planning processes. While these are excellent monitoring tools in general, in this context, they force identity disclosure and increase vulnerability of these women, by expanding the circle of people who know their sex work identity. Targets for testing and clinic attendance again in their attempt to reach as many women as possible, create many situations of accidental disclosure of identity.

There is also tremendous pressure to disclose identity to trainers, programme evaluators, visitors and the media as part of programme deliverables. Many of these visit women in sex work in their homes, creating a host of questions in the neighbours. Women in sex work serviced by HIV prevention programmes are less and less able to restrict their disclosure spaces. The consequences of this are many. Losing family and partner support is one, loss of client volume is another. At times, to reassert the 'family woman' identity, some women go underground and cut contact with services. Others are forced to refrain from sex work for a while, incurring loss in earnings.

Counsellors need to help women in sex work find a balance between their health needs (receiving information on HIV and products for safe sex, regular check-ups to ensure STI detection and treatment, periodic HIV testing to ensure early detection and linkage with ART services to receive early treatment) and their social survival needs (having choice of spaces where disclosure is made, reduce threats to their other social identities and dealing with the consequences of disclosure).

Learning Objective I

To understand the multiple identities of women in sex work and the spaces in which they are claimed.

Exercise 1

a. Sajida is a 35 year old brothel based sex worker living with two children in a brothel based location. She is a national level sex work activist, open in her area of work and has addressed media and led protests for sex worker rights. She is extremely self confident and outspoken. She has still not told her family in the remote village from where she hails. She visits family rarely and when she does, she tells them that she has a job in a company in Mumbai.





Participant should analyze the issues around Sajida's identity disclosure. This can be done through small group discussions or role play as time permits.

b. Lata is a 50 year old sex worker who has been in the sex trade for over 33 years. She is the president of a sex worker collective. While she has never publicly disclosed, many people know her identity and she attends meetings as the head of a sex worker collective. Recently, there was a media programme arranged by an NGO and she spoke in it. The next day, there was a report in the local paper with her photograph with the caption "Mrs. Lata, Sex worker from this area." She was extremely agitated and talked of being tricked and that the organizers had said there would be no photo or TV report.

Participant should list reasons why Lata could be so upset. This can be done through small group discussions or role play as time permits.

Exercise 2

Draw a line across the training hall with a placard at one end saying 'If sex work is work like any other, disclosure of Identity is the only way to break stigma. Programmes should focus on persuading women in sex work to disclose identity'. At the other end, place another placard that says, 'Women in sex work have a right to disclose or not to disclose identity, and the programme should not push women to disclose sex work identity'.

Ask the participants to stand on this line (belief continuum) according to what they believe in and ask them to give reasons why. Encourage a debate and conclude with questions on what a counsellor's position should be.

Exercise 3

Group work: participants to list points of conflict between promoting regular health access and identity disclosure and identify ways in which the health care needs can be accomplished without compromising confidentiality.

Trainer/Facilitator to sum up with examples from different experiences that include, coding of identity; permitting testing and service seeking in areas other than where they live; policy advocacy on not insisting identity disclosure at testing sites; the collective taking responsibility for women who do not wish to disclose identity; integrating STI services, HIV testing, all into a larger reproductive sexual health service, etc.

Identity, Self Concept and Aspirations

Our self-concept expands as we recognize who we are and we are comfortable with our 'self'. Our self-confidence and self-esteem increases and this has an impact on what we want for ourselves. As women, sex workers have always had aspirations, but they were limited by their 'aspiration window'. They did not fully accept who they were and what they could do. Yet they had aspirations related to their children and their future. Often, it was these aspirations that led them to take up sex work as an occupation, because it paid better (Sahni, R., and Shankar, V.K.,



2013) and it could fulfil some of their aspirations for themselves and their children.

Sex workers, like other individuals, draw their aspirations from the lives, achievements, or ideals of those who exist within their aspirations window (Ray, 2003). Initially, before collectivization, their aspirations were limited by what they saw in their immediate environment.

At first, all we wanted was for our children to be like other children in the neighbourhood, to give them all those things other women gave their children, but now our dreams have grown.

As sex workers, the women had limited social spaces. As aspirations are shaped by the social life and social interactions, their aspirations too had a limited horizon. As women in sex work began to collectivize, their social spaces increased.

I never thought I would sit on a stage and be a judge in a cultural programme. This is an honour which I never dreamed I could be given.

They interacted with more people in the identity of sex workers and began to see themselves and their sex work

I thought everyone in society looks down on me. When we visited a large corporate sector organization the other day, the respect they gave us, and the perspective with which they looked at us, I realized that there are people in this world who see sex work as we do; people who understand.

This inner 'recognition' of themselves and their potential, led to an expanded view of self with many possibilities.

I want to run a large catering business. I think I can hire people and we can even run a chain of dhabhas. It will be a two-in-one! It will give women a livelihood and we can also do some health care work!

Aspirations of women in sex work have grown over the years. Their collective identity and empowerment have had a significant impact on their aspirations. They still want the best for their children, but they also have aspirations for themselves: for their self-development, personal achievement, for a better life socially and economically. They also want to be able to 'do something for other women in their community.' For the most part, aspirations are about a life in mainstream society; what they want to achieve as women, as individuals, as social beings. While issues of social status, respect and dignity do crop up from their life as sex workers, the aspirations are largely centred on what other women in society may aspire to, as well.





I want to live in my own house. I want to build one.

I dream of my son becoming an engineer. I want to get him admission in an engineering college.

I want to mix with different kinds of people. I want to communicate directly in meetings in Delhi. I want to learn to speak English.

I want to be independent. I want to buy a scooty and learn to ride it.

I want to be the president of my organization.

I want to start a women's bank and help other women economically.

I want to stand for Panchayat elections. I think I can.

I want my daughter to be happily married.

I want to raise money and run several projects for the well being of other women in sex work.

I want to be literate and to study.

(Women in sex work in North Karnataka, state their dreams in a statement of purpose which they put together to enrol in a 'capability building' programme , 2011)

Implications for Counselling

The term 'need' is often used in relation to service provision – particularly health or social care service provision. In other words, need most usually relates to the issue that an individual presents to a professional, agency or service planner. Their role in that case is one of client or service user..... However, when speaking with other women, the issues they raised went beyond the specifics relating to the work they do, or particular health or care needs – they talked about housing, about managing as a parent, about developing and maintaining trusting and open platonic relationships with others, as well as those relating to safety, sexual health, safer drug use and drug treatment. (Sexton, 2009)

A study into the needs and aspirations of sex workers in Edinburgh (Sexton, S., 2009) starts with the above preamble. Counsellors need to look at their clients in this new dimension that goes beyond service provision, or a view of them as beneficiaries. As women in sex work grow in understanding of themselves and their world, they get dissatisfied with some of the counselling responses. In India, in various forums, women in sex work have expressed this dissatisfaction



Counsellors treat us as if we don't know anything and keep repeating the same thing to us again and again. We know all that. In fact, we know much more. We have been listening to this for the past so many years. Most of the counsellors are less than 2 years in the job.

Counsellors need to be interested in us, not just in recording our clinic attendance.

Earlier, I would just sit and listen to all their advice. Now, it makes me angry when they tell me that I must not keep worrying about the stigma, and as a leader, I should register first.... for some scheme or the other. I may lose my child, his happiness will be at stake. Does the counsellor understand?

(Regional consultation of women in sex work for NACP IV, personal communication with authors)

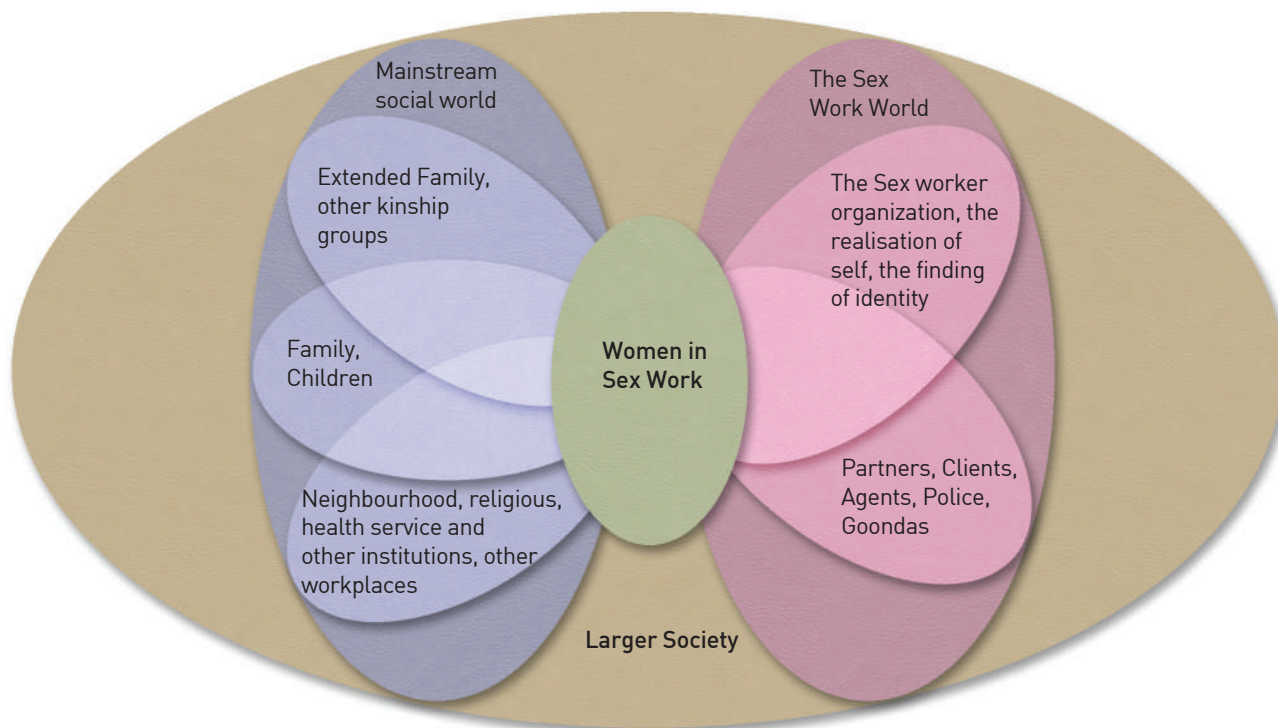
Counsellors today live in a challenging environment. Sex workers are becoming more and more conscious of their own strengths and potential, and have a new set of aspirations. Social work and counselling, which traditionally emphasised the centrality of the client-counsellor relationship in any intervention, have shifted their practice approach to being more 'professional'. Meagher and Parton (2004) capture it well. "The ideal typical professional is detached, treating each patient or client with a correct professional concern, and impassive in the face of their crises or their pain. Expertise derives from formal training based on rational science." Sex workers have repeatedly reported a lack of congruence between their needs and aspirations and the counsellors response (Sundararaman, S., 2011).

Some areas covered under the life coaching approach:

- *Values clarification*
- *Time management*
- *Stress management*
- *Enhancing work performance*
- *Exploring and developing techniques to establish and maintain a greater sense of work and life fulfilment*
- *Establishing goals – both short and long term*
- *Enhancing health and wellness*
- *Clarifying career choices*
- *Life transitions*

The change in self concept and aspirations in women in sex work may require a different role from the counsellor: one that recognizes the client as an expert regarding her life, and the counsellor as just a facilitator. In fact, it could draw from the life coaching approach. Coaching has been described as a "process in which an individual gets support while learning to achieve a specific personal or professional result or goal" (Wikipedia, Coaching, 2013). It uses a strength based approach, to facilitate a personal exploration and action towards fulfilling one's aspirations. As life coaching is seen as a service for people, who are not necessarily looking for a solution, who know their strengths and want more an accompaniment and support to self reflect, it could meet the needs of many women in sex work who have moved further on the empowerment continuum and are chasing their aspirations.

However, traditional counselling approaches may still be required for those who are still struggling with the conflict between their personal self and their social self; who do not yet have complete comfort in their sex work identity and who are still exploring issues of disclosure.



The ecological approach would be useful to understand the multiple worlds, contexts and identities that shape the aspirations of women in sex work.

The two worlds, as we can see, are separate and connected within the individual. As there is empowerment and self-growth in the sex worker identity and world of sex work, it affects the way the sex worker deals with her other social spaces and what she wants in them. Ironically, as the confidence builds in the sex work space, aspirations increase in the other social spaces.

Learning Objective II

To explore how the identity and disclosure issues and the changing aspirations of women in sex work impact counselling.

Exercise 4

Ask the participants, individually or in groups to select one or two women in sex work that they have counselled previously and identify what counselling approach would suit their needs.

Help the groups to discuss different needs based on the different profiles of the women in sex work selected.



Conclusion

Understanding identity and disclosure issues and how they are closely related to self-concept and empowerment, can help counsellors take into account these changes in the life of sex workers. Counselling needs to be far more non-directive and facilitative. Even in a health care setting, it needs to start with the aspirations of the women and trace it back to self-worth, and self care.

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Chapter 4





Risk Reduction Counselling for Women in Sex Work

K. Sulekha¹ and Divya Sarma²

Chapter Overview

Women in sex work are constantly placed in situations of risk for HIV and other sexually transmitted infections (STI) because of the social marginalization they face. Risk reduction counselling is thus, critical for HIV and STI prevention. This chapter will help counsellors understand the strategy of risk reduction and some of the basic theories behind it. It will also elaborate the different values and skills needed to practice risk reduction counselling with women in sex work.

Learning Objectives

1. To help counsellors understand concepts of risk and vulnerability in relation to HIV and the role of behaviour change in HIV prevention.
2. To help counsellors understand the components of risk reduction counselling
3. To help them look at basic values of risk reduction counseling
4. To enhance skills in the practice of risk reduction counselling

Understanding HIV Risk and Vulnerability

UNAIDS defines HIV risk as the probability that a person may acquire HIV infection, and vulnerability as a range of factors which reduce the ability of individuals and communities to avoid HIV infection. Risk therefore refers to personal behaviour, while vulnerability includes the environment. Certain structural and social factors like poverty and gender inequality, which increases a group's vulnerability to HIV are called drivers (UNAIDS, 1998).

Women in sex work are constantly at risk of HIV infection because of their occupation. But they are also vulnerable to varying extent due to the different contexts in which they practice, their own background,

Factors which mediate vulnerability:

- *Economic condition*
- *Ability to make rational decisions*
- *Access to information on HIV and safe sex*
- *Ability to negotiate for safe sex within intimate relationships*

Drivers of HIV vulnerability:

- *Conflict situation (war) or other situations with potential for human right violations*
- *Gender inequality*
- *Poverty and absence of economic opportunities*

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Activities which increase HIV Risk:

- *Unprotected vaginal Intercourse (with or without STIs) with a person diagnosed HIV positive or whose HIV status is not known*
- *Unprotected anal intercourse with a person diagnosed HIV positive or whose HIV status is not known*
- *Injecting drug Use*
- *Receipt of blood/organs/semen which has not been screened for infection.*

vulnerability to coerced sex and their capacity to manage a sexual encounter safely.

Various factors such as socio-economic background, personal traits, relationship with clients, relationship with other power structures which manage the sex work, extent of disclosure of sex worker identity, access to information and condoms and capacity to ensure personal safety affect the vulnerability of women in sex work to HIV.

In India, since HIV prevalence among women in sex work is appreciably higher than that in the general population (KSAPS, 2008), targeted prevention with this group has been one of the mainstays of the HIV prevention work. The main components of a successful intervention package have been behaviour change communication, access to products like condoms and lubricants and access to sexual health services. When this is combined with community led strategies like peer education and outreach, it contributes to increased success. (Vuylesteke, B. and Jana, S., 2001).

Exercise: Risk and Vulnerability Assessment

Objective:

Learning Objective:

To help counsellors understand concepts of risk and vulnerability in relation to HIV and the role of behaviour change in HIV prevention

Specific Objective:

To help participants understand how different factors contribute to a sex worker's risk and vulnerability

Process:

On index cards, write out certain descriptions of people with a certain sex work profile. Ask participants to decide the extent of their risk.

Examples of individual profiles could be:

- Older street-based sex worker who has five to 10 clients a week, is in regular touch with the programme and always uses condoms.
- Lodge-based sex worker with high client load. Has to use alcohol frequently with her clients.
- Young brothel-based sex worker with high client load. Has just started being in contact with the prevention programme and is receiving condoms from peer educator
- Part time home-based sex worker who is now living with a single partner for the previous year. Has stopped seeing other clients. Does not use condom regularly since she is now with a single partner.



- Older sex worker who is in a poor financial situation with very few clients.
- Married woman who is involved in part time home-based sex work. Is too scared to be involved with prevention programme and to access condoms.
- Street- based sex worker who has been picked up recently by police and gang raped.

Facilitate a discussion on why the group has decided on a certain risk level for each person. Help participants reflect on different client factors like age, access to information, etc and how it impacts on risk and vulnerability. Help participants identify vulnerability factors, for instance, economic situation, information on risk, capacity to make decision, capacity to negotiate for safe sex. At the end of the session, sum up the different factors identified by the participants which affect risk and vulnerability.

Behaviour Change and HIV Prevention

HIV is primarily a behaviourally transmitted infection. In the absence of viable bio-medical prevention alternatives like vaccine and microbicide, effective behaviour change communication remains the most effective prevention method (Global HIV Prevention Working Group, 2008).

The success of behaviour change interventions depends on the both the context of the target group and the milieu in which the intervention operates. Focusing only on behaviour change, without taking into account social norms which shape behaviour or structural issues which pose barriers, would make behaviour change interventions ineffective.

A review of different successful programmes identifies certain common features which contribute to success. They can be described as those which

- Affect knowledge as well as attitudes and practices: It helps a person to not just know about HIV transmission but also understand his/her own risk and also motivates them to start practising safe behaviour.
- Address Social Norms: It addresses not just the individual behaviour but also the social dynamics which influence the behaviour.
- Ensure access to prevention technologies and commodities like condoms, safe injecting equipment.
- Specific to the context: The behaviour change intervention acknowledges the multiplicity of contexts and adapts to suit the context.
- Simultaneous interventions addressing multiple issues, interventions targeting individual behaviour as well as social norms, and interventions to ensure wider access to prevention services like condoms or STI services

Theoretical Models to Understand Behaviour Change

Health Belief Model: *Postulates that health behaviour is determined by perceived threat, perceived benefits of treatment, perceived barriers, internal and environmental cues to action, self-efficacy of the individual and other socio-demographic and psychological variables (Rosenstock, Strecher and Becker, 1994)*

AIDS Risk Reduction Model: *Identifies three stages in changing behaviour, specifically related to sexual transmission of HIV and hypothesises different influences in each stage. The three stages are recognition and labelling of one's behaviour as high risk, making a commitment to reduce high risk activities and increase low risk activities and taking action (Catania, Kegeles and Coates, 1990).*

Stages of Change Theory: *Used largely in the area of behaviour change in addiction. Initially developed in the context of behaviour change among smokers. The different stages include pre-contemplation, contemplation, preparation for change, action and maintenance (Prochaska, DiClemente and Norcross, 1992).* ...continued

(continued from page 67)

Theory of Reasoned Action: Postulates that behavioural beliefs influence attitude and normative beliefs influence subjective norms. Together these attitudes and norms shape an individual's intention to perform a behaviour. This intention is considered the best indicator that a desired change will occur (Fishbein, Middlestadt and Hitchcock, 1994)

All cited from (FHI, 2004)

- An adequate scale involving coverage, intensity and time
(Source: Global HIV Prevention Working Group, 2008)

Approaches to Behaviour Change

HIV prevention interventions primarily look at three main strategies for reducing risk. The core strategy can be chosen based on the target group.

The Risk Elimination Approach: Focuses on completely eliminating risk behaviour. For instance, programmes which promote abstinence from sex or drug use. While this promotes safe behaviour where risk is completely eliminated, it is not really practical on the whole. For women in sex work, when sexual service is the occupation, abstinence or reducing partners is not a viable option.

Risk Reduction Approach: This acknowledges that certain risk behaviours are inevitable, but seeks to limit the risk by promoting certain safety precautions. This is far more suitable for sex workers. It includes condom promotion, promotion of alternate safer sex practices, regular screening for STIs and promotion of sexual health seeking behaviour.

Harm Reduction Approach: This approach is promoted specially for substance users. Rather than focusing on all or nothing approach, it acknowledges that behaviour change is incremental, and any little change is positive and needs to be acknowledged. The focus is therefore on minimizing harm, during the process of behaviour change. This may consist of substituting substances causing less harm, providing safe injecting equipment, etc.

Stages of Behaviour Change

Behaviour change does not happen at once but is a process. The client goes through certain stages during this process. The Centre for Disease Control (1993) lists the following stages in behaviour change, which can be used as a tool for the counsellor to assess the client situation and plan the support accordingly. Clients proceed through these stages at differing phases and some clients may pass through these stages many times before behaviour change takes place.

Knowledge/Awareness: The client is aware of the risks regarding certain behaviours.

Significance to self: The client is able to connect the information about the risk to her own behaviour. Once the client is able to see the significance to self, she will be motivated to change that behaviour.

Clients may sometimes deny that their behaviour leads to risk. For instance, a woman in sex work may want to keep her identity hidden and



therefore deny the risk behaviour. In these circumstances, the counsellor will need to build trust with the client, which helps her to start reflecting internally on her risk.

At other times, clients may accept their risk but also feel helpless about reducing it. For instance, a street based sex worker may feel that since she is always vulnerable to sexual assault, there is no point in minimizing risk during paid sex. In these circumstances, it is important for the counsellor to strengthen the client's feeling of self-efficacy and help her identify ways in which she can change her behaviour and environment.

Cost-benefit analysis: Any change in behaviour involves pros and cons. The counsellor needs to help the client thoroughly understand the costs and benefits of current behaviour and of the expected changed behaviour. This will help the client identify the greater benefit involved in making the change in behaviour and will also help her identify and prepare herself for any disadvantages or losses which may occur as a result of changed behaviour. For example, a sex worker who has got into the habit of drinking alcohol may not want to give it up, despite the fact that it exposes her to risk. But she may decide not to drink with certain clients where unsafe sex is more a possibility.

Capacity building: This is the stage of preparing for behaviour change, where both knowledge and skills necessary for the behaviour change is developed. For sex workers, this includes thorough understanding of risk reduction behaviours including condom use, use of lubricants to reduce dry sex, alternate safer sex practices and also developing skills for assertive behaviour, which can help in negotiating safe sex.

Provisional try: In this stage, the client tries to achieve a step towards behaviour change in her life. For instance, sex workers may start condom negotiation with some clients.

Maintaining behaviour change: With constant encouragement and support, clients can maintain the behaviour change and gradually make it the norm (Centre for Disease Control, 1993).

Exercise: Identifying Stages of Behaviour Change

Objective:

Learning Objective:

To help counsellors understand concepts of risk and vulnerability in relation to HIV and the role of behaviour change in HIV prevention.

Specific Objective:

To help participants understand different stages of behaviour change and identify which stage the client is in to plan the intervention.



Process: Share some of these case scenarios with the participants. Facilitate reflection on which stage of behaviour change these clients are in and how the counsellor can plan an intervention. If time permits, split the group into pairs and ask them to role play each of these situations in counselling and explore how they would handle it.

Case Scenarios

Ms. A is a street-based sex worker. During counselling at the STI clinic, A realizes the need to use condoms regularly. But she feels reluctant to use it with one of her long-term partners, because she feels it will affect their relationship.

Ms. S is a young brothel-based sex worker. She has a high client load. She now realizes the need to insist on condoms but feels that the brothel owner will not permit it.

Ms. R has been coming to the STI clinic frequently with repeat infections. She says she has only one partner and is not willing to discuss condoms.

Ms. M is a lodge-based sex worker. She uses condoms with her clients, but occasionally she agrees to sex without condoms for a higher rate as she feels that she needs the additional income to buttress her financial situation.

Ms. L is a domestic worker, who is occasionally involved in commercial/transactional sex. She has heard about condoms but has not really thought of using them. She feels very embarrassed to go and buy condoms in the shop.

Ms. P is a young sex worker who says that when she asked her client to use a condom, he did not take her seriously. She is frightened to try it again.

Ms. N is a sex worker who has started using condoms recently. She has had to struggle to make her clients agree to use condoms, and so far she has succeeded. She is happy about her ability to negotiate safe sex, but is also scared that she may not always be able to do this.

Risk Reduction Counselling

Risk reduction counselling is one of the most effective strategies to promote behaviour change among women in sex work. It provides the client an accepting, one to one space, where the woman in sex work can understand the extent of her own risk, and consciously plan to reduce it in different ways. Risk reduction can occur in different contexts, in STI clinics, at ICTC centres, during ICTC or STI camps' etc.

Risk reduction counselling involves the following components : risk assessment, promotion of self-risk perception, BCC to promote safe behaviour and linkages to STI and other sexual health services.



Promoting Behaviour Change

This is the crux of risk reduction counselling. Promoting behaviour change involves helping the client realize the risk to her health and motivating her to change behaviour.

During risk reduction counselling, the counsellor needs to give appropriate information to the client on ways of reducing risk based on their risk behaviour and help the client develop an individualised risk reduction plan.

The counsellor can start by asking for ideas from the client on how she proposes to reduce risk, or initiate the discussion by listing different alternate risk reduction strategies and ask the client which suits them best.

Although condom use is the primary risk reduction strategy for women in sex work, frequently HIV prevention programmes focus exclusively on condom use with clients. However, for the women, condom use with husbands/intimate partners poses different challenges which need to be addressed by the counsellor. As such, counselling cannot limit itself to promoting condoms, but has also to look at promoting overall sexual health and help clients explore different ways of maximising sexual pleasure (Population Council, 2007). These include non-penetrative sexual acts including oral sex and mutual masturbation.

Vulnerability to violence is also another area to be explored with women in sex work, particularly street based sex workers who may be picked up and forced into sexual encounters, including gang rape. The woman may be powerless to enforce safe sex at the point of sexual assault, but the counsellor can help the client assess their own personal safety situation, capacity to avoid or cope with a crisis, self defence strategies, early alert and warning systems, etc. The sex worker collective can also help in minimizing chances of sexual assault by encouraging women to warn each other of potentially dangerous clients and so on. (WHO, 2005).

Post exposure prophylaxis should also be availed. This may need the counsellor to facilitate with regard to where PEP is available, advocate and facilitate its access and provide emotional support to the sex worker to seek it.

Abuse of alcohol and other substances is another factor which increases risk among women in sex work. Alcohol use among women in sex work is due to various factors including expectations from their clients to drink as well as their own perceived need to drink to cope with the stressors. For more information on counselling related to this, see the chapter on counselling in the context of alcohol and substance abuse.

Subsequent risk reduction counselling sessions need to help the client reflect on the extent to which she is practising safe sex. Clients can seldom

Four Principles of HIV Transmission

In order to understand if a particular sexual act has a risk of HIV transmission, the following four principles need to be examined.

- *Exit: Did the virus exit the body of the person with HIV?*
- *Survival: Were the conditions suitable for the survival of the virus?*
- *Enter: Did the virus enter the body of another person?*
- *Sufficient: Was there sufficient viral load to cause infection?*

(Source NACO Manual)



fully adopt a strategy right after getting information. Counselling sessions give them an opportunity to reflect and analyze under what circumstances they are and are not able to adopt safe practices, and modify their behaviour further in order to promote conscious and consistent safe behaviour. For example, if the client has 10 contacts a day with different partners, what needs to be explored is: With how many partners is she using condoms. With whom is she comfortable negotiating for use? Why is she not able to use with certain partners? In what way can this be changed?

It is important that whatever attempts to change the client has already made be acknowledged and appreciated. Clients can sometimes feel helpless about their inability to protect themselves at all times. Such feelings need to be identified and addressed and clients need to understand that change is an incremental process.

It is also important to understand that with a group like women in sex work who have now been the focus of a lot of programming, they have already been exposed to information on risk reduction, to a certain extent. They may thus seek to give socially desirable answers to the counsellor's questions, rather than genuinely discuss their problems. It's only if the counsellor has been able to establish a genuinely strong relationship with the client and build trust with her that the client will be open about her risk behaviour.

Based on these discussions, the counsellor can make a contract with the client on the proposed behaviour change. Opportunities during counselling for rehearsing the behaviour change or being assertive can help client develop confidence in her capacity to change.

Exercises: Risk Game

Exercise 1

Objective: To help them to understand the components of risk reduction counselling.

Process: Analyze the following sexual acts using the four principles of HIV transmission, and classify them into high risk, low risk or no risk activities

- Vaginal sex with condoms
- Vaginal sex without condoms
- Anal sex with condoms
- Anal sex without condoms
- Having unprotected sex with many sexual partners
- Protected sex with multiple partners
- Oral sex without condoms : Female to Male and Male to Female
- Oral sex with condoms : Female to Male and Male to Female





- Rimming
- Sharing of sex toys like dildo and vibrator
- Deep kissing
- Petting
- Mutual masturbation
- Caring for a person with HIV
- Washing private parts with soap, kerosene or Dettol after intercourse
- Unprotected penetrative sex under the influence of alcohol

Exercise 2: Role Play of Case Scenarios

Objective: To help counsellors understand the components of risk reduction counselling

Process: Ask the participants to enact role plays involving the following situations. The role play should include working on a personalised risk reduction plan with the client.

- X is a young brothel based sex worker. She is forced to entertain many clients by the brothel keeper. Not all her clients listen to her when she insists on condoms. She is scared of insisting too much, in case the client assaults her or complains to the brothel keeper.
- Y is a street based sex worker who is now living with one partner. Her partner does not know she is a sex worker.
- Z is a hotel based sex worker. She says most of her clients insist on her drinking with them, and because of this she is not able to ensure consistent condom use.
- A is a community- based part time sex worker. She is a widow and lives with her in- laws. She says she has a problem ensuring she has a regular supply of condoms because she cannot meet the peer educator frequently, and she is too scared to buy them herself.
- B is a hotel based sex worker, who has now found a permanent partner, whom she has begun to love. Her partner has proposed marriage to which she is agreeable. But she feels that there is no chance for a mutually satisfying sex life for them. She feels that if she keeps insisting on condoms, he may get tired of her and go to someone else.
- C is a street based sex worker who has been consistently insisting on condoms. But recently, she has had some unprotected contacts because she desperately needed money. She now feels very frustrated about having done this and thinks using condoms is not really going to help her anymore.

After each role play, discuss the following questions with the group

- What is the risk reduction strategy the client can adopt?
- What are the barriers to this? Which of these barriers are external and which are internal?
- What are the different options available to the client to overcome these barriers?
- What kind of contract can the counsellor make with the client?



Exercise 3: Products to Reduce Risk

Objective: To help counsellors understand the components of risk reduction counselling

Material: Male and Female condom, dental dam, lubricants, penis models

This session is to familiarize participants with different products available for risk reduction. Show each of these products, initiate discussion on why they are useful and how they reduce risk. Discuss their suitability to clients in different contexts. Encourage participants to handle and demonstrate use with the models.

Exercise 4: Buying Condom

Objective: To help counsellors understand the components of risk reduction counselling.

Process: Before one of the session breaks, tell the participants that they will have to go out during the break and buy a condom from a nearby shop.

Once the sessions start, ask the participants how many of them bought the condom. Did they feel hesitant while doing it? Why were they hesitant? How did they overcome it?

Facilitate discussion on how participants think the clients would feel buying condoms or discussing about them with a counsellor? Reinforce the point that these are sensitive subjects and the counsellor needs to demonstrate sensitivity and respect while talking about them.

Building Self-Risk Perception

Every risk reduction counselling session is an opportunity to build and reinforce self risk perception in the women. Self risk perception is important for sustained adoption of behaviour change. As the Health Belief model for behaviour change suggests, it is one of the first steps towards behaviour change. In the case of sex workers, where exposure to risk is inevitable, a high self-risk perception makes her constantly and consciously try to reduce risk in all her encounters. This is because she is motivated by a need to keep herself safe and healthy.

Research among sex workers in south India demonstrates a clear link between high self-risk perception, and use of safe sex practices and consistent condom use with paying clients. However, the same is not always true for a more intimate or long term partner (Jain et al, 2011). Issues involved in negotiating condom use with a client are different from those doing so with a regular, long term or live-in partner. These need to be consciously addressed during risk-reduction counselling so that the client develops appropriate strategies.

While building self-risk perception, the counsellor needs to reinforce the need for consistent safe sex practices with all partners (not just paying

clients). Acknowledgement of the client's efforts to adopt the same and encouragement to maintain this change are critical. Promotion of other safe behaviours like regular HIV testing is equally important.

Linkages to STI services

There are close linkages between the presence of STIs and risk of HIV transmission. Therefore risk reduction counselling needs to screen for STI symptoms, link women to services and promote regular service seeking to manage STIs.

Counsellors need to check with clients about STI history and current symptoms of STI if any, during every counselling session. Since there is a chance that a large number of STI's may remain undetected, because the women may be asymptomatic, the counsellors need to reinforce the need for regular testing and screening for STIs, including speculum examination. Since most STI treatment involves partner notification and treatment (especially if there are regular or long term partners), these also need to be discussed with the women.

Studies are also showing high levels of self-reported gynaecological morbidity among sex workers in India (Population Council, 2007) and the counsellor has to screen for signs and symptoms of gynaecological problems and refer them to appropriate services.

Attitudes and Values during Risk Reduction Counselling with Women in Sex Work

The counsellors attitudes and values impact risk reduction counselling considerably. Risk reduction counselling involves probing on sensitive areas and open discussions on sexual practices, which are difficult for a client to handle initially. If the client is a woman in sex work, she may find it even more difficult to open up to the counsellor if the counsellor verbally or non-verbally displays even a hint of non-approval, negative judgement or prejudice against her. This deters the establishment of effective therapeutic relationships.

Each of the basic counselling values need to be strongly upheld while counselling women in sex work. The counsellor has to be totally accepting of the client and her situation and not expect her to quit her profession. This is difficult for counsellors to do, considering their own socialization and value base which condemns non-marital sex and therefore views sex work as 'wrong'.

Sometimes, counsellors may be accepting of the woman and her right to be in sex work, but disapprove of their constant involvement in risk activities and what they perceive as wilful ignoring of the advice on safe sex

Dos and Don'ts during Risk Reduction Counselling

- *Be open and honest and state upfront that you will be asking sensitive information.*
- *If you are curious about a sexual practice that you are not familiar with, read it up, rather than use this session to educate yourself*
- *Be aware that you are asking these sensitive questions to assess the risk to help the client only, and not to satisfy your curiosity*
- *Guard against words or questions that seem judgmental*
- *Respect the age and context of the client*
- *Use of colloquial language which may sound disrespectful should be avoided*



given by the counsellor. However, any change is an incremental activity, and the client cannot be expected to adhere to all risk reduction strategies at all times. Besides, there may be external circumstances beyond her control. What the counsellor can hope to achieve is to keep her motivated to do it, and understand what kind of barriers deter her from successfully adopting her strategies, and how she can overcome them.

Because of the need to explore multiple aspects of risk and give the client information on different subjects, risk reduction counselling can also easily lapse into information giving or advice mode, with the counsellor ignoring the emotional condition of the client. However, empathy and responsiveness to the emotional situation of the client is crucial. Women in sex work face a variety of stressors in their lives, and HIV risk is just one of them. Even if HIV services provides a limited space and time for counsellors to examine other crucial issues of the client and help them overcome it, an acknowledgement of the seriousness of the other concerns and possible referral to some other support service is crucial.

Exercise 5:

Objective: To build skills in the practice of risk reduction counseling.

Process: To help counsellors understand basic values in risk reduction counselling.

Share the following two transcripts of risk reduction counselling sessions with the participants.

Situation 1

Coun: Namaste Ms.M

Client: Namaste

Coun: How are you?

Client: Fine [smiles]

Coun: Good to see you. You had come 3 months back right? How can I help you?

Client: Yes! Came for RMC (regular monthly check up)

Coun: Yes?

Client: Came to meet doctor.

Coun: Oh! Good. How can I help you?



Client: I want to talk to you about treatment.

Coun: Ah! Good! I remember you had some sores. How is that? Were you able to complete treatment?

Client: Yes, I did. I followed instruction given by you [pause] ... but... [silence].

Coun: I am glad you were able to follow instructions. Did you have any difficulties, while on treatment? Can you share with me?

Client: Not so much but ... [silence].

Coun: That's ok Ms. M. I understand. As we discussed, you needed to practice safe sex and the medicine you were on was also had restriction on taking alcohol. So, how did you feel?

Client: Takes time to respond.

Coun: Must have been difficult for you right?

Client: Yes, but I completed treatment.

Coun: I know you are always prompt in completing treatment but I was it difficult to follow safe sex?

Client: Ah! practising safe sex, (using condoms) is one thing, specially with my partner [silence] and alcohol is another problem.

Coun: I see..

Client: I have told you about my partner. He doesn't like using condoms and he knows I do sex work and I am worried that he will get infection from me.

Coun: I see you are concerned about him. Yes, I remember you talked about it. He knows you are doing sex work and you had planned to discuss with him about STIs and motivate him to use condom. What happened?

Client: I tried telling him but he avoids discussion and says he doesn't like to use. So, I find it extremely difficult to convince him.

Coun: I understand your difficulty. OK, Ms. M, we will discuss how to handle this issue. Can you talk little more about alcohol? It will help me to understand your problem

Client: Oh! This is a major problem for me to take medicine for STIs, you say I should not take drinks while on treatment, but my partner and some of my clients (who pay me well will expect me to drink with them).

Coun: How do you feel that time?

Client: I feel very scared of losing them [pause] ... feel sad. Sometimes angry for getting repeated infection. I feel helpless [silence].



Coun: Definitely. It is natural for you to feel that way

Client: I feel [pause].... I have to be safe from all these infections. I cry sometime thinking if I neglect I may get HIV.

Coun: You told me about your needs of earning money as well as being away from infections but you do you find it difficult to say no?

Client: [silence]...Yes. Money is important for me. As I explained, I have lot of commitments. Moreover, I don't want to lose them.

Coun: OK. Thanks for sharing all your difficulties and dilemmas. Now it is clearer for me. Ms. M, shall we meet again to plan on how to negotiate safer sex with your partner and clients?

Client: OK.

Coun: Thank you for talking to me and sharing all your difficulties till now. I know it is not so easy for anyone to share all personal things with others but you did. I appreciate your openness and trust in me. When shall we meet?

Client: After 10 days?

Coun: OK, fine. I will wait for you ondate ,andtime

Situation 2

Coun: Namaskara Ms.V

*Client:*Namaste

Coun: How come you are here today?

Client: I came to meet you and doctor.

Coun: What a surprise!! Meet me. What happened?

Client: [Silence]

Coun: What happened? What! Same problem? I think you have not taken treatment properly. Is it so?

Client: [Hesitantly] I did take [silence]

*Coun:*Then why are you scared of telling me. Do you have any problem?

Client: Not so much.

Coun: So much means? You don't understand your risk. You are happy to get STI and HIV?



Client: No. [looks anxious]

Coun: You have not taken treatment properly right? Have you used condoms?

Client: Ah! But ... [silence]

Coun: Tell the truth. Don't tell lies.

Client: I have missed some tablets and ... [silence]

Coun: You always do that. When have you taken complete course? That's why you are getting repeated STI's.

Client: I had vomiting and giddiness, so I did not take.

Coun: Did you take alcohol?

Client: Ah... sometimes! I tried avoiding ... [silence]

Coun: That means you have taken alcohol and missed tablets. How do you expect STI to be cured?

Client: What to do, you know my problem?

Coun: What problem? You have to use condoms other-wise you get STI and finally HIV.

Client: OK madam, I will meet doctor and take treatment again

Coun: At least this time you take complete treatment and don't drink till you finish the course.

Client: OK, Madam.

Coun: When will you come again?

Client: Next week.

Reflect on the following questions:

- What kind of attitudes and values did the counsellor reflect in each of the sessions?
- How do you think the client felt after each session?
- In the first session, identify the ways in which the counsellor demonstrated a supportive attitude?
- Why was the counsellor in the second situation not able to demonstrate a supportive attitude?





Training Content for Health Advisors

- *Communication and Barriers to Communication*
- *Active listening*
- *Problem solving*
- *Basic information on HIV and STI, clarification of myths and misconceptions*
- *Referral linkages*
- *Self awareness*
- *Self disclosure and testimonial sharing*

Use of other Strategies like Health Advice as a Complement to Counselling

HIV prevention programmes have effectively used the idea of peer education to reach information and motivate and reinforce safe behaviour. Peer outreach is therefore a critical component of risk reduction although not a substitute for counselling. It can operate in individual or group contexts, however it is not always possible for peer educators to tailor the information to the needs of the client or help the client evolve her own strategies.

It is, therefore, important for counsellors to remain in constant touch with the peer educators, and use their support to motivate behaviour change. However the client's privacy and confidentiality needs to be respected at all time and the counsellor cannot involve the peer educators in the client's issues unless the client gives express permission to do so or has done it herself.

Health advice is another useful component of risk reduction. Health advice can be conceptualised as something in between peer education and counselling. While it is predominantly information giving, it is done in an individual context and the information is largely personalised to the context of the clients. Some peer educators can be selected based on temperament and trained as health advisors. They can then reinforce information on risk reduction, be a constant source of motivation for them and also help in problem solving while reducing risk.

Chapter Summary

Currently, behaviour change is the primary strategy for HIV prevention, and counselling is one of the most effective ways of promoting behaviour change among women in sex work.

Risk reduction is based on appropriate risk assessment. In order to be able to do this, counsellors need to understand different factors which influence a person's risk as well as vulnerability. For women in sex work, their risk is influenced by the specific sexual acts they are involved in, but vulnerability involves many other factors including the women's background, the context of their work, their dependency on the sex work, their relationship with other stakeholders like partners, pimps and brothel owners and their self-efficacy. Risk reduction counselling requires understanding the context holistically and helping the clients evolve suitable strategies.

Risk reduction counselling involves detailed risk assessment, promotion of risk perception, motivating behaviour change and providing linkages for STI services. Behaviour change is a gradual step-by-step process and clients may need time to understand and assimilate new information,



recognize its relevance for themselves and then change their behaviour. There may be different internal and external barriers at each stage which prevents or discourages behaviour change. Risk reduction counselling primarily looks at helping the client develop and adhere to a practical and personalised plan, which helps reduce their risk behaviour.

Basic values of acceptance, non-judgmental attitude, client self determination and emotional responsiveness are critical in risk reduction counselling. This is especially challenging, with a group like women in sex work against whom, the counsellor may have some prejudices. It is also difficult in HIV related service settings, where counselling is expected to be very structured and almost seen as information giving. However, these values are crucial for establishing a genuine relationship with the client, which can motivate change.

While counselling women in sex work, it is useful for the counsellors to work along with peer educators and health advisors, in order to motivate and sustain behaviour change.

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Chapter 5





HIV Test Related Counseling for Women in Sex Work

K. Sulekha¹ and Divya Sarma²

Chapter Overview

Counselling has become an integral part of HIV testing. Counselling in the HIV continuum begins just before diagnosis, with preparations to test. This chapter highlights the importance of early diagnosis through testing and the role of counselling in preparing a person for the diagnosis and life after infection.

It discusses the various models of HIV testing, and some of the ethical considerations while testing. It then deals with pre and post- test counselling, specifically in the context of women in sex work and their needs and expectations from the process.

Learning Objectives

1. To help counsellors understand the different models of HIV testing and some of the basic ethical principles involved in HIV testing.
2. To help counsellors understand the specific needs of a group like women in sex work during pre- test and post- test counselling.
3. To help counsellors gain basic skills to handle women in sex work when they seek HIV testing.

Introduction

Behaviour change in key populations is a complex intervention but has a major effect on the trajectory of concentrated and low-scale epidemics. By definition, key populations predominate in concentrated epidemics but are also present in generalised epidemics, in which they contribute an appreciable and in some cases substantial portion of the epidemic. Early testing has been one of the most effective ways of HIV prevention with groups at high risk and has been intensively adopted in many low income countries, where testing facilities have been scaled up and available free of cost in the public health system. Counselling is also an equally critical part of early testing (Schwartlander et al, 2011).

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Ever since HIV testing has been available, counselling has been a core component of testing. WHO and UNAIDS include counselling as one of the five Cs of HIV testing. These include:

1. Counselling
2. Confidentiality
3. Informed consent, which includes giving information on benefits of testing, implications of result, the right to refuse, and the possible need to disclose to partners, in order to reduce on-going risk behaviour
4. Correct test
5. Connection/linkage with prevention and care services (WHO, 2012; UNAIDS, 2004).

Counselling and testing are seen as both a primary and secondary prevention strategy, reducing risk of exposure to HIV and also risk of further transmission.

Models of HIV Testing

There are primarily three models of testing recommended by UNAIDS and WHO which ensures these critical components.

1. Voluntary Testing : When an adult seeks to know his or her status of his or her own accord
2. Diagnostic Testing : Can be suggested by a physician to a person showing HIV or AIDS related signs and symptoms, in order to aid diagnosis and treatment
3. Routing Offer of Provider Initiated Testing: Can be offered in some situations to clients in STI clinics, TB clinics, centres offering services to populations at risk, ante-natal clinics, etc. Here, it needs to be made clear that even if testing is not sought voluntarily, informed consent is necessary. Clients need to be fully informed about the necessity for the test, the implications of the result and the benefits and drawbacks of testing, and they always retain the right to opt out of testing (UNAIDS, 2004).

The WHO policy clearly rejects all forms of mandatory testing on grounds of public health and only recommends mandatory screening of blood and screening for donors in procedures involving transplant or organs or transfer of body fluids. The policy stresses that counselling and testing should be provided in an ethical manner, in a compassionate setting and with respect for the clients' human rights.



Recently, certain other modalities of testing have emerged. This includes couple counselling and testing, and home/community based testing.

Couple counselling and testing is an effective strategy especially with sero-discordant couples. But it is important to link up the positive partner to appropriate care and support services.

Offering testing services in more accessible spaces near the home and community can help in normalising HIV testing in the community. However, ensuring informed consent and confidentiality in such settings can be a challenge. Especially for groups at risk, like women in sex work, some of whom may not have disclosed their identity as sex workers in their community, testing within a community site poses many problems. There is fear that their hidden identity will be disclosed, and they will face stigma and ostracism from the community.

However, community based testing, backed by intensive efforts to promote the benefit perception of HIV testing can be effective. It allows a wide range of people, whether perceived by the community to be at risk or not, to access testing. In a way, it normalises the epidemic and even allows people whose risk behaviour is hidden within the community to test freely. It promotes testing within a wellness framework and allows for a larger range of people to be linked to prevention and care and support services.

Ensuring Rights Based Approach in HIV Testing

The voluntary nature of testing must remain at the heart of all HIV policies and programmes, both to comply with human rights' principles and to ensure sustained public health benefits. The following key factors, which are mutually reinforcing, should be addressed simultaneously.

1. Ensuring an ethical process for conducting the testing, including defining the purpose of the test and benefits to the individuals being tested; and assurances of linkages between the site where the test is conducted and relevant treatment, care and other services, in an environment that guarantees confidentiality of all medical information.
2. Addressing the implications of a positive test result, including non-discrimination and access to sustainable treatment and care for people who test positive.
3. Reducing HIV/AIDS-related stigma and discrimination at all levels, notably within health care settings.
4. Ensuring a supportive legal and policy framework within which the response is scaled up, including safeguarding the human rights of people seeking services.
5. Ensuring that the healthcare infrastructure is adequate to address the above issues and that there are sufficient trained staff in the face of increased demand for testing, treatment, and related services.

(UNAIDS, 2004)



The Need for HIV Testing

Quick Facts about HIV Tests

The popular test in India, ELISA, which is used in all Integrated Counselling and Testing Centres (ICTCs) is an antibody test that detects the presence of HIV antibodies in the bloodstream. Diagnostic ELISA tests use three different antigens to check for the presence of anti-bodies. Since the body requires time to produce these anti-bodies, there is a window period of six to twelve weeks from the point of HIV infection to the point of sero-conversion i.e. when there are sufficient anti-bodies to be detected.

Western Blot test is another anti-body based test, which in recent times is not used much, because it is significantly more expensive. It is used as a confirmatory test.

PCR test checks for the genetic material of the HIV virus itself. The window period is shorter, about two to three weeks. However, this is a more expensive test to perform and not suited for rapid testing.

Rapid oral tests: This is an oral antigen test i.e. detects presence of antibodies in the saliva. It is considered a more convenient option which allows people to test privately. This has recently been approved in the US, but home based testing, without counselling is not yet approved in India.

From a public health point of view HIV counselling and testing, particularly among a group at risk like women in sex work has benefits both as a primary and secondary prevention strategy. This is why it has been promoted intensively and is both widely available and free of cost in middle and low income countries, where, however, the uptake of services has still been reported to be low. According to UNAIDS, among 45 countries where specific data was available on sex workers, the median proportion of sex workers who were aware of their status was 38 % (UNAIDS, 2009). A review of literature of testing policies and practices among 22 countries in the Mediterranean region found that between 1995 to 2008, only 4 % of the groups at risk had sought a HIV test (Hernez et al, 2010).

The decision to test among groups at high risk is mediated by many factors like self-risk perception, self efficacy, existence of social supports, and fear of violence. A study conducted by INP+ and the university of Toronto identified many health system related, counsellor related and individual related barriers to testing among groups at high risk in Chennai. Barriers in the health system included insensitive and rude staff, complicated processes of registration in government hospitals, inaccessible sites for testing and restricted hours for testing. At the individual level, among women in sex work, the barriers included fear of abandonment by partners/spouse, fear of losing respect of the children if sex worker identity gets disclosed, fear of coping with a positive result and lack of supportive social and peer norms for testing (India Network of People Living with HIV, 2008).

Benefits of testing for women in sex work

For women in sex work, HIV counselling and testing is the gateway for care and support services. In an era when ART medicines are freely available, early detection is crucial to ensure that a person is able to draw full benefits of ART. It also encourages positive prevention and positive living practices, and helps the clients make informed decisions about their future.

For a group like women in sex work, many of whom are now covered by HIV prevention programmes, HIV counselling and testing is also a way for allaying their anxieties. Many of the women are aware of the risks they are constantly exposed to, despite their best efforts at risk reduction. There is thus a lot of anxiety even before coming for every test, and the women are aware of the implications of the result.

Pre-test counselling for women in sex work

Generally, pre-test counselling is seen as the space where the counsellor can give the client complete information on HIV, the nature of the test,



the implications of result , the concept of window period and the need for subsequent testing. They can also obtain informed consent for testing. The counsellor can also ask the client the implications of a positive and negative test result for them, and help them plan to cope with both situations.

Pre-test counselling involves much more than just information giving. Especially for a group like women in sex work, many of the community members are already aware of the basic facts of HIV and HIV testing. They may even be repeat testers. Hence, while counselling it is important to focus on emotional state of the client, rather than just give information. In fact, if the counsellor feels that the client already has correct information related to HIV, repeating the information, as per a given format is actually disrespectful to the client and ignoring her own knowledge and capacity. Typically, women in sex work seek voluntary testing in the following contexts. In each of these contexts, there is emotional distress which also needs to be addressed. Not all these situations can be handled in a pre-test scenario, given the pressures of time, lack of privacy and limitations of the counsellor. But the counsellor can still provide some support to overcome the distress and also make an effective referral .

The situations where a woman in sex work seeks testing are

1. When she knows there was a chance for exposure.

This could be due to various reasons. She may have faced some form of sexual assault or forced into the act. She may not have been able to negotiate condom use with a particular client. She may have been under the influence of alcohol or other substances.

Each of these circumstances could also lead to emotional distress. A woman who has been sexually assaulted has undergone emotional trauma which needs to be addressed. A woman who has not been able to negotiate condom use with a client may feel frustrated over the lack of control over her own life. Such frustration can build up and lead to progressively increased risk taking.

2. When she hears about positive diagnosis of a client or of another sex worker with whom she has shared clients.

Hearing about positive diagnosis of a partner or a partner's sexual partner can be another reason why women seek testing. In this situation there is lot of anticipatory anxiety.

3. Routine and regular testing

Women who have good understanding of HIV prevention and high risk perception may seek testing regularly. For a group like women in sex work, who continue to face risk and know that in their current circumstances, risk can never be completely eliminated from their lives,



every test can cause a lot of anxiety. The women may also be constantly hearing about other community members testing positive. Again this leads to anticipatory anxiety while testing.

4. Referral by TI programme

The woman may be referred by the TI programme, either for routine testing or if she feels there has been some chance for exposure. Some of the women, despite being referred by the programme, may not want to disclose their identity as a sex worker. Counsellors will need to respect this decision and form a therapeutic relationship based on whatever the client is comfortable talking about.

Exercises: Role Play

Exercise 1

Objective: *Learning Objective:*
To help counsellors gain basic skills to handle women in sex work when they seek HIV testing

Specific Objective:
To help participants gain skills in pre-test counselling

Process: Give the participants the following scenarios to enact as counselling role plays.

Case Scenarios

Ms. N is a street based sex worker. She was recently picked up and gang-raped by a group of five men. She breaks down in the counselling room while recounting the experience.

Ms. L is a peer educator who tests regularly to serve as a model for her community. Recently, she has been caring for one of the community members who was very sick and later succumbed to HIV. She is extremely agitated about what will happen to her and who will care for her, if she tests positive.

Ms. S is a young sex worker who prides herself on insisting on condom usage always. Recently, she has had an encounter, where she was drugged and does not remember if the client used a condom or not. She has suddenly lost all confidence in herself and wonders how she will ever be able to negotiate condom use again.

Ms. N is a brothel based HIV positive sex worker. She has always insisted on condoms with clients as well as her long term partner. But recently, she had one encounter with her partner, where they got carried away by the situation and did not use condoms. She is extremely anxious about her status, and she also feels guilty about exposing her partner to risk.

Ms. K has recently had an unprotected encounter, when the client forced her at knife point to agree to it. She feels she has already contracted the infection and in any case there is no point



in trying to be safe, because there will always be situations when you are helpless and forced to do something.

After each role play, discuss the following questions

- What is the client's emotional state? What are the different feelings and emotions which the client is going through in this situation?
- Within the context of pre-test counselling, in what way can the counsellor support the client?
- Is any referral necessary to help the client overcome this distress? What kind of referral can the counsellor provide?

Understanding support systems of the client

Counsellors also need to look at the support networks of the client. In the case of women in sex work, many of whom may be living in non-traditional households, sources of support are not always within the family. It may be a friend, a peer educator, or a partner who may or may not know their sex worker identity. It is useful to draw a social network map with them, in order to have a better understanding of their immediate social ecosystem.

Counsellors also need to look for and acknowledge the woman's own strength and resilience in overcoming adversity. With women in sex work, many of whom have lived through extremely adverse circumstances and gained capacity and resilience through them, these are significant strengths which can help them cope with a diagnosis. Asking them about how they have coped with difficult situations in the past, highlighting and acknowledging and appreciating their strengths in handling these situations can increase women's confidence in their own ability to cope.

In this section, we saw that pre-test counselling for a group like women in sex work involves far more than just information giving or filling up a format. Rather, it is an opportunity to help at multiple levels – reducing distress, encouraging safe behaviour and building capacity for coping with diagnosis.

Each individual is unique, their risks and vulnerabilities are different, their level of anxiety is different and their capacity to cope with a diagnosis is different. That is why doing this in group settings is not appropriate.



Post Test Counselling for Women in Sex Work

Post Test Counselling: Do's and Dont's

- *Give the result in a calm, clear manner in a space where privacy is guaranteed*
- *Do not make the client wait unnecessarily for the result*
- *Help the client come to terms with the diagnosis first. Although information on positive living, ART, etc need to be given, hurrying into information giving when the client is still shocked by the diagnosis will lead to the client having no time to internalize the diagnosis or understand the information.*
- *Encourage partner notification and couple counselling*
- *Check for possibilities of violence if the positive result is known in families or to partners. Speak to the woman on how she proposes to cope in these situations. Refer to support services, where necessary.*

Post test counselling involves giving the result to the client and helping them deal with the result and plan for their future. Both positive and negative results have implications for future behaviour. In case of a positive result, the client now has to learn to live with a condition that needs positive living practices for survival. In the case of a negative result, the client has to be encouraged to continue with risk reduction.

Wherever possible, encourage the client to bring some close friend or family member for support while coming for the result. In the case of sex workers, this person may not be a family member, but some other sex worker or person from the prevention programme.

Understanding Diagnosis as Loss

For any individual, a positive HIV diagnosis is an extremely distressing situation to handle. Despite HIV having become more of a chronic manageable condition, rather than a terminal illness, a HIV diagnosis means that the person has to make significant changes in her life-style. It has implications for her intimate relationships, her standing within their community, her style of living and her livelihood options. Although life with HIV is possible and can even be of a good quality, in the immediate aftermath of diagnosis, she has to cope with different kinds of losses - a loss of many freedoms in her life, a loss of or significant change within a special relationship, and a loss of aspirations she may have had about her life.

Elizabeth Kubler Ross proposed a five stage model of coping with the reality of imminent death. As such, it can be used to understand a person's mental state after a positive HIV diagnosis. These five stages are not always sequential, and it is not necessary for a person to go through all these stages. The person may also be back and forth repeatedly between certain stages.

Denial: This is generally the first, temporary defence mechanism. There is a feeling that 'this is not true' or 'it is not happening to me'. In the case of HIV, this can be manifest as repeat testing and refusal to accept the result.

Anger: Once the person accepts the reality, there is a feeling of 'why me?' and the person may also look to blame someone else. There is anger, against self, or some significant others. This can lead to withdrawal from significant relationships which could have been a source of support. Among women in sex work, they may withdraw from their peers and community members.



Bargaining: There is a desperate attempt to change their fate. People feel they are willing to give up anything, to change their lifestyle in any way and somehow buy more time.

Depression: Here a person faces the reality of imminent death and feels they need not bother with anything. For HIV positive people, this may mean they don't see any point in adopting positive living. There is a feeling that one is going to die anyway, so there is no point bothering.

Acceptance: This is the stage when the person completely accepts the reality and is open to exploring ways of coping and making the best of the situation. In the context of HIV, the person is more open to adopting positive living practices at this stage.

Thus, we see that coping with diagnosis is a process. It does not happen immediately at the point of diagnosis. In testing settings, counsellors may frequently hurry into giving clients information on positive living, ART, etc. While it is not practical to wait for the person to pass through the different stages, before providing the information, the counsellor can give the client some space and time to internalize the diagnosis, before moving on to information giving.

Elements of positive living to be stressed to the client

- A positive attitude
- Need for follow up with the Anti Retroviral Therapy centre
- Maintaining a healthy diet
- Avoiding risk of exposure to HIV again or to other STIs
- Early help seeking even for minor illnesses
- Accessing social supports available and forming linkages with positive networks

Implications of a Positive Result for Women in Sex Work

As discussed earlier, a positive result has many implications for a person taking the HIV test. In the case of woman in sex work, because of the nature of their lives and the context of their work, there are some specific implications.

1. Fear of disclosure of sex worker identity: Sex workers are not always open about their identity to everyone. There are layers of disclosure and many people among their significant others, including a partner, parent or children may not know of the sex worker identity or current involvement in sex work. The women fear that the positive result will expose their involvement in sex work and they may face abandonment or loss of respect in their families, especially among their children. Disclosure of sex worker identity, to a special partner is also another fear. These partners may be a source of emotional or economic support for the women, and since most of them live in non-traditional relationships with no legal binding, as in marriage, the chances of the partners walking away is very high, if the sex worker identity or the positive status is known.

2. Fear of Loss of Livelihood: For women in sex work, there is an immediate fear of loss of livelihood. The women fear that they will not be able to earn any more since clients would stop visiting them, if they knew their status. This is one of the reasons why women are hesitant to disclose status, even within their community of sex workers, or seek assistance from peer educators or other people involved in the TI programme.



3. Anticipatory Grief: Many women in sex work live in environments where they frequently see other community members succumb to HIV infection. Especially in the absence of adequate palliative care services, they see other women suffering before dying. There is thus a lot of anticipatory grief, when they get to know their status.

There are also fears like frequent illnesses and severe side effects of ART which they may have witnessed in other women. There is also a progressive loss of looks and appearance, which again they have noted in other affected woman. Since these are things they value a lot, worked to preserve and indeed is critical for their livelihood, there is a lot of distress over what their condition will become.

4. Anger and Helplessness over their lack of ability to be safe: A considerable number of sex workers are aware of HIV prevention and consciously reduce risk, but their occupation constantly exposes them to risk. For such women, testing positive means that all their efforts at risk reduction were to no avail. There is a lot of anger and frustration over their lack of control on their own life and their inability to be safe. They may also feel that they are going to be judged by their community members because of their inability to be safe.

5. Fear of Stigma: There is fear of stigma, within family, within community and also within the community of women in sex work themselves. Though the women may draw significant support from within their community of sex workers, they are not always comfortable disclosing positive status among them. This could be due to various reasons. They may fear that the other sex workers will judge them for their inability to stay safe and hold them responsible for their condition. There is also fear that other people within the sexual network, a special partner or client may get to know the status, if other sex workers know about it. This is especially true in settings like brothels, where the woman's clients and partners are well known to the other sex workers.

6. Fear of Violence: Women in sex work may also fear violence, from partners and families, especially if their sex work identity has not been disclosed before, and the disclosure of status leads to disclosure of sex worker identity also.

Exercises: Experiencing Loss

Exercise 2

Objective: *Learning Objective:*
To help counsellors gain basic skills to handle women in sex work when they seek HIV testing.

Specific Objective:
To help the participants understand and empathise with loss.

Ask the participants to relax, close their eyes and think of three things they want most in their lives. It can be related to personal or professional life, and it must be the things they desire the most. Ask them to visualise the situation where they have got what they desired.

Then suddenly change the mood in the group by saying all that they have dreamt is no longer possible for them. It is going to be taken away from them, and they will never be able to have it or achieve it.

Ask the participants to reflect on how they feel when they have been told this. They do not need to share their feelings but people who wish to share how they feel can do so. Help them reflect on what this experience has taught them about the feelings of a person who has tested positive, and has been told the result.

This can be an emotionally charged session, so the trainer has to be sensitive to participants' feelings. It may be good to reassure the participants that this was just an exercise, and their dreams are not being snatched away.

Exercise 3

Objective: To help participants understand the importance of confidentiality

Divide the participants into pairs. Ask each of them to think of a situation where they had shared a secret with somebody, and that person had spoken about it to someone else, intentionally or otherwise, without consideration for their feelings. Ask them to share with their partner about how they felt when they got to know about this. Make it clear that the secret itself need not be shared, but their feelings when the confidentiality was breached should be shared.

In the larger group, ask the participants to list what were the different feelings which were told to them by their partners on how they felt. Write down all the different feelings which emerge on a chart. Summarise the different feelings at the end. Ask the counsellors to reflect on how they think the clients would feel if this happened to them. Will they trust the counsellor? Will they share their true feelings with them? How will it affect the counselling relationship?

Exercise 4

Objective: To help participants understand the importance of confidentiality

Share the following case scenarios with the participants. In each of these situations, what are the kinds of feelings the client experiences when hearing the diagnosis? In what way can the counsellor support them? If



time permits, enact them as role play counselling situations.

- Ms. K has visited five centres in the past and received a positive diagnosis. She refuses to believe her result and has come again for testing.
- Ms. N is a peer educator who has been a model in her community. She tests every three months to encourage other community members also to test. She has now tested positive.
- Ms. L is a home-based sex worker, who has been supporting her children with the income derived from sex work. Her children do not know of her involvement in sex work. They are now adolescents. She has now tested positive.
- Ms. M has been referred by the TI programme. But she refuses to acknowledge her identity to the counsellor. She has tested positive.
- Ms. B is the president of the sex worker CBO in her district. She has represented their concerns at various state and national level discussions. She has now tested positive.
- Ms. C has come for testing, with her current partner waiting right outside the centre. He has come to know of her involvement in sex work and wants to know her status. She fears physical violence from him, if she tests positive.

Referrals

One of the critical functions of test related counselling is to make referrals to other support services. Some of these referrals are routine, like that to the ART centre for registration. The counsellor can also refer to other social services, based on the client's needs.

Some of the issues to bear in mind while making referrals, especially for women in sex work are discussed below.

The counsellor needs to understand both the need and comfort level of the client in accessing the services. Some of the women may not want to access certain services which are available to them, because they don't want to disclose their identity. The counsellor can provide information about the service, but not force them to avail it.

The counsellor also needs to understand the location preference of the client. Specially while referring to ART centre, etc, although there are specific guidelines on where a person must register for ART, the counsellor needs to explore the preferences of the client. The woman may or may not want to register in a place close to her home. She may not want people from her community of sex workers to know her status. All these need to be considered while referring her to the centre.



It would also be ideal if the counsellor has an idea of attitude of service providers in the places where the referrals are being made. HIV itself is a stigmatising condition and even in places where HIV specific services are provided, groups like women in sex work and sexual minorities are further marginalized. Avoiding referrals to places where service providers are discriminatory or at least prepare the client to handle potential discrimination in such places can be useful.

Maintain a record of the referral. Assure the client of confidentiality of all records.

Disclosure of Status

Disclosing status of HIV to family and partners is just as difficult for sex workers as it is for any other person who has tested positive. In their case, there is the additional factor that the positive status also reveals their identity as a sex worker.

One of the biggest barriers to disclosure is the fear of violence, both physical and emotional. This could be from the partner and sometimes even from children. Counsellors need to assess the situation in order to see if there are such possibilities and support the client to avoid them.

Reasons for disclosure for these women are also similar to the reasons why other positive people choose to disclose: concern for the health and wellbeing of a partner, expectation of support from the other person, need for support at a critical time, for instance while starting ART or when one is very sick and needs care, and the need to enforce safe sex practices with a special partner.

During counselling, it is important to encourage disclosure to the partner, especially if the woman has any specific long term partners. If the client is unwilling to disclose at that point of time to the partner, the counsellor needs to help her come up with and rehearse a risk reduction strategy which she can use with the partner.

Disclosure of status is discussed in greater detail in the chapter on counselling positive sex workers.

Chapter Summary

In this chapter, we discussed the different models of HIV testing, and highlighted the importance of consent and counselling in all forms of HIV testing. We specifically looked at the needs of a group like women in sex work, when they come for pre and post- test counselling. It is important for counsellors to be aware of the circumstances of the women in sex



work, and be sensitive to cues of emotional distress from the client. For women in sex work, seeking testing has different implications for their life, compared to any other group which is not so constantly exposed to risk. A positive result also has different implications for them. A counsellor has to be sensitive to these, while engaging with them.

The women also generally have some level of understanding on basics of HIV prevention, testing, etc. Hence, it is important for the counsellor not to get stuck with an information giving mode but to respect and build on the client's existing level of understanding and focus more on the emotional situation of the client, and help her plan for the future.

A lot of HIV related counselling including test related counselling has now become very structured, which limits the role of the counsellor to just giving information or filling up a checklist. Among women in sex work, who are constantly exposed to such structured checklists, they may very soon realize the limitation of the counselling and disengage themselves from the process. This affects willingness to listen to and act on the information given. Hence it is extremely important for the client to demonstrate core values like client-centredness and an understanding of the client's emotional state.

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Chapter 6





Counselling Positive Sex Workers

Sanghamitra Iyengar¹

Chapter Overview

This chapter looks at the life-situations and issues faced by women in sex work who are HIV positive and the understanding, empathy and competencies needed in counselling situations to support them. It is rooted in HIV Life Stage Counselling processes, and focuses especially on dual stigma, identity and disclosure issues, dilemmas around stopping or continuing sex work and positive prevention. It also includes concerns around the decision to start ART and its implications, access and adherence issues related to ART, challenges of substance abuse, partner severance and rebuilding social support structures. It helps counsellors to understand the complexity of the dual identity of being a sex worker and an HIV positive person and examine the core counselling skills needed. Areas that have been covered in other chapters such as testing, violence, stigma, substance abuse and mental health will not be covered in detail.

This chapter also looks at the needs of counsellors from four different backgrounds who may be called upon to counsel positive sex workers: HIV positive women in sex work; women in sex work who are not HIV positive; HIV positive women or men who are not sex workers; professional counsellors who are neither sex workers nor HIV positive.

Learning Objectives

1. To help the counsellor have an insight into the dual identity of a being a sex worker and also an HIV positive person and the situations arising from that.
2. To help the counsellor understand the special counselling needs of an HIV positive woman in sex work in the continuum of HIV counselling
3. To help the counsellor to examine her/his own position, values and beliefs vis a vis an HIV positive woman in sex work

The Issue of Dual Stigmatized Identities of HIV Positive Women

My mother knows that I am HIV positive, but she does not know that I do sex work; my brother suspects that I do sex work, but does not know about my HIV

1. Director, Samraksha

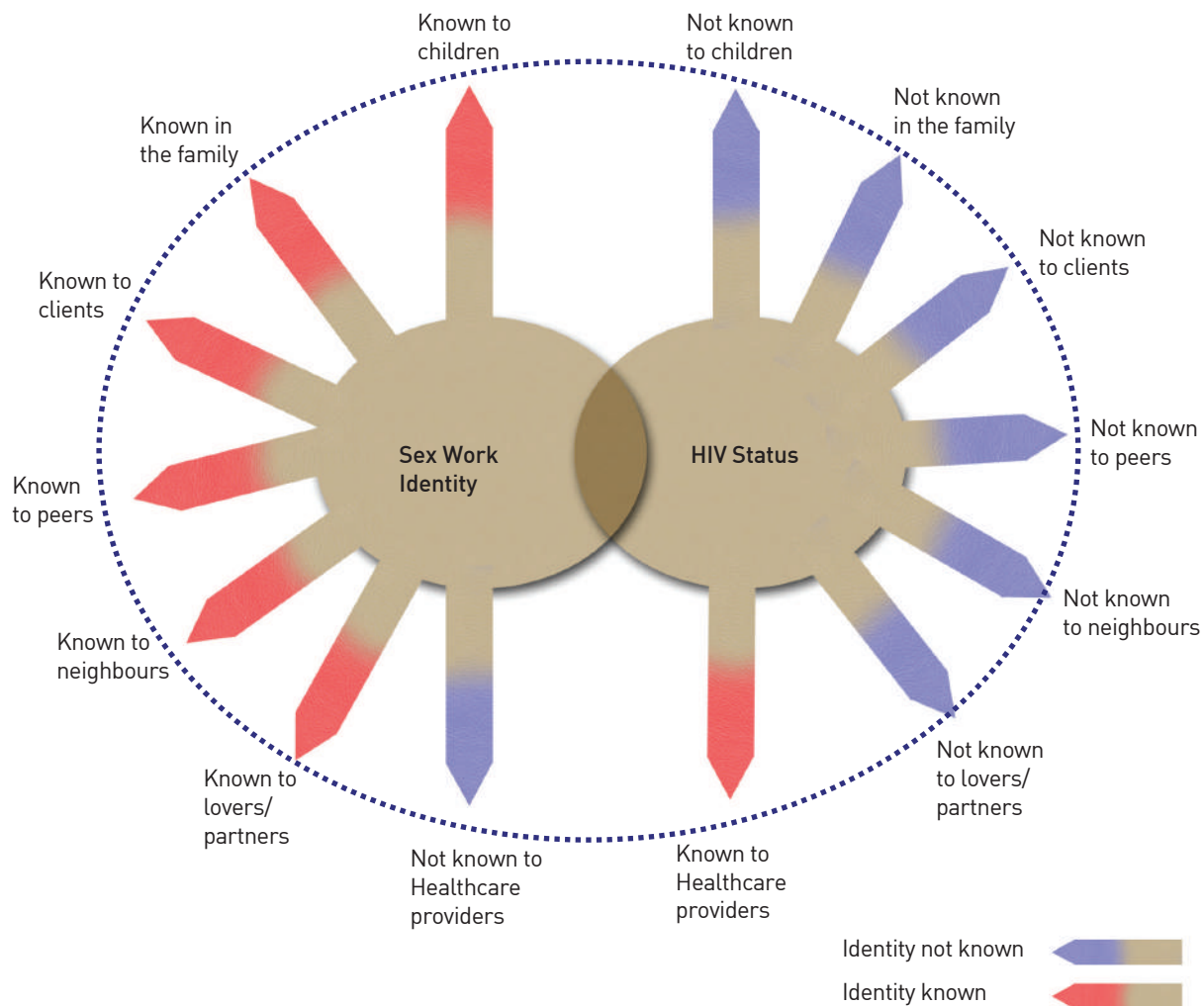
status; my regular partner knows that I have other partners and I do sex work, but he does not know about my HIV status; my friends in the CBO where I work as a peer educator, of course, know about my sex work, but I have told no one there about my HIV status. I worry about it all the time. What if each finds out about the other part of the story? It will be the end of my life. A positive sex worker working in a CBO, living with her family.

This section will discuss some of the special issues concerning women in sex work who are HIV positive.

Dual Identities and Disclosure

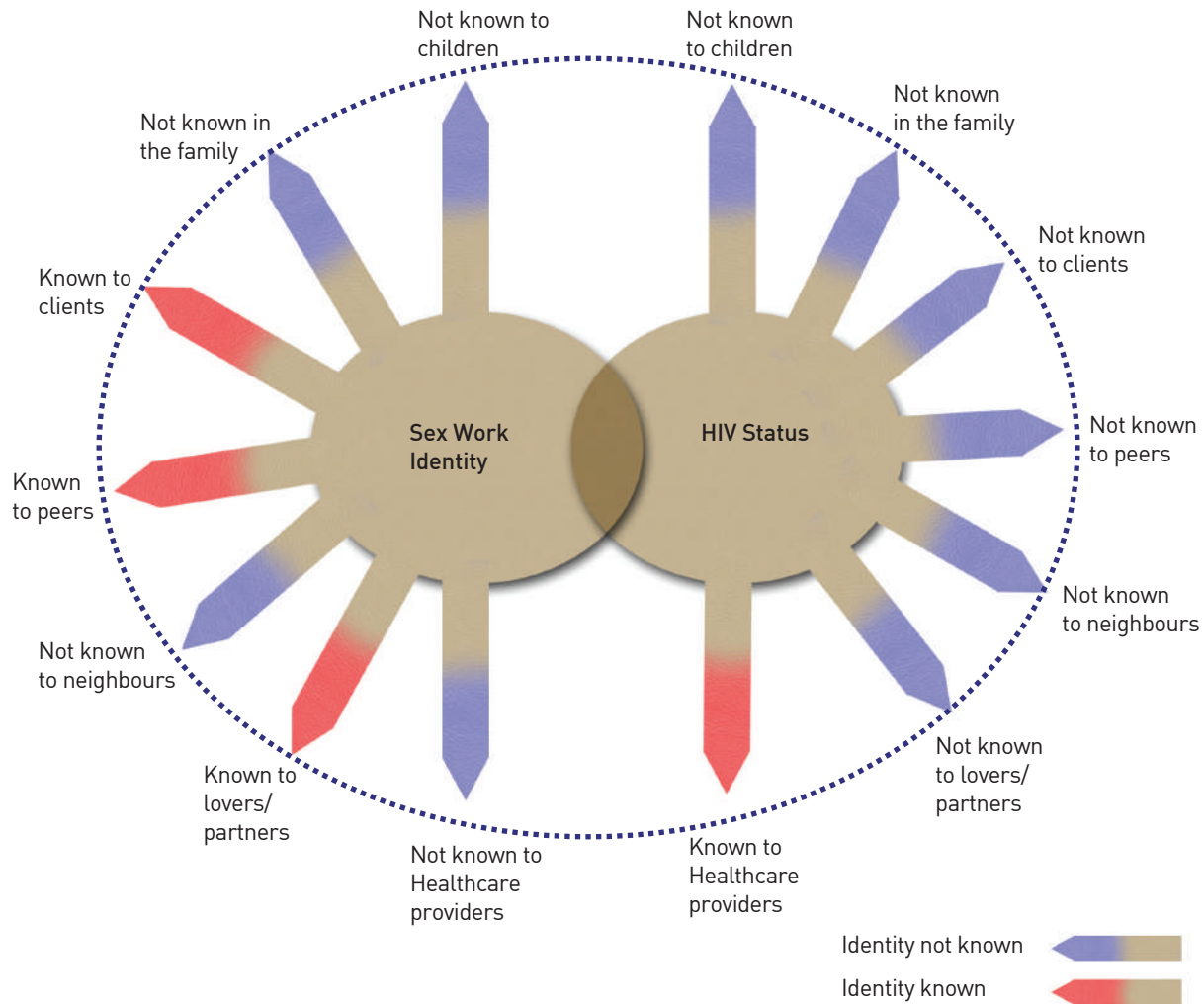
One of the major areas of stress is around identity disclosure. For brothel-based sex workers or devadasi sex workers, their sex work identity is known in the place they live, and sometimes in their families. Often, it is also known to the health care providers, but just as often not shared with them. The stigma - both perceived and enacted - is mainly related to the HIV identity (Pillai et al, 2012). Among these women in sex work, the HIV identity is largely kept hidden.

Brothel-based or Area-based Sex Workers



In the case of community based sex workers who have not disclosed the sex worker identity to anyone except their clients, sexual partners and some peers, both identities are largely kept hidden. The health care providers would know the HIV identity and if they have been critically ill, the family may know as well.

Community-based Sex Workers



In a study of stigma experienced by HIV positive women in Ontario, Logie et al (2011) found that the stigma women in sex work experienced was at multiple levels. Tracing the stigma through micro, meso and macro levels, the study found that at the micro level, there was loss of friendships after disclosing HIV positive status and / or sex work involvement. It found that most sex workers did not tell their families for fear of being judged. These experiences of 'internalized and enacted' stigma led to low self-esteem and kept up a constant fear of disclosure. At a meso level, it was found that having more than one stigmatized identity led to social exclusion and ostracism. At the macro level, HIV positive women including sex workers reported discrimination and reduced access to care in social services.



Key Points

1. The dual identities of sex worker and HIV positive women combine to produce a high level of stigma.
2. Women somehow manage one stigmatized identity, but find it very difficult to manage both.
3. To avoid being stigmatized, positive sex workers strategically select disclosure of different identities selectively in different settings

They reported labelling and running various tests against consent on disclosure of sex work identity.

A workshop that mapped stigma with women in sex work in Karnataka, Pillai et al (2012) had very similar findings. Women in sex work mapped stigma at home and found that the manifestation it took included taunting, blaming, isolation and neglect. There was also exclusion from family decision making. At the community level, being subjected to gossip, distancing and withdrawal of social support were some examples of enacted stigma that the participants reported.

Juggling these hidden and open spaces of identity to avoid stigma and ostracism was a daily stress. As some of the women from Uttara Karnataka Mahila Okkoota, a federation of women in sex work in Karnataka, said,

Fear of disclosure travels with me every day of my life. When I am walking in the market, when I am sitting in the bus, when I am going out with my children, when I attend a wedding, I am always looking over my shoulder, afraid that someone will point to me and say I am a prostitute.

I will not take ART medicines in my district. If my community members come to know, it will not be long before it gets to my client. That will be the end.

However sick I am, I always dress up and pretend to be ok, otherwise the other women start suspecting that I am positive and hint to my clients.

Exercises

Lucy is a 35 year old sex worker living with her 15 year old daughter. She was diagnosed as being HIV positive 4 years ago when she tested privately. Although she has been referred to the ART Centre by the counsellor, she has not gone there. She keeps promising to go but does not. She has not told anyone in the TI about her HIV status.

Ask counselling trainees to role play this scenario. The task for the counsellor is to elicit information that helps him/her to understand why Lucy has not registered at the ART Centre or sought treatment.

Discuss what underlying disclosure issues surfaced in the session.

Life after HIV: Special Needs and Focus Areas for Counselling Positive Women in Sex Work

The table below examines the additional issues faced by HIV positive women who are sex workers, by HIV life stages. However, all sex workers living with HIV may not go through all these stresses and in the same life stage. Fear of disclosure and the resultant stigma, acts of discrimination and subsequent rejection and isolation, however, seem to touch most women in sex work and are present throughout their life.

<i>Additional concerns for positive sex workers</i>							
		Fear of abandonment by partner	Anxiety about disclosure	Anxiety about rejection		Anxiety social support	Anxiety over financial arrangement for children
	Increased anxiety	Fear of disclosure to partner	Substance abuse	Concern for protecting lovers	Dilemma around starting ART	Anxiety about partner abandonment	Anxiety to reconnect with family
	Violence/coercion/vulnerability	Increased stress about safe sex	Increased sex work	Increased substance abuse	High anxiety depression regarding drop in CD4	Anxiety about self care	Anxiety about disclosure affecting children future
High Vulnerability/and or high risk taking	High Vulnerability/and or high risk taking	Dilemma regarding continuing sex work	Concern about future livelihood	Worry that status will become known	Anxiety over disclosure	Anxiety about disclosure	Concern about health care access
I		II	III	IV		V	
Lack of risk perception	Anxiety over risk	Reaction to HIV test result including anticipatory anxiety	Dealing with stigma	Anxiety at the appearance of OIs	Concern about ART initiation	Depressive mood about loss of body image	1st line not working
		Coping with the diagnosis	Confusion around life issues	Depressive mood about loss of body image	Fear rising from the side effects of ART	Depressive mood about inability to earn	Worry about future of children
		Disclosure issues	Disclosure issues		Dealing with reaction to ART	Worried about side effects	Worry about death and dying
		Dealing with lifestyle changes required				Worry about future of children	Worry about pain
<i>Counselling needs across HIV Life stages</i>							



HIV positive sex workers have to deal with the issues faced by women who test HIV positive as well as the implications of this diagnosis on their life as sex workers. Support for dealing with an HIV diagnosis begins even before testing and has to accompany the person living with HIV right through all their life stages.

From Diagnosis to Treatment

A. Information

Most people living with HIV in India receive some form of post-test counselling at the Integrated Counselling and Testing Centres (ICTCs). However, there are possibilities that for reasons of confidentiality, women in sex work test privately. Here, they may or may not have been supported with post-test counselling. So, when a person comes for the first time to a counselling service with a positive diagnosis, it is important to check whether he/she received any post-test counselling. If he/she did not, that has to be provided. If he/she had received post-test counselling, it is necessary for the counsellor to assess how much of the HIV related information has been assimilated and to bridge the gaps. (See Chapter on Test Related Counselling for Content and Process of Post Test Counselling). Women in sex work who go voluntarily for testing without being referred may not disclose sex work identity. Even those who are referred from a targeted intervention programme may deny sex worker identity at the testing centre. Forcing identity or asking too many pointed questions during risk assessment may lead to denial and dropping out. If the counsellor finds information that point to risk behaviour, counselling for that risk behaviour can take place without insisting on a disclosure of identity.

Some key elements of Emotional Support

- 1. Active listening*
- 2. Providing space to reflect*
- 3. Allowing client to ventilate feelings*
- 4. Addressing feelings*
- 5. Expressing empathy*
- 6. Accompanying through grief or sense of loss*
- 7. Being non-judgemental*
- 8. Helping to reflect*
- 9. Exploring other existing supports*
- 10. Connecting with people with similar experiences, if they are ready*

B. Empathy and Emotional Support

The trauma of an HIV diagnosis shakes anyone receiving it. For women in sex work, as discussed earlier, it impacts every aspect of their life and threatens livelihood, self-esteem, self-confidence, personal relationships, family life and social supports.

Their undisclosed sex work identity and the stigma around HIV diagnosis lead them to keep the HIV status secret. This cuts them away from the social networks that support them in everyday crisis. The period after diagnosis is often described by them as the most lonely and frightening. Although health and the future is a big concern, fear of disclosure - to clients and partners, as well as to family and peers - dominates their thinking. A key need at this time is emotional support. Positive sex workers have described the gains from counselling largely as 'filled me with hope',

'gave me back an interest in living', 'helped to find purpose', 'made me value myself' (*personal sharing in positive sex worker trainings and personal communication, 2011*).

Currently after diagnosis, those testing positive are referred to the ART centre, where they are registered and sent for CD4 testing to check the state of the immune system. If their CD4 is low, they receive ART counselling and are started on ART. If the client has been found to have low CD4 counts soon after HIV diagnosis, much more preparation is required. The client may not have accepted the diagnosis fully. Some time is needed for her to understand the diagnosis, the treatment issues and return to start ART. This is a critical period for the counsellor to accompany her through her concerns, fears and grief, before embarking on 'the action' that is treatment. HIV diagnosis is a 'loss' and there is grieving. There is need to support the client through this grieving process till she can mobilize her energy to take action. Unless this process is followed, starting treatment becomes an externally imposed action which will not help adherence.

There could be another situation. The client's CD4 count is good and she does not need to start treatment straight away. She is asked to return after six months for another check-up. This is a period when the client has to start making lifestyle changes. She may have many doubts and dilemmas and she may need the counsellor's support to work through them. **Post-diagnosis, the critical counselling intervention is building a strong therapeutic relationship**, whereby the client can seek support in the interim six months, when there is no contact with the health service.

If the CD4 is good, the client would need to be supported to develop a plan to maintain the CD4 level. If the client starts on ART, a positive lifestyle becomes equally important. While being empathetic and offering emotional support to the client to adjust to life after infection, the counsellor has to be constantly aware of the psychosocial situation that the client is in. These will need to take into account the barriers posed by fear of disclosure.

The Global Network of people living with HIV came up with a framework for positive health in 2009 that looked at interventions that were needed at the individual level as well as those which were needed for a positive lifestyle to become a reality (see Box). The counsellor should be conscious that the individual efforts for a positive lifestyle need to be supported by an environment that enables it.

Counselling at this stage will involve working with the individual, but also connecting the individual to other support structures that can work on the other needs.

Elements that support a Positive Lifestyle

- Empowerment
- Gender equality
- Health promotion and access;
- Human rights
- Preventing new infections
- Sexual and reproductive health and rights
- Social and economic support.

A Framework for Positive Health, GNP+, 2009



6 ways in which nutrition can improve the quality of life

- *Maintaining body weight and strength*
- *Replacing lost vitamins and minerals*
- *Improving immune function and the body's ability to fight infection*
- *Keeping people healthier longer*
- *Improving response to HIV treatment*
- *Giving people the energy to stay alive*

[Treat HIV Now, 2013]

C. Eating Right

The importance of diet does not receive detailed attention in the health advice component for positive living. It is important for the counsellor to transfer this understanding. It helps clients to realize that the immune system and ART are fighting hard to keep the virus in check and that repeated minor infections deplete the body of energy and nutrients, and that a nutritious diet is critical for replacement of these. Counsellors will need to help the client to assess the eating pattern: what is eaten, how much and when.

The mobility and nature of sex work leads to a lot of eating out with clients in hotels and restaurants. Clean and nutritious food or clean water is not always possible. Knowing that hygiene and nutrition is important and being unable to care for oneself also creates tension and distress.

Counsellors can help sex worker clients to analyze the situation and strategize how to promote self-care in eating, within the limitations they face. For example carrying dates, peanuts, dry or fresh fruits in their bags and reducing what they eat outside is a strategy many women have used.

D. Reducing Consumption of Alcohol and Tobacco

Positive sex workers report the change in life style as the most challenging thing they face after an HIV diagnosis. Alcohol is part of the sexual service environment. Rather than having to explain to clients, sex workers report preferring to face the consequences on health (personal communication in counselling sessions, 2010). Besides, many are already addicted and at such a traumatic phase in their life, they do not feel able to deal with withdrawal symptoms. Women also report experiencing a sense of loss regarding having to give up drinking with the client, which is for them also a pleasurable activity. Another difficulty to manage craving is when one is constantly in an atmosphere where others are drinking.

Counsellors will need to address alcohol and drug use as part of the discussion on positive living. A sensitive area, this could be another part of the life that positive sex workers have not disclosed to many. A non-judgemental approach may help to bring the issue into open discussion. The effect of alcohol on the immune system could be another area for discussion. Other aspects that need to be explored could be safe sex slip ups, vulnerability to violence and threats to ART adherence when in a state of intoxication.

Counsellors would need to explore the past attempts at giving up alcohol or tobacco and the difficulties faced. This could be at a physical/psychological level (craving, withdrawal symptoms) or at a social level (the customer wants the sex worker to drink with him; she needs the alcohol to lose her inhibitions enough for the sexual service). So, rather than a blanket prescription to reduce alcohol to promote positive health, the counsellor

will have to motivate the client to try out different strategies or facilitate referral to a de-addiction service.

HIV positive Sex Workers and Positive Prevention

Risky behaviour by positive people is not the norm. Most of us take extraordinary steps to make sure that we are not infecting our partners, and we're doing so without a whole lot of support. There aren't massive public health interventions out there. There aren't big campaigns supporting us stay safe in our relationships. We're doing it of our own accord.

[Anderson, T., cited in Collins et al. 2000]

HIV prevention programmes have largely focussed on the yet uninfected. While post-test counselling does cover safe sex, it has been largely prescriptive. The positive prevention movement advocated those who are positive to take a greater responsibility for HIV prevention. However, AIDS activists felt that simply shifting the entire burden of responsibility on positive people was not the answer. The prevention strategy that could help people with HIV to take measures to avoid exposing others to infection had to be far more nuanced and comprehensive (Alliance, 2003). People living with HIV did want to protect others from acquiring the infection, but they needed support to overcome the barriers posed by their lives and circumstances (Global Network of People Living with HIV/AIDS, 2011).

I want my partner to be safe, I love him, I need him... I don't want him to be infected. I have been able to persuade him about condoms for the past few months, but I don't know when he will insist on not using condoms. But I am so afraid to tell him my positive status, as he will surely leave me and I cannot live without him. If I don't tell him and he finds out, I do not know what he will do to me. I cannot eat or sleep, I just don't know what to do.

This distress of a recently diagnosed woman in sex work sums up the complex life situations that HIV positive sex workers live in. Interpersonal relationships, gender power differentials, economic and social support needs often conflict with a desire to protect partners from exposure to infection.

The Global HIV Prevention Working Group (UNAIDS, 2010) recognized this in their new policy framework that expanded positive prevention to Positive Health, Dignity and Prevention. Taking action around HIV transmission, it was recognized, requires complex skills: effective communication, negotiation and decision making skills on the one hand and an environment of equal gender power, and social supports on the other. Without support and security to ensure these, expectations around disclosure of status and insistence on safe sex practices are unrealistic.



Studies have shown that a majority of the people with HIV remain sexually active after they learn that they are HIV positive. Studies also show that while most adopt safer sex practices soon after diagnosis, unsafe sex has also been reported in a number of people living with HIV (Diclemente et al, 2002; Wolitski et al, 2005). A study of positive sex workers in North Karnataka (Jadhav et al, 2012) found that only 32.9% consistently used condoms with their cohabiting partners. The study also found that older sex workers and those who changed their occupation after knowing the HIV diagnosis (but still serviced old clients for survival) were found to be less consistent with condom use than others. Thus, positive sex workers with poorer access to treatment, recurring health issues, and decreased customers for sexual service, find safe sex negotiation more difficult. Even where their partners could be HIV positive, since there is no disclosure on either side, the chances of superinfection (getting infected with another strain of HIV) or STIs are high.

What is Sex Positivity?

It is "an attitude towards human sexuality that regards all consensual sexual activities as fundamentally healthy and pleasurable, and encourages sexual pleasure and experimentation."

(Wikipedia, Sex-positive movement)

For many sex workers, becoming positive adds to their self stigma and low self esteem. Socialized into believing that sex work is 'immoral', 'wrong' or 'dirty', they slip back into such thoughts. This is despite the community empowerment processes which have helped them to see sex work as work with as much dignity as any other occupation. Judgemental positions from care providers, advice to practice abstinence or give up sex work, reinforce the feeling that what they are doing is bad. This can increase low self-esteem and low self-worth, which in turn lead to poor self-care, including unsafe sex. Positive people's groups advocate Sex Positivity. Since safe sex needs to be practiced under difficult circumstances, exploring and innovating for pleasurable sexual encounters needs to be encouraged.

Counsellors need to provide the space for positive sex workers to talk about how they feel about sex and sex work and whether they are able to provide sexual service as before. Safe sex counselling should go beyond prescription of condom use, to safe sexual activities that promote intimacy and pleasure. Difficulties on initiating condom use with lovers and live-in partners, and strategies to negotiate condom use need to be explored. Consequences of insisting on condom use and their ways of dealing with those consequences need discussion in the counselling sessions. What needs to be kept in mind is that the impact of HIV is not only on her business and partner's pleasure, but her own pleasure as well. This is often overlooked in counselling sex workers. Some space to openly talk about this should be created.

Active listening, a non-judgemental attitude and empathy help to build trust in positive sex workers. They are able to open up on their dilemmas around continuing sex work as well as protecting their partners from exposure to HIV.



Pregnancy and Children

Data from around the world shows that the condom use and safe sex is not always within the control of women in sex work (Rao, 2002; Samuel, 2005). There are different drivers for penetrative sex without condoms: power, violence, intimacy, notions of pleasure. Women routinely get pregnant and carry some of the pregnancies to full term. The inadequate reproductive health services focussing specifically on the needs of women in sex work means that contraceptive advice is limited to condom use. Pregnancies from coerced sex and rapes cause additional traumas including difficulties in being able to care for those children. Advice on contraception is critical.

Positive sex workers may already have children, may get diagnosed when pregnant or may conceive after diagnosis. The counselling needs may differ in each situation. When they already have children, their concerns are their care, their future and also keeping information of the positive status from them. In the last two situations, the counsellor's role is to link them to PPTCT (Prevention of Parent to Child Transmission) services and help the client to deal with their anxiety regarding the child's possible status and the child's future.

Disclosure

Disclosure of HIV+ status is a complex, difficult and very personal matter. Disclosing one's HIV+ status entails communication about a potentially life threatening, stigmatized and transmissible illness. Choices people make about this are not only personal but vary across different age groups, in different situations and contexts, and with different partners, and may change with time, depending on one's experiences. Disclosure may have lifelong implications since more people are living longer, and often asymptotically, with HIV. (CAPS, UCSF, 2007)

Disclosure to Sexual Partners

Counsellors traditionally suggest disclosure to sexual partners. It is believed that planned disclosure is safer than accidental disclosure and that disclosure may bring support. However, in the case of women in sex work, there is great fear of rejection, violence and abandonment. Most women in sex work choose not to disclose and find ways of practising safe sex without disclosure of HIV status. This decision has to be left to the individual. Helping the client to talk through it is useful. Examining past history of violence by the partner, and trying to predict possible reactions and their consequences, can be to a useful tool for decision making. Communication, negotiation and decision making skills on the one hand and an environment of equal gender power, and social supports on the

Concept of assisted disclosure

Self-disclosure—The client chooses to notify a partner him/herself. The disclosure assistance provider guides and prepares the client before disclosure.

Dual disclosure—The client chooses to notify a partner in the presence of a provider. The provider supports the client during disclosure and acts as a resource for the partner.

Provider disclosure (anonymous third party)—The client prefers a professional to notify a partner, and gives his/her provider identifying and locating information for partner(s). This method protects client anonymity.

If they really need to disclose, sex workers usually prefer self-disclosure.

A decision aid on disclosure for those other than sexual partners

Help the client to explore thoughts and feelings around the following questions:

- *Who do you want or need to tell about your HIV status?*
- *Why do you want them to know?*
- *What will they do with the information once they know?*
- *Will they maintain your confidentiality?*
- *How much are you ready to share? Is the person you want to tell ready to hear?*
- *How will it affect the person you tell?*
- *How will they cope?*
- *Who can they turn to for information, support and advice?*
- *When and where should you tell them?*

Suggested by the POSITIVE PREVENTION : HIV prevention with people living with HIV AIDS guide for NGOs and service providers

other. Without support and security to ensure these, expectations around disclosure of status and insistence on safe sex practices are unrealistic.

In a sex work situation, the consequences of status disclosure is far more complex as there are no binding legal or social ties for the partner to remain with them or to provide support after disclosure. Most women look at assertion of safe sex practices as a better option. Some feel that even if the partner leaves because of insistence on safe sex, it is still acceptable to being shamed publicly or the information publicised everywhere. The counsellors need to respect the decision not to disclose status to sexual partner while making all attempts to support the client to practice safe sex.

Beyond sexual partners, positive sex workers may need to disclosure to others. They may need help to explore ways to do it and the consequences.

The questions that they need to ask themselves are:

Disclosure to whom can result in support? Disclosure to whom can lead to harm? In non sex work HIV positive women, it has been found that friends were disclosed to most often and perceived as more supportive than family members, and mothers and sisters were disclosed to more often than fathers and brothers (Kalichman et al, 2003).

Often, if they are single or separated or widowed, disclosure of the HIV identity raises many questions in their friends and family members. It leads to disclosure of the sex worker identity too. Sometimes, in a training programme or in an emotional moment of cross sharing, women reveal their positive status, but this is usually regretted and they do not open up to the group subsequently. Preparation for disclosure is very important. For women in sex work, disclosing to peers is also threat to business interests (Pillai et al, 2012).

<i>Tools to facilitate thinking about disclosure</i>	
<i>People to whom disclosure may be considered</i>	
<i>Difficult and important to tell</i>	<i>Easy and important to tell</i>
<i>Difficult and less important to tell</i>	<i>Easy and less important to tell</i>

Living Positively With HIV: A Follow-up Counselling Toolkit Disclosure (Itech 2008)

Key Points

- Disclosure for sex workers is very complex affecting many areas of their life and includes a threat to dignity, safety and livelihood.
- Most sex workers prefer not to disclose their HIV status to their sexual partners; they prefer to find ways of practising safe sex.
- It is important to help clients to do a cost benefit analysis on disclosure, before taking the step with sexual partners or others.



Exercises

The reasons that HIV positive women who have become positive speakers have given for coming forward to disclose HIV status publicly are :

- confidence in getting support from family/partners
- confidence to handle the consequences of disclosure
- to access support services that are needed
- to take up opportunities that are available for PLHIV's (work , social entitlements, medicines, etc)
- a belief that disclosure will help others (can give testimonies to help others)

ART Counselling

All PLHIV charters call for quality treatment education that is empowering and propels PLHIV into seeking treatment: this includes information on HIV, and how it affects the immune system. It will explain what anti retroviral drugs are and how they act on the virus. It includes alerting the clients about side effects and services that can be sought for any of the side effects. There are a large number of very simple fact sheets with visual aids that are available and the counselor must select ones culturally appropriate and use them to build the capacity of positive sex workers to be knowledgeable about their treatment.

The continuing education on ART and how to self- screen is extremely important. Positive sex workers keep their follow up visits to the ART centres really short as they are worried about being seen there. Even when they are willing, due to the high patient load at these services they may not receive much attention, except being prescribed the next month's dose.

They cannot absorb all the treatment related information at one go, and it is the counsellor's responsibility to facilitate the internalisation of key facts. Several antiviral drugs have side effects that cannot be tolerated by the clients and they may need to be changed. If the client is educated on the symptoms, she can self- screen and seek help, instead of just giving up the drug when she faces problems. For example, people on certain combinations need to have their hemoglobin tested regularly to ensure that anemia (which can be a side effect of one of the drugs in the combination) is caught early, blood transfusions provided if required, and the drug changed, if necessary. Since, severe side effects can seriously affect the quality of life on all fronts, it is important for counsellors to see that positive sex workers can self-monitor and track changes and report back to the doctor.



Concerns around ART: Before and After Starting Treatment

The Future: Livelihood

Another area of stress for positive sex workers is a concern about their future as the disease progresses. They are worried about their looks, their stamina and their ability to earn through sex work. The possibility of information about their status leaking out and loss of clients always hangs over them. Saving and planning for the children's and their own future, becomes a preoccupation. This leads to efforts to increase clients. At the first indication of a drop in CD4 count or minor opportunistic infections, they report a sense of panic. They may, however, not seek help. Reluctance to face health care providers is often cited as a reason. Often local remedies are tried and the visit is postponed as long as possible (Pillai et al, 2012). Finally, when the CD4 does show a drop and they are referred to the ART centre, most of them report a great trauma. They are consumed by fear, anxiety and sadness.

As a peer counsellor, I have supported so many of our women to start ART but when it was my turn, I could not. I just could not accept the fact that I had reached that stage. I cannot tell you what I went through.... I was afraid of the side effects that I had seen in some people. I was afraid of what would happen to my body, how would I look?

How would I go every month to collect the medicines? What if someone were to see me? What if someone from my collective were to see me? I did not want them to know.

Where would I keep it, what if someone found out? How would I have it if I were with a client?

Adjustment to ART: Anxieties and Fears

On starting ART, there are real side effects and adjustment to the drug is required. Fear of disclosure also limits the women's visits to the ART centre to seek help and to clarify doubts. Often support is sought from private practitioners who provide some temporary relief and very often, not even that (Pillai et al, 2012). At the next stage, even after adjustment to ART, there are concerns about financial security and arrangements for their children. They report loneliness, sadness and look for support at this stage.

If resistance to the first line ART drugs develops, there are different reactions. Some lose all hope and begin increased use of substances, or take their chances with any client. Overall, there is poor self-care.

In case, they are unable to access II line drugs in time or they are unable to adjust to the II line regimen, they may need palliative or end of life care



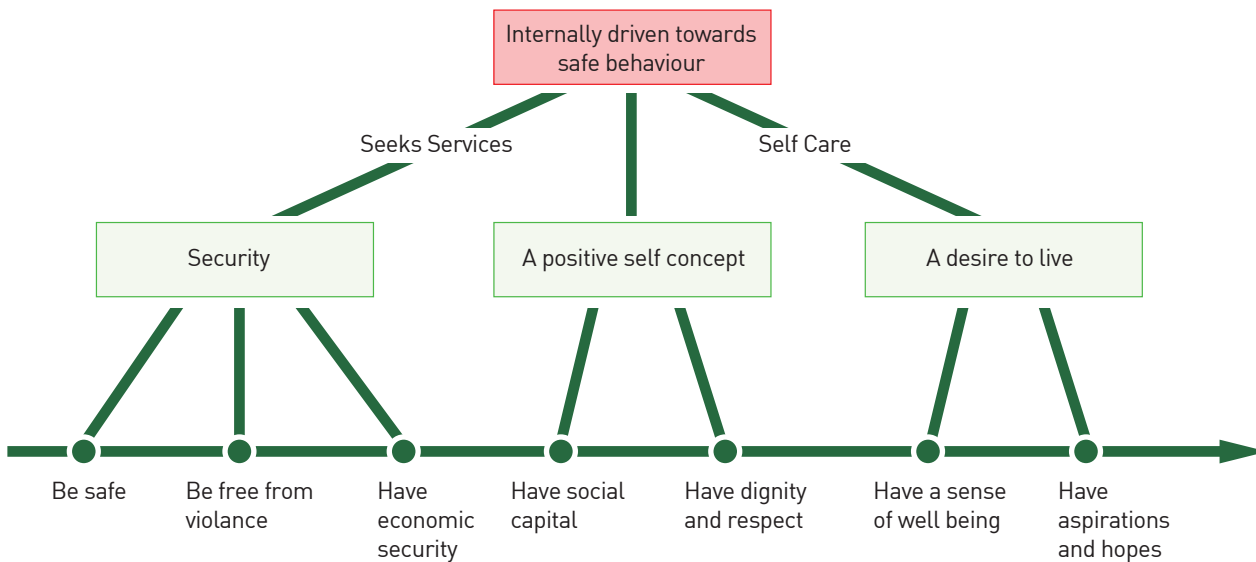
which most often is not accessible to them. They often want to reconnect with their natal family and heal the broken relationship. Linking positive sex workers with palliative cares services, including late stage counselling is a key responsibility of the counsellor at this stage.

In India, despite counselling services available at ICTC, ART centres, within the targeted intervention programmes and within the positive people's networks, there is poor access to life-stage counselling. Counsellors will need to make the shift from an information-focussed directive approach. There needs to be more exploration on what it is for each HIV positive sex worker to start treatment and the counselling needs to flow from that.

Consent, Confidentiality and Choice

The ethical issues surrounding ART treatment need to be kept in mind (see Chapter 11 for details). With the increasing policy focus on testing and treatment as the core programmes (Schwartländer et al, 2011), and provider initiated testing, consent and choice are often bypassed. There are great advantages in ART. It improves the quality of life of the person taking it, and it reduces her viral load and thus the transmission risk to her sexual partner. Yet, counsellors need to remember that every positive person does have a choice. Treatment while most desirable cannot be mandatory, and the counsellor has to ensure that the client has understood all the ramifications of ART: life-long adherence; the possibility of side effects and even resistance. Starting ART has to be a conscious choice. Only an internally motivated decision can keep the person adherent all her life.

Transformational change needs to be internally focussed





Overcoming Barriers to Adherence

Stigma, fear of disclosure, mobility, and a lifestyle where the day is made up of several unplanned events can prove to be barriers to adherence. Since the sex worker's time and mobility is tied to customer demands, a routine is often difficult. In addition to this, many of them are in HIV prevention programmes, where they travel across geographies. There are also sudden meetings and trainings and they need to travel from home without any notice. All this means that they need to have the antiretroviral drugs with them all the time. This itself – carrying it, hiding it- is an area of stress.

There are several adherence support methods. Positive sex workers today prefer telephone reminders more than other aids to adherence such as pill boxes, pill counts' etc.

Lifelong adherence to drugs is extremely challenging. The counsellor has to take into account the difficult circumstances in her life and help her to make a personal adherence plan which factors in all the uncertainties of her situation.

Adherence fatigue of can set in. The counsellor needs a great deal of empathy while doing adherence assessment. He/she needs to be non-judgemental. If the client has missed a dose, the information needs to be received with a non-blaming attitude. Otherwise, the client can lose hope and give up the drug.

Positive Mental Health

Critical aspects of positive mental health for women in sex work who are HIV positive hinges on self-worth and confidence. The counselling relationship of acceptance, non judgementality and building on strengths is the way forward in this area. Linking the client to other social activities and networks that are affirming is important.

Positive sex workers are sometimes open in one identity and joining collectives or community based organizations related to that identity can be of great support. Linking them with other opportunities for self-care and growth (e.g. participation in workshops for on complementary therapies or nutrition or on learning new skills) has been reported to be helpful. (Please refer to the Chapter on Positive Mental Health) Stigma and violence exist in a big way for women in sex work, and these have been addressed in detail in Chapter 8. Similarly the associations of sex work and drug use require very different counselling inputs (please refer to Chapter 10).





Later Stage Issues

As they continue life with HIV, even if they have adjusted to ART, they begin to worry about financial security, their own future, and about arrangements for their children. They report loneliness, sadness and look for support at this stage. Emotional support and infusion of hope at this time is critical. Concrete actions like financial planning and action towards plans relieve anxiety and give a sense of purpose. Making wills about who should take care of their children if they were to fall ill or after their lifetime affords a lot of relief and security.

Linkage with positive networks is very important as it can provide a lot of support.

Key Points

- ART preparedness and ART counselling is a continuum
- Clients cannot absorb all information about ART in one setting
- Time is needed for clients to be able to opt for ART and thus be motivated to adhere, despite setbacks that occur with side effects
- Self-monitoring is critical and counsellors need to build capacity in each of their clients to monitor and track their condition on ART
- Client's need to be told the possibility of opportunistic infections, their symptoms and information on where they can seek treatment for it. This reduces anxiety when it actually occurs and leads to better help seeking.
- Deep discussion on stigma (self-stigma, perceived stigma and enacted stigma) is required and strategies to deal with the stigma when it occurs and social supports which can be drawn on, need to be rehearsed
- Sex workers' special concern related to changes in body image need to be addressed.
- Counselling and emotional support may be needed at different life stages : when I line ART does not work: preparation for II line drugs
- End of life counselling
- Making wills



Exercise: Understanding Life stages in Counselling Positive Sex Workers

Instructions: Break participants into small groups and provide the story given below for discussion.

Duration: 3 -4 hours

Case Scenarios :

Shaila, 35 years, is a community-based sex worker, active in an HIV prevention project. She has three children and has decreased her sexual partners in the last two years as her children are in their adolescence. She has one permanent partner and few repeat clients. Shaila's friend, Gita, 40 years and also a community-based sex worker lives with her permanent partner in the same area. Ten years ago both Shaila and Gita underwent an HIV test and both tested negative. Eight years ago Shaila received information that her friend Gita went for a repeat HIV test and her result showed that she was HIV positive.

After knowing Gita's HIV positive report, Shaila also repeats her HIV test. Shaila strongly believes that she may not have contracted HIV infection. But, her report shows she too is HIV positive. Shaila has great difficulty in accepting her positive status.

Eventually, she starts accepting it and plans for her children's future, saves money and takes care of her health. But no one at home knows her HIV status.

Three years after diagnosis, Shaila starts suffering from severe cough and fever and does not respond to any treatment. She is suspected of having TB and referred for a TB sputum test and CD4 test. Shaila is reluctant to undergo any investigation. Counsellors have great difficulty in motivating her to go for the tests.

After investigations, Shaila is found to have TB is put on TB and ART medication. She has many difficulties with the medication. She has severe nausea, lack of appetite and giddiness. Her partner has not visited her for the last two months. Shaila is unable to take on any clients and also unable to do her daily work at home. Her 17 year old daughter discontinues schooling to take care of her mother and other two siblings. Shaila had dreamt of giving a good education to her children.

Shaila's neighbours start gossiping. Shaila worries about her daughter's security and tries to arrange her marriage. But proposals fall through.

Shaila has now completed five years of life with ART. She has stopped ART due to lot of problems. Doctor at the ART centre suggests that she may have to switch on to II line ART, for which she has to go to the tertiary centre and also get a lot of tests done. But Shaila is not willing to go ahead with all this. She has been found on the roadside soliciting clients. She has also increased her alcohol and tobacco intake.

Task for group

1. To brainstorm and list what would need to be explored with Shaila at different life stages
2. To list the possible counselling needs at each stage.
3. To trace the different ethical issues that can confront the counsellor.
4. To identify the issues that the counsellor may face at a personal level while counselling Shaila

The entire case situation can be given or shared on a stage by stage basis



Different Counsellor Profiles and their Special Needs

Communities at risk as well as people living with HIV are growing in their understanding of the HIV epidemic as well as the needs of their community. Policies on counselling are also changing. In this context, the profile of human resources for counselling is likely to be more diverse. The needs of this diverse set of counsellors is examined below.

1. Community Counsellors: Positive Sex Workers

In the era of peer counselling, positive sex workers come forward to be trained as counsellors. Having experienced many of the situations created by the dual stigmatized identities, these counsellors bring in an insider's understanding to the counselling situation. The empathy is easier and the rapport building quicker. The experience of the NGO, Samraksha, over the last two decades in building community counsellors from different population groups has shown that one of the key strengths of peer counsellors is in fostering hope and providing courage to move ahead at critical points in the clients' lives. Other studies have had similar findings (CHAT, 2009). This can be intensely supporting.

Areas that need Attention

- The counsellors who have been through similar experiences but have confronted the challenges or resolved the problems may lack patience with those struggling with those issues currently.
- There can be the danger of trivializing some of the issues reported by the client as sometimes, as the counsellors have been through much more themselves
- The chances of letting their own experience influence the counseling session and slipping into advice mode is high.
- Since the counsellors belong to the same community, special care needs to be taken of confidentiality.
- At the other end, there can be over-involvement and a sense of dependency can be created.
- The counsellor can also over-identify with the issue and relive her own traumatic experience.
- Since personal experiences will play a part in the counselling either to guide, give hope or inspire, there is a danger of unduly influencing, mixing up the clients problems with their own, or to getting enmeshed with their lives.



Clinical supervision can help to reduce these issues to a great extent, by helping the counsellor to reflect on issues of transference, overstepping of boundaries or compassion fatigue. It can also help the counsellor to assess the level of emotional support that he/she was able to provide. At a personal level, it can guide the counsellor out of getting enmeshed or over-involved. It can also provide support to the counsellor who may be personally affected by the situations in the client's life. It will also be important for community counsellors to maintain records of their counselling sessions, not just the project formats.

2. Community Counsellors: Women in Sex Work , not HIV Positive

This group of counsellors will have an understanding of the context of sex work and the circumstances around disclosure. They may need to exercise caution in the areas discussed above.

In addition, this group of counsellors may need to be conscious of the possibility of the following situations.

- There could be power dynamics between a client who is positive and a counsellor who is not.
- Judgemental responses around not having taken care about safe sex can occur.
- There may be more concern and worry about safe sex than the client's emotional state.
- If they have shared partners, there may be additional anxiety as a personal level.
- The real or perceived threat of breach of confidentiality and leak of information to sexual partners or customers, can be a barrier to trust and empathy.

As in the above profile, taking supervision to ensure non-judgemental attitude and maintaining of boundaries is very necessary.

3. Community Counsellors: Positive men or Women who are not in Sex Work

A lack of empathy between the two groups – people in sex work and HIV positive and non sex worker HIV positive persons- has been often reported. Many positive persons trace their getting infected to a sexual encounter where paid sex may have been involved, and there can be an unconscious or unspoken resentment against sex workers.



So, these counsellors have to be aware of:

- A possible lack of empathy with positive sex workers continuing in sex work after diagnosis.
- Difficulty in being non-judgemental, especially if the positive sex worker continues to be sexually active.
- Difficulty in accepting the client's refusal to disclose to her sexual partners.
- If the counsellor's own route of HIV transmission has been one without a social taboo (e.g through the marital partner or through blood transfusion) there can be an unconscious attempt to clarify her own 'non sex work' status. This can lead to power differentials or lack of trust between the two.

As in the above profiles, here too taking supervision to reflect on one's own values and beliefs regarding sex work will help.

4. Professional Counsellors who are neither Women in Sex Work nor HIV Positive Individuals

Inadequate life experience or limited understanding of the life and situation of women in sex work may limit their ability to contextualise the counselling.

They need to take care about:

- Empathy and Rapport: Like those in the above group, they may have strong personal values and beliefs around sex work and may be unable to empathise and build a rapport.
- They could have difficulties dealing with matters of sex and sexuality.
- They would need to guard against voyeurism in seeking unnecessary details of the sexual lives of women in sex work
- Their discussion of core areas like risk assessment, safe sex negotiation could be cursory.
- They could take on an expert role and go into advice giving mode.
- They could focus more on records and formats and listen less to the client.
- They may not be able to balance the needs of the agency regarding targets and records and the individual needs of the client.



Chapter Summary

A positive diagnosis for women in sex work has specific implications mainly because apart from their already marginalized status in society, the HIV positive status now provides grounds for additional marginalization. Therefore, depending on their health condition and context of sex work practice, positive sex workers decide the extent of disclosure regarding sex work identity and HIV status, to their family, peers and community. Each of the significant stakeholders may be aware of a different aspect of their life without knowing the whole. This inability to disclose fully creates a high level of anxiety among the women.

Women in sex work who are HIV positive have counselling needs that begin even before diagnosis and continue through all life stages. The approach in counselling would be to promote Positive Health and Life with Dignity. This would include treatment empowerment (consisting of treatment education, treatment preparedness, adherence counselling, etc) and promotion of a positive life style that includes nutrition education, positive prevention including positive sexuality, dealing with substance abuse, empathy and emotional support.

Counselling in the area of reproductive sexual health, dealing with disclosure to partners, children and family members form a critical part of the counselling continuum. Support for positive health should include dealing with violence, stigma and marginalization.

Diversity in the profile of counsellors who may be available to positive women in sex work means access to a range of counselling support. But there are issues to be addressed within a counselling relationship with each of these groups. This could range from over identification with the client, and reliving of personal trauma, when faced with a client's issue, as in the case of a counsellor who is herself a positive sex worker, to a distinct lack of empathy and understanding and judgmental attitude towards the client as in the case of a professional counsellor or community counsellors who are positive but not in sex work. Clinical supervision is therefore critical for all counsellors.

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Chapter 7





Counselling in Situations of Gender-Based Violence

Shubha Chacko¹ and Lakshmi Shankaran²

Chapter Overview

It is a well known fact that sex workers live on the margins of society as their work lacks legal and moral approval. According to a study by Beattie and others (2010), most of the female sex workers in Karnataka are “often from the lower castes, and are often poor, uneducated, and may have children to support, leaving few economic alternatives for survival if they are deserted by their husbands or become widowed”. Violence was identified as a key concern for the sex workers by this study. A shocking 26.4% of the sex workers surveyed reported that they had been beaten up or raped in the year before the study was conducted. A similar study by Swain et al, (2011) also found that almost a third of the sex workers surveyed had experienced violence in some form or the other. A study on the violence faced by street based sex workers in Chennai by Suresh et al, (2009) revealed that most sex workers live in constant fear of the police as violence is very common in that context.

With HIV/AIDS on top of the world health agenda, the last few years have seen considerable funding flowing into India to support work on sexuality issues. Currently, the predominant intervention in relation to sex workers is in terms of HIV prevention work.

The HIV prevention programme has had many positive spin-offs. It has helped mobilize community members to some extent and has been a source of employment as well as an opportunity to acquire certain managerial skills and knowledge on HIV related issues. The sexual minorities and sex workers have also gained in terms of visibility. However, there is a general feeling based on the problems on the ground, that the HIV-related programmes are limited in scope and static in nature besides having problems with the model itself. Violence which is so pervasive is not tackled by the programme.

This chapter is an attempt to sketch some of issues related to violence against sex workers and outline some possible approaches that the counsellor may adopt to strengthen the sex worker/s. After outlining the need to address issues around violence, the next section focuses on the prevailing attitudes to gender-based violence and the forms of violence. The next section focuses on power and violence (including understanding the concept of empowerment). The next section details the short term

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and long term impact of violence on mental health and highlights some of basics of crisis counselling and long term support needed for the survivors. The penultimate section covers issues that are often neglected – the significance of peer support and ways in which the shift can be from victim to survivor to advocate. The last section discusses possible strategies for prevention of violence against women.

Learning Objectives

1. To help participants understand the concept of gender based violence and the different sources and sites of this violence and its impact on women
2. To facilitate participants to be understand the link between empowerment and violence
3. To help participants recognize crisis-situations and build basic skills in crisis counselling
4. To help participants explore strategies for primary prevention of violence against women

HIV and Issues of Violence

The model has not taken cognisance of issues of violence for a number of reasons:

- HIV projects tend to have a narrow focus on providing HIV -related information and services.
- Even where project workers are aware of the importance of dealing with violence, the project funding may not allow them to do so.
- Violence is seen as something that is external and inevitable, and outside of the mandate of HIV projects.
- Organizations implementing HIV projects do not always have the skills, knowledge or ability to tackle the fear of or experience with violence among the population groups that they work with.

It is important to note that the links between violence and HIV are strong and include the following:

- **Physiological links:** Injuries caused by physical violence (especially vaginal or anal) can increase the likelihood of HIV infection.



• **Social links:** The fact that a person has been a victim of violence can itself be a cause of stigma. For example, the person may not want to show her injuries in public or to medical personnel. This can increase barriers to accessing health services, including HIV prevention services and treatment. The person may want to isolate herself from the places and people she normally visits or sees and hence less likely to be accessible to outreach workers or visit Drop-in-Centres or Integrated Counselling and Testing Centres.

• **Psychological links:** Marginalized or stigmatized people are often blamed when they are the victims of violence, and this can be internalized as guilt or self-blame. Being affected or threatened by violence often harms a person's self-esteem, and this can mean they are less likely to do what they need to do in order to protect themselves from HIV.

• **Economic links:** Violence – including the threat of violence – may cause one to take more risk for less money, further increasing the risk of violence and, particularly for sex workers, leading to more risky sex. In some situations sex workers have to pay 'protection money' or bribes to gangs or police officers. Again, with particular reference to sex workers, being physically injured can have an impact on earnings; and violence often occurs in conjunction with robbery.

When I am trying to escape from a violent situation the last thing on my mind is going for tests. HIV may kill me in a few years; this violence is killing me today.

Our Understanding of Gender Based Violence

One purpose of the training programme must be to help the participants to identify their own attitudes and value judgments with regard to gender based violence– especially sex workers. In developing one's approach to the issue, the most important thing will be to become aware of one's own preconceptions and stereotypical ideas, since these can impair the quality of one's work with survivors of violence. Inadequate attention, openness and sense of responsibility can prevent women receiving the assistance they need.

Exercise:

Ask the participants to say quickly (without too much thought) the reasons people believe women face violence. Note down all the responses and then open them up for discussion.
(Explore the issue of power and violence)

Key Principles In Dealing With Gender Based Violence

- 1. Protection and security:** Every woman has the right to integrity of her person, freedom and security and to a life without any form of violence or the fear of violence.
- 2. Responsibility:** No woman ever 'deserves' to be subjected to violent acts, and there can never be any justification for such acts. An act of violence committed against a woman is an offence punishable by law and must be dealt with as such. An act of violence is never open to justification, and the responsibility for it always lies with the person who commits it. Violent men must bear the consequences of their actions. Approaches to counselling or therapy which tend to exonerate the perpetrators, play down the seriousness of their offences or relieve them of responsibility are not helpful in any way to curb violence against women.
- 3. Empowerment:** Intervention has to work to strengthen and support survivors and is intended to help them to build up a new life which they determine for themselves.
- 4. Complexity:** While violence against women occurs in all social classes and in all cultures, one must bear in mind that women who are further marginalized due to disability, caste, as migrants, etc are more vulnerable to violence and face specific types of violence (example rape of women of certain communities at the time of riots)
- 5. Social responsibility:** As members of society we all of us bear responsibility for eliminating violence against women. This violence will end only when society stops tolerating violence.

Below are some cases of female sexworkers who have undergone different forms of violence in different settings

Objective: Participants learn about different forms of violence and different sources of this violence. Helps participants clarify what the role of the helper can be.

Methodology: Group work, presentation or Individual work

1. Divide participants into groups.
2. Give each group one case to discuss
3. After the group discussion, ask each group to present their case in the plenary group.
4. In the plenary group, encourage the participants to share the experiences and interventions that they have or could make.
6. Post on flipchart for display to revisit at the end of the training on this module



Case 1: Police - Physical and Emotional

Ratna is a 30 year old sex worker who has migrated from Shimoga to Bangalore City. Ratna normally picks up her clients from a particular place in the city bus stand. The police inspector who is on his rounds would harass her and other sex workers. Taking advantage of the fear that sex workers have of being arrested and sent to jail he would accuse them of soliciting in public places and would use derogatory language and also beat them. Recently Ratna was abused and battered badly by this police inspector. Ratna on one hand feels that these risks and this form of violence are part of her job, and this is what she was told by some of her other workers including some organizations working with sex workers. However, on the other hand she is also unhappy and feels violated by the police.

- What would you tell Ratna?
- How do you think Ratna can avoid this violence by the police?

Case 2: Children – Denying Rights

Gangamma is 45; she lives in a remote village in North Karnataka. She single handedly supported her irresponsible husband and three children by engaging in sex work. Many years ago her husband deserted them. She managed to educate her children and also built a house for the family. Her three children (two sons and a daughter) are married now and have various blue-collar jobs. With age Gangamma's income is greatly reduced and she is financially dependent to some extent on her two sons. This has led to some conflicts that have now escalated. Her sons have started insulting her and the occupation she was engaged in and are demanding that she transfers the ownership of the house to them. Gangamma refused and she was therefore thrown out of the house by her grown-up sons. She is reluctant to lodge a complaint with the officials as she feels they may not be impartial given that she was a sex worker. She is in a distress with no support from anyone. All she wants is to be accepted by her children and to have the right to stay in the house which she built.

- What would you tell Gangamma?
- How could this situation be handled?

Case 3: Client – Sexual

Ramya is a young sex worker from Dodaballapur, Bangalore Rural. Since there have been many raids on the lodges in the area Ramya is forced to take her clients to deserted open fields. At times though there would be just one client during the negotiations, but when she reached the fields she would find more men, friends of her client, present. These men would insist she has sex with all of them even though only one of them has paid her. They would strip her and threaten not to return her clothes till she has sex with all of them for free. She is then forced to have sex with all the men.

- What are the possible ways through which a sex worker can avoid such a situation?
- How can she possibly confront or negotiate with her clients during such instances?

Case 4: Partner – Domestic Violence

Sheetal is a sex worker whose husband had tortured her for many years. Finally unable to withstand the torture, she moved out and is currently living with one of her former clients. Life was smooth for the first few months after which he started demanding expensive clothes and shoes. After a few months, he quit his job and started



depending on her earnings. His initial concern gave way to abuse. It started with verbal abuse, which later grew into physical violence against her. Sheetal has, at one level, accepted this as his right as a de facto husband and is afraid that he may leave her if she protests. However she has started realising that his demands are getting unrealistic and she is being exploited. She has started to think about taking her life as she is unworthy of love as is and is also worthless as a sex worker. The situation has been further exacerbated by her partner announcing that he may get married to a woman his parents had chosen for him. i.e. a good 'family girl.'

- How can one help Sheetal in this situation?
- What is it that Sheetal needs to be educated about?

Case 5: Sexual Harassment at Work Place

Zeenat works as peer educator in a CBO. She completes her part time work as a peer educator and gets back to do sex work everyday which is her main source of income. The new director of the CBO was initially supportive of all the staff. However, once he became comfortable with the organization and its work, he started to harass the women staff. Zeenat has had personal experiences of harassment by the director. In the name of having individual reviews with the staff, he would make personal invitations to Zeenat to his house after office hours and made inappropriate statements about her body and her dressing and would try to make unnecessary physical contact. He would also ask her about her experiences of sexual acts with her clients. He promised Zeenat that if she co-operated with him and his demands, she would reach good positions at work. When Zeenat refused to comply, he wondered why as she did sex work anyway.

Zeenat fears losing her job and salary if she complains against her boss. She further fears that no one will acknowledge this as sexual harassment mainly because she is a sex worker.

- What should Zeenat do at such a situation?
- How can she best handle her situation and challenge the fear of losing her job and salary?

From the above it is evident that violence takes many forms and occurs in myriad sites. Violence is reflective of unequal distribution of power. A society patterned on dominance inevitably gives rise to such distortions of power as violence against women. In the section below we will explore the forms and some of the sites of violence against women.

Exercise 2

Objective: • Participants able to identify different forms of gender -based violence that exist in the family, in the work place and at the community level.

- Participants able to express their personal experiences of the different forms of violence.

Methodology: Group work, presentation or Individual work

Process:

1. Divide participants into groups.
2. Ask participants to discuss the types of gender -based violence they are aware of or have seen, encountered or dealt with at the three locations, and record these cases on a flipchart

under the three heads.(You can use more heads if you think it will be useful)

3. After the group discussion, ask each group to select one case from each location.

4. Present the cases in the plenary group.

5. In plenary group, encourage the participants to share the experiences and interventions that they have or could make.

6. Post on flipchart for display to validate participants' own lists.

Location	The Family	The Community	The State
Forms of Gender Violence	Physical Aggression <ul style="list-style-type: none"> • Murder (dowry/other) • Battering • Sex Selective Abortion • Infanticide • Deprivation of food • Deprivation of medical care • Reproductive coercion/control Sexual Abuse <ul style="list-style-type: none"> • Rape • Incest Emotional Abuse <ul style="list-style-type: none"> • Confinement • Forced Marriage • Threats of reprisals • Name calling • Throwing out of home 	Social Reference group (Cultural religious, etc.). Violence directed toward women within or outside the group Physical Abuse <ul style="list-style-type: none"> • Battering • Physical chastisement • Reproductive coercion/control • Pernicious 'traditional' practices (e.g., sati, witch burning) Sexual Assault <ul style="list-style-type: none"> • Rape • Harassment Work place Sexual Aggression <ul style="list-style-type: none"> • Harassment • Intimidation Commercialised Violence <ul style="list-style-type: none"> • Trafficking • Forced Sex Work 	Political Violence (Policies/Laws) <ul style="list-style-type: none"> • Illegitimate detention • Forced sterilization • Forced pregnancies • Tolerating gender violence by non-state agents Custodial Violence <ul style="list-style-type: none"> • (Military/Police, etc.) • Rape /Torture



Power and Violence

Understanding the Link between Empowerment and Violence

Empowerment as a concept “does not focus on what people do or do not have, but on what they can or cannot do”. (UNDP)

It refers to the ability to make choices. However for this ability to be actualised many conditions have to be fulfilled. They include

- Choices have to be available. There is little point talking of exercising choices when there are none. *(Example, when a woman is looking for a job there have to be people/organizations who are willing to employ her)*
- These choices have to be real. Poverty and a range of other factors greatly restrict the actual choices that people have. *(Example, a fancy private school is not a real choice for a woman who is daily wage labourer. For a physically disabled person a job that involves lifting heavy weights is not a real choice)*
- Choices have to be seen to be available. Often due to internalized sense of lesser claims or diminished sense of self, the options that are available are not considered. *(Example, women often do not take up leadership positions because they feel they cannot be leaders. Therefore they do not see this as an option)*

However not all choices matter while we are defining empowerment. The ones that matter are strategic ones. Where to live, where to work, whether to have children, who has custody over the children? These are some examples of strategic choices. It includes who to live with, what kind of occupation to pursue, etc.

There are three concepts that are core to understanding empowerment

- **Agency:** Which is the action that we can see that shows that choice is being exercised. Say deciding to send your daughter to school; contesting an election, participating in a protest against sexual harassment. Agency also includes the meaning, motivation and purpose that individuals bring to their actions, their sense of agency. So if you are feeling stronger because of your participation and think of the participation as something you want to do, that shows you are exercising agency. If you feel you are compelled or coerced to take this action your sense of agency is much lower. Agency has both positive and negative connotations. You can have ‘power to’ – i.e. to make and act on your own life-choices. Or it can be ‘power over’ – where you could exercise authority or use of violence (and other forms of coercion) on another person or persons.
- **Resources:** For agency to be actually exercised you need resources. Resources can be material (such as land or crops) or social (family, relatives, etc.), political (organizational backing, etc). They are distributed



through the various institutions and relationships in a society. But these are rarely egalitarian. So certain people (men, the affluent, literate, dominant caste) get more of these than others.

• **Achievements:** While resources and agency make up people's potential the actual outcomes are their achievement. That has to be viewed in terms of **agency exercised**, through or with **resources** and their **consequences**. For example, taking up paying work would be regarded as evidence of progress in women's empowerment. However, it would depend also on if this was taken up due to increased opportunity, search for greater self-reliance, increased mobility, etc or if it was merely 'distress sale' of labour. The consequences are also important to consider. Does it help women have more control over resources, over decision-making? Or does it merely add to her burden? **These are often not clear either neither or situations.**

Therefore:

- Some aspects of set of actions may be empowering and some others of these same actions may not be
- Empowerment is a process that is life long.
- It is an individual process but also a collective one.
- Therefore the pace of process will be different for different individuals and groups depending on many factors including resources available to them and their starting point.

Exercise:

- Objective:**
- Participants are able to identify and understand issues of power and powerlessness vis-à-vis gender
 - Participants are able to relate that to forms of violence.
- Methodology:** Responses from participants
- Process:** Ask the participants to shout out their responses. Do this till you have ten to twelve. Analyze with the group

For Men:

I am a Man I can...	If I was a Woman I could

For Women:

I am a Woman I can...	If I was a Man I could

Trainer to explore:

In terms of mobility, occupations one can pursue, staying out of home, sexual morality, remarriage.

Exercise 2

Gender Analysis of Power Resources:

Ask the participants to discuss each of these kinds of power and whether it is used by men or women.



Sources of Power	Mostly used by Men	Equal use by Men & Women	Mostly used by Women
<i>Military Power</i>			
<i>Physical Strength</i>			
<i>Economic power (control of the market or economic resources)</i>			
<i>Power of knowledge, information or education</i>			
<i>Leadership power</i>			
<i>People power (when groups of people do an action together)</i>			
<i>Appearance or 'beauty' power</i>			
<i>Charisma or personality power</i>			
<i>Moral power</i>			

Trainer to explore: Its implications in terms of gender relations

Exercise 3

Drawing and Gallery Walk Activity

In this activity, participants will describe their personal experiences with power and powerlessness and then draw pictures of those experiences. They will discuss these experiences and analyze what they tell us about sources of power.

Give each participant a piece of paper and some pens. Ask them to draw a line in the middle. On each side of the line, ask participants to draw one picture. One of a situation that made them feel powerful and the other that made them feel powerless. They can use any situation (work, family, community).

When everyone is done, ask them to hang their drawings up on a wall, and participants can walk around in a group to look at all the drawings. Each participant briefly explains her drawing to the group.

Write down the words and phrases that participants use to describe feelings.

Powerful (Could include phrases when I was respected, was consulted, joined a group) and Feeling powerless (when I was ignored, insulted) in two separate lists. Do not write down the details of what happens in the stories or the situations drawn.

When all the participants have explained their drawings, read the list of words and discuss these responses.



End with:

- In what situations could someone start out feeling powerless but later feel powerful? How does that shift or change happen?
- The goal of this exercise is to learn that we are never completely powerless.

Even in situations that are very difficult, people can have more power through organizing, working together, problem-solving, getting information, and making their best effort.

There are many kinds of power that affect a situation – not just the power over other people that an employer or police can use, for example.

Short Term and Long Term Impact Of Violence On Physical and Mental Health

There are many factors that are identified as contributing to the risk of violence on women perpetrated by individuals and more so on sex workers:

- Mass media or watching violent scenes on television, cinema, information on the internet can provoke acts of aggression towards women.
- Cultural and family factors, peer group and shared beliefs of a sub-culture as to what can be accepted and what is tolerated in the community can influence violence. Substance abuse or harmful use of alcohol and other drugs often leads to aggression after consumption and uninhibited behaviour on women and children.
- Wide spread poverty in societies, gender inequality has high occurrences of violent acts. The influence of the family, what the child models on, peer group values, delinquents, and difficult interpersonal relationships play a role.
- Personality factors like impulsiveness or lack of ability to defer gratification, past aggressive behaviours or controlling personality leads to abuse.
- Mental health in the form of severe psychotic illnesses, paranoid schizophrenia may result in violent acts.
- Women are more vulnerable when they are in solitary work, or work in lonely places; conduct interactive communication on the phone, and then interface with the clients. Client intoxication is a common problem. Perceived or real non- fulfillment of wishes and expectations of the clients may trigger acts of aggression on sex workers. Women's caste



background, immigrants and age (very young or old women) increases vulnerability.

Remember, violence can appear in different forms ranging from physical violence (assault and beating), psychological violence (abuse, mobbing, bullying, threats) harassment based on disability, age, gender, sexual orientation, HIV status, language, and caste. Stress related problems, recurring illnesses (physical and psychological), impact on family life and income, depression and suicidal ideation, quitting jobs are common. Fear of further risk of violence, unwarranted publicity, injury, and death are other occurrences.

Prevention of violence: Long term prevention of violence can avert crisis states. The helper can set reporting systems that record all incidents of violence to be in place (from minor to major acts). Often, incidents may be considered 'trivial' or unimportant and overlooked fearing reprisal or threats.

Debriefing about the violent situation (a part of reporting) needs to include those affected (or victim). When addressing incidents of violence, preventive work is perhaps the best way of tackling violence and avoiding confrontations. A person in the brink of an aggressive act has a few choices - to attack, retreat or compromise. The impact on the person in crisis can be acute, short term or prolonged leaving irrevocable scars which can be both psychological and physical in nature.

Basics of Crisis-Counselling

What is a crisis?

The Chinese symbol for crisis has the elements of both danger and opportunity. In other words, as a helper, you can help the person in crisis with the opportunity of feeling empowered by tapping various resources at the first point of initiating counselling interventions; the element of danger in the form of serious pathology can also occur.

A crisis can be described in many ways. A person's state of being vulnerable and helpless in a situation that can be threatening to his/her very survival or an event that is traumatic, immediate, typically unpredictable and overwhelming is a crisis. For many, a crisis is when the various coping methods fail leading to disorganization or there is no solution in sight. The term crisis may also refer to a person's perception of an event or a situation as being difficult or intolerable and the feeling of fear, distress, or shock about this disruption in their personal lives and not the actual disruptive event itself. In such a case, the person may feel immobilized—this can result in the person believing that they cannot overcome this situation through the usual choices, resources and behaviours. Hence, the impact of crisis often spills over into their homes, family lives, and even community.



Crises that have socio-cultural sources and values as origins (external) are often less controllable by individuals and more threatening in contrast to those arising within or out of personal action, (for e.g. cultural values about women and battering, attitude to HIV including sexual preferences). Internal sources originate from within a person triggering crisis states e.g. a high risk life style.

The main features of a crisis are summarized in the box given below.

Features of a Crisis

- An event that is a trigger and is unexpected, or long term stress
- There is a sense of danger, loss, humiliation, uncontrollability
- Persons reacting differently to the same situation or crisis
- Fear, confusion, tension, anxiety, sadness that persists
- Disruption of daily activities or routine
- Loss of coping skills, resources, disorganization
- Future uncertain, instability
- Distress is temporary usually continuing for at least 2- 6 weeks

Different Origins of Crisis

There are different sources from which crisis emanates and affects an individual. Broadly stated, crises can occur at a community or personal level. In the environment, there are natural incidents (earthquake, tsunami, floods) that can affect a community. Incidents spurred by humankind can be in the form of terrorist attacks, shootings, riots. At the personal level there are accidents and physical problems (like heart attack, illnesses), and interpersonal issues (quarrels and fights, separation, death of a partner) including transitional phases in a person's life viz. from adolescent to young adult, from being single to married, from being a student to a working adult to retirement. Societal values towards women can create a crisis influencing their occupation, due to caste, or class or values towards physical abuse and mental illness. Importantly, crisis is a state in a person whose own theories are challenged, and the unexpected happens and when plans go haywire.

The case given below illustrates how a woman responds in different ways to a crisis situation.





Sumana is forty years old and has been a sex worker and also runs a small food kiosk for the past two years. She was forced to leave her home state in search of employment and migrated to the neighbouring state to support her children's education. She is constantly fearful of police raids, harassment by the hotel manager or clients in various lodges where she does her sex work. They know she is not fluent in the local language and she feels this is a disadvantage for her. Of late, she regularly has a few drinks to calm her nerves before she starts work. Recently, after a police raid she was caught with a client but managed to escape narrowly – she paid her way out from being beaten and locked up. Ever since that incident, she has been experiencing fear, disturbed sleep, bad dreams, headache in the morning and tiredness; her appetite has reduced. She does not leave her room to go out or meet her friends and often feels dizzy when she tries to leave her room to run her business. One morning, she reports to the NGO with a friend who happens to visit her. Sumana weeps saying that she is unable to continue to work fearing threats and raids. She says that she has no income to support her children's education and family, adding that she has no future back home.

In the case of Sumana, the helper is likely to notice a combination of responses discussed below and needs to observe and address the various issues.

Anxiety: Most people in crisis face anxiety which has a physical and psychological dimension when they perceive threat and danger and feel attacked. The body is geared up to face the situation or run away from it. The anxiety mounts when the issue gets out of control and thoughts are unending. In the above case, Sumana is faced with anxiety manifested in the form of dizziness, fear and loss of appetite.

Depression: Sumana is at the risk of developing depression and already has some of the signs- loss of interest in the outside world and her occupation and has weeping spells. That life is hopeless is a pervasive feeling. Often, a crisis can create depression and the helper has to recognize the symptoms and address them before it spirals into severe distress. Harmful use of substances (alcohol and other drugs like sedatives, pain killers are common) to cushion the person from the painful experiences. There can be changes in behaviour in the form of no social contact, changes in daily life and isolation. In Sumana's case, there is a risk of her abusing alcohol further and there is social withdrawal.

Clarity in Thinking: Accurate judgments about routine tasks get affected for a person in a crisis; there is a sense of being unable to tackle daily life or how to deal with the problems at hand. The immediacy of issues in hand makes a person lose the capacity to think clearly. Sumana who was doing many things including running her own business is in a state of struggle and at loss about her present and future and unable to tap the existing resources.



Anger, Shame, and Guilt: There are other emotions that accompany crisis states. Anger can be seen as open rage, flaring up or in the form of frustration that is internalized. It is more in a person who feels humiliated that she has been treated unjustly. Shame is a common feeling when there is self - blame and one judges oneself harshly. Feelings of guilt or worthlessness refer to the 'bad action' which hurts or damages others and in the above case Sumana seems to feel guilty that as a parent she has failed and is not able to support her children's education.

Avoidance: After the triggering event leading to high anxiety levels causing physical and psychological symptoms including numbness, the person may avoid talking about the incident and feel a sense of detachment. Remember, the person can be preoccupied with the stress of revisiting the traumatic event again and again and experience more fear. Until there is resolution, assimilation of past experiences and new identities achieved through learning processes, the person can feel a sense of detachment. The various responses to crisis are summarized in the box below.

Responses to Crisis: There can be emotional responses (fear, anger, shame, sadness, guilt, indifference, panic, anxiety, hopelessness, denial), physical (migraine, sleeplessness, loss of appetite, vomiting, tremors, sweating, infections), cognitive (incapability to use any decision making or problem solving methods, blaming themselves or others, preoccupation with the issue) including behavioural changes (lack of interest in work or social situations, no concentration). In other words, the person's normal functioning is threatened.

The responses to crisis varies from mild to severe forms and are based on coping styles, support systems and network, personality factors and resourcefulness. According to Parry (2000), half the skill of working successfully through a crisis is not to make things worse than what they already are. It is important to be aware of how easy it is to intensify and create more problems in the attempts to help.

Core Counselling Skills for Violence/Crisis and Practice Situations

Steps in Crisis Intervention

The person in crisis may receive help from formal and informal sources. Where informal sources are concerned, the local community, family, friends' network, religious systems comprise a part of the local system. Formal help is comprised of health workers, social workers, physicians and allied professionals. The process of crisis resolution can be positive with growth and development or negative (emotional and mental trauma, addiction, self destructive behaviour). The key principles and framework during work for crisis intervention is given in the next section.





Key Principles during Crisis Intervention:

- A. Assessment of person and situation; risk evaluation (assault, suicide)
- B. Developing and setting goals (short term and long term)
- C. Putting the action plan to work for person to take immediate control of daily life (create access to local resources, supports, shelters)
- D. Review and long term support

Case Study:

Let us understand how the principles can be put to work through the example of a case given below.

Sharmila is a sex worker, 25 years old, single and staying away from her family. She sees a physician due to recent health problems she thinks may be a sexually transmitted infection (STI) and she is advised to do an HIV test. When she gets the test report she is shocked, upset and filled with shame, guilt and fear about her future. She collects the report and starts thinking about ending her life. She stops going to work and stays at home fearful about her health wondering whom she can ask for help as she is far away from her family. Her 'auntie' calls up and she refuses to answer the phone wondering what excuse to give for not going to work. Her appetite reduces and she is unable to sleep at night, breaking into sweat when she thinks about her future. Two weeks later, she drinks pesticide and is found in her room by the owner who rushes her to the local hospital. She is crying and not willing to speak to anyone. The hospital contacts the local NGO that helps women and the social worker meets her.

Long Term Support and Counselling for Survivors of Violence

A. Assessment

This is done at two levels by the helper-

- **Level one:** The helper needs to explore if there a threat to life for the person (suicidal risk)? Or threat to others life? (assault, homicide on family members, helpers). In the case of Sharmila, as there is a suicide attempt, it is important to consult a specialist (psychiatrist) via a referral.
- **Level two:** Is the person's role of functioning affected? The functions that are affected need to be assessed by the helper and the following questions (as sample questions) are useful and exploratory when interviewing the person.



Sample questions: What are the socio-cultural factors that influence the crisis? How is the crisis manifested in the person (emotional, cognitive, physical, behavioural aspects)? How is the person coping with the situation? What are the resources and supports available?

Precipitating factor: Often, there is a significant event that precedes the state of anxiety and failure of coping methods. In some cases it may be a minor incident and in others it is antecedents and hazardous events that triggers crisis. The helper may ask the person the question as to what brought her today to seek help. In Sharmila's case, the HIV report and results preceded the crisis state including the apparent lack of pre-test counselling prior to doing the HIV test causing severe anxiety leading to self harm. Questioning plays a vital role to glean information

Questioning is part of the interviewing process and can be used to understand or probe on issues that lead to the crisis. Avoid jargon and keep communication simple, direct at the same time sensitive. There is active collaboration between the helper and person. It is important to remember that the person is in a vulnerable state and simple questions that help in arranging the sequence of events can calm the person.

Responses - Sharmila experiences fear, shock, shame and stigma associated with the test report leading to a breakdown of coping mechanism, inability to tap resources and she lacks problem solving skills; there is preoccupation with her HIV status and avoidance of routine activities. The responses to a crisis vary from person to person and such disturbances are often temporary and should not be considered as a mental illness- it is usually a matter of time when the person returns to normalcy. The helper's listening skills play a role at the time of intervention

Listening: The act of listening can help the person from rapport building to regaining balance. Newer coping skills, decision making and healthy states of functioning to restore well - being can be kindled through listening including de - escalation of the problem (often, expensive hospitalization, medication and long term confinement are common in crisis states). Listening has broadly two components- verbal and non-verbal. Sitting comfortably, open posture, leaning forward, eye contact, and relaxed body posture are some of the non-verbal aspects of listening. Avoid double messages (saying one thing and contradicting by postures). Appropriate questions (open and closed), reflecting feelings, summarizing the contents during the session are others. Importantly, the helper is a person with underlying principles of counselling such as being genuine, warm, non - judgmental and accepting to the person in a crisis state. When defusing a situation where a person is violent, the helper can use listening skills and speak in a calm voice and use a gentle tone. Non verbal postures that are unhelpful are clenching fists, standing with feet apart, hands on hips and so on. These can challenge and cause further provocation.



Understanding the situation: Often, the helper can prevent the situation from getting worse by identifying the chain of events and by providing intervention.

Sample questions: *What happened? When did it happen? What were the events that lead to this state?*

Understanding feelings: During crisis the person can be very anxious, in a state of shock and lack focus. There can be physical and psychological symptoms and poor coping. The person may take some time to trust the helper - this may happen as they may often have been let down by those whom they trusted.

Sample questions: *How do you feel about what happened? Can you describe the feelings at the time of the event? Would you like to talk about your feelings? I can see that you are upset- would you like to tell me more about what makes you feel that way? What are the difficulties that you experience recently with regard to your health (explore for physical problems)?*

Understanding thoughts, perceptions and behaviour: The person may be unable to make sense of the events around feeling that things are going out of control. Performing routine or daily activities can be difficult.

Sample questions: *What has been affected in your daily life? What do you understand by what happened? How has this event affected your routine? What can we do to bring some of it back in your daily life?*

B. Developing & Setting Goals

The helper should facilitate the setting of small goals that are specific, short term with the intention of helping the person to return to the pre crisis state. Following this, immediate assistance can be enlisted and this helps reduce the chaos in the person's life.

Setting goals: The process of goal setting is collaborative and prioritised based on what is most urgent. Sometimes, the person in a crisis may be in a severe disturbed state and incapable of making coherent decisions - in such a case, the helper can be proactive and help in doing so until the period of confusion abates. The goals would cover dimensions such getting one's basic daily routine in order (eating, sleeping, daily hygiene, taking medical help); improving coping skills, identifying supports and strengthening them

Sample questions: *What is the most important part of your daily life that you would like to set in order (eating, sleeping, or hygiene)? What was disrupted in your daily life? What are the most important issues that you would like to work*





on? Have you been victimised, attacked? Who has helped you in the past with whom we can contact to help you through this difficult time? Ratings can be given to help in prioritizing.

C. Putting the Action Plan to Work

Once the goals are made, the helper and the person in a crisis would work on the immediate goals. The helper can also discuss the desired outcomes that are measurable via review and follow up across days, weeks or months (across different points of time). An effective plan helps the person by restoring normalcy and a healthy state of interdependence with the helper (and not dependence).

D. Review and Long Term Support

Periodic monitoring and checks to ensure that the individual sustains changes in daily life is important. The box below lists the criteria to evaluate plans made at the time of crisis.

Criteria to evaluate a crisis management plan (Caplan and Grunbaum, 1967)

- Developed with the person in crisis (collaborative)
- Problem oriented (focus on the immediate problem)
- Consistent with person's culture and life style
- Includes social network and significant others
- Realistic, timed and concrete (set structures)
- Flexible and re- workable plans (allow changes)

Regular reviews, feedback by informants such as relatives or friends can be used. Long term goals can be tackled over time. Remember, that it can be tempting to terminate after the problem at hand is sorted. However, effective crisis management has to weave in a long term perspective. Helping persons work through long lasting resolution would help in reducing adversity and reduce severity of problems in future. Offering a directory of services such as legal assistance, medical help, shelters, vocational training and occupational guidance would be part of the helping processes

Remember, most crises can develop into traumas and most traumas begin as crises.





Check progress in the group about questions related to crisis:

1. Precipitating factor is.....
2. The key principles during crisis intervention are.....
3. The qualities of effective listening are.....

Look for strengths

The Significance of Peer Support

Peer support is a conscious initiative that is taken to help members who have faced similar situations as equals and to give each other support on a reciprocal basis. Peer in this case is taken to imply that each person has no more expertise as a supporter than the other and the relationship is one of equality. Peer support acts as a major support system for the community during distressed situations. The community is able to share and provide experience, emotional, social or practical help to each other.

Ways in which Peer Support can Help

1. This group or forum can be useful to foster the initial trust and credibility necessary for developing relationships in which individuals are willing to open up and discuss their problems despite concerns about stigma. Positive relationships contribute to positive adjustment and buffer against stressors and adversities by offering emotional support (esteem, attachment, and reassurance), instrumental support (material goods and services), and information support (advice, guidance, and feedback). Therefore among sex workers, this is especially important as they often have less access to many of the traditional support systems – such as natal home, neighbours, and relatives.
2. Experiential knowledge - the knowledge and perspective that people obtain from people who have been through similar experiences. Experiential knowledge tends to be unique and pragmatic and when shared contributes to solving problems and improving quality of life. The fact that they identify with each other and have shared experiences form the foundation for peer support.
3. Social learning theory postulates that peers then are more credible role models for others. Interactions with peers who are successfully coping with their experiences or health issues are more likely to result in positive behaviour changes. The advantage here is that, peers will be able to relate to the problems the individual specifies. Sex workers get to talk about their daily life situations, many sex workers face violence from the police, goondas, clients and customers.



4. Peer support is often the first level of support. Many individuals believe that, sharing their problems in a peer support group is much better than reaching out to a trained counsellor, as they have little faith in the formal system for a variety of reasons.

5. Decades of research support the theory that survivors who tell their story to a sympathetic listener or audience can better comprehend what happened. Not only is this process therapeutic, but survivors' understanding can increase with each retelling of their story.

6. Peer support involves reciprocal roles of helping, learning and responsibility. Therefore there are significant gains that everyone makes. The helper-therapy principle proposes that there are four significant benefits to those who provide peer support:

(a) increased sense of interpersonal competence as a result of making an impact on another person's life;

(b) development of a sense of equality in giving and taking between himself or herself and others;

(c) helper gains new personally-relevant knowledge while helping; and

(d) the helper receives social approval from the person they help, and others.

The kinds of support that the peer support can provide

- Emotional (in terms of listening, validation of the person and her insights, positive relationships)
- Economic (loaning money, loaning equipment, pointing to opportunities to earn money or get credit and facilitating these transactions)
- Medical (providing first aid/home remedies as well encouraging seeking medical support), Counselling (Informal/formal counselling)
- Mediation, encouragement and creating pressure for women's safety and opportunities (with family members, neighbours, community members, colleagues, police)
- Create an environment for dialogue with others (other NGOs, movements, professionals)
- Referrals to lawyers, doctors/medical personnel, counsellors
Therefore they need to be trained in-
- The basics of counselling skills and psychosocial issues





- Perspectives on violence
- Awareness of the resources available
- And development of organizational skills

The support group needs to be backed by various organizations and individuals (specialists and others) to be a strong dynamic support group.

Exercise

Role-play exercises in which a 'peer-support worker' converses with a 'survivor,' giving participants an opportunity to practice peer-support skills and analyze each other's performances. Role-plays gave participants an opportunity to present stories about not only trauma and recovery but some of the fundamental injustices of society toward female sex workers. The participants as actors, have to convey a variety of emotions from depicting distrust, hatred, fear, grief and rage with great feeling, to also convincingly portraying empathy, concern and understanding.

They learn to listen to the Survivors Story (which itself has therapeutic value).

Participants learn how to localise the strong emotions (both positive and negative) associated with traumatic events.

Listen to the Survivors

The questions to ask that promote survivors own role (to emphasise self-efficacy) helps to deal with guilt and humiliation. Questions could include 'How did you find the strength to go on?'

The way to help isolate anger and grief to summon strength and calmness. Finally, participants are instructed to encourage the survivor to look toward the future: 'What will you need to do to rebuild your life?'

Traditionally, counselling is considered an activity only literate individuals may engage in; however, peer support takes place naturally in many communities, especially where professional psychotherapy is inaccessible. Support for non-literate groups does not negate the importance of literacy; instead, it acknowledges that an individual need not be literate to learn new skills and contribute to empowering sex workers. Providing these women with skills to become helpers is particularly important because of the high prevalence of psychological trauma among female sex workers.



However, there are certain drawbacks in peer support groups, in certain situations of the client. The peer group might not know what exactly to do and how to help the peer face the situation because of two reasons;

- a. The peers will not equipped to support the other peer who is going through serious problems- they might not be able to analyze the intensity or the seriousness of the situation. This could result in bigger problems in the sex worker's life.
- b. The other problem in a peer support group is that the peers themselves might be going through the similar stress as that of the sex worker who is sharing her problem. They may not then be able to facilitate the survivor to move towards objective analysis and positive adjustment.

There is a need for trained peer supporters who can offer educational and social support and provide avenues for additional help if needed. The main task is to observe and identify the problem areas of the peers and talk to them in person and guide them to receive professional help if needed.

Moving Beyond Victimhood

When dealing with women who faced (or are facing violence) often the tendency is to think of them as victims who need to be protected and taken care of. This is not entirely untrue. They do need help and support. They do need to be taken care of- sometimes medical and physical besides emotional.

However these women are not without resources. The purpose of counselling should also include finding ways in which to help women recognize that they have these resources and support them to harness these. The idea is that those who are affected by violence can themselves become advocates to stop violence.

Counselling should be more focused on strengthening women in areas such as assertiveness, communication, relationships, and self esteem.

The counsellor believes that her client is the only 'expert' in her own issues and will help her develop the tools needed to reach her potential as a unique and valuable individual. It is not merely about adjustment to the situation but also to help the client see the possibility of change.

On the next page is a table that sketches the journey of moving from victim of violence to an advocate against violence



Victim	Survivor	Advocate
Doesn't deserve nice things or trying for the 'good life.'	Struggles for reasons & the chance to heal	Understands the structured nature of violence and power
Low self esteem/shame/unworthy	Sees self as wounded & healing	Sees self as on a journey of empowerment
Hyper vigilant	Uses tools to learn to relax	Able to relate with others with trust and confidence
Alone	Seeks help	Talks about the help that is available to others.
Feels selfish	Deserves to seek help	Reaches out to others who are victims/survivors
Damaged	Names what happened	Works for systemic change
Confusion & numbness	Learns to grieve, grieves for past trauma where there was no grief at that time	Moves past grief to constructive engagement
Overwhelmed by past	Names & grieves what happened	Lives in the present and has faith in the future
Hopeless	Hopeful	Faith in self, collective action and of ushering in some change
Uses outer world to hide from self	Understands the emotional pain	Uses the insights that the pain has brought to work for change
Hides personal story	Not afraid to tell personal story to safe people.	Beyond telling personal story, to lead change processes
Believes everyone else is better, stronger, less damaged	Comes out of hiding to hear others & has compassion for them & eventually self	Learns about collective strength
Often wounded by unsafe others	Learns how to protect self	Learns how to help others protect themselves
Places own needs last	Learns healthy needs	Places self first realizing that is the only way to function & eventually help others
Creates one drama after another	See patterns	Understands the underlying issues



Believes suffering is the human condition	Feeling some relief, knows they need to continue in recovery	Believes it is possible to change the situation
Uncomfortable, numb or angry around people	Increasing awareness of pain & dynamics	Able to relate and link with different people.
Sees their situation as 'fate' as "God given"	Understanding the possibilities of changing the situation	Works to remove myths of (what?)
Suspicious of counsellors/mental health professionals	Sees counsellors as a support through the process of healing	Sees reality as their projection & owns it. And understands how one can change it
Needs people & chemicals to believe they are all right	Glimpses of self-acceptance & fun without others	Feels authentic & connected, Whole
Depression	Movement of feelings	Aliveness

Strategies for dealing with Gender Based Violence

Let us now look at some of the strategies in dealing with gender based violence. These could be

1. Intervention Strategies – Intervening after Violence has occurred

We mostly focus on these strategies (i.e. providing support and treatment to women and children who are affected by violence or to men who use violence) and aim to deal with the consequences of violence (including mental health fallout of the violence). This includes crisis accommodation and social support for victims and criminal justice and therapeutic interventions for perpetrators. (This is tertiary prevention)

2. Early Intervention Strategies – Taking Action on the Early Signs of Violence

Early intervention (sometimes referred to as secondary prevention) is targeted at individuals who exhibit early signs of perpetrating violent behaviour or of being subject to violence. It is aimed at either changing attitude and behaviour or increasing skills. Often it is subtly controlling behaviours that escalates into coercion and physical violence. The early intervention can be at the individual level where one seeks to address controlling behaviours.



3. Primary Prevention – Preventing Violence before it Occurs

Primary prevention strategies seek to prevent violence before it occurs. It can general messages to a whole population or targeted to those who are more at risk of using or experiencing violence in the future.

It is not always possible to make a clear distinction between these three levels of prevention. For example, the Domestic Violence Act that stipulates that a Protection Officer should take action on complains of domestic violence is clearly designed to facilitate intervention after violence has occurred. However, it may also have a primary preventative effect (by communicating to the wider community that violence against women is a serious issue) and an impact on early intervention by deterring potential perpetrators.

Exercise:

Exercise to facilitate the women to themselves think of the resources they have as well as the strategies that they are currently using.

Ask the women to list down:

- What have they tried in the past to protect themselves and their children?
- Did any of these strategies help? How? Why?
- Will any of them help them now?
- What do they feel they need to be safe now?
- Who else could help them? In what way?

Some cases for discussion

Women members of a sangha decided that if any woman is facing or fears violence at home she would whistle loudly. Other women would rush there and surround the woman and thereby prevent the man from physically being violent to her. The whistle became a symbol of a woman who feels she can access support when she is at risk of or experiencing violence. This was coupled with discussions around violence against women at village level forums (of men and women). Over time the whistle blew with greater infrequency.

Women from the an organization of sex workers have spoken about using their formal identity card (that resembles a corporate identity card) as a way to send the message that people from the 'office' support them.

They feel that this has decreased violence at home as well as from the police.



Women have reported that after a training session on the legal provisions dealing with domestic violence they returned home and generally made it known that they heard that there were now laws against domestic violence. Many men at home initially condemned the training making statements like 'What are they filling your head with there?' 'This is all too much!'. However, subsequently the men seemed a more wary of beating their wives.

Share the above cases and ask them to discuss them.

- Would any of these help them? Under what circumstances?

The below are some other strategies that the trainer can keep in mind while discussing possible strategies to prevent or reduce violence.

Strategies for safety in the family

- Identify members within the family who might be able to support/help them
- Discuss mode of communication, whether interpersonal communication or mass communication would be effective
- Identify if couple counselling is required or peer counselling would be more appropriate
- See if the woman's economic status can be improved including discussions about added financial benefits
- Give examples of households where gender roles have changed with positive impact

Strategies for safety in the workplace

- What can the individual do? (reducing risk of violence, strategies to negotiate with the potential perpetrator)
- How can work be planned so that it is more convenient for the members?
- What can women do when they sense sexual harassment, exploitation or other forms of discrimination in the work place?
- Will forming a support group help?
- Will it be necessary to take the matter to a higher authority?
- Do policies have to be reviewed to ensure safety of the members?

Strategies for safety in the community

- Identify key persons in the community who might be useful in making interventions in case of gender discrimination and violence
- Identify methods of approaching them



- Identify what kinds of media, local groups or any other mode of communication might be useful in addressing the issue of violence that women face in the community.
- Identify groups and organizations/institutions, that should be contacted that could support the sex workers.

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Chapter 8





Counselling for Positive Mental Health among Women in Sex Work

Dr. Prabha S. Chandra , MD FRCPsych ¹

Chapter Overview

This chapter tries to familiarize learners with concepts of positive mental health and to help them in using these concepts for counselling women in sex work. Various terms of positive mental health have been described and the concepts have been further elaborated to enable the counsellor to use them effectively. The various exercises will enable the counsellors to enhance reflection about themselves and the people in their environment so that they can use practical examples to improve the mental health of their clients.

Learning Objectives

1. To familiarize participants with the concept of positive mental health.
2. To help participants recognize the importance of positive mental health while working with women in sex work.
3. To help participants develop skills to promote positive mental health while working with women in sex work.

Introduction to the Topic

What is Positive Mental Health?

The World Health Organization defines Positive Mental Health as – “A state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”, (WHO, 2010). Mental Health can be regarded as the presence of multiple human strengths rather than the absence of weaknesses.

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It can be:

- Conceptualised as maturity.
- Seen as the dominance of positive emotions.
- Conceptualised as high socio-emotional intelligence.
- Viewed as subjective well-being.
- Conceptualised as resilience.

This chapter focuses on various attributes of positive mental health and how they can be incorporated into counselling for sex workers.

Part 1: Definitions of Concepts and Terms

Mental health includes autonomy; investment in life; efficient problem solving and ability to love, work and play (Sheldon, 2012).

Peterson and Seligman (2004) identified four components in positive mental health: talents, enablers, strengths, and outcomes. Authentic happiness, according to Seligman (2011), depends upon achieving engagement, meaning, positive emotions and positive relationships. Strengths most associated with mental health are wisdom, kindness and the capacity to love and be loved.

Menninger (1967) defines maturity and mental health as capacity for love, absence of stereo-typed patterns of problem solving, realistic acceptance of the destiny imposed by one's time and place in the world, appropriate expectations and goals for oneself, and capacity for hope.

Eight positive emotions - love, hope, joy, forgiveness, compassion, faith, awe and gratitude- comprise the important positive emotions. Positive emotions increase our tolerance for people and events, make us get involved in altruistic activities (Altruism or selflessness is the principle or practice of concern for the welfare of others) and enhance our creativity. Positive emotions are also known to have health benefits and reduce basal metabolism, blood pressure, heart rate, respiratory rate and muscle tension (Vaillant, 2012).

The following are considered the key ingredients of positive mental health-

- Doing good for others for the joy of doing good and without any ulterior or obvious motive (altruism), managing one's emotions in a manner that they don't overwhelm us (emotional regulation), keeping the future in awareness (anticipation), the ability not to take one's self too seriously (humour), and turning difficulties into opportunities (sublimation).
- **Flourishing** is another term that has often been used in the context of positive mental health. Flourishing is a state where people experience positive emotions, positive psychological functioning and positive social





functioning, most of the time. Flourishing is not just a simple measure of happiness or life satisfaction or positive thinking. It requires the development of attributes and social and personal levels that show character strengths and virtues that are commonly agreed across different cultures (Seligman et al, 2005). On the other hand, languishing includes experiences where people describe their lives as 'hollow' or 'empty'. The aim in counselling for positive mental health is to move from Languishing to Flourishing.

What is the Relevance of Positive Mental Health in Conditions of Extreme Adversity?

It has been found that people who find meaning in life and are able to view their lives as a challenge rather than a burden, who can manage their emotions better and are able to connect to others in a meaningful way, are able to cope much better with adversity.

The Relevance of Positive Mental Health in the Lives of Women in Sex Work

In most societies, sex work is highly stigmatized and sex workers are often subjected to blame, labelling, disapproval and discriminatory treatment. The prevailing socio-economic and cultural factors push women into sex work. Most women in sex work report experiencing violence on the streets, on the job or in their personal lives, which increases their vulnerability to HIV and other health concerns.

Their social networks are few and are often fragile and short lasting. Most do not stay with their families of origin or have been alienated by them and hence they lack the buffers available to most people who face adversities. Women in sex work often come from deprived environments and have faced abuse in childhood making them emotionally vulnerable.

Rates of substance use are high and also those of self harm, both of which are related to stress of work, relationship issues, discrimination and violence.

However, despite these adverse circumstances, which are often difficult to change, women in sex work may be able to find windows of hope and courage that keep them going and preventing them from giving up on life.

A personal note:

*I would urge trainers and counsellors to read the work of Victor Frankl, a psychiatrist, who while a prisoner in a Nazi concentration camp wrote his book- **Man's Search for Meaning** (1946). In this book he writes about three avenues of finding meaning even in the most difficult of human situations – "the first is by creating work or doing a deed; the second is by experiencing something or encountering someone; the third is about changing a personal tragedy into a triumph and focusing on personal growth".*



Exercise:

- Objective:** To be able to identify the various components of Positive Mental Health and ways by which people can develop positive mental health even in the face of adversity
- Duration:** 30 minutes
- Activity type:** Group work,
- Material:**
- Pictures of persons who have faced adversity with a positive attitude such as Nelson Mandela, Yuvraj Singh (the cricketer), Stephen Hawking or any other person who is well known and has faced adversity.
 - Flip Chart and Pens
- Methodology:** Divide the group into smaller groups of four or five. Ask the group members to discuss among each other and identify what methods the person might have used to face adversity. Then let them discuss and share stories of people who have emerged with positive mental health despite adversity and what character attributes and methods helped them overcome adversity.
- The Facilitator then asks for each group to list out these attributes and writes them on a flip chart and summarizes the session.

Personal Growth

What does 'Growing as a Person' mean?

Personal growth is about developing as a 'person' or moving closer towards our 'best possible selves'. Our best possible selves are not out there to be reached. In fact, the potentials are very much within us to realize and manifest.

Although personal growth can often happen by itself as a result of life experiences, here we are talking about being an active agent in nurturing one's own personal growth. This means taking an active initiative to grow i.e. to modify our personal attributes or usual patterns of acting, feeling and thinking with what we understand as valuable or desired (NIMHANS, 2012).

Working on our personal growth goals is sometimes triggered when we are dissatisfied with our own ways of thinking, feeling and behaviour because these have not been helpful and are giving rise to problems in our lives.

Personal growth is an issue of relevance not just for those who are dissatisfied with something within themselves. For some people, working



on personal growth may be important simply because they find it of value in itself and their efforts give them a sense of happiness and fulfilment.

Why does Personal Growth matter?

Research in the area of positive psychology has shown that there are multiple psychological outcomes for the individual:

- Having a personal growth goal can enhance our well-being and provide us with a purpose in life and help us cope better with adversity.
- The belief that we can grow and change or modify ourselves can give a sense of hope, facilitate optimism and motivate us to make efforts to bring about the desired changes.

What can we do to work on personal growth goals?

- Self reflection
- The need to define our goals and have clarity on what we want to modify and why this is desired (for e.g. to be calmer, more tolerant or be more helpful to others).
- Realising both our strengths and weaknesses gives us a more balanced view of ourselves.
- Personal growth is a process and a journey. Sometimes, the process itself can be a source of happiness- the fact that you are taking these small steps and trying.
- Observing and asking others who are making or have made such changes in themselves is also a useful method.

Resilience And Emotional Regulation

One of the important factors that help us overcome life's challenges without giving up, is what behavioural scientists call resilience. It is an attribute that helps us navigate life's choppy waters and maintain our mental tenacity and stability. In recent years, much work is being done to identify personal attributes and environmental factors that enhance resilience.

While we are born with some, there are some qualities that can be developed to enhance resilience.

The Story of Asha

Asha had been in sex work since she was 16 years old. Coming from a highly abusive childhood environment, she had run away from home and currently lived with her partner who often humiliated her and was violent towards her. To cope with her circumstances she had started using sleeping pills and had earlier been admitted to hospital because of an overdose following a fight at home. Asha, an intelligent woman, realized that her way of coping was not adequate and that she had started feeling that life was meaningless. She had not been finding peace in her relationship or work. However, she also knew that she could not leave sex work.

Following a course on meditation organized by an NGO, Asha started focusing on herself and decided that she had to do something which made her life more meaningful despite being in a difficult situation.

She decided to approach the counsellor to discuss what she could do to feel better and be a more valued person.

The life of a woman in sex work is influenced by her situation and environment. However, believing that she has the scope or opportunity to respond to these situations in particular ways can help and enable her to be an active agent of change in her life. Responding need not only be in the way she acts or behaves, but can also be in the way she reacts emotionally and the attitude that she adopts towards a situation.



a. An Internal Locus of Control: This is a tendency to feel and act as if one is influential. For example, taking decisions, staying confident, having an attitude that one can change one's life, whatever the circumstances.

b. Viewing Adversity as a Challenge, not Roadblock: Research among women facing severe partner violence has indicated that resilient women focused on what they could change about the situation and strived towards an attainable goal for themselves and their children. They viewed life as being changeable and adversity as opportunity for growth. Cognitive reappraisal is an outlook that views a situation through a neutral lens and not labels it as good or bad, easy or difficult.

c. Benefit Finding: This is called finding a silver lining around every cloud! This quality is about the ability to make sense of adversity and focus on personal growth following the adversity.

d. Thriving: Thriving is when a person not only makes sense of adversity, but is able to enhance his/her skills and confidence following the adverse situation, often for the benefit of both themselves and others

Emotional Regulation

While experiencing emotions like anger or sadness by itself is not such a bad thing, being over-whelmed by it is! Managing emotions in a way that they do not take control of one's life is a skill which people might want to try and master. Psychologists call it emotional regulation. It is an ability to understand one's moods and emotions and gain mastery over them so that one does not feel powerless or overwhelmed. It does not mean that one should not feel sad or angry. It only means that the person is the master of these emotions and not the other way round.

Learning to be Self Aware is an important aspect of emotional regulation. Below are some methods to increase self awareness.

Exercise:

Exercises to enhance self awareness- These can be given as homework tasks as they involve doing it by on one's own. However, the Facilitator can discuss these one by one so that the methods for self awareness can be used in the next exercise.

1. Assess your self-talk

The first step in self-awareness is to listen to yourself. What is going on in your mind? Is it a series of negative thoughts that make you feel pretty sad? Or are you always looking at the bright side?





In practice: Take a couple of minutes each day to just sit in silence and listen to what you are thinking. One way of getting your inner voice going is to stand in front of a mirror and hear what you are saying to yourself about how you look. It might even help to write down your thoughts so you can get a better idea of how positive or negative they are.

2. Use your senses

Our senses (sight and sound in particular) provide us with a huge insight into the world, ourselves, other people and situations. But these senses are often viewed through a filter of our own self talk.

For example, a frown does not always mean someone is angry and someone not looking at you does not mean that they are ignoring you. When our mind is determining how we see things it can be easy to start feeling hurt.

In practice: Next time you feel like someone is judging you or has made you feel bad about yourself, take a step back and write down why you think this. Ask yourself, could these actions have been interpreted differently? You might actually find that your interpretation was clouded by your own negative thoughts.

3. Get your feelings out

This can be hard if you are not the kind of person who likes to think too deeply about your feelings. Our feelings are spontaneous and emotional responses to the things we experience. Like our senses, they give us good information about what is going on around us.

In practice: Look out for physical signs which might indicate how you are feeling. By focusing on how you are feeling, you can get a better insight into what you like, what makes you uncomfortable and what makes you angry.

When how you are thinking is getting you down, it can help to reassess what you are saying to yourself each day. Try to dispute your negative thinking and ask yourself some challenging questions about whether the way you are thinking about things is working for you.

Challenging questions

There are four main types of challenging questions to ask yourself:

a. Reality Testing

- What is my evidence for and against my thinking?
- Am I jumping to negative conclusions?
- How can I find out if my thoughts are actually true?

2. Look for Alternative Explanations

- Are there any other ways that I could look at this situation?
- What else could this mean?
- If I were being positive, how would I perceive this situation?

3. Putting it in Perspective

- What is the best thing that could happen?
- Is there anything good about this situation?
- Will this matter in five years' time?

4. Using Goal-directed Thinking

- Is this way of thinking helping me to achieve my goals?
- What can I do that will help me solve the problem?
- Is there something I can learn from this situation, to help me do it better next time?

Recognizing that your current way of thinking might be self-defeating (i.e. it doesn't make you feel good or help you to get what you want) can sometimes motivate you to look at things from a different perspective.

Changing the way you think about things may not be easy at first, but with time and practice, you will get better.

Exercise:

Objective: The participants are able to identify why emotional regulation is important and how overwhelming emotions can be handled.

Duration: 30 minutes

Activity type: Group work

Material: Give an example of Seema a woman in sex work who tends to respond to rejection from her lover in a way that overwhelms her completely. Encourage the group to think of ways in which Seema can experience the same emotions but in a manner that are more manageable.

Seema has been in sex work for the last 10 years. She is now 28 years old and feels that she is no longer as attractive as before and feels threatened by younger women. Her regular partner cares for her and she is aware of it but even the smallest sign of rejection from him, she flies into a rage or starts



feeling extremely sad and blames herself. The last time her partner came late she hit him and then hit herself. She later felt very bad about this and feels she reacts excessively to these situations.

Methodology: Discuss methods that Seema can use to regulate her emotions and why she should use emotional regulation techniques. Try not to focus on causes and couple work, the focus should be on the individual and what methods can be used to handle emotions in a manner that do not overwhelm her.

These might include- anticipation of the possibility of becoming emotional and preparing in advance, distraction, talking to someone as soon as the emotion surfaces, de-escalation (catching the emotion early and preventing it from spiralling beyond control), being self aware and monitoring her emotions by labelling it and keeping it in check (for e.g. telling herself- I am beginning to feel angry and hurt and I must try to keep this in check), deep breathing, listening to music, doing some physical activity which might take her mind off the emotion, telling herself that she will not think of the episode now but will do so at a later stage.

The Facilitator should encourage the group to identify the various methods discussed in Part 3 about enhancing self awareness.

Identifying One's Signature Strength

Every person has at least one (or often more) unique character strengths which is part of her innate nature. Signature strengths are those strengths that an individual considers to be very much their own and are in keeping with their intrinsic values. These are things that you are good at or your top abilities. There is no strength that is better or of less value than the other.

Signature strengths do not have to be super human qualities. In fact they are the qualities which make us human. Researchers have described about 24 strengths and have also developed a tool called the Values in Action (VIA) survey which helps in identifying one's strengths.

In his book, Authentic Happiness, Seligman (2002) advocates using one's signature strength everyday in all realms of life in order to attain one's goals and stay happy. This is because one's strengths are concordant with one's values and if we attempt a task that is in keeping with our intrinsic values, the goal will be easier to achieve. Research has also substantiated this finding and it appears that not only will using your signature strengths keep you happy; it will also make you more successful.

A counsellor should try and encourage her clients to focus on their signature strengths and use them more often. Using the exercise below is an effective way to help people in recognizing their strengths.

Identifying Signature Strengths

- *humour*
- *warmth*
- *zest*
- *enthusiasm*
- *curiosity*
- *diligence*
- *determination*
- *calmness*
- *passion*
- *physical stamina*
- *prudence*
- *modesty*
- *open mindedness*
- *tolerance*
- *generosity*
- *politeness*





Exercise:

Objective: The participants try to identify strengths within themselves and through this exercise will be able to help their clients in identifying their own signature strengths.

Duration: 30 minutes

Activity type: Working in Pairs

Methodology: The group is divided into pairs and given ten minutes in which they describe to the other person three important strengths they identify in themselves. They reflect on what is it that people admire about them and think about the various situations where they have been lauded, praised or thanked. They think of what value or strength of theirs helped another person or helped in their own handling of a crisis.

The Facilitator could then put up the list given in the Signature Strength Box given in the previous page and encourage them to see if they were able to identify any of the strengths listed or add to that list.

Mindfulness

Mindfulness is about training oneself to pay attention in a specific way. When a person is mindful, she is:

- focused on the present moment
- not worrying about anything that went on in the past or that might be coming up in future
- purposefully concentrating on what's happening around her and to her
- not being judgemental about anything she notices

We spend so much time thinking over negative things that happen, or worrying about things that may be happening in future, that often we actually forget to appreciate or enjoy the moment. Mindfulness is a way of bringing us back to experience life as it happens. When you are mindful, it:

- gives you a clear head
- slows down your thoughts
- slows down your nervous system
- gives your body time to heal
- lets you relax
- helps you cope with stress
- helps you be more aware of yourself, your body and the environment



Situations where Mindfulness can be Relevant

Mindfulness is something that everyone can develop. It has been practiced for thousands of years. People practice increasing their mindfulness in everyday life, such as through:

- Meditation
- Yoga
- Self awareness

People who are Mindful

- have decreased anxiety
- have decreased depression
- are less angry or moody
- have a better memory
- are able to learn more easily
- are able to solve problems easily
- are happier
- are more emotionally stable
- have better breathing
- have lower heart rates
- have improved circulation
- have better immunity
- sleep better
- and are better able to cope with pain.

Exercise:

Objective: Helping participants learn techniques of mindfulness and encouraging them to use this in counselling.

Methodology: Sit in a comfortable position on a straight backed chair. Gently close your eyes and concentrate on your breathing. Be aware of the movement of the breath as it goes in and comes out of your body. After some time your mind will wander away from the focus of your breath to thoughts, daydreams or worries. This is perfectly all right, this is simply what minds do. Every time your mind wanders, gently bring it back to the present and observe the flow of your breathing. Using the breath as an anchor to focus your attention will help you bring back to the present.

Slowly be aware of your body as a whole and sit with whatever comes up without reacting. Bring your mind to the sense of your body as you sit there, not going anywhere, not doing anything, just simply sitting. Be aware of all the sensations in your body. Be totally with yourself at this moment.

As you become comfortable with your breath and body, let the focus of awareness expand



towards sounds that you may be aware of in the environment or sounds within your body. If you notice that your mind is wandering off from your focus of awareness, just bring it back to your ears right now to whatever is here.

Slowly move your focus of awareness to your thoughts. Observe thoughts as they come to your mind. Thoughts could be about anything – the future, body, feelings, thoughts about time, thoughts about thoughts, whatever they are, observe just as they come and go.

We began with breathing, and then expanded awareness to body, then the sounds and thoughts. Now just let go off all these and instead of focusing on anyone, just allow yourself to just sit here and be with yourself. If thoughts come, observe thoughts... if sounds, then observe sounds... if sensations in your body then notice it and if its breath then be aware of that. Just sit with stillness and calmness in the present.

Now slowly open your eyes.

After the exercise, give them a printed version of the instructions for practice and later use.

Gratitude

Gratitude or appreciation for the good things that happen in life is a really important part of building happiness. There are a number of benefits that can be gained from using gratitude in one's everyday life.

What does Gratitude Mean

Everyone has times where they feel appreciative or thankful for a person or a situation. These moments of thinking about the past in a positive way give us a good feeling, and have been termed 'gratitude.'

Feeling grateful just happens sometimes, but one can also make a special effort to increase how often one feels it. Research has shown that people with high levels of gratitude experience better emotional and physical health.

Benefits of Gratitude

Increasing gratitude is useful because:

- It improves mood instantly
- One is likely to feel closer to friends and family
- It is good for your physical health
- It is easier to cope with tough times





- Good things in life don't stay on in our minds as easily as bad things

This last point is really important. When bad things happen, people don't really forget it, and people can spend a lot of energy thinking about what makes them unhappy. However, making an effort to increase gratitude, can balance out the negative experiences.

Ways to Increase Gratitude

- Maintaining a Gratitude journal. Taking five minutes each day or once a week to think of three things that happened that one is glad they experienced and writing them down in a journal.
- Remembering the happy times- Setting oneself a mission to remember things in everyday life that make one smile.
- Telling someone how they contributed to one's happiness- telling someone that they were a cause of one's happiness and how they made one happy can be a way of bringing it into one's awareness.

Exercise:

Objective: Increasing one's ability to feel gratitude

Duration: 15 minutes

Material: Flip Chart and Pens

Methodology: The participants can work in pairs and are given instructions to write down three things in the last week that they would like to remember in gratitude. After five minutes they share this with the partner.

Instructions given: You can be thankful for anything in your life that makes you feel positive on some level. You don't need to limit your gratitude to big things alone. Positive things that seem small and happen every day are also worth focusing on.

Some small things could include:

- an hilarious joke you heard from a friend
- a great day out somewhere
- pleasant weather
- a tasty meal you had somewhere
- the laughter you had with a partner



Once the exercise is completed and both partners share their experiences, ask a few volunteers to describe how easy or difficult it was to remember acts and people in gratitude. Also describe how it felt when you were recording or narrating them.

Summary

This chapter focuses on the various concepts of positive mental health and how they can be used in helping sex workers enhance their mental health. The main areas focused on included personal growth, emotional regulation, mindfulness, increasing resilience and enhancing feelings of gratitude. The situations of sex workers' life may vary but the principles of positive mental health counselling always remain the same. Given below are some simple methods of enhancing one's mental health.

Some simple methods for enhancing positive mental health

- Supporting others
- Getting involved in a cause – helping others
- Learning a new activity or skill
- Learning to maintain a Gratitude Journal
- Having a Happy Memory box or album
- Forgiving people who have hurt one
- Practising Mindfulness
- Enhancing one's physical health
- Resolving conflicts without losing one's cool
- Enhancing self esteem by identifying one's strengths
- Having a healthy body image
- Being assertive and confident
- Identifying good role models
- Building a support network
- Finding a purpose and meaning in one's life

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Chapter 9





Substance Use among Women in Sex Work

Dr. Pratima Murthy¹

Chapter Overview

Substance use (alcohol, tobacco, other drugs including misuse of prescription drugs) can adversely impact women in two major ways. They may be affected from their own use of substances or as partners of men who use drugs. Women who themselves use substances often have male partners who use substances. All over the world, more women now are using substances. Women in sex work are more likely to be using alcohol, tobacco and other drugs compared to women who are not in this profession.

By the end of this chapter, the reader is expected to understand

- The patterns of substance use including harmful use and dependence
- The consequences of substance use
- The context of substance use in women in general and among women in sex work in particular
- Factors that promote substance use and dependence among women in sex work
- Challenges in dealing with substance use and dependence in this population
- Information and service linkage needs
- Counselling needs and responses
- Core counselling skills and practice situations

Substance Use

The use of alcohol, tobacco and other drugs is associated with problems all over the world. Global estimates indicate that each year almost 200,000 people die from drugs (UNODC, World Drug Report 2011). The use of such substances is associated with serious individual health problems, as well as problems for the family, workplace and society at large. In India, it is estimated that there are 62.5 million consumers of alcohol and more than 10 million people who use other drugs (figures for 2000-2002). The country also has 274.9 million tobacco users, about a third of which are women (GATS India 2009-2010). The misuse of pharmaceutical drugs is increasing in many parts of India.

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In this chapter, a 'substance' refers to any chemical that is used because of its mind altering properties. Substance use refers to the use of both 'legal' (sale and use of which is permitted under law) and 'illegal' substances (the consumption and sale of which is prohibited). The common substances that are used, including prescription drugs that are misused for their mind altering properties are listed in the accompanying table. In this chapter, the terms substance and drug is used interchangeably.

'Legal' Substances	'Illegal' Substances
Tobacco	Cannabis (<i>ganja, charas, marijuana</i>)
Alcohol	Opioids (<i>heroin or brown sugar, opium, synthetic opioids</i>)
Prescription medicines	Stimulants (<i>amphetamines, cocaine</i>)
• <i>Sleeping tablets (benzodiazepines)</i>	Hallucinogens (<i>LSD, Ecstasy</i>)
• <i>Cough syrup (containing codeine)</i>	Inhalants (<i>whitener, petrol</i>)
• <i>Prescription pain killers (containing opioids)</i>	
• <i>Antihistamines</i>	
• <i>Other psychotropic medicines</i>	

Patterns of Substance Use

Many young people start using a substance just for curiosity or fun. This is known as '**Experimental Use**', and often occurs under the influence of peers. Many of these users may not continue because of the social pressures against using, or because of unpleasant effects from such use. Some people use substances 'recreationally', in social settings with friends, for celebration or for relaxation. Many people report using substances as a way of coping with personal feelings and with stress.

Hazardous use of a substance refers to risky patterns of use which can lead to accidents or other harm, for e.g., driving under the influence of alcohol or drugs. It also refers to the **use of substance to induce intoxication**, as such use can lead to impairment of reasoning, reduce the perception of danger and impair the person's reflexes, resulting in possible harm to self or to others.

Drug overdose is well known to result in death from respiratory failure, heart complications or seizures.



Harmful use refers to a pattern of use of the substance that can damage physical or mental health or have adverse social consequences on either the user or others around.

Dependence or addiction refers to a state when the person uses the substances regularly, needs to increase the quantity or frequency of use of the substance to get the desired effect (tolerance), loses control over the intake of the substance (loss of control), has a compulsion to use the drug (craving), develops withdrawal symptoms upon stopping the substance, and spends a lot of time to obtain the substance or in getting over its effects (salience). It is now understood that there are many brain changes that underlie dependence, and that a tendency to develop dependence runs in families. Thus for a person who has a higher likelihood to develop dependence, any use of a substance, even experimental or recreational, can eventually lead to dependence.

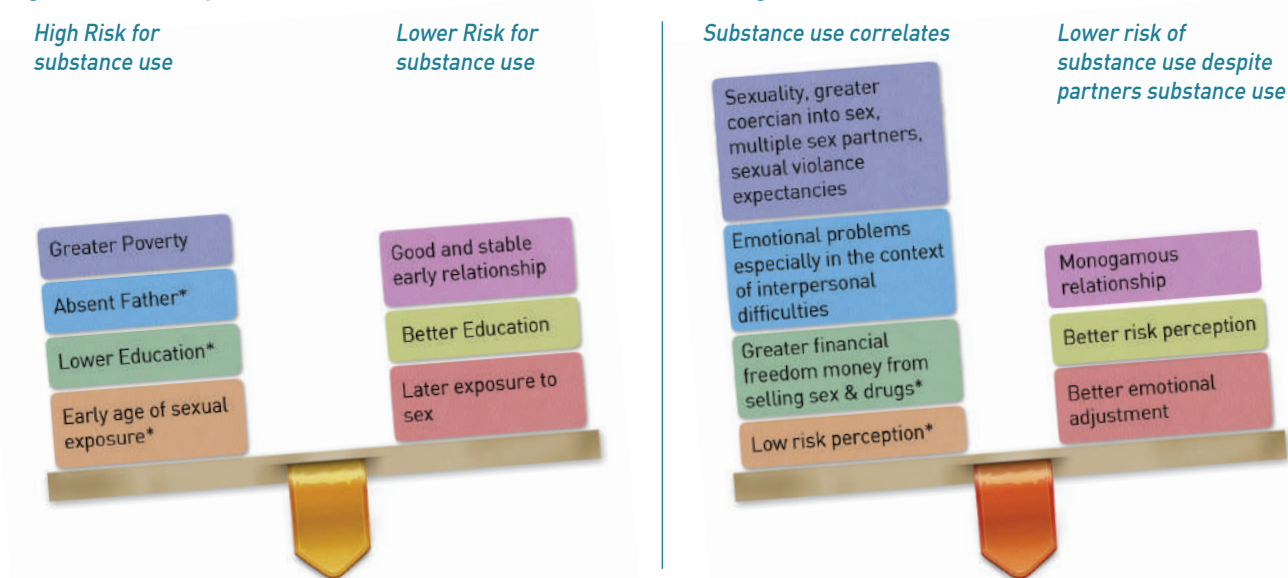
Antecedents of Substance Use among Women

A study among 1865 women all over India about using substances helped in understanding the early and later life factors that are associated with substance use. These are indicated in the figures below. The case studies mentioned here have also been excerpted and abridged from the same source.

While these factors may not be relevant for all persons using substances, the findings help to understand that multiple factors interact in a complex manner to result in addiction. The presence of addiction in multiple family members also increases the risk to substance addiction, both through genetic risk and modelling. Emotional instability, impulsivity, anxiety and distress associated with relationships, as well as the partner’s use of substances are factors that may promote and maintain substance use.

Ms B, a 23 year old ragpicker, lost her father when she was a baby and grew up in very difficult circumstances. She dropped out of school in the 3rd standard and was married when she was only 13 years old. Quarrels with her in-laws and an extramarital relationship of her husband made her very unhappy. She was introduced to alcohol by her friends who also worked as ragpickers. Using alcohol and subsequently dilution fluid helped her feel calm and forget her worries. But often she also got aggressive and wild under intoxication. She was sexually assaulted at times when she was intoxicated.

Figs 1 and 2: Early and later antecedents of substance use among women



Source: Women and drug use in India. Substance, Women and High Risk Assessment Study (UNODC 2008).

Exercise: Brainstorming Activity

In this activity, the facilitator will ask the participants to enumerate the negative consequences of substance use, record the responses on a board or chart, grouping these responses into physical health, mental health, social, occupational consequences /or consequences to self and consequences to others. Continue this activity for about 10-15 minutes and at the end summarise the presentation or use a ppt. Different substances have different side effects, but the purpose here is to highlight the fact that substance use is associated with many problems

Consequences of Substance Use

Summary of consequences of substance use

Physical	Mental	Social	Occupational
<ul style="list-style-type: none">• Injury• Accidents• Overdose• Gastric problems• Liver problems• Head injury• Seizures• Nerve damage• Brain damage• Increased risk of HIV• Increased risk of Hepatitis B and C• Increased risk of other sexually transmitted illnesses• Cardiac problems• Specific risks from injecting drug use	<ul style="list-style-type: none">• Impaired consciousness• Impaired attention• Impaired judgment• Memory impairment• Violent behaviour• Agitated behaviour• Excitement• Depression• Suspiciousness• Hallucinations• Suicide and suicidal attempts	<ul style="list-style-type: none">• Injury to others• Fights with family members (verbal violence, physical violence, sexual violence)• Emotional distress to significant others• Social stigma• Social boycott• Financial difficulties for the family• Involvement in crime, arrests, police involvement	<ul style="list-style-type: none">• Absenteeism• Workplace accidents leading to injury to self or others• Impaired productivity• Disagreements with co-workers• Increased health care costs to the workplace• Poor image at the workplace

A Rapid Assessment Survey was carried out in India on about 75 women, including a small number from Mumbai who primarily engaged in sex work and also used substances (Kapoor et al 2001). A significant number of these women (41%) reported injecting drug use.

The facilitator can sum up this session by highlighting the fact that research has found that alcohol abuse is associated with more than 60 disease conditions. Tobacco contains more than 4000 harmful chemicals, of which 43 are cancer producing and use of other drugs is also associated with a large number of health consequences. The advantage of emphasising health consequences is that this approach is less stigmatising and gives people using substances an opportunity to consider that they can improve their health by changing their use of substances. However, a discussion about the consequences on their home, work, finances and relationships



can be powerful factors to motivate them to consider changing their present substance using behaviour.

Women and the Context of Substance Use

In the last two decades, substance use among women has been gaining attention. There have been attempts to understand the general and unique factors that lead to substance use and injecting drug use among women. The gender-specific effects of substance use and the specific resources that are needed for women who use substances are also areas of study.

A global literature review suggests a growing problem of drug use among females worldwide, an increase in injecting drug use and initiation into drug use at an early age (Murthy 2012). In India, the study carried out by the United Nations Office on Drugs and Crime (UNODC) in 2008 found that there were women all across the country using substances. Some of the highlights are provided in the accompanying table.

R, a 25 year old girl has memories of an unhappy childhood, neglected and beaten by her parents. As a young girl, while working as a maidservant, she was lured by a man's promises. He raped her repeatedly. She was subsequently 'married off'. She started using alcohol and drugs with her spouse and his friends. Being labelled an addict shamed her and she attempted to kill herself but was rescued by her husband. She soon started turning to sex work to support herself and her drug habit.

A study by the UNODC in 2008 of 1865 women substance users identified through 109 NGOs revealed the following:

- There were women in both urban and rural areas using substances
- Average age of initiation of substance use was about 18 years
- There were many instances of substance use among young girls, particularly those exposed early to sex, often forced upon them
- Apart from tobacco and alcohol, the commonest substances used by the women were heroin, dextropropoxyphene (commonly available as spasmoproxyvon), sedatives/hypnotics (sleeping pills commonly alprazolam, nitrazepam and diazepam) cannabis and inhalants
- While injecting drug use was more common among women in the North-East, the study found such users throughout the country
- Common reasons for initiation included childhood difficulties, peer/partner influence, physical and emotional distress and iatrogenic causes (started on advice of a doctor but continued because of mind altering properties).
- Nearly a third earned their livelihood from sex work and/or peddling.
- Women substance users were more likely to have an earlier initiation into sexual activity, more likely to have faced sexual abuse, premarital/ extramarital sex, exchanged sex for money voluntarily or under coercion and had more sexual partners than non-user women partners of men who used drugs
- Women who used substances had high levels of mental distress, had frequent suicidal ideas

L, a 38 year old woman lives on the street. She turned to sex work very early in life, with a first experience of coerced sex. Her clients would offer her alcohol, which she accepted to please them. Soon they introduced her to cannabis and beedis. Her clients would provide her with the alcohol and drugs, so she did not have to spend any money on it. Although many of her clients used condoms, some demanded sex without it and were willing to pay a higher price. At times when she was intoxicated, she had unprotected sex, became pregnant and had many abortions.

Substance use and Sex Work

Traditionally, there has always been a close relationship between substance use and sex work. Both share common vulnerabilities, one often leads to the other and it can be difficult for a person involved with both to extricate herself from either.

Women in Sex Work who do not use Substances are also at Risk from Substances

Women in sex work are at risk from substance use related problems not just on account of their own substance use, but also from substance use among their partner/s. Women in sex work may often have to service clients who are intoxicated. Intoxication, demand for unprotected sex, for non-vaginal forms of sex, and violence can expose women in sex work to health risks, particularly HIV and other STIs.

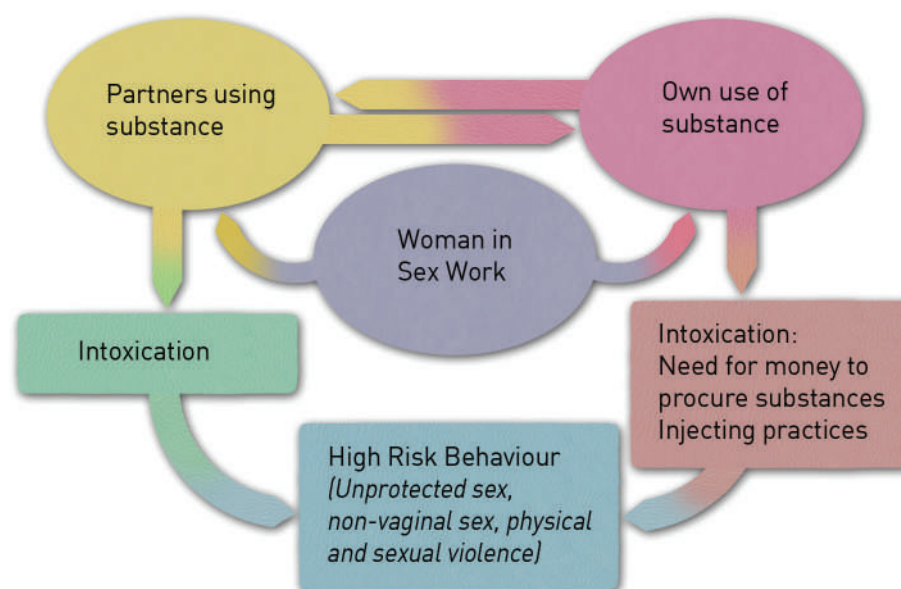


Figure 3: The interface between sex work and substance use

Factors that Promote Substance Use and Dependence among Women in Sex Work

Women who grow up in an environment where substance use and sex work both occur commonly may be simultaneously exposed to both these elements, and such hidden/illegal activities may be started together. Another possibility is that women who are in sex work are introduced to drugs by their sex partners. A third situation is when a woman is first introduced to drugs and then sells sex to support her drug use. Since many women who use substances also support their partner's substance

use, it is possible that a woman in sex work who uses substances and has a regular substance using partner (apart from her commercial sex partner), may end up having to support his substance use along with her own.

Substance use among women involved in sex work may be because of

- A sense of positive expectancy (feeling good, high, relaxed)
- Coercion from the male sex partner to use substances along with him prior to or during sexual encounter
- Introduction to substances by pimps/brothel owners
- A belief that substance use enhances the sexual experience
- Higher payment if willing to use substances with sexual partner
- A belief that substance use will numb feelings and trauma associated with sex work
- Using substances to deal with mental distress
- Dependence on a substance and experience of withdrawal symptoms, particularly craving, upon stopping the substance use.

The challenges in dealing with substance use and dependence among women in sex work can be summarised as follows:

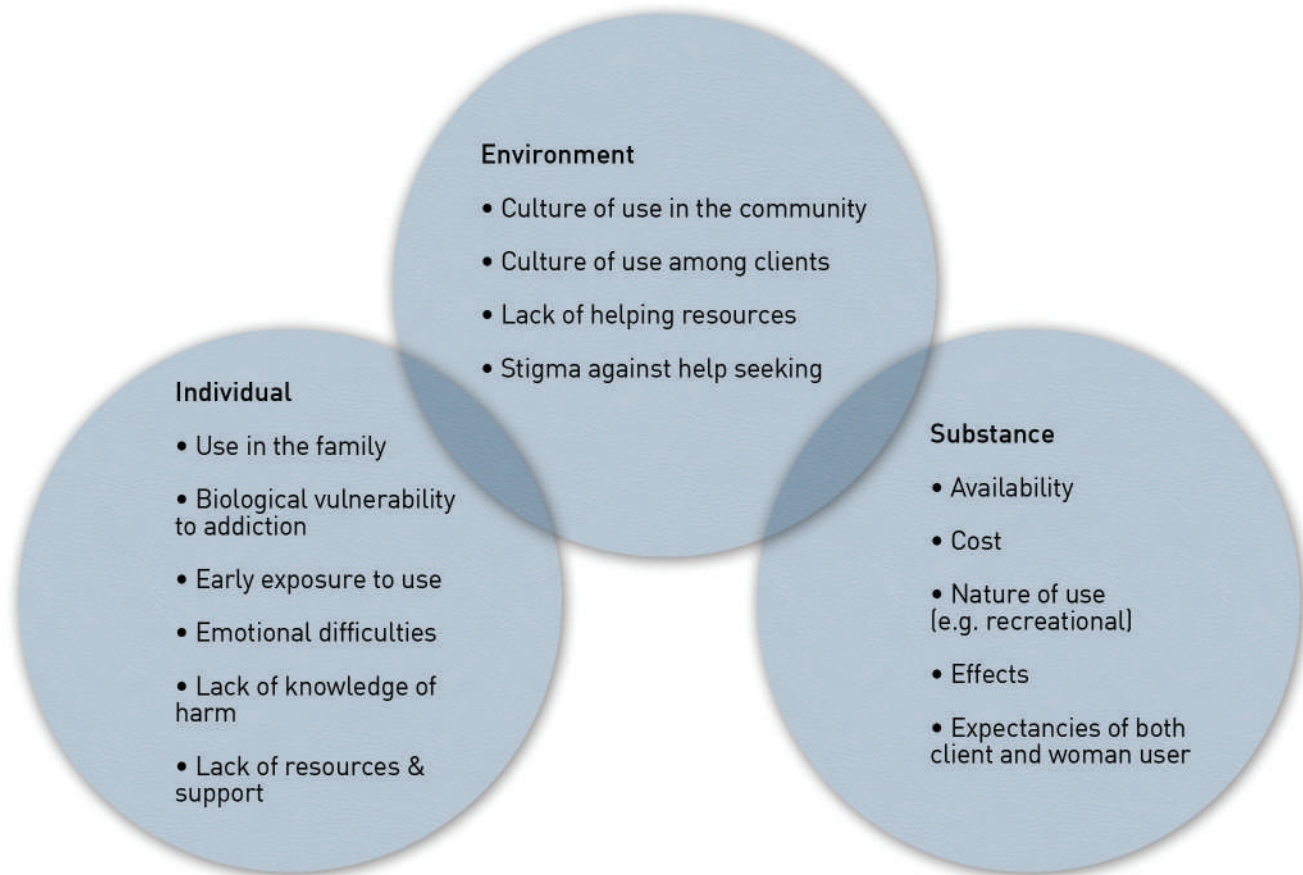


Figure 4: Interacting factors leading to substance use among women in sex work



Exercise:

This can be carried out as a group exercise. Ask the participants to form groups of 4-5 and discuss the challenges in dealing with substance use and dependence among women engaged in sex work. They can discuss for 15 minutes. One representative from each group can present the challenges discussed within the group.

Once the groups have presented their perception of challenges, the Facilitator can then summarise these.

Information and Service Linkage Needs

In the community, women engaging in sex work and their 'employers' need to be provided awareness about:

- How the harm from substance use outweighs any temporary benefits
 - *You said that you could earn more money if you used alcohol with your client, but remember that if you get really sick from alcohol use, you will not be able to work*
- Common misconceptions about substance use and sex (these include beliefs that substances enhance sex drive/are a good way of 'anaesthetising' feelings)
 - *Using drugs actually cuts down on the sex drive over time*
 - *Smoking makes you age and look unattractive after a few years*
 - *Drugs are not a good way to control unhappiness. Over time they make a person even more unhappy. Let us talk about the things that make you unhappy instead and see if there is some other way of dealing with such situations.*
- Health, financial and social risks from substance use
- Assertiveness skills in handling clients who are intoxicated or insist on the woman using substances
- How and why addiction develops and how it becomes difficult to quit
- How to quit including resources in the community to help women quit using
 - *I have told you the important reasons why you should quit using such drugs. I know you may have withdrawal symptoms when you stop, and may have a lot of craving to use. Don't worry about that. I will help you to find someone who can help you to quit.*



They also need to be provided **support for substance use cessation** through

- Counselling services in the community
- Gender sensitive addiction treatment services
- Crisis intervention for women who use substances including emergency care, shelter and legal help
- Linkages with health centres for physical health care, particularly gynaecological care as well as care during pregnancy
- Proper follow-up support

Linkages with other supports in the community need to be provided and include

- Linkages with child-care services for women in sex work who have children
- Support from mental health services for women in sex work with severe emotional and mental health problems
- Alternative employment and assistance schemes for women who opt out of sex work

Counselling Needs and Responses

As a counsellor providing substance use prevention and treatment services for women in sex work, you will need to equip yourself with the necessary knowledge, develop the right attitude and learn the skills that would be helpful in working with this group.

Knowledge – about the common substances used, reasons for use, consequences of use, difficulties with cessation, methods of cessation. Many of the knowledge elements have been discussed in the earlier section.

Attitude – Helpful attitudes in dealing with persons with substance use problems includes being empathetic and non-judgmental. It is important to avoid stereotypes (even among women in sex work, those using substances are regarded as 'deviant'). Every person needs to be treated with respect, courtesy, dignity and kindness. Showing that you care, expressing concern regarding the person, her health, her future, conveying optimism that giving up substance use is possible, will bring



about positive changes and that help is available are all very important change factors.

Quitting alcohol is a very important thing for you to do, because it has started to affect your health and your work. It is possible to give up using it, although you may face some challenges. I will help you to give it up if you are willing to do something about it

Skills – Being equipped with a set of skills to work with persons with substance use problems is very important in order to be an agent of change. The following skills are very important for you as a counsellor.

Good communication skills – These include verbal and non-verbal ways of expressing concern, good listening and responding skills. Women using substances feel distressed, guilty and isolated. Effectively communicating that you care and are willing to help are important starting points to establish rapport and begin the process of change.

Assessment skills – A good assessment of the problem is an important first step to help. This includes appropriate history taking about the onset of substance use, the changing pattern, physical, emotional, social and occupational adverse consequences of use, family history of substance use and mental illness, personal history of early development, life events and their role in substance use, temperament including ability to cope with stress, current physical and mental health status and last use of substance. You also need to enquire about past attempts at quitting substance use including reason to quit, nature of the attempt and outcome. Reasons for returning to substance use after stopping (relapse) in the past are helpful to decide how to handle future relapses. You can also ask the woman about her current decision about the use of substances.

For e.g. On a scale of 1 to 10, where would you put yourself in terms of wanting to give up alcohol?

This helps to determine if the woman is already considering change (higher score) in which case you can begin to assist her in the process. If her score is low, it means she has not considered change. In such a situation, you will first need to motivate her to change.

Intervention

Health literacy

Remember that women in sex work are at risk from substance use both from the partners' use of substances and their own. Therefore, it is important that you educate all women in sex work about the risks from substance use by their partners and themselves.





The goal of intervention here would be to:

- Reduce the consumption of substances by sex workers and their clients
- Promote safer sex with paying partners
- Ensure that personal physical safety is not affected because of substance use in either the woman or her sex partner

The link between sex work and substance use can be broken by

- Discouraging women in sex work from using substances with their clients
- Discouraging women in sex work from accepting clients who are under the influence of substances
- Encouraging women who are using substances to quit

Motivating Change

A desire to change the current pattern of substance use is likely to occur if

- The person realizes that the disadvantages (risks) of using are greater than the advantages (benefits)

- I can see that you use this substance because it temporarily helps you, but we have now realized that it causes much harm in the long run

- She understands that quitting will lead to positive change (benefits)
- She knows how to deal with the discomfort of quitting (dealing with withdrawal symptoms, particularly craving,) dealing with situations which cause her to relapse (physical states, emotional states, stress, peer pressure, easy availability)

Providing Assistance

The counsellor can provide assistance in managing withdrawal, helping to deal with associated physical and mental health problems and in helping to prevent relapse.

Handling Withdrawal Symptoms and Preventing Relapse

The counsellor can support a quit attempt by educating the user about withdrawal symptoms and ways of handling mild withdrawal. The counsellor must also be aware of facilities in the community that will provide both residential or out-patient treatment for moderate and severe withdrawal. Ideally, an accompanied referral to such a facility (hospital/



treatment centre) is likely to reassure the person that you are by her side in her attempt to quit.

Medications are available for severe withdrawal and presently include medications for tobacco dependence (nicotine replacement like gums, non-nicotine medications like bupropion and varenicline), alcohol dependence (short-term benzodiazepines for withdrawal, anti-craving medicines like acamprosate, naltrexone etc for preventing relapse, deterrent drugs like disulfiram), opioid dependence (opioid replacement therapy using buprenorphine or methadone, opioid antagonists like naltrexone). These can be prescribed by a psychiatrist or trained physician.

Counselling to Prevent Relapse

This can be delivered through individual as well as group counselling. Regular follow-up, identification of situations that lead to relapse and learning alternative ways of coping rather than using substances are important relapse prevention skills. Here again, dealing with peer pressure to use substance, dealing with clients who are under influence, dealing with emotional pain and trauma are important for relapse prevention. In times of crises (craving, life events), the counsellor must be available to provide emotional support and the necessary assistance to prevent relapse. In some places, shelters for women in crises are beginning to be set up. However, these may not always be accessible to women who use substances. Shelter continues to pose a serious challenge.

You are motivated to give up and I am sure you will too. But just remember that there are many situations where you may feel the need to drink alcohol/use drugs. It happens to many people. Seeing others use, feeling low, feeling upset and angry, being in the company of people who use, can all be triggers for use. Together, we need to identify such situations and try and find other ways to deal with them rather than go back to alcohol/drugs

Handling Other Health Related Problems

The counsellor needs to provide the right care and support in helping the woman deal with associated physical and emotional health problems. Assisted referral particularly for physical health problems, including gynaecological problems is very important. For this to be done effectively, every counsellor must be aware of the services available in the nearby community including services for diagnosing and treating tuberculosis, HIV and STI testing, hepatitis testing, as well as mental health services. The counsellor must try and collaborate with agencies which provide testing and care with dignity, ensure confidentiality, provide quality services. For women who do not wish to come out to seek help, the counsellor must explore the possibility of home based care



Building Broader Networks

Women in sex work may have important concerns regarding their children or steady partners who use substances. As a counsellor, you need to be able to access community networks for health care, legal support, education, employment and welfare support, including various government schemes and non-governmental agencies providing care and support.

Are Counsellors Immune from Substance Use?

In many situations, counsellors providing care and support for vulnerable groups can themselves be using substances, and may even be addicted themselves. It is important to understand that we ourselves can be affected, and moderate or stop the use of substances, if we need to effectively help others. Early self-identification and change is important. It is also necessary to get timely help if needed in order to effectively address substance use and dependence.

Summary

There is a very close link between sex work and the use of substances. Both may emerge from a common, at risk environment, or one could lead to the other. There are many substances being used in the community, and women engaged in sex work are vulnerable to the use of any of these substances. The use of substances among their clients also poses women in sex work at risk to a variety of physical health problems as well as violence. It also puts them at greater risk to using substances themselves.

Women in sex work must thus understand the risks from substance use and further learn how to be assertive with clients who are under the influence. They need to be careful not to use substances, particularly in the context of their work. Those that are using substance need to be educated and motivated to quit, and learn healthier coping mechanisms. Women who have developed an addiction or dependence must be provided help to deal with withdrawal symptoms and relapse. Counsellors need to have adequate knowledge about the relationships between sex work and substance use, have the skills to motivate women using substances to change, and assist them effectively in giving up the use of such substances.



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Chapter 10





Ethical Issues in Counselling women in sex work

Shyamala Nataraj¹

Chapter Overview

This chapter will address ethical issues in interventions with women in sex work in general and for counsellors in particular, through brief descriptions as well as interactive exercises. The chapter comprises three sessions. In the first section, we provide an overview of the training objectives, discussions on key concepts such as values, beliefs, and ethics, and exercises to help counsellors become increase aware of their own attitudes towards sex work and female sex workers. In the second section, we introduce key ethical principles, rights claimed by sex workers, and examples of ethical standards for counsellors and those working with vulnerable populations. In the third section we guide counsellors through the process of ethical decision making on issues related to women in sex work.

Throughout the chapter, we use the term 'women in sex work' interchangeably with the term 'female sex workers'.

Learning Objectives

At the end of the chapter, participants should be able to

1. Understand how values and beliefs can influence responses to women in sex work.
2. Understand the role of ethics in working with women in sex work.
3. Develop a set of personal and professional ethical standards to help work with women in sex work.
4. Recognize specific ethical issues that may arise when working with women in sex work.
5. Use a standard decision-making process to resolve ethical issues when working with women in sex work.

Specific Training Objectives

1. Increased understanding about the meaning of values, beliefs and ethics, and the role of ethics in working women in sex work
2. Increased awareness of one's own values or beliefs about sex work, and about women in sex work

1. Founder Trustee, South India AIDS Action Programme



3. Increased awareness of how personal values influence the way one works with women in sex work
4. Increased clarity regarding ethical standards for counsellors and others working with vulnerable populations.
5. Increased understanding of specific ethical issues involved in working with women in sex work.
6. Increased ability to make ethical decisions in one's work with women in sex work.

Introduction

Counselling is primarily about building a relationship with a client. As counsellors we know that building a relationship with any individual requires us to understand them and their concerns in a non-judgemental manner. The earlier chapters have provided important information about the world of sex work and the lives of women in sex work. We have learnt that being part of the sex industry affects women in many ways. These include being stigmatized, exploited, abused, assaulted, and victimised by family, community, pimps and brothel owners, and police. The HIV/AIDS epidemic has added yet another dimension to these traditional problems by positing female sex workers as the primary cause of the spread of the infection. In the early years of the epidemic, this led to increased numbers of police raids and arrests of women, and to illegal detention of infected women. Unrelenting advocacy by social activists helped policy makers view sex workers as people who were especially vulnerable to infection and whose rights needed to be protected. In the mid-1990s newly formed sex worker organizations actively engaged in HIV prevention alongside NGOs, through helping sex workers enforce condom use by clients, and seek treatments for sexually transmitted infections (STIs). As a result, India is among the few developing countries to have contained the epidemic.

The greater availability of anti-retroviral therapy more recently has led to an emphasis on HIV testing, especially for sex workers, to facilitate early diagnosis and treatment. The result is large-scale testing of sex workers in the country without adequate attention to key ethical imperatives such as informed consent and confidentiality. At the same time there is an increase in raids on brothels and female sex workers are 'rescued' and sent for 'rehabilitation' to government aided shelters even though many may prefer sex work to other livelihood options available to them. Sex workers are routinely abused, raped, or otherwise humiliated by the police. Thus, working with sex workers poses multiple challenges. This chapter aims to increase clarity regarding ethical ways of addressing some of these issues.



Ethics, Values and Beliefs : Meaning and Relevance to Counselling Women in Sex Work

Exercise 1

Objective: Increased understanding about the meaning of values, beliefs and ethics, and the role of ethics in personal and professional life.

Type: Brainstorming

Materials: Paper, pens, discussion notes on definitions of values, beliefs, and ethics (PP1), and discussion notes on points for discussion (PP2).

Time: 1 Hour

Methodology:

- Ask participants to explain the terms, 'values', 'beliefs', and 'ethics' with examples.
- Note explanations on the board.
- Use the discussion notes to present definitions and examples of these terms (PP1).
- Ask participants to break into three groups and prepare their own definitions of these terms.
- Ask the small groups to share the definitions in the larger group.
- Facilitate a discussion using the discussion notes points for discussion (PP2).

PP1 Definitions:

Value

1. A principle, standard, or quality considered worthwhile or desirable. (<http://www.thefreedictionary.com>)
2. Values describe what is important in a person's life. Value is what makes something desirable or undesirable (Shockley-Zalabak, 1999: 425)

Examples: altruism, accountability, compassion, consistency, fairness, fidelity, honesty, integrity, promise-keeping, respect, reliability, transparency, tolerance, trustworthiness.

Belief

1. Something believed or accepted as true, especially a particular tenet or a body of tenets accepted by a group of persons. (<http://www.thefreedictionary.com>)
2. The psychological state in which an individual holds a proposition or premise to be true (Schwitzgebel, 2006).

Examples: Looking after children is a woman's responsibility; Strong men do not cry; Uneducated people must be told what is good for them.



Ethics

1. A set of principles of right conduct. (<http://www.thefreedictionary.com>)
2. Standards by which one can differentiate between right and wrong action (Chippendale, 2001).

Examples: Treat everybody with respect without considerations of position, status, or wealth; Do not take what belongs to others; Do not speak ill of others.

PP2: Points for Discussion

- Values refer to ideals that an individual aspires to or considers important in her/his life. They can greatly influence our responses to specific situations, both personal and professional
- Beliefs are judgements about ourselves and the world around us.
- Ethics are based on societal values and set standards by which we can assess whether an action is 'right' or 'wrong' in a given situation.
- Values can be chosen by individuals, while ethical standards must be acceptable by the community, organization, or country that the individual claims membership in.

Exercise 2

Objective: To increase the understanding of participants about the role of ethics in personal and professional life.

Type: Discussion

Materials: Discussion notes about key ethical principles (PP3).

Time: 1 Hour

Methodology:

- Ask two participants to share examples of situations where they found it difficult to make a decision because of conflicting claims.
- Invite other participants to suggest appropriate decisions in each situation.
- Facilitate a discussion on the pros and cons of these decisions.
- Introduce the role of ethics using the prepared notes for discussion (PP3).
- Conclude by pointing out that the role of ethics is to guide us to find the most appropriate response in situations where there are conflicting claims.





PP3: Ethical Principles

Ethical principles can help us decide what the most appropriate response may be in a situation about which we have conflicting opinions. As individuals, we have to constantly make decisions about what we should do in both our personal and professional lives. Sometimes these decisions are easy, as for example sending a medical certificate with a leave application to our child's teacher in case she is ill or counselling a client whose views we agree with. At other times, a decision may be difficult if our values contradict what we are being asked to do. Let us suppose that one of our values is to be honest. What should we do if our child has refused to attend school because she is afraid of the teacher? Again, let us suppose that we believe that we should treat everybody with respect. What should we do if we are asked to counsel a man we know has raped a woman? In such situations we may need help with making the 'right' decision. Ethical principles provide us with a framework to guide us in such situations.

Key Ethical Principles in Healthcare

Respect for Autonomy: Respect for an individual's right to make her own decisions free from controlling interference from others, and from limitations such as inadequate understanding that limits meaningful choice (Beauchamp & Childress, 2001).

Important aspects of the principle of respect for autonomy include informed consent and confidentiality.

Beneficence: Acting in a way that prevents harm and promotes the significant and legitimate interests (of people) (Beauchamp & Childress, 2001).

Justice: A form of fairness, especially in terms of an impartial distribution of goods (Rawls, 1999). "Goods" refers to tangible as well as intangible resources that a person may value.

Non-maleficence: Avoiding actions that can place people at risk of harm (Beauchamp & Childress, 2001).

Other ethical principles that have been suggested include **respect, care, empathy, compassion, trust, participation** and **responsibility** (Gilligan 1982, Taylor, 1989, Sandel 1998, Friedman 1999).

The following are some key concepts associated with ethical principles

- **Respect:** The principle of respect for persons is linked to the principle of respect for autonomy because it affects notions of choice and self-determination. Describing persons as "beings who choose", Smilansky (2005) observes that lack of respect for an individual will affect the individual's sense of self-respect, and affect the ability to make choices. Eddy (2007) similarly observes that a threat to self-respect of human beings is not simply a question of hurt feelings and wrongful treatment, but undermines an individual's feelings about her/his own worth, and discourages the capacity to choose and act independently.
- **Informed consent:** Informed consent follows from the principle of respect for autonomy of an individual. The purpose of informed consent is to ensure that a client makes a decision about an issue that can affect her life based on adequate understanding of the issue as well as without being forced or unduly influenced by others. In order to make an informed decision therefore, counsellors have to meet four requirements. These are the following (Beauchamp & Childress, 2001)



- **Disclosure of Information:** Disclosure refers to the obligation to provide a core set of information that includes at a minimum, the nature and purpose of the intervention; alternatives, risks and, benefits; the provider's recommendations; and the purpose of seeking consent; and its limits as an act of authorisation.
- **Understanding:** People are held to understand if they have acquired pertinent information, and have justified, relevant beliefs about the nature and consequences of their actions. While factors intrinsic to themselves such as baseline knowledge and capacity play an important role in understanding, others such as language, the way information is framed, the method of presentation, and the attitude of the provider have also been found to influence understanding.
- **Voluntariness:** A person is said to act voluntarily to the degree that that he or she wills the action without being under the control of another's influence.
- **Authorization:** Intentional giving of permission, either verbally or in writing.
- **Confidentiality:** Confidentiality follows from the principle of respect for autonomy of an individual. Here, it is considered that an individual owns any information about herself, and thus any decision to share it must be made by her alone. Counsellors may share information about a client only after receiving the informed consent of the client.
- There are situations under which a client's right to confidentiality can be over-ruled. Under Indian law, counsellors are obliged to inform the sexual partner about a client's HIV status, if infected.
- **Disclosure:** The concept of disclosure is closely related to the concept of confidentiality. In counselling, disclosure refers to the release of information about oneself or about another to an individual or an organization. Disclosure may be voluntary or forced. The counselling relationship is, implicitly or explicitly, bound by the ethical requirement that counsellors must maintain the confidentiality of information about a client. There are exceptions to this requirement, as when the counsellor's employer or other persons in authority require access to the information. If the client gives her informed consent to the disclosure, it can be said to be voluntary. If the disclosure is done without her informed consent, this can be termed as forced, even where it may be a legal or policy requirement.

Exercise 3

- Objective:** Increasing awareness of one's own values and beliefs about sex work, and about women in sex work.
Increasing awareness of how personal values influence the way one works with women in sex work.
- Type:** Individual, large group exercises to classify and discuss
- Materials:** Paper, pen, handouts of statements about women in sex work (PP 4), notes for discussion (PP5).
- Time:** 1 Hour





Methodology: Introduce the session with the following points

Our values and beliefs can greatly influence our responses to women in sex work. For example, if we believe that sex work is morally wrong, then we will not be effective in helping a sex worker who has been raped by a policeman. We thus need to be aware of our values and beliefs about sex work and about the women, reflect on how these can affect our work, as well as be open to change them if necessary.

- Hand out copies of the prepared statements about women in sex work (PP4).
- Ask participants to mark each statement with one of three options that most closely reflects their views: (i) Mostly Agree, (ii) Mostly Disagree, (iii) Don't Know.
- Ask each participant to state her views about any one statement.
- Use the prepared notes to facilitate discussion on each statement (PP5).
- Now ask participants to reclassify the statements.
- Conclude by pointing out that our beliefs and values can influence us to make decisions that may not always be appropriate. Point out that as professionals, counsellors are also expected to be familiar with relevant evidence about women in sex work as they attempt to work with them.

PP4: List of Statements about Sex Work and Women in Sex Work

- Sex work is morally wrong.
- Most women in sex work have been trafficked by a pimp or a broker.
- Sex work is illegal in India.
- Women in sex work should be rehabilitated.
- Sex work must be legalized.
- Women in sex work must be forced to test regularly for HIV and other sexually transmitted diseases.
- Women in sex work are a major reason for the spread of HIV in India
- Most women in sex work want to leave their occupation
- Children of sex workers should not live with their mothers and should be placed in a hostel

PP5: Evidence regarding Women in Sex Work in India

1. Sex work in India is not illegal. According to the Immoral Traffic Prevention Act (Appendix 1), actions that are illegal include soliciting in a public place (Section 7); trafficking somebody for sexual gain (Section 5); or knowingly living off the earnings of a sex worker (Section 4).

2. Thus, under the law, a woman (or a man) can sell sex as long as they do not solicit clients (customers) in a public space such as a bus stop, movie theatre, railway station, park, beach, and so on. Nowadays, most women make arrangements with their clients over mobile phones, and meet them at previously designated spots. Because these women are not soliciting publicly, they cannot be punished under the law. However, a brothel keeper, hotel owner, pimp, or even a family member who shares in the woman's earnings can be penalised under Sec 4 and Sec 5 of ITPA.

3. Results from a recent survey with 3000 women sex workers from 15 states in India show that over 75% of women reported entering sex work independently (Sahni & Shankar, 2011—See Appendix 2). About 25% reported that they were forced into sex work by husbands, lovers, friends or acquaintances (ibid, 10).



4. All the women who voluntarily entered sex work viewed it as their primary source of livelihood. Over 50% had earlier worked as agricultural or construction labourers, domestic help, salesgirls, or unskilled workers in small units. The main reason they left these jobs was because sex work paid more, had fewer and flexible working hours, and was not as strenuous as other unskilled work. Median income for non-sex work unskilled labour was Rs 500-Rs1000 per month, while the median income in sex work could be as high as Rs 5000-Rs 7000 per month (ibid, 8).

5. Many women report entering sex work after being forced to have sex with employers under threat of being sacked.

6. Female sex workers are far more at risk of acquiring HIV infection from male clients than of transmitting it. In 2011-2012, prevalence among female sex workers was 4.9% as compared to 1.6% for truckers and 2.4% for male migrants (NACO, 2012). The higher risk of infection is because of greater concentrations of HIV in semen, and the larger surface area of the vagina, which allows more exposure to the virus during vaginal intercourse (Bhattacharjya, 2008). Women below the age of 20 are at even greater risk because the cervix is not completely developed, and the thinner skin lining the vaginal wall is a weaker barrier against HIV (Coombs et al, 2003).

7. Although an infected sex worker can potentially infect many men because of her occupation, men can protect themselves far better than she can. Male condoms are the most easily available and effective form of protection against HIV (The Cochrane Collaborative Review Group on HIV Infection and AIDS. 2004). However, when a man refuses to use a condom, he puts himself and the sex worker at risk.

8. Most sex workers who want to be rehabilitated are older women who cannot find clients easily (Sarvojana'2012). Even then, they are likely to continue to sell sex as an additional source of income (ibid).

9. Most practising women in sex work are in the 19-40 age group and have entered sex work after leaving other jobs (Sahni & Shankar,2011). The majority have no schooling (50%) while others have only studied up to (? Something missing)class education Most women About 50% have had no schooling, less than 15% studies up to class seven, and less than 20% completed class 10 (ibid,5). The majority of the surveyed women (65%) were from poor backgrounds (ibid, 5).

10. Most sex workers are the sole bread winners in their family and support school and college going children. Sometimes they also support the education and marriage of younger siblings and take care of old parents (NCW, 1997).

11. Most women in sex work have to work in very unsafe conditions. These include threats to health and well-being because of having to have sex in spots not frequented by police such as forests, near highways, empty plots, remote lodges and brothel houses, temporary structures and so on (Sarvojana ,2012).

Professional Ethical Standards while work with Women in Sex Work

Exercise 4

Objective: Increased clarity regarding ethical standards for counsellors and others working with vulnerable populations.

To make participants learn about the rights claimed by sex workers for themselves





Type: Presentation and discussion

Materials: Discussion notes on rights of women in sex work (PP6)

Time: 1 Hour

Methodology: Introduce the topic with the help of the following discussion notes.

PP6: Developing an Ethical Standard for Work with Women in Sex Work

It is difficult to set aside our personal values and beliefs because we have developed them through our own experiences and influence of close family, friends, teachers or other people whose views we respect. However these values may limit our ability to develop a supportive relationship with them. Developing an ethical code can help us control the extent to which our own beliefs influence our responses. It can help us decide whether to reveal the occupation of a sex worker client in reports to our superiors, especially if the information can be shared with others who may discriminate against her, or guide us on who should be informed if we know that she is HIV+.

To develop a set of ethical principles for our work with women in sex work, we should be familiar with the rights that they claim for themselves. Two sets of statements of rights by sex workers are given below. The Sangram Bill of Rights was developed by women in sex work in Maharashtra, while the second set is the preamble of the International Union of Sex Workers (IUSW).

Sangram Bill of Rights

- People have the right to be approached with humility and respect.
- People have the right to say yes or no to the things which concern them.
- People have the right to reject harmful social norms.
- People have the right to stand up to and change the balance of power.
- People have the right not to be 'rescued' by outsiders who neither understand nor respect them.
- People have the right to exist how they want to exist. (www.sangram.org)

Preamble of the International Union of Sex Workers

All workers including sex workers have the right to:

- Full protection of all existing laws, regardless of the context and without discrimination. These include all laws relating to harassment, violence, threats, intimidation, health and safety and theft.
- Access the full range of employment, contract and property laws.
- Participate in and leave the sex industry without stigma.
- Full and voluntary access to non-discriminatory health checks and medical advice (www.iusw.org).

Exercise 5

Objective: To help participants reflect upon rights articulated by sex workers and review their own beliefs about women in sex work.

Type: Reflection

Materials: Discussion note on rights of sex workers (PP 6) and note on points for discussion (PP7)

Time: 45 minutes

Methodology:

- Ask participants to split into three groups.
- Allocate three statements to each group so that all nine statements are covered.
- Ask each group to reconsider their position on each statement based on the rights of sex workers presented earlier (PP6).
- Present in the larger group for discussion. Use the points given below to guide the discussion (PP7).
- Conclude by listing the rights the group agrees with.

PP 7: Points for Discussion

- An important aspect of a respectful relationship is to accept people for what they are.
- All people want to be treated with respect irrespective of their age, sex, caste, occupation or education.
 - When we force people to do something without giving them a chance to be part of the decision, we deny them their 'agency'—their capacity to act for themselves. This is against the principle of respect for autonomy. Approaches that deny people their agency contradict democratic principles because they damage both the right and the skill to make decisions. In turn, people will lose the ability to question authority, even where it is wrongly exercised.
- Social norms can protect as well as harm. For example the taboo against discussing sex and sexuality may have been intended to prevent pre-marital and extra-marital sex, but it has also been responsible for many people becoming infected with HIV because they did not know about safer sex. Similarly, the practice of dowry started as a way of giving the daughter her share of the property but has led to exploitation and abuse of young women and their families.

Exercise 6

Type: Presentation

Objective: Increasing knowledge of participants about existing ethical standards for counsellors and others working with vulnerable populations

Materials: Document on Ethical standards by the Canadian Counselling and Psychotherapy Association and the National Victim Assistance Standards Consortium (NVASC, 2009), (Appendix 3 & 4).

Time: 1 hour

- Methodology:**
- Present the two sets of standards explaining specific points.
 - Hand out copies of the standards to each participant
 - Highlight the set of principles that both sets of standards are based on (PP8)
 - Ask participants to compare these principles with the ones discussed in Session 1 (refer to PP3).
 - Discuss how values can also be viewed as ethical principles, e.g respect, fidelity (PP8).
 - Give each participant copies of both sets of guidelines.

PP8: Fundamental Ethical Principles guiding the Canadian Ethical Standards (www.ccpa-accp.ca/_documents/CodeofEthics_en_new.pdf)

1. Beneficence - being proactive in promoting the client's best interests
2. Fidelity - honouring commitments to clients and maintaining integrity in counselling relationship
3. Non-maleficence - not wilfully harming clients and refraining from actions that risk harm
4. Autonomy - respecting the rights of clients to self- determination
5. Justice - respecting the dignity and just treatment of all persons
6. Societal Interest - respecting the need to be responsible to society

Exercise 7

Objective: Developing a set of guidelines for ethical conduct in work with women in sex work.

Type: Discussion in small groups

Materials: Pen, paper, handout on key ethical principles

Time: 1.5 hour

- Methodology:**
- Ask participants to break into three groups.
 - Ask each group to read through both the sets of guidelines (PP 7).
 - Ask each group to draw up a set of ethical guidelines they consider appropriate to their work with women in sex work. They can adapt from the examples of guidelines with them.
 - Remind participants that these must respect the rights statements by sex workers (PP6).



Making Ethical Decisions in Working with Women in Sex Work

In this section we will learn how to apply the standards we have developed to specific situations we may encounter in working with women in sex work. These include issues related to major concerns expressed by women such as right to sell sex, right to work safely, and the right to be treated with respect and without discrimination. They also include issues related to policies and programmes such as HIV testing and informed consent, confidentiality of professional identity, HIV status, and disclosure to others.

Exercise 8

Objective: Increased understanding of specific ethical issues involved in working with women in sex work.

To help participants become familiar with the steps involved in ethical decision making in working with women in sex work

Type: Discussion in small groups

Materials: Checklist for ethical decision making (PP9), set of case studies (PP10), paper, pen

Time: 1.5 hour

Methodology:

- Present the checklist used in ethical decision making, and give a copy to each participant.
- Inform participants that the checklist has been adapted from the model sets of guidelines presented earlier (PP7)' guidelines from the Canadian Counselling and Psychotherapy Association and the National Victim Assistance Standards Consortium (NVASC).
- Present the first two cases and facilitate a discussion on ethical principles that are applicable based on the model sets of guidelines presented earlier (Appendices 3 & 4).
- Use the checklist to make your responses.

PP9: Checklist for Ethical Decision Making

- Assess the facts, review relevant documents and legislation. Verify all sources of information.
- Make two columns. In the first, write down the relevant ethical principles involved in the situation, and the relevant standards from the list of standards you have developed.
- In the second column write down how you must act based on the standard.
- Brainstorm at least three courses of action and consequences of each that you can present to your client.
- Help the client identify the best option for action, or where appropriate, identify it yourself.
- Help the client evaluate how this situation can be avoided in future, or where appropriate, evaluate it yourself.





PP10: Case 1

Zeenat worked as a domestic help in three different homes. She earned about Rs 1500 per month. One year ago her mother fell ill and needed to have surgery. Zeenat needed Rs 50,000 to pay the medical expenses. Her employers refused to lend her such a large amount. An acquaintance in the neighbourhood heard of Zeenat's plight and offered the money if she was willing to sell sex in return. Zeenat's mother is better, and wants her to go back to her old job but Zeenat refuses. She says her lifestyle is better and that she can now afford to send her children to a better school.

Step 1: Facts to be identified

Zeenat was a domestic help earning Rs 1500 per month.

Zeenat needed Rs 50000 urgently for medical treatment for her mother.

Finding no way to raise the money Zeenat turned to sex work.

Zeenat's mother is better

Zeenat continues to sell sex even though her mother wants her to return to being a domestic help

Step 2: Ethical principles and standards

E3.3 Non-judgemental behaviour

E3.4, A2 Respect for autonomy

Step 2: Practical considerations

The counsellor should not blame Zeenat for her choices or judge her negatively

The counsellor should respect Zeenat's right to determine the course of her life for herself.

Step 3: Options

a) Zeenat can agree to her mother's demands and return to being a domestic help

b) Zeenat can ignore her mother's demands and remain in sex work

Step 3: Potential consequences

Withdrawing children from private school

Inability to access money for an emergency

Her employers may refuse to have her if they suspect that was a sex worker

Coping with her mother's anger and shame





<p><i>Step 3: Options (Continued)</i></p> <p>c) Zeenat can work as a sex worker without her mother's knowledge</p> <p>d) Zeenat can train for a better paid job and quit sex work when she finds one</p> <p><i>Add additional options...</i></p>	<p><i>Step 3: Potential consequences (Continued)</i></p> <p>Coping with children's reactions if they discover her occupation</p> <p>Risk of stigma and discrimination by family and community members</p> <p>Low self-esteem due to stigma and discrimination</p> <p>Risk of arrest and detention by police</p> <p>Risk of abuse and violence by rowdies, pimps or clients</p> <p>Stress of having to maintain a secret life style</p> <p>Risk of somebody telling her mother or being found out</p> <p>All other consequences listed for option 2</p> <p>Difficulty in access to suitable training</p> <p>Less time and income from sex work</p> <p>Risk of discrimination from trainees if they suspect her background</p> <p>Uncertainty about getting a job after training</p> <p>Chances of steady income in the long-term</p> <p>Fewer risks of violence, abuse, health problems due to sex work</p>
<p>Step 4: Consult peers and supervisors</p> <p>Note suggestions</p>	
<p>Step 5: Make the most ethical decision</p> <p>Discuss the options with Zeenat to help her decide what is best for her</p>	



Step 6: Evaluate how this situation can be avoided in future

Discuss with Zeenat about the options available to her to increase her income and avoid financial emergency and their potential consequences in the immediate and medium term so as to help her decide the future course of action.

PP 11: Case 2

Savita has been selling sex since she was 19. Her family was in severe financial difficulties and her parents had contracted her services to a brothel keeper for four years. In that time, Savita had helped to pay off the family debt and had also saved money for her own marriage. Savita is now well-settled with her husband who is not aware of her history as a sex worker. However she is often depressed and her husband has asked for your help.

Step 1: Facts to be identified

Savita was contracted to a brothel for 4 years by her family when she was 19

With her earnings as a sex worker, Savita paid off the family debt and saved for her marriage expenses

She is now married and well settled

She undergoes episodes of severe depression

Her husband has sought your help as a counsellor

Her husband is unaware of Savita's past

Step 2: Ethical principles and standards

E3.2, B1, Primary responsibility to the client

E3.5, B2 Confidentiality

Step 2: Practical considerations

The counsellor must note that her/his primary responsibility is to Savita and not her husband even though he was the one who asked for help.

The client must not divulge Savita's past history to her husband without her informed consent



<p>Step 2: Ethical principles and standards (continued)</p> <p>E3.7, A3, B18, B19 Boundaries of competence, Termination of relationship, Referrals</p>	<p>Step 2: Practical considerations (continued)</p> <p>The counsellor must refer Savita to a specialist if s/he feels incompetent to treat her depression</p>
<p>Step 3: Options</p> <p>Attempt to get Savita to work through her depression</p> <p>Refer to a psychotherapist and/or psychiatrist</p>	<p>Step 3: Potential consequences</p> <p>May be unsuccessful if the depression is severe and requires medication</p> <p>May need to involve family members at a later date and inadvertently breach confidentiality</p> <p>Savita may refuse to see a specialist</p> <p>Husband may refuse to let Savita see a therapist</p>
<p>Step 4: Consult peers and supervisor</p> <p>Note suggestions</p>	
<p>Step 5: Make the most ethical decision</p> <p>Help Savita make a choice about the option best suited to her after discussing potential consequences.</p>	
<p>Step 6: Evaluate how this situation can be avoided in future</p> <p>This is part of a larger issue of exploitation of women and needs interventions in the community, in policy, and with law enforcement agencies.</p>	

PP 12: Case 3

Vinaya is infected with HIV. Two years ago, she agreed to have sex without a condom with a client who promised to pay double. She thinks that was when she picked up the infection. Since that time she has been careful and insists on using a condom. She says she will sell sex as long as she is able to so that she can support herself and her school-going daughter.

Step 1: Facts to be identified Vinaya is a sex worker with HIV She continues to sell sex and says she always uses a condom	
Step 2: Ethical principles and standards E3.4 Respect for autonomy B2 Confidentiality B3 Duty to warn B10 Consulting with other professionals	Step 2: Practical considerations The counsellor must respect Vinaya's right to decide to continue to sell sex The counsellor must maintain confidentiality of Vinaya's HIV positive status unless she/he is aware of her being a risk to specific others If the counsellor is aware of specific others whom may be at risk because of Vinaya's HIV positive status, s/he must warn the other person after telling Vinaya about it. If the counsellor is unable to resolve the issue, s/he should consult with other professionals
Step 3: Options The counsellor discusses Vinaya's responsibility to not place her clients at risk	Step 3: Potential consequences Vinaya assures the counsellor that she will use condoms always and refuses to disclose her status to the client Vinaya feels judged by the counsellor and terminates the relationship



<p>Step 3: Options (Continued)</p> <p>The counsellor suggests alternate avenues of income to Vinaya</p> <p>The counsellor tells Vinaya that he will inform the police and the local panchayat if she continues to sell sex</p>	<p>Step 3: Potential consequences (Continued)</p> <p>Vinaya agrees to explore them if the counsellor can facilitate access but points out that she will still need to sell sex until she is assured of a reasonable income</p> <p>Vinaya agrees but does nothing to pursue the suggestion</p> <p>Vinaya disagrees with the counsellor</p> <p>Vinaya leaves the area and starts to sell sex in another place</p>
<p>Step 4: Consult peers or supervisor</p> <p>Note suggestions</p>	
<p>Step 5: Making an ethical decision</p> <p>Help Vinaya make a choice about the option that will least harm her clients and allows her to earn her living</p>	
<p>Step 6: Evaluate how this situation can be avoided in future</p> <p>This is a difficult situation because there is a conflict between Vinaya's need to earn adequately, and the rights of the client to be protected. Thus it is important to identify alternate means of (adequate) income for infected sex workers before we can ask them to stop selling sex. If the counsellor is aware of specific persons who will be at risk due to Vinaya's infection, he has a duty to warn the individual.</p>	



PP 13: Case 4

Your organization works with women in sex work, and is part of a national initiative to accelerate early HIV diagnosis for sex workers for early access to anti-retroviral treatment. As part of this initiative, your organization is required to hold testing camps where up to 100 women can be tested in a day. Those who take the test also receive some money and 500 gms of a food supplement. Only two counsellors are on duty on any one day and you are one of them.

Step 1: Facts to be identified

Your organization works with women in sex work.

It has agreed to hold a camp where up to 100 women can be tested for HIV in one day.

Women who have the test will be given money and a food supplement

Women who test positive will be registered for anti-retroviral treatment

Step 2: Ethical principles and standards

A1 Professional competence

A2 Safeguard dignity and rights of clients

E1.1 Understand responsibilities, implications and limitations within the service delivery setting

B1, E3.2 Primary responsibility to the interests of the client

Step 2: Practical considerations

The counsellor must attempt to maintain high standards of ethical behaviour

The counsellor must ensure that women are treated with respect and courtesy at the camps, have shade, seating, drinking water, and access to clean toilets.

The counsellor needs to be clear about the possibility of women being tested without their consent because of the incentives paid for testing, and because of the large target (100) and the small number of counsellors (2).

The counsellor must reflect upon the ways this initiative can harm women, and must be able to discuss these concerns with superiors before the vent.



<p><i>Step 2: Ethical principles and standards (continued)</i></p> <p>B4, E3.4 Right to informed consent</p> <p>E3.6 Conflict of interest</p> <p>A7 Reporting unethical behaviour</p>	<p><i>Step 2: Practical considerations (continued)</i></p> <p>Will the pressure to meet targets conflict with the counsellor's responsibility to protect women's rights to informed consent?</p> <p>Can the counsellor ensure that the woman has all the relevant information. Including the disadvantages as well as the benefits of the test. For example, the process of line listing will violate confidentiality. If their positive status is revealed, women will face the loss of income, shelter, and social networks.</p> <p>How will the distribution of money and food supplements affect voluntariness of the women to the test?</p> <p>Can the counsellor explain the limitations of the initiative and ask to be reassigned to another area of responsibility.</p> <p>Can the counsellor consider reporting unethical practices of testing women to a designated authority. If no designated authority is available, can the counsellor can share her/his concerns with people who can raise the issue with the organization.</p>
<p>Step 3: Options</p> <p>The counsellor accepts the decision of the organization to test large numbers of women for HIV</p> <p>The counsellor raises her/his concerns about informed consent to his superiors</p>	<p>Step 3: Potential consequences</p> <p>The counsellor may be held accountable for his actions at a later date by a designated authority or by others</p> <p>The counsellor may lose the respect of his peers or of other professionals</p> <p>The superior may not be in a position to influence the decision to test women</p>



<p>Step 3: Options (Continued)</p> <p>The counsellor refuses to participate in the testing camp on ethical grounds</p> <p>Note other options that you can think of</p>	<p>Step 3: Potential consequences (Continued)</p> <p>The superior may question the counsellor's loyalty to the organization and insist that the counsellor should take part in the testing camp</p> <p>The superior may agree with the counsellor and excuse her/him from duty at the camp</p> <p>The organization may attempt to review its own policy after completing its current commitments</p> <p>The organization decides to terminate the counsellor's service</p>
<p>Step 4: Consult peers and supervisor</p> <p>Note suggestions</p>	
<p>Step 5: Make the most ethical decision</p> <p>Based on the options you have, make a decision that you feel comfortable with</p>	
<p>Step 6: Evaluate how this situation can be avoided in future</p> <p>The counsellor can help the organization frame a set of ethical principles that will be adhered to in all circumstances</p>	

Using the examples above, resolve the following cases

PP 14: Case 5

Counsellors employed at integrated counselling and testing centres have to provide details of people who test positive at these centres in order to enable follow-up of these people. The details include names, addresses, and details of occupation.



PP 15: Case 6

Selvi is pregnant with her first child. She is told by the village health nurse that both she and her husband have to get tested for HIV if they are to be eligible to receive antenatal and delivery care services.

PP 16: Case 7

The government in one state plans to set up a scheme to rehabilitate sex workers in order to ensure that they live a life with dignity. In a survey held with women to discuss the plan, older sex workers who wished to retire welcomed the scheme but younger women said that they would continue to sell sex as long as alternate avenues involved long hours and poor pay.

PP 17: Case 8

Daisy is in hospital for her delivery. Later she complains that the assisting nurse called her a whore and asked her to shut up when she was screaming during labour.

PP 18: Case 9

Radha has come with her husband Swami for treatment for a sexually transmitted infection. On a follow-up visit Radha tells you that she sometimes sells sex when money is short but that Swami does not know.

Chapter Summary

In this chapter we have discussed the following issues

- The meaning and role of values, beliefs and ethics in personal and professional life
- Ways in which our values and beliefs influence our attitudes and responses to situations involving sex work and women in sex work.
- The importance of factual knowledge about sex work and women in order to ensure appropriate responses
- Key ethical principles that are important for our work with women I sex work
- Ethical standards that can help us identify concrete ways to work with women in sex work
- Steps involved in making an ethical decision in the context of working with women in sex work

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Chapter 11





Counselling Women in Sex Work: Core Competencies

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Chapter Overview

Counsellors face many challenges in working with women in sex work, due to various internal and external reasons. Their prejudices against these women, their limited ability to comprehend some aspects of the women's life situations and the choices they make, the pressures of HIV programmes under which most counsellors engage with women in sex work- all of these impact the scope as well as nature of the counselling relationship. This chapter explores some of the critical gaps in counselling, which women in sex work have identified, when they come in contact with HIV services.

This chapter sums up some of the core counselling values and skills and how these can be used to engage with women in sex work.

Core Counselling Competencies Needed : A Community Perspective

Women in sex work are likely to feel anxious and emotionally disturbed while coming into contact with HIV prevention and care services at every stage. This starts right from the time they come into contact with a TI programme, which encourages them to go for testing. Again, after testing, irrespective of the result, there is a lot of anxiety and concern. Frequently, because HIV programmes address only certain aspects of behaviour change, counsellors are not able to respond adequately to these issues. In the following section, some of the major concerns of the women at different stages, and their expectations from the counsellors are discussed.

Prior to Testing

A decision to test for HIV is fraught with anxiety for most women, even though they are aware of the benefits of testing. If the women are in regular contact with the TI programme, they are aware that their behaviour places them at high risk of HIV. Although they may take steps to protect themselves, they cannot always be sure. There is also the fear that there

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has already been exposure in the past. Going through an HIV test actually helps allay some of these fears and prepares the women for the future.

Still many women in sex work are wary of testing, mainly because they are afraid of being exposed as sex workers to their families, specially their children or their special partner. These relationships have a lot of meaning for the women. For many of them, the need to have a good income to ensure the well-being of their families is what motivates them to become involved in or to continue their involvement with sex work. Yet, most fear, quite justifiably, that these significant others will not understand their position and fear abandonment, discrimination or loss of face within their families. In some instances, even if the woman's involvement in sex work is tacitly known within the family, the HIV diagnosis brings it out into the open and forces the family to act against her.

There is also the fear of disclosure because the HIV programmes insist on detailed documentation and also involve many levels of community workers like anganwadi workers, ASHA workers, ANMs, etc. The women fear the possibility that with so many community level people involved, someone will get to know about their status or their involvement in sex work if they go for testing.

During Testing

After a woman in sex work has overcome the initial hesitation and decides to get tested, there are many issues which sometimes the health system itself creates or does little to address. Firstly, when she goes for testing to the ICTC, the counsellors have little time to establish any kind of rapport with her, but they are expected to probe into all kinds of personal details including sexual behaviour. Women sometimes resent this intrusive probing, and are not always comfortable opening up truthfully to the counsellors.

Counselling at testing centres frequently takes place in very structured settings, with the counsellor sitting at a desk and following certain checklists or questionnaires. This adds to the distance between the counsellor and client and does not inspire any trust or confidence in the women.

The women often fear that they are not going to be accepted completely by the counsellor; that the counsellor will be prejudiced against them. So they do not open up completely, and may give some desired or expected responses.

The extent to which women in sex work are comfortable with someone in a TI programme, like a peer educator or even a counsellor is the result of extensive interaction over a long period of time. This relationship cannot be replicated within the short duration of time which is available to counsellors at the testing centres. But the counsellors can still make





some effort to establish rapport and demonstrate their accepting and non-judgmental attitude. In the absence of these efforts, many women are put off from the service itself.

There are also different ways in which confidentiality is compromised within these centres. While the counsellors or staff may not directly reveal a person's status or profession, sometimes differential treatment can give hints about some things. For example, if a woman has tested positive and has not come back to collect her report, there is an attempt to trace her through ASHAs, ANMs and anganwadi workers. The same kind of effort is not used to trace someone who has tested negative. So people may guess that the woman in question is positive. Sometimes, test results of pregnant women are handed over to community workers, but those of sex workers are deliberately set aside in front of these workers, with the counsellor saying it will be given to the woman directly. This kind of differential treatment can lead to disclosure, or at least some doubts about the profession and status of the women. This is one of the reasons why women are reluctant to come for testing in the first place.

Conveying a Result

A Negative Result

Frequently, counsellors do not focus on the emotional state of the person while conveying a negative result. The result is conveyed and the woman is advised to come back for testing, after the window period. Obviously, the interim period is full of anxiety for the woman. She knows she is continuously exposing herself to further risk and, she is concerned about whether she may pass the infection on to her intimate partner.

While counsellors may not have the time to address all these concerns at testing centres, offering the woman a window where she can reach out to them, either on the phone or by personally meeting them, if she desires to speak further on any of these issues can, be of great help to her.

Generally, a woman who has gone through testing and has tested negative is also very receptive to discussions on safe sex practices. The anxiety she faces during this period and her relief at testing negative makes her commit herself more vigorously to safe sex practices. Counsellors can use this opportunity to strengthen the woman's commitment to safe practices, by reiterating its importance and appreciating her efforts to ensure safe sex. These women can also be good role models to other members of the community, and counsellors can work towards empowering them to motivate and encourage other women to adopt safe practices.

A Positive Result

Understandably, a positive result causes a lot of emotional distress to women in sex work, just like it does to anyone else. The diagnosis also



has certain other implications for them. Many are concerned about the health of their intimate partners or special clients, with whom they may not always be practising safe sex. They are also concerned about whether they can work in the future, whether their partners and clients will abandon them, and how their children and family members will react to this news.

Frequently, in the initial aftermath of the diagnosis, women may lose all desire to live. It is necessary to help her find her own strength and make her appreciate herself and motivate her to live for herself. Building her self-worth and self-esteem is important for this. Many of these women frequently feel they have spent most of their lives, trying to ensure the well-being of someone else- a partner, children or family. Making her see that the same efforts she put into ensuring others' well-being can now help her, is important. Helping her recall how she has overcome adversities in the past and how she has the capacity to handle this situation and take care of herself is one way of identifying and building on her own strengths.

Disclosure of status to a family member of significant person in her life must be made with caution and only after the woman has thoroughly thought through the pros and cons of disclosure and is confident of the support she can expect. Frequently counsellors encourage early disclosure to at least one other person, who can then take charge of ensuring that the woman gets registered for ART and is regular in follow-up. The ART protocols also recommend this. But the women may not really be ready to disclose to anyone right away. Even if the family member to whom disclosure is made is supportive in terms of ensuring regular follow-up, there may be many forms of subtle or open discrimination which the woman is subjected to because of the disclosure. It is important for the counsellors to understand the woman's position and encourage disclosure only for her best interests and not for any programme requirements. If the woman feels she can take charge of ART and follow-up herself, without the support of a family member, then her decision needs to be respected.

While starting ART

Women have many questions and concerns regarding the impact of ART on their health, appearance and capacity to earn. They need someone to whom they can talk through all this in detail. ART side-effects like rashes, etc which may be dismissed as trivial by the doctors, cause concern to the women because it affects their appearance, which in turn affects their capacity to earn as well as their self-concept.

The women also become extremely sensitive to other's behaviour, especially when they fall sick often due to ART side effects. They may perceive slights and discrimination in family members' behaviour even if none was intended. Talking about these instances, confiding their fears in another person helps them gain a perspective on these incidents, and builds their tolerance for such perceived slights.





While the counsellors at the ART centre may not have the time to address these issues of the women and may focus on giving information on the medicines, adherence, etc, women may lack the motivation for adherence because of these questions and worries. So, even if the counsellor is not able to give a lot of time to talk to the women about these, at least acknowledging and validating these concerns and encouraging the women to identify and share these with someone else they are close to - a family member, a peer educator or some other community member - can be helpful.

Terminal Stages

When the women start falling sick very often or are in the terminal stage, there is a lot of anxiety about who will support their children. Frequently, they identify some partner or family member who they feel will look after their children and give away all their property to them. At this stage they may need some support and guidance to ensure that their children receive benefit from their wealth.

There is also a great need for family support at this stage, not just for their physical needs but also the emotional needs. The feeling that there is someone in the family who genuinely cares for them, can help the women either bounce back from acute illness, or at least be peaceful in the terminal stages. It is important for counsellors to understand the family situation of the client and identify these supportive people. Frequently, because of certain other pressures, these family members may not be able to help the woman completely. For instance, the daughter may want to support the mother but her husband may not be so supportive. Counsellors can work with these family members and see how best they can support the woman.

A Practitioner Perspective

Challenges of Working with Women in Sex Work

Counselling women in sex work can be a major challenge for counsellors, both due to their own attitudes and values, and also because of the kind of lives which the women lead. With possible HIV infection, their lives get much more complex and the counsellor needs to be extremely sensitive at every step of the counseling process. Often the counsellors' background and the socialization that they have been through leaves them frequently with negative attitudes towards women in sex work. Even if the counsellor is able to overcome these prejudices, the counsellor's own life experiences may be limited and not prepare him or her to understand or empathize with the lives of women in sex work and the kinds of crises they routinely handle. In such situations, counsellors can become consumed or overwhelmed by the life of the client and not be able to separate



Key factors that Impact Counselling of Women in Sex Work

They make a choice to enter into or remain in sex work for various reasons, but because of this choice many of their fundamental rights are denied.

They are mostly cut off from normal sources of support within family or community. Even if they remain in touch with their families, the relationships may be extremely conditional or the identity of women in sex work may not be known in families, causing anxiety to the women. They routinely face all forms of discrimination, including violence and threat to life.

They are frequently in situations where they cannot negotiate their own safety. HIV programming, which on one hand paved the way for meaningful engagement with the women in sex work, has also been responsible, in recent years for marginalizing the women and compromising on basic rights like choice and confidentiality.

themselves appropriately from the client's situation. These challenges can deter the development of a genuine therapeutic relationship between the client and counsellor.

In addition to this, because many HIV programmes have defined a very structured approach to counselling, the counsellor's role can slip into that of maintaining records or probing on certain pre-decided areas. Counsellors, therefore, are not able to focus on the here and now of the client. In such an environment, the clients may start seeing the counsellor's role as very limited and not be willing to discuss their issues openly with them.

Counselling, on the other hand, can be an empowering experience for the women in sex work. For this to happen, the counsellor needs to work hard at building a relationship of trust, safety and equality. This can be quite hard particularly in the beginning when the woman in sex work is likely to feel hesitant, unsure, uncomfortable, vulnerable, closed and resistant. While the basic skills of the counsellor in counselling women in sex work are not different from other contexts, some of the critical aspects which need to be considered here are discussed below.

The Approach to Counselling : Helping the Women Identify and Build on their Strengths

Women in sex work have handled a variety of crisis in their lives. What has helped them overcome this and continue in their profession is a strong will and resilience. They are not only resourceful enough to handle crisis but they also have the ability to bounce back from it. The kind of network they have established would often be different from other women and its dynamics could be different. But the women have worked hard to establish and maintain these kind of networks.

Counsellors need to acknowledge this strength and capacity of the women. right from the beginning of the relationship. The counselling processes must focus on helping the women uncover these strengths and encourage them to draw upon these resources in order to handle the current issue.

Acknowledging this capacity and strength is also important for the counsellor's acceptance of the client. The realisation that these women have handled and bounced back from various difficult circumstances, and that many continue to stay in the profession despite the difficulties, can help them overcome some of the stereotypes which either see these women as immoral or as helpless victims. This is important to ensure that the counselling relationship does not slip into moralistic or rehabilitation based approaches.



Basic Counselling Skills and Values

Rapport Building

The quality of the therapeutic relationship, which is the backbone of the counselling process, depends on the kind of rapport the counsellor is able to establish with the client, and his or her ability to cultivate trust. Many of these women have faced multiple traumatic experiences including rape, betrayal, abandonment and physical violence and it is difficult for them to start trusting a person at the outset.

If they have had negative experiences with other counsellors in the past, in terms of a judgmental attitude, having their confidentiality compromised, etc, it can create more mistrust, at the beginning of the relationship itself. The counsellor has to make honest efforts towards sensitively overcoming this initial mistrust and unwillingness to communicate.

Maintaining openness, concern and transparency in the relationship at all times, and showing unconditional positive regard for the client is crucial for rapport building.

Total Listening

The kind of life a woman in sex work leads means she may constantly be moving from crisis to crisis or be facing multiple crises at the same time. Total listening is very crucial while engaging with the women in sex work because amidst all the difficulties, the client is seeking a reflective space with the counsellor.

The pressures of HIV programmes may force the counsellor to focus more on questioning and gaining information from the client than in listening, but this is a skill the counsellor needs to develop in order to cultivate the trust of the women in sex work. Total listening involves not just hearing physically, but also reflecting the thoughts and feeling back to the client. It requires the counsellor to be in the 'here and now' of the client. This should be done in an 'empty' mind, without any preoccupation or prejudice and not filtered through counsellor's personal values, and without deleting anything which has been said.

Only such a listening will enable the counsellor to grasp totally what the client conveys. Once it is grasped, the counsellor will be able to resonate with the client's experience.

Total listening is also important for the counsellors for their own protection. It helps them be alert to signs of manipulation from the client who can give socially desirable responses or may try to test the counsellor. These skills can help the counsellor be alert to manipulation or misrepresentation and to draw this to the client's attention.

Creating a Comfortable Physical Space for Counselling

Ensure adequate lighting and ventilation.

Use identical chairs placed at a comfortable distance apart. Avoid using desks or tables.

Keep a small clock at a space where you can see it comfortably, to make sure you do not overrun the allotted time. Frequently looking at watches can be seen as a sign of disinterest or disrespect.

Switch off mobile phones, unplug landline and put a No Interruption sign on the door, to ensure undivided attention.



Empathetic Understanding

Empathetic understanding is primarily the ability to perceive the client's world as the client sees it –to grasp it from her frame of reference, and to communicate that understanding tentatively and sensitively to the client. In a sense, the counsellor must be able to step into the world of the client, without losing the 'as if' quality and the ability to step out of it, having the wisdom to differentiate between one's own world and the client's world. It is only when s/he gets into the client's frame of reference that s/he comprehends the life of women in sex work,

In order to demonstrate empathy, one needs to operate at the level of thinking, feeling and behaviour. At the level of thinking, it is the conceptual grasping of the feeling of the other; at the level of feeling, it is the sharing of the emotion with the other person; at the behavioural level it is the assumption in one's mind of the role of the other person.

Advanced empathy is a skill the counsellor may need to use at a later stage of counselling, after sufficient rapport has been established and the counsellor has come to know the woman well. Advanced empathy is the capacity to go beyond what the client has said and try to understand the client's state of mind based on things which have only been implied or based on certain patterns the counsellor has noted. For this, the counsellor should comprehend the client's life in her dynamic background, events experienced by her, the emotional rollercoaster she gone/goes through, often living at the edge of life. This is one of the most difficult counselling skills to acquire and the counsellor must use this cautiously.

Advanced empathy when used, spontaneously leads to considering the client a unique individual and the discussion becomes personalised.

Individualization

No two human beings are alike. They are vastly different in many visible and invisible aspects. While there is commonality in their work, the lives of women in sex work are incomparably different. An effective counsellor never generalizes the women in sex work. Each individual is seen in her own merits, resources, challenges and network

Process of Self Determination

Counselling is a process where the client's right to self determination is viewed with respect. The counsellor does not impose her/his views on the client's live and decisions. Every issue and every situation is seen from the point of view of the client's best interest and the client should be facilitated with adequate and full information to make decisions. Often, this could be very challenging as the client may be resistant to look at issues holistically. The counsellor needs to use challenging/confronting skills.





Challenging

While active listening can help women in sex work to some extent to become more self-aware, sometimes the counsellor may need to challenge the client, in order to help her uncover the root of the problem and initiate change. It can also help the woman gain the skill of self-challenge, which she can use to continuously initiate changes in behaviour.

Challenging can only be used when rapport has been sufficiently established and the client's trust has been cultivated. And challenging should neither be done frequently and nor without adequate feedback. Challenging is never a simple process in counselling, and the counsellor has to engage in it only after deep thought, solely in the best interest of the client and not as an attacking option.

Responses

The counsellor should consistently be able to use responses which are appropriate and based on accurate understanding of the client's situation. Responses can be probing, supportive or empathetic. Typically, they should avoid interpretative, evaluative or solution responses, especially during the initial phase, keeping them for the later phases of counselling.

Basic Counselling Skills and Values while working with Women in Sex Work: A Summary

1. Rapport building is important for developing the therapeutic relationship. Demonstrating acceptance, non-judgmental attitude and unconditional positive regard are critical aspects of rapport building.
2. Total listening gives the women a reflective space to think about their issues.
3. Empathetic understanding can help counsellors understand the feelings of the clients.
4. Sometimes advanced empathy is necessary, going beyond what the client has said, to what has only been implied. But this has to be used cautiously
5. Every woman in sex work is uniquely different and this difference should be valued respectfully
6. Right to self determination should be upheld and the women should be facilitated with all support for them to take their own decisions
7. Challenging can be used to help clients uncover underlying issues, but again must be used sparingly.
8. While responding to what the client shares, s/he should avoid advise and superficial interpretations



Protecting the Self in the Counselling Relationship

Setting Boundaries

Setting clear boundaries is very critical both for the therapeutic relationship as well as for the counsellor's own protection. Counsellors need to take charge of what is acceptable and take responsibility for their own safety and comfort: physical, emotional and sexual.

The counsellor needs to be aware of intrusion into his/her own personal space, and consider the extent of closeness which is acceptable with the client. While being available to the client at all times is important, barring an emergency, counsellors need to define acceptable times when he or she is available to the client. Being honest with the client and upfront about these boundaries can be useful in establishing a professional relationship.

Supervision

Supervision is very critical in counselling. While working with women in sex work, supervision helps ensure that the counsellor's own values do not intrude into the counselling process and also to address issues of transference and counter- transference.

Counsellors frequently need to probe deeply not just into their personal life but also their sexual life. While this level of probing is a necessary part of the process, there are also risks of transference and more importantly counter- transference. Supervision can help the counsellors become aware of this process.

If close supervision is not possible, or the counsellor does not have a regular supervisor, then he/she has to focus on self-supervision, keeping the 'third eye' of supervision open during the counselling process. This can be done in various ways, like keeping records (oral or written) and going over them at a later stage, recording personal reflections in a journal.

Handling Stigma

While working with a group like women in sex work, there is a chance that the counsellors may themselves face stigma. This is especially true in the semi-urban and rural areas. This can be a serious issue for the counsellor with there being insinuations on the counsellor's own involvement with sex work/women in sex work . This can also create issues within the families of counsellors. Counsellors need to be mature and professional in the way they handle this situation. Setting clear boundaries with the client can help them keep their personal and professional life separate to an extent. Anticipating problems of stigma and being prepared for them in advance is also useful.





Making Use of Other Resources : The Importance of Referrals

Referrals are crucial considering the multitude of problems which women in sex work encounter in their lives. It is useful for the counsellor to be aware of agencies and individuals to whom they can refer their clients. Also considering the kind of stigma which women in sex work face at most service delivery points, it is better for the counsellor to understand the attitude of the service providers and make a preferred choice of those who have supportive attitudes.

Sometimes the counsellor may delay the referral due to different reasons. He or she may not want to admit their own inability to deal with the problems, and may wish to continue with the client until completion. He or she may have become extremely engrossed with the issues and not be able to separate from the client. On other occasions, referral may be difficult because the counsellor has not explored the possibility of it with the client right from the beginning and there may be resistance from the client.

However, it is always best to acknowledge one's own limitations and discuss the possibility of a referral with the client right from the beginning. The client is likely to resist, particularly because of concerns of confidentiality, etc. and the counsellor has to help her understand the need for referral where necessary, and allay her concerns regarding it.

Chapter Summary

Currently, since counsellors' engagement with women in sex work is largely driven by HIV related services and programmes, counselling focuses only on certain aspects of behaviour change and frequently ignores the larger context of the women. As a result, the women may frequently not be able to draw the potential benefit from counselling. Understanding the larger context of the woman and being client centred, rather than programme centred can help women engage with HIV services better. It deepens the impact of HIV programme and also helps the women handle other challenging circumstances.

In counselling the essential aspects are the quality of therapeutic alliance with the client; the client's readiness; counsellor instilling a sense of hope in the client; and the techniques the counsellor uses. The counsellor working with women in sex work needs to exercise much more care on the kind of relationship, boundary s/he maintains, the counsellor's personal values coming in conflict with that of client, the frame of reference used and the possible stigma the counsellor might experience. The need for supervision is vital for these counsellors to maintain professionalism and to reduce their burn-out.



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Appendix 1





What are the symptoms of STI's ?

Many STIs have only mild or no symptoms at all. When symptoms do develop, they often are mistaken for something else, such as urinary tract infection or yeast infection. This is why screening for STIs is so important. The STIs listed here are among the most common or harmful to women.

Symptoms of Sexually Transmitted Infections

STI	Symptoms
Bacterial vaginosis (BV)	<ul style="list-style-type: none">• Most women have no symptoms.• Women with symptoms may have: Vaginal itching, pain when urinating, discharge with a fishy odour
Chlamydia	<ul style="list-style-type: none">• Most women have no symptoms.• Women with symptoms may have: Abnormal vaginal discharge, burning when urinating, bleeding between periods.• Infections that are not treated, even if there are no symptoms, can lead to: Lower abdominal pain, low back pain, nausea, fever, pain during sex
Genital herpes	<ul style="list-style-type: none">• Some people may have no symptoms.• During an “outbreak,” the symptoms are clear: Small red bumps, blisters, or open sores where the virus entered the body, such as on the penis, vagina, or mouth. Vaginal discharge ,fever, headache, muscle aches, pain when urinating, itching, burning, or swollen glands in genital area, pain in legs, buttocks, or genital area. Symptoms may go away and then come back. Sores heal after 2 to 4 weeks.
Gonorrhea	<p>Symptoms are often mild, but most women have no symptoms.</p> <p>If symptoms are present, they most often appear within 10 days of becoming infected. Symptoms are: Pain or burning when urinating, yellowish and sometimes bloody vaginal discharge, bleeding</p>





STI	Symptoms
Gonorrhea (continued)	between periods, pain during sex , heavy bleeding during periods. Infection that occurs in the throat, eye, or anus also might have symptoms in these parts of the body.
Hepatitis B	<ul style="list-style-type: none">• Some women have no symptoms.• Women with symptoms may have: Low-grade fever, headache and muscle aches, tiredness, loss of appetite, upset stomach or vomiting, diarrhoea, dark-coloured urine and pale bowel movements, stomach pain , skin and whites of eyes turning yellow.
HIV/AIDS	<ul style="list-style-type: none">• Some women may have no symptoms for 10 years or more.• About half of people with HIV get flu-like symptoms about 3 to 6 weeks after becoming infected.• Symptoms people can have for months or even years before the onset of AIDS include: Fevers and night sweats, feeling very tired, quick weight loss ,headache ,enlarged lymph nodes, diarrhoea, vomiting, and upset stomach, mouth, genital, or anal sores ,dry cough ,rash or flaky skin ,short-term memory loss.• Women also might have these signs of HIV: vaginal yeast infections and other vaginal infections, including STIs, pelvic inflammatory disease (PID) that does not get better with treatment ,menstrual cycle changes.
Human papillomavirus (HPV)	<ul style="list-style-type: none">• Some women have no symptoms.• Women with symptoms may have: Visible warts in the genital area, including the thighs. Warts can be raised or flat, alone or in groups, small or large, and sometimes they are cauliflower-shaped. Growths on the cervix and vagina are often invisible.
Pubic lice (sometimes called “crabs”)	<ul style="list-style-type: none">• Symptoms include: itching in the genital area, finding lice or lice eggs



STI	Symptoms
Syphilis	<ul style="list-style-type: none">• Syphilis progresses in stages. Symptoms of the primary stage are: A single, painless sore appearing 10 to 90 days after infection. It can appear in the genital area, mouth, or other parts of the body. The sore goes away on its own.• If the infection is not treated, it moves to the secondary stage. This stage starts 3 to 6 weeks after the sore appears. Symptoms of the secondary stage are: Skin rash with rough, red or reddish-brown spots on the hands and feet that usually does not itch and clear on their own, fever, sore throat and swollen glands, patchy hair loss, headaches and muscle aches, weight loss, tiredness• In the latent stage, symptoms go away, but can come back. Without treatment, the infection may or may not move to the late stage.• In the late stage, symptoms are related to damage to internal organs, such as the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Some people may die.
Trichomoniasis (sometimes called “trich”)	<ul style="list-style-type: none">• Many women do not have symptoms.• Symptoms usually appear 5 to 28 days after exposure and can include: yellow, green, or gray vaginal discharge (often foamy) with a strong odour, discomfort during sex and when urinating, itching or discomfort in the genital area, lower abdominal pain (rarely)

Source: Womenshealth.gov, <http://womenshealth.gov/publications/our-publications/fact-sheet/sexually-transmitted-infections.cfm>

Appendix 2





The Immoral Traffic (Prevention) Act, 1956

An Act to provide in pursuance of the International Convention signed at New York on the 9th day of May, 1950, for the prevention of immoral traffic. Be it enacted by Parliament in the Seventh Year of the Republic of India as follows:

1. Short title, extent and commencement.—

(1) This Act may be called The Immoral Traffic (Prevention) Act, 1956.

(2) It extends to the whole of India.

(3) This section shall come into force at once; and the remaining provisions of this come into force on such date as the Central Government may, by notification in the official Gazette, appoint.

2. Definitions.—In this Act, unless the context otherwise requires—

(a) “brothel” includes any house, room, conveyance or place, or any portion of any house, room, conveyance or place, which is used for purposes of sexual exploitation or abuse for the gain of another person or for the mutual gain of two or more prostitutes;

(aa) “child” means a person who has not completed the age of eighteen years;

(b) “corrective institution” means an institution, by whatever name called (being an institution established or licenced as such under Section 21), in which persons, who are in need of correction, may be detained under this Act, and includes a shelter where under trials may be kept in pursuance of this Act;

(c) “magistrate” means a Magistrate specified in the second column of the Schedule as being competent to exercise the powers conferred by the section in which the expression occurs and which is specified in the first column of the Schedule;

(d) “prescribed” means prescribed by rules made under this Act;

(e) [1] [* * * * *].

(f) “prostitution” means the sexual exploitation or abuse of persons for commercial purposes or for consideration in money or in any other kind, and the expression “prostitute” shall be construed accordingly;

(g) “protective home” means an institution, by whatever name called (being an institution established or licenced as such under Section 21), in which persons who are in need of care and protection, may be kept under this Act and where appropriate technically qualified persons, equipments and other facilities have been provided but does not include,— (i) a shelter where undertrials may be kept in pursuance of this Act, or (ii) a corrective institution;



(h) “public place” means any place intended for use by, or accessible to, the public and includes any public conveyance;

(i) “special police officer” means a police officer appointed by or on behalf of the State Government to be in charge of police duties within a specified area for the purpose of this Act;

(j) “trafficking police officer” means a police officer appointed by the Central Government under subsection (4) of Section 13. 2-A. Rule of construction regarding enactments not extending to Jammu and Kashmir.—Any reference in this Act to a law which is not in force in the State of Jammu and Kashmir shall in relation to that State, be construed as a reference to the corresponding law, if any, in force in that State.

3. Punishment for keeping a brothel or allowing premises to be used as a brothel.—

(1) Any person who keeps or manages, or acts or assists in the keeping or management of, a brothel shall be punishable on first conviction with rigorous imprisonment for a term of not less than two years and which may extend to three years and also with fine which may extend to ten thousand rupees and in the event of a second or subsequent conviction, with rigorous imprisonment for a term which shall not be less than three years and which may extend to seven years and shall also be liable to fine which may extend to two lakh rupees

(2) a any person who,— (a) being the tenant, lessee, occupier or person in charge of any premises, uses, or knowingly allows any other person to use, such premises or any part thereof as a brothel, or (b) being the owner, lessor or landlord of any premises or the agent of such owner, lessor or landlord, lets the same or any part thereof with the knowledge that the same or any part thereof is intended to be used as a brothel, or is wilfully a party to the use of such premises or any part thereof as a brothel, shall be punishable on first conviction with imprisonment for a term which may extend to two years and with fine which fine which may extend to two thousand rupees and in the event of a second or subsequent conviction, with rigorous imprisonment for a term which may extend to five years and also with fine.

(2-A) For the purposes of sub-section (2), it shall be presumed, until the contrary is proved, that any person referred to in clause (a) or clause (b) of that sub-section, is knowingly allowing the premises or any part thereof to be used as a brothel or, as the case may be, has knowledge that the premises or any part thereof are being used as a brothel, if,— (a) a report is published in a newspaper having circulation in the area in which such person resides to the effect that the premises or any part thereof have been found to be used for prostitution as a result of a search made under this Act; or (b) a copy of the list of all things found during the search referred to in clause (a) is given to such person.

(3) Notwithstanding any thing contained in any other law for the time being in force, on conviction of any person referred to in clause (a) or clause (d) of sub-section (2) of any offence under that sub- section in respect of any premises or any part thereof, any lease or agreement under which such premises have been leased out or held or occupied at the time of the commission of the offence, shall become void and inoperative with effect from the date of the said conviction.



4. Punishment for living on the earnings of prostitution .—

(1) Any person over the age of eighteen years who knowingly lives, wholly or in part, on the earnings of the prostitution of any other person shall be punishable with imprisonment for a term which may extend to two years, or with fine which may extend to one thousand rupees, or with both, and where such earnings relate to the prostitution of a child, shall be punishable with imprisonment for a term of not less than seven years and not more than ten years.

(2) Where any person over the age of eighteen years is proved,— (a) to be living with, or to be habitually in the company of, a prostitute; or (b) to have exercised control, direction or influence over the movements of a prostitute in such a manner as to show that such person is aiding abetting or compelling her prostitution; or (c) to be acting as a tout or pimp on behalf of a prostitute, it shall be presumed, until the contrary is proved, that such person is knowingly living on the earnings of prostitution of another person within the meaning of sub-section (1).

5. Procuring, inducing or taking person for the sake of prostitution .—

(1) Any person who— (a) procures or attempts to procure a person whether with or without his/her consent, for the purpose of prostitution; or (b) induces a person to go from any place, with the intent that he/she may for the purpose of prostitution become the inmate of, or frequent, a brothel; or (c) takes or attempts to take a person or causes a person to be taken, from one place to another with a view to his/her carrying on, or being brought up to carry on prostitution ; or (d) causes or induces a person to carry on prostitution; shall be punishable on conviction with rigorous imprisonment for a term of not less than three years and not more than seven years and also with fine which may extend to two thousand rupees, and if any offence under this sub-section is committed against the will of any person, the punishment of imprisonment for a term of seven years shall extend to imprisonment for a term of fourteen years: Provided that if the person in respect of whom an offence committed under this subsection, is a child, the punishment provided under this sub-section shall extend to rigorous imprisonment for a term of not less than seven years but may extend to life. [2]

(2) [**** **]

(3) An offence under this section shall be triable,— (a) in the place from which a person is procured, induced to go, taken or caused to be taken or from which an attempt to procure or taken such persons made; or (b) in the place to which she may have gone as a result of the inducement or to which he/she is taken or caused to be taken or an attempt to take him/her is made.

5A. Whoever recruits, transports, transfers, harbours, or receives a person for the purpose of prostitution by means of,— (a) threat or use of force or coercion, abduction, fraud, deception; or (b) abuse of power or a position of vulnerability; or (c) giving or receiving of payments or benefits to achieve the consent of such person having control over another person, commits the offence of trafficking in persons. Explanation.—Where any person recruits, transports, transfers, harbours or receives a person for the purposes of prostitution, such person shall, until the contrary is proved, be presumed to have recruited, transported, transferred, harboured or received the person with the intent that the person shall be used for the purpose of prostitution.



5B. (1) Any person who commits trafficking in persons shall be punishable on first conviction with rigorous imprisonment for a term which shall not be less than seven years and in the event of a second or subsequent conviction with imprisonment for life. (2) Any person who attempts to commit, or abets trafficking in persons shall also be deemed to have committed such trafficking in persons and shall be punishable with the punishment hereinbefore described.

5C. Any person who visits or is found in a brothel for the purpose of sexual exploitation of any victim of trafficking in persons shall on first conviction be punishable with imprisonment for a term which may extend to three months or with fine which may extend to twenty thousand rupees or with both and in the event of a second or subsequent conviction with imprisonment for a term which may extend to six months and shall also be liable to fine which may extend to fifty thousand rupees.

6. Detaining a person in premises where prostitution is carried on .—

(1) Any person who detains any other person, whether with or without his consent,— (a) in any brothel, or (b) in or upon any premises with intent that such person may have sexual intercourse with a person who is not the spouse of such person, shall be punishable on conviction, with imprisonment of either description for a term which shall not be less than seven years but which may be for life or for a term which may extend to ten years and shall also be liable to fine which may extend to one lakh rupees: Provided that the court may for adequate and special reasons to be mentioned in the judgment, impose a sentence of imprisonment for a term which may be less than seven years.

(2) Where any person is found with a child in a brothel, it shall be presumed, unless the contrary is proved, that he has committed an offence under sub-section (1).

(2-A) Where a child found in a brothel, is, on medical examination, detected to have been sexually abused, it shall be presumed unless the contrary is proved, that the child has been detained for purposes of prostitution or, as the case may be, has been sexually exploited for commercial purposes.

(3) A person shall be presumed to detain a person in a brothel or in upon any premises for the purpose of sexual intercourse with a man other than her lawful husband, if such person, with intent to compel or induce her to remain there,— (a) withholds from her any jewellery, wearing apparel, money or other property belonging to her, or (b) threatens her with legal proceedings if she takes away with her any jewellery, wearing apparel, money or other property lent or supplied to her by or by the direction of such person.

(4) Notwithstanding any law to the contrary, no suit, prosecution or other legal proceeding shall lie against such woman or girl at the instance of the person by whom she has been detained, for the recovery of any jewellery, wearing apparel or other property alleged to have been lent or supplied to or for such woman or girl or to have been pledged by such woman or girl or for the recovery of any money alleged to be payable by such woman or girl.





7. Prostitution in or in the vicinity of public place .—

(1) Any person who carries on prostitution and the person with whom such prostitution is carried on, in any premises: (a) which are within the area or areas, notified under sub-section (3), or (b) which are within a distance of two hundred meters of any place of public religious worship, educational institution, hotel, hospital, nursing home or such other public place of any kind as may be notified in this behalf by the Commissioner of Police or Magistrate in the manner prescribed, shall be punishable with imprisonment for a term which may extend to three months.

(1-A) Where an offence committed under sub-section (1) is in respect of a child, the person committing the offence shall be punishable with imprisonment of either description for a term which not be less than seven years but which may be for life or for a term which may extend to ten years and shall also be liable to fine: Provided that the Court may, for adequate and special reasons to be mentioned in the judgment, impose a sentence of imprisonment for a term of less than seven years.

(2) Any person who: (a) being the keeper of any public place knowingly permits prostitutes for purposes of their trade to resort to or remain in such place; or (b) being the tenant, lessee, occupier or person in charge of any premises referred to in sub-section (1) knowingly permits the same or any part thereof to be used for prostitution; or (c) being the owner, lessor or landlord of any premises referred to in sub-section (1), or the agent of such owner, lessor or landlord, lets the same or any part thereof with the knowledge that the same or any part thereof may be used for prostitution, or is wilfully a party to such use. shall be punishable on first conviction with imprisonment for a term which may extend to three months, or with fine which may extend to two hundred rupees, or with both, and in the event of a second or subsequent conviction with imprisonment for a term which may extend to six months and also with fine, which may extend to two hundred rupees, and if the public place or premises happen to be a hotel, the licence for carrying on the business of such hotel under any law for the time being in force shall also be liable to be suspended for a period of not less than three months but which may extend to one year: Provided that if an offence committed under this sub-section is in respect of a child in a hotel, such licence shall also be liable to be cancelled. Explanation.—For the purposes of this sub-section, “hotel” shall have the meaning as in clause (6) of Section 2 of the Hotel-Receipts Tax Act, 1980 (54 of 1980).

(3) The State Government may, having regard to the kinds of persons frequenting any area or areas in the State, the nature and the density of population therein and other relevant considerations, by notification in the official Gazette, direct that the prostitution shall not be carried on in such area or areas as may be specified in the notification.

(4) Where the notification is issued under Sub-section (3) in respect of any area or areas, the State Government shall define the limits of such area or areas in the notification with reasonable certainty.

(5) No such notification shall be issued so as to have effect from a date earlier than the expiry of a period of ninety days after the date on which it is issued.

9. Seduction of a person in custody .—Any person who having the custody, charge or care of or in a position of authority over any person causes or aids or abets the seduction for



prostitution of that shall be punishable on conviction with imprisonment of either description for a term which shall not be less than seven years but which may be for life or for a term which may extend to ten years and shall also be liable to fine: Provided that the court may, for adequate and special reasons to be mentioned in the judgment, impose a sentence of imprisonment for a term of less than seven years. [3] [(2) *****] [4]

10. Detention in a corrective institution .—

(1) Where,— (a) a female offender is found guilty of an offence under Section 7, and (b) the character, state of health and mental condition of the offender and the other circumstances of the case are such that it is expedient that she should be subject to detention for such term and such instruction and discipline as are conducive to her correction, it shall be lawful for the court to pass, in lieu of a sentence of imprisonment, an order for detention in a corrective institution for such term, not being less than two years and not being more than seven years, as the court thinks fit: Provided that before passing such an order,— (i) the court shall give an opportunity to the offender to be heard and shall also consider any representation which the offender may make to the court as to the suitability of the case for treatment in such an institution, as also the report of the Probation Officer appointed under the Probation of Offender Act, 1958; and (ii) the court shall record that it is satisfied that the character, state of health and mental condition of the offender and the other circumstances of the case are such that the offender is likely to benefit by such instruction and discipline as aforesaid.

(2) Subject to the provisions of sub-section (3), the provisions of the Code of Criminal Procedure, 1973, relating to appeal, reference and revision, and of the Limitation Act, 1963 as to the period within which an appeal shall be filed, shall apply in relation to an order of detention under sub-section (1) as if the order had been a sentence of imprisonment for the same period as the period for which the detention was ordered.

(3) Subject to such rules as may be made in this behalf, the State Government or authority authorised in this behalf may, at any time after the expiration of six months from the date of an order for detention in a corrective institution, if it is satisfied that there is a reasonable probability that the offender will lead a useful and industrious life, discharge her from such an institution, without condition or with such conditions as may be considered fit, and grant her a written licence in such form as may be prescribed.

(4) The conditions on which an order is discharged under sub-section (3), may include requirements relating to residence of the offender and supervision over the offenders activities and movements.

11. Notification of address of previously convicted offenders .—

(1) When any person having been convicted— (a) by a court in India of an offence punishable under this Act or punishable under Section 363, Section 365, Section 366, Section 366-A, Section 366-B, Section 367, Section 368, Section 370, Section 371, Section 372 or Section 373 of the Indian Penal Code [45 of 1860], with imprisonment for a term of two years or up wards; or (b) by a court or tribunal in any other country of an offence which would, if committed in India, have been punishable under this Act, or under any of the aforesaid sections with imprisonment for a like term, is within a period of five years after release from prison, again convicted of any offence punishable under this Act or under any of those





section with, imprisonment for a term of two years or upwards by a court, such court may, if it thinks fit, at the time of passing the sentence of imprisonment on such person, also order that his residence, and any change of, or absence from, such residence, after release, be notified according to rules made under Section 23 for a period not exceeding five years from the date of expiration of that sentence.

(2) If such conviction is set aside on appeal or otherwise, such order shall become void.

(3) An order under this section may also be made by an Appellate Court or by the High Court when exercising its powers of revision.

(4) Any person charged with a breach of any rule referred to in sub-section (1) may be tried by a Magistrate of competent jurisdiction in the District in which the place last notified as his residence is situated. [5] [12.*****]

13. Special police officer and advisory body .—

(1) There shall be for each area to be specified by the State Government in this behalf a special police officer appointed by or on behalf of that government for dealing with offences under this Act in that area.

(2) The special police officer shall not be below the rank of a sub-inspector of Police.

(2-A) The District Magistrate may, if he considers it necessary or expedient so to do, confer upon any retired police or military officer all or any of the powers conferred by or under this Act on a special police officer, with respect to particular cases or classes of cases or to cases generally: Provided that no such power shall be conferred on,— (a) a retired police officer unless such officer, at the time of his retirement, was holding a post not below the rank of an inspector; (b) a retired military officer unless such officer, at the time of his retirement, was holding a post not below the rank of a commissioned officer.

(3) For the efficient discharge of his functions in relation to offences under this Act,— (a) the special police officer of an area shall be assisted by such number of subordinate police officers (including women police officers wherever practicable) as the State Government may think fit; and (b) the State Government shall associate with the special police officer a non-official advisory body consisting of not more than five leading social welfare workers of that area (including women social welfare workers wherever practicable) to advise him on questions of general importance regarding the working of this Act. (4) The Central Government may, for the purpose of investigating any offence under this Act or under any other law for the time being in force dealing with sexual exploitation of persons and committed in more than one State appoint such number of police officers as trafficking police officers and they shall exercise all the powers and discharge all the functions as are exercisable by special police officers under this Act with the modification that they shall exercise such powers and discharge such functions in relation to the whole of India.

13A. (1) The Central Government may constitute an Authority for the purposes of effectively preventing and combating the offence of trafficking in persons. (2) The members of the Authority shall be appointed by the Central Government and shall be of such number and chosen in such manner as may be prescribed. (3) The Chairperson of the Authority shall



be one of the members appointed under sub- section (2) to be nominated by the Central Government. (4) The term of office of the members of the Authority, the manner of filling vacancies among and the procedure to be followed in the discharge of their functions by the members shall be such as may be prescribed.

13B. (1) The State Government may constitute an Authority for the purposes of effectively preventing and combating the offence of trafficking in persons. (2) The members of the Authority shall be appointed by the State Government and shall be of such number and chosen in such manner as may be prescribed. (3) The Chairperson of the Authority shall be one of the members appointed under sub-section (2) to be nominated by the State Government. (4) The term of office of the members of the Authority, the manner of filling vacancies among and the procedure to be followed in the discharge of their functions by the members shall be such as may be prescribed.

14. Offences to be cognizable .—Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), an offence punishable under this Act shall be deemed to be a cognizable offence within the meaning of that Code: Provided that, notwithstanding anything contained in that Code,— (i) arrest without warrant may be made only by the special police officer or under his direction or guidance, or subject to his prior approval; (ii) when the special police officer requires any officer subordinate to him to arrest without warrant otherwise than in his presence any person for an offence under this Act, he shall give that subordinate officer an order in writing, specifying the person to be arrested and the offence for which the arrest is being made; and the latter officer before arresting the person shall inform him of the substance of the order and, on being required by such person, show him the order; (iii) any police officer not below the rank of sub-inspector specially authorised by the special police officer may, if he has reason to believe that on account of delay involved in obtaining the order of the special police officer, any valuable evidence relating to any offence under this Act is likely to be destroyed or concealed, or the person who has committed or is suspected to have committed the offence is likely to escape, or if the name and address of such a person is unknown or there is reason to suspect that a false name or address has been given, arrest the person concerned without such order, but in such a case he shall report, as soon as may be, to the special police officer the arrest and the circumstances in which the arrest was made.

15. Search without warrant .—

(1) Notwithstanding anything contained in any other law for the time being in force, whenever the special police officer or the trafficking police officer as the case may be, has reasonable grounds for believing that an offence punishable under this Act has been or is being committed in respect of a person living in any premises, and that search of the premises with warrant cannot be made without undue delay, such officer may, after recording the grounds of his belief, enter and search such premises without a warrant.

(2) Before making a search under sub-section (1), the special police officer or the trafficking police officer, as the case may be shall call upon two or more respectable inhabitants (at least one of whom shall be a woman) of the locality in which the place to be searched is situate, to attend and witness the search and may issue an order in writing to them or any of them so to do: Provided that the requirement as to the respectable inhabitants being from





the locality in which the place to be searched is situate shall not apply to a woman required to attend and witness the search.

(3) Any person who, without reasonable cause, refuses or neglects, to attend and witness a search under this section, when called upon to do so by an order in writing delivered or tendered to him, shall be deemed to have committed an offence under Section 187 of the Indian Penal Code (45 of 1860).

(4) The special police officer or the trafficking police officer, as the case may be, entering any premises under sub-section (1) shall be entitled to remove therefrom all the persons found therein. (5) The special police officer or the trafficking police officer, as the case may be, after removing person under sub-section (4) shall forthwith produce her before the appropriate Magistrate. (5-A) Any person who is produced before a Magistrate under sub-section

(5), shall be examined by a registered medical practitioner for the purposes of determination of the age of such person, or for the detection of any injuries as a result of sexual abuse or for the presence of any sexually transmitted diseases. Explanation.—In this sub-section, “registered medical practitioner” has the same meaning as in the Indian Medical Council Act, 1956 (102 of 1956).

(6) The special police officer or the trafficking police officer, as the case may be, and other persons taking part in, or attending, and witnessing a search shall not be liable to any civil or criminal proceeding against them in respect of anything lawfully done in connection with, or for the purpose of, the search.

(6-A) The special police officer or the trafficking police officer, as the case may be, making a search under this section shall be accompanied by at least two women police officers, and where any woman or girl removed under sub-section (4) is required to be interrogated it shall be done by woman police officer and if no woman police officer is available, the interrogation shall be done only in the presence of a lady member of a recognized welfare institution or organization. Explanation.—For the purposes of this sub-section and Section 17-A, “recognized welfare institution or organization” means such institution or organization as may be recognized in this behalf by the State Government.

(7) The provisions of the Code of Criminal Procedure, 1973 (2 of 1974) shall, so far as may be, apply to any search under this section as they apply to any search made under the authority of a warrant issued under 94 of the said Code.

16. Rescue of person—

(1) Where a Magistrate has reason to believe from information received from the police or from any other person authorised by State Government in this behalf or otherwise, that any person is living, or is carrying, or is being made to carry on, prostitution in a brothel, he may direct a police officer not below the rank of a sub-inspector to enter such brothel, and to remove therefrom such person and produce her before him.

(2) The police officer, after removing the person shall forthwith produce her before the Magistrate issuing the order.



17. Intermediate custody, of persons removed under Section 15 or rescued under Section 16 .—

(1) When the special police officer removing a person under sub-section (4) of Section 15 or a police officer rescuing a person under sub-section (1) of Section 16, is for any reason unable to produce her before the appropriate Magistrate as required by sub-section (5) of Section 15, or before the Magistrate issuing the order under sub-section (2) of Section 16, he shall forthwith produce her before the nearest Magistrate of any class, who shall pass such orders as he deems proper for her safe custody until she is produced before the appropriate Magistrate, or, as the case may be, the Magistrate issuing the order: Provided that no person shall be, (i) detained in custody under this sub-section for a period exceeding ten days from the date of the order under this sub-section; or (ii) restored to or placed in the custody of a person who may exercise a harmful influence over her.

(2) when the person is produced before the appropriate Magistrate under sub-section (5) of Section 15 or the Magistrate under sub-section (2) of Section 16, he shall, after giving her an opportunity of being heard, cause an inquiry to be made as to the correctness of the information received under sub-section (1) of Section 16, the age, character and antecedents of the person and the suitability of her parents, guardian or husband for taking charge of her and the nature of the influence which the conditions in her home are likely to have on her if she is sent home, and, for this purpose, he may direct a Probation Officer appointed under the Probation of Offenders Act, 1958, to inquire into the above circumstances and into the personality of the person and the prospects of her rehabilitation.

(3) The Magistrate may, while an inquiry is made into a case under sub-section (2), pass such orders as he deems proper for the safe custody of the person: Provided that where a person rescued under Section 16 is a child, it shall be open to the magistrate to place such child in any institution established or recognized under any Children Act for the time being in force in any State for the safe custody of children: Provided further that no person shall be kept in custody for this purpose for a period exceeding three weeks from the date of such an order, and no person shall be kept in the custody of a person likely to have a harmful influence over her.

(4) Where the Magistrate is satisfied, after making an inquiry as required under sub-section (2),— (a) that the information received is correct; and (b) that she is in need of care and protection, he may, subject to the provisions of sub-section (5), make an order that such person be detained for such period, being not less than one year and not more than three, as may be specified in the order, in a protective home, or in such other custody, as he shall, for reasons to be recorded in writing, consider suitable: Provided that such custody shall not be that of a person or body of persons of a religious persuasion different from that of the person, and that those entrusted with the custody of the person, including the persons in charge of a protective home; may be required to enter into a bond which may, where necessary and feasible contained undertaking based on directions relating to the proper care, guardianship, education, training and medical and psychiatric treatment of the person as well as supervision by a person appointed by the Court, which will be in force for a period not exceeding three years.

(5) In discharging his functions under sub-section (2), a Magistrate may summon a panel of five respectable persons, three of whom shall, wherever practicable, be women, to assist



him; and may, for this purpose, keep a list of experienced social welfare workers, particularly women social welfare workers, in the field of suppression of immoral traffic in persons.

(6) An appeal against an order made under sub-section (4) shall lie to the Court of Session whose decision on such appeal shall be final.

17-A. Conditions to be observed before placing persons rescued under Section 16 to parents or guardians .—Notwithstanding anything contained in sub-section (2) of Section 17, the magistrate making an inquiry under Section 17, may, before passing an order for handing over any person rescued under Section 16 to the parents, guardian or husband, satisfy himself about the capacity or genuineness of the parents, guardian or husband to keep such person by causing an investigation to be made by a recognized welfare institution or organization.

18. Closure of brothel and eviction of offenders from the premises .—

(1) A Magistrate may, on receipt of information from the police or otherwise, that any house, room, place or any portion thereof within a distance of two hundred metres of any public place referred to in sub-section (1) of Section 7 is being run or used as a brothel by any person, or is being used by prostitutes for carrying on their trade, issue notice on the owner, lessor or landlord or such house, room, place or portion or the agent of the owner, lessor or landlord or on the tenant, lessee, occupier of, or any other person in charge of such house, room, place, or portion, to show cause within seven days of the receipt of the notice why the same should not be attached for improper use thereof, and if, after hearing the person concerned, the Magistrate is satisfied that the house, room, place or portion is being used as a brothel or for carrying on prostitution, then the Magistrate may pass orders,— (a) directing eviction of the occupier within seven days of the passing of the order from the house, room, place, or portion; (b) directing that before letting it out during the period of one year or in a case where a child has been found in such house, room, place or portion during a search under Section 15, during the period of three years, immediately after the passing of the order, the owner, lessor or landlord or the agent of the owner, lessor or landlord shall obtain the previous approval of the Magistrate; Provided that, if the Magistrate finds that the owner, lessor or landlord as well as the agent of the owner, lessor or landlord, was innocent of the improper user of the house, room, place, or portion, he may cause the same to be restored to the owner, lessor or landlord or the agent of the owner, lessor or landlord, with a direction that the house, room, place or portion shall not be leased out, or otherwise given possession of, to or for the benefit of the person who was allowing the improper use therein.

(2) A court convicting a person of any offence under Section 3 or Section 7 may pass orders under subsection (1), without further notice to such person to show cause as required in that sub-section.

(3) Orders passed by the Magistrate or court under sub-section (1) or sub-section (2), shall not be subject to appeal and shall not be stayed or set aside by the order of any court, civil or criminal, and the said orders shall cease to have validity after the expiry of one year or three years, as the case may be: Provided that where a conviction under Section 3 or Section 7 is set aside on an appeal on the ground that such house, room, place, or any portion thereof is not being run or uses as a brothel or is notbeing used by prostitutes for carrying on their trade, any order passed by the trial court under sub-section (1) shall also be set aside.



(4) Notwithstanding anything contained in any other law for the time being in force, when a Magistrate passes an order under sub-section (1), or a Court passes an order under sub-section (2), any lease or a agreement under which the house, room, place or portion is occupied at the time shall become void and inoperative.

(5) When an owner, lessor or landlord, or the agent of such owner, lessor or landlord fails to comply with a direction given under clause (b) of sub-section (1) he shall be punishable with fine which may extend to five hundred rupees or when he fails to comply with a direction under the proviso to that sub-section, he shall be deemed to have committed an offence under clause (b) of sub-section (2), of Section 3 or clause (c) of sub-section (2) of Section 7, as the case may be, and punished accordingly.

19. Application for being kept in a protective home or provided care and protection by court .—

(1) A person who is carrying on, or is being made to carry on prostitution, may make an application, to the Magistrate within the local limits of whose jurisdiction she is carrying on, or is being made to carry on prostitution, for an order that she may be— (a) kept in a protective home, or (b) provided care and protection by the court in the manner specified in sub-section (3).

(2) The Magistrate may pending inquiry under sub-section (3) direct that the person be kept in such custody as he may consider proper, having regard to the circumstances of the case.

(3) If the Magistrate after hearing the applicant and making such inquiry as he may consider necessary, including an inquiry by a Probation Officer appointed under the Probation of Offender Act, 1958, (20 of 1958) into the personality, conditions of home and prospects of rehabilitation of the applicant, is satisfied that an order should be made under this section, he shall for reasons to be recorded, make an order that the applicant to be kept: (i) in a protective home, or (ii) in a corrective institution, or (iii) under the supervision of a person appointed by the Magistrate for such period as may be specified in the order.

21. Protective homes.—

(1) The State Government may in its discretion establish as many protective homes and corrective institutions under this Act as it thinks fit and such homes and institutions when established shall be maintained in such manner as may be prescribed.

(2) No person or no authority other than the State government shall, after the commencement of this Act, establish or maintain any protective home or corrective institution except under and in accordance with the conditions of, a licence issued under this section by the State Government.

(3) The State Government may, on application made to it in this behalf by a person or authority, issue to such person or authority a licence in the prescribed form for establishing and maintaining or as the case may be, for maintaining a protective home or corrective institution and a licence so issued may contain such conditions as the State Government may think fit to impose in accordance with the rules made under this Act: Provided that any such condition





may require that the management of the protective home or corrective institution shall, wherever practicable, be entrusted to women: Provided further that a person or authority maintaining any protective home at the commencement of this Act shall be allowed a period of six months from such commencement to make an application for such licence: Provided also that a person or authority maintaining any corrective institution at the commencement of the Suppression of Immoral Traffic in Women and Girls (Amendment) Act, 1978, shall be allowed a period of six months from such commencement to make an application for such licence.

(4) Before issuing a licence, the State Government may require such officer or authority as it may appoint for this purpose, to make a full and complete investigation in respect of the application received in this behalf and report to it the result of such investigation and in making any such investigation the officer or authority shall allow such procedure as may be prescribed.

(5) A licence, unless sooner revoked, shall remain in force for such period as may be specified in the licence and may, on application made in this behalf at least thirty days before the date of its expiration, be renewed for a like period.

(6) No licence issued or renewed under this Act shall be transferable.

(7) Where any person or authority to whom a licence has been granted under this Act or any agent or servant of such person or authority commits a breach of any of the conditions thereof or any of the provisions of this Act or of any of the rules made under this Act, or where the State Government is not satisfied with the conditions, management or superintendence or any protective home or corrective institution the State Government may, without prejudice to any other penalty which may have been incurred under this Act, for reasons to be recorded, revoke the licence by order in writing: Provided that no such order shall be made until an opportunity is given to the holder of the licence to show cause why the licence shall not be revoked.

(8) Where a licence in respect of a protective home or corrective institution has been revoked under the foregoing sub-section such protective home or corrective institution shall cease to function from the date of, such revocation.

(9) Subject to any rule that may be made in this behalf, the State Government may also vary or amend any licence issued or renewed under this Act.

(9-A) The State Government or any authority authorised by it in this behalf may, subject to any rules that may be made in this behalf, transfer an inmate of a protective home to another protective home or to a corrective institution or an inmate of a corrective institution to another protective home or to a corrective institution, where such transfer is considered desirable having regard to the conduct of the person to be transferred, the kind of training to be imparted and other circumstances of the case: Provided that,— (i) no person who is transferred under this sub-section shall be required to stay in the home or institution to which she is transferred for a period longer than she was required to stay in the home or institution from which she was transferred; (ii) reasons shall be recorded for every order of transfer under this sub-section.



(10) Whoever establishes or maintains a protective home or corrective institution except in accordance with the provisions of this section, shall be punishable in the case of a first offence with fine which may extend to one thousand rupees and in the case of second or subsequent offence with imprisonment for a term which may extend to one year, or with fine which may extend to two thousand rupees, or with both.

21-A. Production of records .—Every person or authority who is licensed under sub-section (3) of Section 21 to establish or maintain, or, as the case may be, for maintaining, a protective home or corrective institution shall whenever required by a Court, produce the records and other documents maintained by such home or institution before such court.

22. (1) Trials .—No Court, inferior to that of a Metropolitan Magistrate or a Judicial magistrate of the first class, shall try any offence under Section 3, Section 4, Section 5, Section 5B, Section 5C, Section 6 or Section 7. (2) Notwithstanding anything contained in the Code of Criminal Procedure, 1973, the trial of the proceedings under this Act shall be conducted in camera.

22-A. Power to establish special Courts .—

(1) If the State Government is satisfied that it is necessary for the purpose of providing for speedy trial of offences under this Act in any district or metropolitan area, it may, by notification in the official Gazette and after consultation with the High Court, establish one or more Courts of Judicial Magistrates of the first class, or, as the case may be, Metropolitan Magistrate, in such district or metropolitan area.

(2) Unless otherwise directed by the High Court, a court established under sub-section (1) shall exercise jurisdiction only in respect of cases under this Act.

(3) Subject to the provisions of sub-section (2), the jurisdiction and powers of the presiding officer of a court established under sub-section (1) in any district or metropolitan area shall extend throughout the district or the metropolitan area, as the case may be.

(4) Subject to the foregoing provisions of this section, a Court established under sub-section (1) in any district or metropolitan area shall be deemed to be a court established under sub-section (1) of Section 11, or, as the case may be, sub-section (1) of Section 16 of the Code of Criminal Procedure, 1973 (2 of 1974) and provisions of the Code shall apply accordingly in relation to such courts. Explanation.—In this section, “High Court” has the same meaning as in clause (e) of Section 2 of the Code of Criminal Procedure, 1973.

22-AA. Power of Central Government to establish special courts .—

(1) If the Central Government is satisfied that it is necessary for the purpose of providing for speedy trial of offences under this Act and committed in more than one State, it may, by notification in the official Gazette and after consultation with the High Court concerned, establish one or more courts of Judicial Magistrates of the first class or Metropolitan Magistrates for the trial of such offences.





(2) The provisions of Section 22-A, shall, so far as may be, apply to the courts established under subsection (1), as they apply to Courts established under that section.

22-B. Power of court to try cases summarily .—Notwithstanding anything contained in the Code of Criminal Procedure, 1973, the State Government may, if it considers it necessary so to do, direct that offences under this Act shall be tried in a summary way by a Magistrate including the presiding officer of a court established under sub-section (1) of Section 22-A and the provisions of Section 262 to 265 (both inclusive) of the said Code, shall, as far as may be, apply to such trial: Provided that in the case of any conviction in a summary trial under this section, it shall be lawful for the Magistrate to pass a sentence of imprisonment for a term not exceeding one year: Provided further that when at the commencement of, or in the course of, a summary trial under this section, it appears to the Magistrate that the nature of the case is such that a sentence of imprisonment for a term exceeding one year may have to be passed or that it is, for any other reason, undersirable to try the case summarily, the Magistrate shall, after hearing the parties record an order to that effect and thereafter recall any witness, who may have been examined and proceed to hear or re-hear the case in the manner provided by the said Code].

23. Power to make rules .—

(1) The State Government may, by notification in the official Gazette, make rules for carrying on the purposes of this Act.

(2) In particular, and without prejudice to the generality of the foregoing powers, such rules may provide for : (a) the notification of any place as a public place; (b) the placing in custody of persons for whose safe custody orders have been passed under sub- section (1) of Section 17 and their maintenance; (bb) the discharge of an offender under sub-section

(3) of Section 10-A from a corrective institution and the form of licence to be granted to such offender; (c) the detention and keeping in protective homes or, as the case may be, in corrective institutions or person under this Act and their maintenance; (d) the carrying out of the provisions of Section 11 regarding notification of residence or change of or absence from residence by released convicts; (e) the delegation of authority to appoint the special police officer under sub-section (1) of Section 13; (f) the carrying into effect of the provisions of Section 18; (g) (i) the establishment, maintenance, management and superintendence of protective homes and corrective institutions under Section 21 and the appointment, powers and duties of persons employed in such home or institution; (ii) the form in which an application for a licence may be made and the particulars to be contained in such application; (iii) the procedure for the issue or renewal of a licence, the time within which such licence shall be issued or renewed and the procedure to be followed in making a full and complete investigation in respect of an application for licence; (iv) the form of a licence and the condition to be specified therein; (v) the manner in which the accounts of a protective home and a corrective institution shall be maintained and audited; (vi) the maintenance of registers and statements by a licensee and the form of such registers and statements; (vii) the care, treatments, maintenance, training, instruction, control and discipline of the inmates of protective home and corrective institutions; (viii) the visits to and communications with inmates; (ix) the temporary detention of persons sentenced to detention in protective homes or in corrective institution until arrangements are made for sending them to such homes or institutions; (x) the transfer of an inmate from: (a) protective home to another, or to a



corrective institution, (b) one corrective institution to another, or to a protective home, under sub-section (9-A) of Section 21; (xi) the transfer in pursuance of an order of the Court from a protective home or a corrective institution to a prison of a person found to be incorrigible or exercising bad influence upon other inmates of the protective home or the corrective institution and the period of her detention in such prison; (xii) the transfer to a protective home or corrective institution of persons sentenced under Section 7 and the period of their detention in such home or institution; (xiii) the discharge of inmates from a protective home or corrective institution either absolutely or subject to conditions, and their arrest in the event of breach of such conditions; (xiv) the grant of permission to inmates to absent themselves for short periods; (xv) the inspection of protective homes and corrective institutions and other institutions in which a persons may be kept, detained and maintained; (ga) number of the members of the Authority and the manner in which such members shall be chosen for appointment under sub-section (2) of section 13B; (gb) the term of office of the members of the Authority and the manner of filling vacancies among, and the procedure to be followed in the discharge of their functions by, the members under sub-section (4) of section 13B; (h) any other matter which has to be, or may be prescribed. (3) In making any rule under clause (d) or clause (g) or sub-section (2), the State Government may provide that a breach thereof be punishable with fine which may extend to two hundred and fifty rupees.

(4) All rules made under this Act shall, as soon as may be after they are made, be laid before the State Legislature.

23A. (1) The Central Government may, by notification in the Official Gazette, make rules for carrying out the provisions of this Act.

(2) In particular, and without prejudice to the generality of the foregoing powers, such rules may provide for,— (a) the number of the members of the Authority and the manner in which such members shall be chosen for appointment under sub-section (2) of section 13A; (b) the term of office of the members of the Authority, the manner of filling vacancies among, and the procedure to be followed in the discharge of their functions by the members under sub-section (4) of section 13A.

(3) Every rule made by the Central Government shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

24. Act not to be in derogation of certain other Acts .—Nothing in this Act shall be construed to be in derogation of the provisions of the Reformatory Schools Act, 1897 or any State Act enacted in modification of the said Act or otherwise, relating to juvenile offenders.



25. Repeal and savings .—

(1) As from the date of the coming into force in any State of the provisions other than Section 1 of this Act, all State Acts relating to suppression of immoral traffic in persons or to the prevention of prostitution, in force in that State immediately before such date shall stand repealed.

(2) Notwithstanding the repeal by this Act, of any State Act referred to in sub-section (1), anything done or any action taken including any direction given in any register, rule or order made, any restriction imposed) under the provision of such State Act shall in so far as such thing or action is not inconsistent with the provisions of this Act be deemed to have been done or taken under the provisions of this Act as if the said provisions were in force when such thing was done or such action was taken and shall continue in force accordingly until superseded by anything done or any action taken under this Act.

Explanation.—In this section, the expression `State Act` includes a `Provincial Act`. THE SCHEDULE [See Section 2(c)] Section Magistrate competent to exercise the powers 7(1) District Magistrate. 11 (4) Metropolitan Magistrate of Judicial Magistrate of the first class. 12 (4) [7][* * * * *] 15(5) Metropolitan Magistrate, Judicial Magistrate of the first class, District Magistrate or Sub-divisional Magistrate. 16 Metropolitan Magistrate, Judicial Magistrate of the first class, District Magistrate or Sub-divisional Magistrate. 18 District Magistrate or Sub-divisional Magistrate. 19 Metropolitan Magistrate, Judicial Magistrate of the first class, District Magistrate or Sub-divisional Magistrate. 22-B Metropolitan Magistrate of Judicial Magistrate of the first class. ===== [1] Sub-section (e) omitted by Act No 46 of 1978. [2] Sub-sec. (2) omitted by Act No. 44 of 1986. [3] Sub-section (2) omitted by Act No. 44 of 1986. [4] Sec. 10 omitted by Act No. 44 of 1986. [5] Section 12 omitted by Act No. 44 of 1986. [6] Ins. by Act No. 44 of 1986 (w.e.f. 26-1-1987). [7] Figures and words omitted by Act No. 44 of 1986 (w.e.f. 2-6-1987).

India Bonded Labour System (Abolition) Act, 1976

Act : PREAMBLE [Act 19 of 1976 as amended by Act 73 of 1985]

[9th February, 1976] An Act to provide for the abolition of bonded labour system with a view to preventing the economic and physical exploitation of the weaker sections of the people and for matters connected therewith or incidental thereto Be it enacted by Parliament in the Twenty-seventh Year of the Republic of India as follows :

1. SHORT TITLE, EXTENT AND COMMENCEMENT. -

(1) This Act may be called the Bonded Labour System (Abolition) Act, 1976.

(2) It extends to the whole of India.

(3) It shall be deemed to have come into force on the 25th day of October, 1975.



2. DEFINITIONS. - In this Act, unless the context otherwise requires,- (a) advance means an advance, whether in cash or kind, or partly in cash or partly in kind, made by one person (hereinafter referred to as the creditor) to another person (hereinafter referred to as the debtor) (b) agreement means an agreement (whether written or oral, or partly written and partly oral) between a debtor and creditor, and includes an agreement providing for forced labour, the existence of which is presumed under any social custom prevailing in the concerned locality. Explanation : The existence of an agreement between the debtor and creditor is ordinarily presumed, under the social customs, in relation to the following forms of forced labour, namely : Adiyamar, Baramasia, Basahya, Bethu, Bhagela, Cherumar, Garru- Galu, Hali, Hari, Harwail, Holya, Jana, Jeetha, Kamiya, Khundit- Mundit, Kuthia, Lakhari, Munjhi, Mat, Munish system, Nit-Majoor, Paleru, Padiyal, Pannayilal, Sagri, Sanji, Sanjawat, Sewak, Sewakia, Seri, Vetti; (c) ascendant or descendant, in relation to a person belonging to a matriarchal society, means the person who corresponds to such expression in accordance with the law of succession in force in such society; (d) bonded debt means an advance obtained, or presumed to have been obtained, by a bonded labourer under, or in pursuance of, the bonded labour system; (e) bonded labour means any labour or service rendered under the bonded labour system; (f) bonded labourer means a labourer who incurs, or has, or is presumed to have, incurred, a bonded debt; (g) bonded labour system means the system of forced, or partly forced, labour under which a debtor enters, or has, or is presumed to have, entered, into an agreement with the creditor to the effect that - (i) in consideration of an advance obtained by him or by any of his lineal ascendants or descendants (whether or not such advance is evidenced by the document) and in consideration of the interest, if any, due on such advance, or (ii) in pursuance of any customary or social obligation, or (iii) in pursuance of any obligation devolving on him by succession, or (iv) for any economic consideration received by him or by any of his lineal ascendants or descendants, or (v) by reason of his birth in any particular caste or community, he would-

(1) render, by himself or through any member of his family, or any person dependent on him, labour or service, to the creditor, or for the benefit of the creditor, for a specific period or for an unspecified period, either without wages or for nominal wages, or

(2) forfeit the freedom of employment or other means of livelihood for an specified period or for an unspecified period, or

(3) forfeit the right to move freely throughout the territory of India, or

(4) forfeit the right to appropriate or sell at market-value any of his property or product of his labour or the labour of a member of his family or any person dependent on him. and includes the system of forced, or partly forced, labour under which a surety for a debtor enters, or has, or is presumed to have, entered into an agreement with the creditor to the effect that in the event of the failure of the debtor to repay the debt, he would render the bonded labour on behalf of the debtor;

Explanation : For the removal of doubts, it is hereby declared that any system of forced, or partly forced labour under which any workman being contract labour as defined in clause (b) of sub- section (1) of Section 2 of the Contract Labour (Regulation and Abolition) Act, 1970 (37 of 1970), or an inter-State migrant workman as defined in clause (e) of sub-section (1) of Section 2 of the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979 (30 of 1979), is required to render labour or service in circumstances of the nature mentioned in sub-clause (1) of this clause or is subjected to all or any of the disabilities





referred to in sub-clauses (2) to (4), is 'bonded labour system' within the meaning of this clause. (h) family, in relation to a person, includes the ascendant and descendant of such person; (i) nominal wages, in relation to any labour, means a wage which is less than, - (a) the minimum wages fixed by the Government, in relation to the same or similar labour, under any law for the time being in force ; and (b) where no such minimum wage has been fixed in relation to any form of labour, the wages that are normally paid, for the same or similar labour, to the labourers working in the same locality; (j) prescribed means prescribed by rules made under this Act.

3. ACT TO HAVE OVERRIDING EFFECT. - The provisions of this Act shall have effect notwithstanding anything inconsistent therewith contained in any enactment other than this Act, or in any instrument having effect by virtue of any enactment other than this Act.

4. ABOLITION OF BONDED LABOUR SYSTEM. - (1) On the commencement of this Act, the bonded labour system shall stand abolished and every bonded labourer shall, on such commencement, stand freed and discharged from any obligation to render, any bonded labour. (2) After the commencement of this Act, no person shall- (a) make any advance under, or in pursuance of, the bonded labour system, or (b) compel any person to render any bonded labour or other form of forced labour.

5. AGREEMENT, CUSTOM ETC., TO BE VOID. - On the commencement of this Act, any custom or tradition or any contract, agreement or other instrument (whether entered into or executed before or after the commencement of this Act,) by virtue of which any person, or any member of the family or dependent of such person, is required to do any work or render any service as a bonded labourer, shall be void and inoperative.

6. LIABILITY TO REPAY BONDED DEBT TO STAND EXTINGUISHED. -

(1) On the commencement of this Act, every obligation of a bonded labourer to repay any bonded debt, or such part of any bonded debt unsatisfied immediately before such commencement, shall be deemed to have been extinguished.

(2) After the commencement of this Act, no suit or other proceedings shall lie in any civil or before any other authority for the recovery of any bonded debt or any part thereof.

(3) Every decree or order for the recovery of bonded debt, passed before the commencement of this Act and not fully satisfied before such commencement, shall be deemed, on such commencement, to have been fully satisfied.

(4) Every attachment made before the commencement of this Act, for the recovery of any bonded debt, shall, on such commencement, stand vacated; and, where, in pursuance of such attachment, any movable property of the bonded labourer was seized and removed from his custody and kept in the custody of any court or other authority pending sale thereof, such movable property shall be restored, as soon as may be practicable after such commencement, to the possession of the bonded labourer.



(5) Where, before the commencement of this Act, possession of any property belonging to a bonded labourer or a member of his family or other dependent was forcibly taken over by any creditor for the recovery of any bonded debt, such property shall be restored, as soon as may be practicable after such commencement, to the possession of the person from whom it was seized.

(6) If restoration of the possession of any property referred to in sub-section (4) or sub-section (5) is not made within thirty days from the commencement of this Act, the aggrieved person may, within such time as may be prescribed, apply to the prescribed authority for the restoration of the possession of such property and the prescribed authority may, after giving the creditor a reasonable opportunity of being heard, direct the creditor to restore to the applicant the possession of the concerned property within such time as may be specified in the order.

(7) An order made by any prescribed authority, under sub-section (6), shall be deemed to be an order made by a civil court and may be executed by the court of the lowest pecuniary jurisdiction within the local of whose jurisdiction the creditor voluntarily resides or carries on business or personally works for gain.

(8) For the avoidance of doubts, it is hereby declared, that where any attached property was sold before the commencement of this Act, in execution of a decree or order for the recovery of a bonded debt, such sale shall not be affected by any provision of this Act. Provided that the bonded labourer, or an agent authorised by him in this behalf, may, at any time within five years from such commencement, apply to have the sale set aside on his depositing in court, for payment to the decree-holder, the amount specified in the proclamation of sale, for the recovery of which the sale was ordered, less any amount, as well as mesne profits, which may, since the date of such proclamation of sale, have been received by the decree-holder.

(9) Where any suit or proceeding, for the enforcement of any obligation under the bonded labour system, including a suit or proceeding for the recovery of any advance made to a bonded labourer, is pending at the commencement of this Act, such suit or other proceeding shall, on such commencement stand dismissed.

(10) On the commencement of this Act, every bonded labourer who has been detained in civil prison, whether before or after judgment, shall be released from detention forthwith.

7. PROPERTY OF BONDED LABOURER TO BE FREED FROM MORTGAGE, ETC. –

(1) All property vested in a bonded labourer which was immediately before the commencement of this Act under any mortgage, charge, lien or other encumbrances in connection with any bonded debt shall, in so far as it is relatable to the bonded debt, stand freed and discharged from such mortgage, charge, lien or other encumbrances, and where any such property was, immediately before the commencement of this Act, in the possession of the mortgage or the holder of the charge, lien or encumbrance, such property shall (except where it was subject to any other charges), on such commencement, be restored to the possession of the bonded labourer.

(2) If any delay is made in restoring any property, referred to in sub-section (1), to the possession of the bonded labourer, such labourer shall be entitled, on and from the date





of such commencement, to recover from the mortgage or holder of the lien, charge or encumbrance, such mesne profits as may be determined by the civil court of the lowest pecuniary jurisdiction within the local limits of whose jurisdiction such property is situated.

8. FREED BONDED LABOURER NOT TO BE EVICTED FROM HOMESTEAD, ETC. –

(1) No person who has been freed and discharged under this Act from any obligation to render any bonded labour, shall be evicted from any homestead or other residential premises which he was occupying immediately before the commencement of this Act as part of the consideration for the bonded labour.

(2) If, after the commencement of this Act, any such person is evicted by the creditor from any homestead or other residential premises, referred to in sub-section (1), the Executive Magistrate in charge of the Sub-Division within which such homestead or residential premises is situated shall, as practicable, restore the bonded labourer to the possession of such homestead or other residential premises.

9. CREDITOR NOT TO ACCEPT PAYMENT AGAINST EXTINGUISHED DEBT. –

(1) No creditor shall accept any payment against any bonded debt which has been extinguished or deemed to have been extinguished or fully satisfied by virtue of the provisions of this Act.

(2) Whoever contravenes the provisions of sub-section (1), shall be punishable with imprisonment for a term which may extend to three years and also with fine.

(3) The court, convicting any person under sub-section (2) may, in addition to the penalties which may be imposed under that sub-section, direct the person to deposit, in court, the amount accepted in contravention of the provisions of sub-section (1), within such period as may be specified in the order for being refunded to the bonded labourer.

10. AUTHORITIES WHO MAY BE SPECIFIED FOR IMPLEMENTING THE PROVISIONS OF THIS ACT. – The State Government may confer such powers and impose such duties on a District Magistrate as may be necessary to ensure that the provisions of this Act are properly carried out and the District Magistrate may specify the officer, subordinate to him, who shall exercise all or any of the powers, and perform all or any of the duties, so conferred or imposed and the local limits within which such powers or duties shall be carried out by the officer so specified.

11. DUTY OF DISTRICT MAGISTRATE AND OTHER OFFICERS TO ENSURE CREDIT. – The District Magistrate authorised by the State Government under Section 10 and the officer specified by the District Magistrate under that section shall, as far as practicable, try to promote the welfare of the freed bonded labourer by securing and protecting the economic interests of such bonded labourer so that he may not have any occasion or reason to contract any further bonded debt.

12. DUTY OF DISTRICT MAGISTRATE AND OFFICERS AUTHORISED BY HIM. – It shall be the duty of every District Magistrate and every officer specified by him under Section 10 to inquire whether, after the commencement of this Act, any bonded labour system or any other form



of forced labour is being enforced by, or on behalf of, any person resident within the local limits of his jurisdiction and if, as a result of such inquiry, any person is found to be enforcing the bonded labour system or any other system of forced labour, he shall forthwith take such action as may be necessary to eradicate of such forced labour.

Comment: whenever it is shown that a labourer is made to provide forced labour, the Court would raise a presumption that he is required to do so in consideration of an advance or other economic consideration received by him and he is therefore a bonded labourer. This presumption may be rebutted by the employer and also by the State Government if it so chooses but unless and until satisfactory material is produced for rebutting this presumption, the Court must proceed on the basis that the labourer is a bonded labourer entitled to the benefit of the provisions of the Act. *Bandhua Mukti Morcha, Petitioner v. Union of India and others, Respondents. AIR 1984 SUPREME COURT 802*

13. VIGILANCE COMMITTEE. –

(1) Every State Government shall, by notification in the Official Gazette, constitute such number of Vigilance Committees in each district and each Sub- Division as it may think fit.

(2) Each Vigilance Committee, constituted for a district, shall consist of the following members, namely- (a) the District Magistrate, or a person nominated by him, who shall be the Chairman; (b) three persons belonging to the Scheduled Castes or Scheduled Tribes and residing in the District, to be nominated by the District Magistrate; (c) two social workers, resident in the district, to be nominated by the District Magistrate; (d) not more than three persons to represent the official or non- official agencies in the district connected with rural development, to be nominated by the State Government; (e) one person to represent the financial and credit institutions in the district, to be nominated by the District Magistrate;

(3) Each Vigilance Committee, constituted for a Sub-Division, shall consist of the following members, namely- (a) the Sub-Divisional Magistrate, or a person nominated by him, who shall be the Chairman; (b) three persons belonging to the Scheduled Castes or Scheduled Tribes and residing in the Sub- Division, to be nominated by the Sub-Divisional Magistrate; (c) two social workers, resident in the Sub-Division to be nominated by the Sub-Divisional Magistrate; (d) not more than three persons to represent the official or non- official agencies in the Sub-Division connected with rural development to be nominated by the District Magistrate. (e) one person to represent the financial and credit institutions in the Sub-Division, to be nominated by the Sub-Divisional Magistrate; (f) one officer specified under Section 10 and functioning in the Sub-Division.

(4) Each Vigilance Committee shall regulate its own procedure and secretarial assistance, as may be necessary, shall be provided by- (a) the District Magistrate, in the case of a Vigilance Committee constituted for the district; (b) the Sub-Divisional Magistrate, in the case of a Vigilance Committee constituted for the Sub- Division. (5) No proceeding of a Vigilance Committee shall be invalid by reason of any defect in the constitution, or in the proceedings, of the Vigilance Committee.

15. BURDEN OF PROOF. - Whenever any debt is claimed by a bonded labourer, or a Vigilance Committee, to be a bonded debt, the burden of proof that such debt is not a bonded debt shall lie on the creditor.





16. PUNISHMENT FOR ENFORCEMENT OF BONDED LABOUR. - Whoever, after the commencement of this Act, compels any person to render any bonded labour shall be punishable with imprisonment for a term which may extend to three years and also with fine which may extend to two thousand rupees.

17. PUNISHMENT FOR ADVANCEMENT OF BONDED DEBT. - Whoever advances, after the commencement of this Act, any bonded debt shall be punishable with imprisonment for a term which may extend to three years and also with fine which may extend to two thousand rupees.

18. PUNISHMENT FOR EXTRACTING BONDED LABOUR UNDER THE BONDED LABOUR SYSTEM. - Whoever enforces, after the commencement of this Act, any custom, tradition, contract, agreement or other instrument, by virtue of which any person or any member of the family of such person or any dependent of such person is required to render any service under the bonded labour system, shall be punishable with imprisonment for a term which may extend to three years and also with fine which may extend to two thousand rupees; and, out of the fine, if recovered, payment shall be made to the bonded labourer at the rate of rupees five for each day for which the bonded labour was extracted from him.

19. PUNISHMENT FOR OMISSION OR FAILURE TO RESTORE POSSESSION OF PROPERTY TO BONDED LABOURERS. - Whoever, being required by this Act to restore any property to the possession of any bonded labourer, omits or fails to do so, within a period of thirty days from the commencement of this Act, shall be punishable with imprisonment for a term which may extend to one year, or with fine which may extend to one thousand rupees, or with both; and, out of the fine, if recovered, payment shall be made to the bonded labourer at the rate of rupees five for each day during which possession of the property was not restored to him.

20. ABETMENT TO BE AN OFFENCE. - Whoever abets any offence punishable under this Act shall, whether or not the offence abetted is committed, be punishable with the same punishment as is provided for the offence which has been abetted. Explanation : For the purpose of this Act, abetment has the meaning assigned to it in the Indian Penal Code (45 of 1860).

21. OFFENCES TO BE TRIED BY EXECUTIVE MAGISTRATES. -

(1) The State Government may confer, on an Executive Magistrate, the powers of a Judicial Magistrate of the first class or of the second class for the trial of offences under this Act; and, on such conferment of powers, the Executive Magistrate, on whom the powers are so conferred, shall be deemed, for the purposes of the Code of Criminal Procedure, 1973 (2 of 1974), to be a Judicial Magistrate of the first class, or of the second class, as the case may be.

(2) An offence under this Act may be tried summarily by a Magistrate.



22. COGNIZANCE OF OFFENCES. - Every offence under this Act shall be cognizable and bailable.

23. OFFENCES BY COMPANIES. -

(1) Where any offence under this Act has been committed by a company, every person who, at the time the offence was committed, was in charge of, and was responsible to, the company for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly.

(2) Notwithstanding anything contained in sub-section (1), where any offence under this Act has been committed by a company and it is proved that the offence has been committed with the consent or connivance of, or is attributable to, any neglect on the part of, any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation : For the purposes of this section.- (a) company means any body corporate and includes a firm or other association of individual; and (b) director, in relation to a firm, means a partner in the firm.

24. PROTECTION OF ACTION TAKEN IN GOOD FAITH. - No suit, prosecution or other legal proceeding shall lie against any officer of the State Government or any member of the Vigilance Committee for anything which is in good faith done or intended to be done under this Act.

25. JURISDICTION OF CIVIL COURTS BARRED. - No civil court shall have jurisdiction in respect of any matter to which any provision of this Act applies and no injunction shall be granted by any civil court in respect of anything which is done or intended to be done by or under this Act.

26. POWER TO MAKE RULES. -

(1) The Central Government may, by notification in the Official Gazette, make rules for carrying out the provisions of this Act.

(2) In particular, and without prejudice to the foregoing power, such rules may provide for all or any of the following matters, namely- (a) the authority to which application for the restoration of possession of property referred to in sub-section (4), or sub- section (5), of Section 6 is to be submitted of sub-section (6) of that section. (b) the time within which application for restoration of possession of property is to be made, under sub-section (6) of Section 6, to the prescribed authority; (c) steps to be taken by Vigilance Committee under clause (a) of sub-section (1) of Section 14, to ensure the implementation of the provisions of this Act or of any rule made thereunder; (d) any other matter which is required to be, or may be, prescribed.

(3) Every rule made by the Central Government under this Act shall be laid, as soon as may be after it is made, before each House of Parliament while it is session, for a total period of





thirty days which maybe comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or successive sessions aforesaid, both Houses agree in making any modification in the rule of both Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

27. REPEAL AND SAVING. –

(1) The Bonded Labour System (Abolition) Ordinance, 1975 (17 of 1975) is hereby repealed. (2) Notwithstanding such repeal, anything done or any action taken under the Ordinance (including any notification published, direction or nomination made, power conferred, duty imposed or officer specified) shall be deemed to have been done or taken under the corresponding provisions of this Act.

The Child Labor (Prohibition and Regulation) Act of 1986

1. Short title, extent and commencement.-

(1) This Act may be called the Child Labour (Prohibition and Regulation) Act, 1986.

(2) It extends to the whole of India.

(3) The provisions of this Act, other than Part III, shall come into force at once, and Part III shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint, and different dates may be appointed for different States and for different classes of establishments.

2. Definitions.- In this Act, unless the context otherwise requires,-

(i) appropriate Government means, in relation to an establishment under the control of the Central Government or a railway administration or a major port or a mine or oilfield, the Central Government, and in all other cases, the State Government;

(ii) child means a person who has not completed his fourteenth year of age; (iii) day means a period of twenty-four hours beginning at mid-night;

(iv) establishment includes a shop, commercial establishment, workshop, farm, residential hotel, restaurant, eating house, theatre or other place of public amusement or entertainment;

(v) family, in relation to an occupier, means the individual, the wife or husband, as the case may be, of such individual, and their children, brother or sister of such individual,

(vi) occupier, in relation to an establishment or a workshop, means the person who has the ultimate control over the affairs of the establishment or workshop;



(vii) port authority means any authority administering a port; (viii) prescribed means prescribed by rules made under section 18;

(ix) week means a period of seven days beginning at midnight on Saturday night or such other night as may be approved in writing for a particular area by the Inspector;

(x) workshop means any premises (including the precincts thereof) wherein any industrial process is carried on, but does not include any premises to which the provisions of section 67 of the Factories Act, 1948(63 of 1948), for the time being, apply.

PART II: PROHIBITION OF EMPLOYMENT OF CHILDREN IN CERTAIN OCCUPATIONS AND PROCESSES

3. Prohibition of employment of children in certain occupations and processes.- No child shall be employed or permitted to work in any of the occupations set forth in Part A of the Schedule or in any workshop wherein any of the processes set forth in Part B of the Schedule is carried on: Provided that nothing in this section shall apply to any workshop wherein any process is carried on by the occupier with the aid of his family or to any school established by, or receiving assistance or recognition from, Government.

4. Power to amend the Schedule.- The Central Government, after giving by notification in the Official Gazette, not less than three months notice of its intention so to do, may, by like notification, add any occupation or process to the Schedule and thereupon the Schedule shall be deemed to have been amended accordingly.

5. Child Labour Technical Advisory Committee.-

(1) The Central Government may, by notification in the Official Gazette, constitute an advisory committee to be called the Child Labour Technical Advisory Committee (hereafter in this section referred to as the Committee) to advise the Central Government for the purpose of addition of occupations and processes to the Schedule.

(2) The Committee shall consist of a Chairman and such other members not exceeding ten, as may be appointed by the Central Government.

(3) The Committee shall meet as often as it may consider necessary and shall have power to regulate its own procedure.

(4) The Committee may, if it deems it necessary so to do, constitute one or more sub-committees and may appoint to any such sub-committee, whether generally or for the consideration of any particular matter, any person who is not a member of the Committee.

(5) The term of office of, the manner of filling casual vacancies in the office of, and the allowances, if any, payable to, the Chairman and other members of the Committee, and the conditions and restrictions subject to which the Committee may appoint any person who is not a member of the Committee as a member of any of its sub-committees shall be such as may be prescribed.



PART III –REGULATION OF CONDITIONS OF WORK OF CHILDREN

6. Application of Part.- The provisions of this Part shall apply to an establishment or a class of establishment in which none of the occupations or processes referred to in section 3 is carried on.

7. Hours and period of work.-

(1) No child shall be required or permitted to work in any establishment in excess of such number of hours as may prescribed for such establishment or class of establishments.

(2) The period of work on each day shall be so fixed that no period shall exceed three hours and that no child shall work for more than three hours before he has had an interval for rest for at least one hour.

(3) The period of work of a child shall be so arranged that inclusive of his interval for rest, under sub-section (2), it shall not be spread over more than six hours, including the time spent in waiting for work on any day.

(4) No child shall be permitted or required to work between 7 p.m. and 8 a.m.

(5) No child shall be permitted or required to work overtime.

(6) No child shall be required or permitted to work in any establishment on any day on which he has already been working in another establishment.

8. Weekly holidays.- Every child employed in an establishment shall be allowed in each week, a holiday of one whole day, which day shall be specified by the occupier in a notice permanently exhibited in a conspicuous place in the establishment and the day so specified shall not be altered by the occupier more than once in three months.

9. Notice to inspector.-

(1) Every occupier in relation to an establishment in which a child was employed or permitted to work immediately before the date of commencement of this Act in relation to such establishment shall, within a period of thirty days from such commencement, send to the Inspector within whose local limits the establishment is situated, a written notice containing the following particulars, namely:- (a) the name and situation of the establishment; (b) the name of the person in actual management of the establishment; (c) the address to which communications relating to the establishment should be sent; and (d) the nature of the occupation or process carried on in the establishment.

(2) Every occupier, in relation to an establishment, who employs, or permits to work, any child after the date of commencement of this Act in relation to such establishment, shall, within a period of thirty days from the date of such employment, send to the Inspector within whose local limits the establishment is situated, a written notice containing the particulars as are mentioned in sub-section (1).



Explanation.-For the purposes of sub-sections (1) and (2), date of commencement of this Act, in relation to an establishment means the date of bringing into force of this Act in relation to such establishment.

(3) Nothing in sections 7, 8 and 9 shall apply to any establishment wherein any process is carried on by the occupier with the aid of his family or to any school established by, or receiving assistance or recognition from, Government.

10. Disputes as to age.- If any question arises between an Inspector and an occupier as to the age of any child who is employed or is permitted to work by him in an establishment, the question shall, in the absence of a certificate as to the age of such child granted by the prescribed medical authority, be referred by the Inspector for decision to the prescribed medical authority.

11. Maintenance of registrar.- There shall be maintained by every occupier in respect of children employed or permitted to work in any establishment, a register to be available for inspection by an Inspector at all times during working hours or when work is being carried on in any such establishment, showing- (a) the name and date of birth of every child so employed or permitted to work; (b) hours and periods of work of any such child and the intervals of rest to which he is entitled; (c) the nature of work of any such child; and (d) such other particulars as may be prescribed.

12. Display of notice containing abstract of sections 3 and 14.- Every railway administration every port authority and every occupier shall cause to be displayed in a conspicuous and accessible place at every station on its railway or within the limits of a port or at the place of work, as the case may be, a notice in the local language and in the English language containing an abstract of sections 3 and 14.

13. Health and safety.-

(1) The appropriate Government may, by notification in the Official Gazette, make rules for the health and safety of the children employed or permitted to work in any establishment or class of establishments.

(2) Without prejudice to the generality of the foregoing provisions, the said rules may provide for all or any of the following matters, namely:- (a) cleanliness in the place of work and its freedom from nuisance; (b) disposal of wastes and effluents; (c) ventilation and temperature; (d) dust and fume; (e) artificial humidification; (f) lighting; (g) drinking water; (h) latrine and urinals; (i) spittoons; (j) fencing of machinery; (k) work at or near machinery in motion; (l) employment of children on dangerous machines; (m) instructions, training and supervision in relation to employment of children on dangerous machines; (n) device for cutting off power; (o) self-acting machines; (p) easing of new machinery; (q) floor, stairs and means of access; (r) pits, sumps, openings in floors, etc.; (s) excessive weights; (t) protection of eyes; (u) explosive or inflammable dust, gas, etc.; (v) precautions in case of fire; (w) maintenance of buildings; and (x) safety of buildings and machinery.

PART IV – MISCELLANEOUS

14. Penalties.-

(1) Whoever employs any child or permits any child to work in contravention of the provisions of section 3 shall be punishable with imprisonment for a term which shall not be less than three months but which may extend to one year or with fine which shall not be less than ten thousand rupees but which may extend to twenty thousand rupees or with both.

(2) Whoever, having been convicted of an offence under section 3, commits a like offence afterwards, he shall be punishable with imprisonment for a term which shall not be less than six months but which may extend to two years.

(3) Whoever- (a) fails to give notice as required by section 9; or (b) fails to maintain a register as required by section 11 or makes any false entry in any such register; or (c) fails to display a notice containing an abstract of section 3 and this section as required by section 12; or (d) fails to comply with or contravenes any other provisions of this Act or the rules made thereunder. shall be punishable with simple imprisonment which may extend to one month or with fine which may extend to ten thousand rupees or with both.

(1) Where any person is found guilty and convicted of contravention of any of the provisions mentioned in sub-section (2), he shall be liable to penalties as provided in sub-section (1) and (2) of section 14 of this Act and not under the Acts in which those provisions are contained.

(2) The provisions referred to in sub-section (1) are the provisions mentioned below:- (a) section 67 of the Factories Act, 1948(63 of 1948) (b) section 40 of the Mines Act, 1952(35 of 1952) (c) section 100 of the Merchant Shipping Act, 1958(44 of 1958); and (d) section 21 of the Motor Transport Workers Act, 1961(27 of 1951).

16. Procedure relating to offences.-

(1) Any person, police officer or Inspector may file a complaint of the commission of an offence under this Act in any court of competent jurisdiction.

(2) Every certificate as to the age of a child which has been granted by a prescribed medical authority shall for the purposes of this Act, be conclusive evidence as to the age of the child to whom it relates.

(3) No court inferior to that of a Metropolitan Magistrate or a magistrate of the first class shall try an offence under this Act.

17. Appointment of Inspectors.- The appropriate Government may appoint Inspectors for the purposes of securing compliance with the provisions of this Act and any Inspector so appointed shall be deemed to be a public servant within the meaning of the Indian Penal Code(45 of 1860).



18. Power to make rules.-

(1) The appropriate Government may, by notification in the Official Gazette and subject to condition of previous publication, make rules for carrying into effect the provisions of this Act.

(2) In particular and without prejudice to the generality of the forgoing power, such rules may provide for all or any of the following matters, namely;- (a) the term of office of, the manner of filling casual vacancies of, and the allowances payable to the Chairman and members of the Child Labour Technical Advisory Committee and the conditions and restrictions subject to which a non-member may be appointed to a sub-committee under sub-section (5) of section 5; (b) number of hours for which a child may be required or permitted to work under sub-section (1) of section 7; (c) grant of certificates of age in respect of young persons in employment or seeking employment, the medical authorities which may issue such certificate, the form of such certificate, the charges which may be made thereunder and the manner in which such certificate may be issued: Provided that no charge shall be made for the issue of any such certificate if the application is accompanied by evidence of age deemed satisfactory by the authority concerned; (d) the other particulars which a register maintained under section 11 should contain.

19. Rules and notifications to be laid before Parliament or State legislation.-

(1) Every rule made under this Act by the Central Government and every notification issued under section 4, shall be laid, as soon as may be after it is made or issued, before each House of Parliament, while it is in session for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or notification or both Houses agree that the rule or notification should not be made or issued, the rule or notification shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or notification.

(2) Every rule made by a State Government under this Act shall be laid as soon as may be after it is made, before the legislature of that State.

20. Certain other provisions of law not barred.-Subject to the provisions contained in section 15, the provisions of this Act and the rules made thereunder shall be in addition to, and not in derogation of, the provisions of the Factories Act, 1948, the Plantations Labour Act, 1951 and the Mines Act, 1952.

21. Power to remove difficulties.-

(1) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order published in the Official Gazette, make such provisions not inconsistent with the provisions of this Act as appear to it to be necessary or expedient for removal of the difficulty: Provided that no such order shall be made after the expiry of a period of three years from the date on which this Act receives the assent of the President.



(2) Every order made under this section shall, as soon as may be after it is made, be laid before the Houses of Parliament.

22. Repeal and savings.-

(1) The Employment of Children Act, 1938 is hereby repealed.

(2) Notwithstanding such repeal, anything done or any action taken or purported to have been done or taken under the Act so repealed Shall, in so far as it is not inconsistent with the provisions of this Act, be deemed to have been done or taken under the corresponding provisions of this Act.

23. Amendment of Act 11 of 1948.- In section 2 of the Minimum Wages Act, 1948,- (i) for clause (a), the following clauses shall be substituted, namely:- (a) adolescent means a person who has completed his fourteenth year of age but has not completed his eighteenth year; (aa) adult means a person who has completed his eighteenth year of age;\$; (ii) after clause (b), the following clause shall be inserted, namely:- \$(bb) child means a person who has not completed his fourteenth year of age;\$.

24. Amendment of Act 69 of 1951.- In the Plantations Labour Act, 1951,-

(a) In section 2, in clauses (a) and (c), for the word fifteenth, the word fourteenth shall be substituted;

(b) section 24 shall be omitted;

(c) in section 26, in the opening portion, the words \$who has completed his twelfth year shall be omitted.

25. Amendment of Act 44 of 1958.- In the Merchant Shipping Act, 1958, in section 109, for the word fifteen, the word \$fourteen shall be substituted.

26. Amendment of Act 27 of 1961.- In the Motor Transport Workers Act, 1961, in section 2, in clauses (a) and (c), for the word fifteenth, the word fourteenth shall be substituted.

THE SCHEDULE (See section 3)

PART A Occupations

Any occupation connected with-

(1) Transport of passengers, goods or mails by railway;

(2) Cinder picking, clearing of an ash pit or building operation in the railway premises;



(3) Work in a catering establishment at a railway station, involving the movement of a vendor or any other employee of the establishment from one platform to another or into or out of a moving train;

(4) Work relating to the construction of a railway station or with any other work where such work is done in close proximity to or between the railway lines;

(5) A port authority within the limits of any port.

PART B Processes

(1) Bidi-making.

(2) Carpet-weaving.

(3) Cement manufacture, including bagging of cement.

(4) Cloth printing, dyeing and weaving.

(5) manufacture of matches, explosives and fire-works.

(6) Mica-cutting and splitting.

(7) Shellac manufacture.

(8) Soap manufacture.

(9) Tanning.

(10) Wool-cleaning.

(11) Building and construction industry.

HISTORY OF THE LEGISLATION:

A. STATEMENT OF OBJECTS AND REASONS:

There are a number of Acts which prohibit the employment of children below 14 years and 15 years in certain specified employments. However, there is no procedure laid down in any law for deciding in which employments, occupations or processes the employment of children should be banned. There is also no law to regulate the working conditions of children in most of the employments where they are not prohibited from working and are working under exploitative conditions.





2. This Bill intends to-

- (i) ban the employment of children, i.e. those who have not completed their fourteenth year, in specified occupations and processes;
- (ii) lay down a procedure to decide modifications to the Schedule of banned occupations or processes;
- (iii) regulate the conditions of work of children in employments where they are not prohibited from working;
- (iv) lay down enhanced penalties for employment of children in violation of the provisions of this Act, and other Acts which forbid the employment of children;
- (v) to obtain uniformity in the definition of \$child\$ in the related laws.

3. The Bill seeks to achieve the above objects.

B. ACT 61 OF 1986

The Bill, received the assent of THE HON\$BLE PRESIDENT on 23rd December, 1986.
An Act to prohibit the engagement of children in certain employments and to regulate the conditions of work of children in certain other employments.

This Act may be called THE CHILD LABOUR (PROHIBITION AND REGULATION) ACT, 1986.
It extends to the whole of India.

The provisions of this Act, other than Part III, shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint, and different dates may be appointed for different States and for different classes of establishments.

C. NOTE: The Child Labour (Prohibition and Regulation) Act, 1986.

S.20 Certain other provisions of law not barred:-

Subject to the provisions contained in section 15, the provisions of this Act and the rules made thereunder shall be in addition to, and not in derogation of, the provisions of the Factories Act, 1948, the Plantations Labour Act, 1951 and the Mines Act, 1952.

S.21 Power to remove the difficulties:-

(1) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order published in the Official Gazette, make such provisions not inconsistent with



the provisions of this Act as appear to it to be necessary or expedient for removal of the difficulty.

Provided that no such order shall be made after the expiry of a period of three years from the date on which this Act receives the assent of the President.

(2) Every order made under this section shall, as soon as may be after it is made, be laid before the Houses of Parliament.

D. ACT SCOPE: The Child Labour (Prohibition and Regulation) Act, 1986. S.22 Repeal and savings:

(1) The Employment of Children Act, 1938 is hereby repealed.

(2) Notwithstanding such repeal, anything done or any action taken or purported to have been done or taken under the Act so repealed shall, in so far as it is not inconsistent with the provisions of this Act, be deemed to have been done or taken under the corresponding provisions of this Act.

E. DELEGATED LEGISLATION: I. RULES: 1. THE CHILD LABOUR (PROHIBITION AND REGULATION) RULES, 1988.

India THE JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) ACT, 2000 (Act No. 56 of 2000) [30th December 2000]

An Act to consolidate and amend the law relating to juveniles in conflict with law and children in need of care and protection, by providing for proper care, protection and treatment by catering to their development needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under this enactment.

WHEREAS the Constitution has, in several provisions, including clause (3) of article 15, clauses (e) and (f) of article 39, articles 45 and 47, impose on the State a primary responsibility of ensuring that all the needs of children are met and that their basic human rights are fully protected;

AND WHEREAS, the General Assembly of the United Nations has adopted the Convention on the Rights of the Child on the 20th November, 1989; AND WHEREAS, the Convention on the Rights of the Child has prescribed a set of standards to be adhered to by all State parties in securing the best interests of the child;

AND WHEREAS, the Convention on the Rights of the Child emphasises social reintegration of child victims, to the extent possible, without resorting to judicial proceedings; AND WHEREAS, the Government of India has ratified the Convention on the 11th December, 1992;

AND WHEREAS, it is expedient to re-enact the existing law relating to juveniles bearing in mind the standards prescribed in the Convention on the Rights of the Child, the United Nations





Standard Minimum Rules for the Administration of Juvenile Justice, 1985 (the Beijing rules), the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (1990), and all other relevant international instruments.

Be it enacted by Parliament in the Fifty-first Year of the Republic of India as follows:- CHAPTER I PRELIMINARY 1. Short title, extent and commencement.-

(1) This Act may be called the Juvenile Justice (Care and Protection of Children) Act, 2000.

(2) it extends to the Whole of India except the State of Jammu and Kashmir.

(3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint. 2. Definitions- In this Act, unless the context otherwise requires,- a. "advisory board" means a Central or a state advisory board or a district and city level advisory board, as the case may be, constituted under section 62; b. "begging" means- i. soliciting or receiving alms in a public place or entering into any private premises for the purpose of soliciting or receiving alms, whether under any pretence; ii. exposing or exhibiting with the object of obtaining or extorting alms, any sore, wound, injury, deformity or disease, whether of himself or of any other person or of an animal; c. "Board" means a Juvenile Justice Board constituted under section 4; d. "child in need of care and protection" means a child - who is found without any home or settled place or abode and without any ostensible means of subsistence, ii. who resides with a person (whether a guardian of the child or not) and such person- a. has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out, or b. has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person, iii. who is mentally or physically challenged or ill children or children suffering from terminal diseases or incurable diseases having no one to support or look after, iv. who has a parent or guardian and such parent or guardian is unfit or incapacitated to exercise control over the child, v. who does not have parent and no one is willing to take care of or whose parents have abandoned him or who is missing and run away child and whose parents cannot be found after reasonable injury, vi. who is being or is likely to be grossly abused, tortured or exploited for the purpose of sexual abuse or illegal acts, vii. who is found vulnerable and is likely to be inducted into drug abuse or trafficking, viii. who is being or is likely to be abused for unconscionable gains, ix. who is victim of any armed conflict, civil commotion or natural calamity; e. "children's home" means an institution established by a State Government or by voluntary organization and certified by that Government under section 34; f. "Committee" means a Child Welfare Committee constituted under section 29; g. "competent authority" means in relation to children in need of care and protection a Committee and in relation to juveniles in conflict with law a Board; h. "fit institution" means a governmental or a registered non-governmental organization or a voluntary organization prepared to own the responsibility of a child and such organization is found fit by the competent authority; i. "fit person" means a person, being a social worker or any other person, who is prepared to own the responsibility of a child and is found fit by the competent authority to receive and take care of the child; j. "guardian", in relation to a child, means his natural guardian or any other person having the actual charge or control over the child and recognized by the competent authority as a guardian in course of proceedings before that authority; k. "juvenile" or "child" means a person who has not completed eighteenth year of age; l. "juvenile in conflict with law" means a juvenile who is alleged to have committed an offence; m. "local authority" means Panchayats at the village and Zila Parishad at the district level and shall also include a Municipal Committee or Corporation or a Cantonment Board or such other body legally



entitled to function as local authority by the Government; n. "narcotic drug" and "psychotropic substance" shall have the meanings respectively assigned to them in the Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985); o. "observation home" means a home established by a State Government or by a voluntary organization and certified by that State Government under section 8 as an observation home for the juvenile in conflict with law; p. "offence" means an offence punishable under any law for the time being in force; q. "place of safety" means any place or institution (not being a police lock-up or jail), the person incharge of which is willing temporarily to receive and take care of the juvenile and which, in the opinion of the competent authority, may be a place of safety for the juvenile; r. "prescribed" means prescribed by rules made under this act; s. "Probation officer" means an officer appointed by the State Government as a probation officer under the Probation of Offenders Act, 1958 (20 of 1958); t. "public place" shall have the meaning assigned to it in the Immoral Traffic (Prevention) Act, 1956 (104 of 1956); u. "shelter home" means a home or a drop-in-centre set up under section 37; v. "special home" means an institution established by a State Government or by a voluntary organization and certified by that Government under section 9; w. "special juvenile police unit" means a unit of the police force of a State designated for handling of juveniles or children under section 63; x. "State Government", in relation to a Union territory, means the Administrator of that Union territory appointed by the President under article 239 of the Constitution; y. all words and expressions used but not defined in this Act and defined in the Code of Criminal Procedure, 1973 (2 of 1974), shall have the meanings respectively assigned to them in that code. 3. Continuation of Inquiry in respect of juvenile who has ceased to be a juvenile.- Where an inquiry has been initiated against a juvenile in conflict with law or a child in need of care and protection and during the course of such inquiry the juvenile or the child ceases to be such, then, notwithstanding anything contained in this Act or in any other law for the time being in force, the inquiry may be continued and orders may be made in respect of such person as if such person had continued to be a juvenile or a child.

CHAPTER II JUVENILE IN CONFLICT WITH LAW

4. Juvenile Justice Board.-

(1) Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), the State Government may, by notification in the Official Gazette, constitute for a district or a group of districts specified in the notification, one or more Juvenile Justice Boards for exercising the powers and discharging the duties conferred or imposed on such Boards in relation to juveniles in conflict with law under this act.

(2) A Board shall consist of a Metropolitan Magistrate or a Judicial Magistrate of the first class, as the case may be, and two social workers of whom at least one shall be a woman, forming a Bench and every such Bench shall have the powers conferred by the Code of Criminal Procedure, 1973 (2 of 1974), on a Metropolitan Magistrate or, as the case may be, a Judicial Magistrate of the first class and the Magistrate on the Board shall be designated as the principal Magistrate.

(3) No Magistrate shall be appointed as a member of the Board unless he has special knowledge or training in child psychology or child welfare and no social worker shall be





appointed as a member of the Board unless he has been actively involved in health, education, or welfare activities pertaining to children for at least seven years.

(4) The term of office of the members of the Board and the manner in which such member may resign shall be such as may be prescribed.

(5) The appointment of any member of the Board may be terminated after holding inquiry, by the State Government, if -

- i. he has been found guilty of misuse of power vested under this act,
- ii. he has been convicted of an offence involving moral turpitude, and such conviction has not been reversed or he has not been granted full pardon in respect of such offence, iii. he fails to attend the proceedings of the Board for consecutive three months without any valid reason or he fails to attend less than three-fourth of the sittings in a year.

5. Procedure, etc. in relation to Board.-

(1) The Board shall meet at such times and shall, observe such rules of procedure in regard to the transaction of business at its meetings, as may be prescribed.

(2) A child in conflict with law may be produced before an individual member of the Board, when the Board is not sitting.

(3) A Board may act notwithstanding the absence of any member of the Board, and no order made by the Board shall be invalid by reason only of the absence of any member during any stage of proceedings: Provided that there shall be at least two members including the principal Magistrate present at the time of final disposal of the case.

(4) In the event of any difference of opinion among the members of the Board in the interim or final disposition, the opinion of the majority shall prevail, but where there is no such majority, the opinion of the principal Magistrate, shall prevail.

6. Powers of Juvenile Justice Board.-

(1) Where a Board has been constituted for any district or a group of districts, such Board shall, notwithstanding anything contained in any other law for the time being in force but save as otherwise expressly provided in this Act, have power to deal exclusively with all proceedings under this Act, relating to juvenile in conflict with law.

(2) The powers conferred on the Board by or under this Act may also be exercised by the High Court and the Court of Session, when the proceedings comes before them in appeal, revision or otherwise.

7. Procedure to be followed by a Magistrate not empowered under the Act.-

(1) When any Magistrate not empowered to exercise the powers of a Board under this Act is of the opinion that a person brought before him under any of the provisions of this Act (other than for the purpose of giving evidence), is a juvenile or the child, he shall without any delay



record such opinion and forward the juvenile or the child, and the record of the proceeding to the competent authority having jurisdiction over the proceeding.

(2) The competent authority to which the proceeding is forwarded under sub-section (1) shall hold the inquiry as if the juvenile or the child had originally been brought before it.

8. Observation homes.-

(1) Any State Government may establish and maintain either by itself or under an agreement with voluntary organizations, observation homes in every district or a group of districts, as may be required for the temporary reception of any juvenile in conflict with law during the pendency of any inquiry regarding them under this Act.

(2) Where the State Government is of opinion that any institution other than a home established or maintained under sub-section (1), is fit for the temporary reception of juvenile in conflict with law during the pendency of any inquiry regarding them under this Act, it may certify such substitution as an observation home for purposes of this Act.

(3) The State Government may, by rules made under this Act, provide for the management of observation homes, including the standards and various types of services to be provided by them for rehabilitation and social integration of a juvenile, and the circumstances under which, and the manner in which, the certification of an observation home may be granted or withdrawn.

(4) Every juvenile who is not placed under the charge of parent or guardian and is sent to an observation home shall be initially kept in a reception unit of the observation home for preliminary inquiries, care and classification for juveniles according to his age group, such as seven to twelve years, twelve to sixteen years and sixteen to eighteen years, giving due considerations to physical and mental status and degree of the offence committed, for further induction into observation home.

9. Special Homes.-

(1) Any State Government may establish and maintain either by itself or under an agreement with voluntary organizations, special homes in every district or a group of districts, as may be required for reception and rehabilitation of juvenile in conflict with law under this Act.

(2) Where the State Government is of opinion that any institution other than a home established or maintained under sub-section (1), is fit for the reception of juvenile in conflict with law to be sent there under this Act, it may certify such institution as a special home for the purposes of this Act.

(3) The State Government may, by rules made under this Act, provide for the management of special homes, including the standards and various types of services to be provided by them which are necessary for re-socialization of a juvenile, and the circumstances under which and the manner in which, the certification of a special home may be granted or withdrawn.





(4) The rules made under sub-section (3) may also provide for the classification and separation of juvenile in conflict with law on the basis of age and the nature of offences committed by them and his mental and physical status.

10. Apprehension of juvenile in conflict with law.-

(1) As soon as a juvenile in conflict with law is apprehended by police, he shall be placed under the charge of the special juvenile police unit or the designated police officer who shall immediately report the matter to a member of the Board.

(2) The State Government may make rules consistent with this Act,- i. to provide for persons through whom (including registered voluntary organizations) any juvenile in conflict with law may be produced before the Board; ii. to provide the manner in which such juvenile may be sent to an observation home.

11. Control of custodian over juvenile .- Any person in whose charge a juvenile is placed in pursuance of this Act shall, while the order is in force have the control over the juvenile as he would have if he were his parents, and shall be responsible for his maintenance, and the juvenile shall continue in his charge for the period stated by competent authority, notwithstanding that he is claimed by his parents or any other person.

12. Bail of juvenile.-

(1) When any person accused of a bailable or non-bailable offence, and apparently a juvenile, is arrested or detained or appears or is brought before a Board, such person shall, notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974) or in any other law for the time being in force, be released on bail with or without surety but he shall not be so released if there appear reasonable grounds for believing that the release is likely to bring him into association with any known criminal or expose him to moral, physical or psychological danger or that his release would defeat the ends of justice.

(2) When such person having been arrested is not released on bail under sub-section (1) by the officer incharge of the police station, such officer shall cause him to be kept only in an observation home in the prescribed manner until he can brought before a Board.

(3) When such person is not released on bail under sub-section (1) by the Board it shall, instead of committing him to prison, make an order sending him to an observation home or a place of safety for such period during the pendency of the inquiry regarding him as may be specified in the order.

13. Information to parent, guardian or probation officer.- Where a juvenile is arrested, the officer incharge of the police station or the special juvenile police unit to which the juvenile is brought shall, as soon as may be after the arrest, inform- (a) the parent or guardian of the juvenile , if he can be found, of such arrest and direct him to be present at the Board before which the juvenile will appear; and (b) the probation officer of such arrest to enable him



to obtain information regarding the antecedents and family background of the juvenile and other material circumstances likely to be of assistance to the Board for making the inquiry.

14. Inquiry by Board regarding juvenile.- Where a juvenile having been charged with the offence is produced before a Board, the Board shall hold the inquiry in accordance with the provisions of this Act and may make such order in relation to the juvenile as it deems fit: Provided that an inquiry under this section shall be completed within a period of four months from the date of its commencement, unless the period is extended by the Board having regard to the circumstances of the case and in special cases after recording the reasons in writing for such extension.

15. Order that may be passed regarding juvenile.-

(1) Where a Board is satisfied on inquiry that a juvenile has committed an offence, then notwithstanding anything to the contrary contained in any other law for the time being in force, the Board may, if it thinks so fit,-

(a) allow the juvenile to go home after advice or admonition following appropriate inquiry against and counselling to the parent or the guardian and the juvenile;

(b) direct the juvenile to participate in group counselling and similar activities;

(c) order the juvenile to perform community service; (d) order the parent of the juvenile or the juvenile himself to pay a fine, if he is over fourteen years of age and earns money;

(e) direct the juvenile to be released on probation of good conduct and placed under the care of any parent, guardian or other fit person, on such parent, guardian or other fit person executing a bond, with or without surety, as the Board may require, for the good behaviour and well-being of the juvenile for any period not exceeding three years;

(f) direct the juvenile to be released on probation of good conduct and placed under the care of any fit institution for the good behaviour and well-being of the juvenile for any period not exceeding three years;

(g) make an order directing the juvenile to be sent to a special home,-
i. in the case of juvenile, over seventeen years but less than eighteen years of age for a period of not less than two years; ii. in case of any other juvenile for the period until he ceases to be a juvenile : Provided that the Board may, if it is satisfied that having regard to the nature of the offence and the circumstances of the case it is expedient so to do, for reasons to be recorded, reduce the period of stay to such period as it thinks fit.

(2) The Board shall obtain the social investigation report on juvenile either through a probation officer or a recognized voluntary organization or otherwise, and shall take into consideration the findings of such report before passing an order.

(3) Where an order under clause (d), clause (e) or clause (f) of sub-section (1) is made, the Board may, if it is of opinion that in the interests of the juvenile and of the public, it is expedient so to do, in addition make an order that the juvenile in conflict with law shall remain under the





supervision of a probation officer named in the order during such period, not exceeding three years as may be specified therein, and may in such supervision order impose such conditions as it deems necessary for the due supervision of the juvenile in conflict with law :

Provided that if at any time afterwards it appears to the Board on receiving a report from the probation officer or otherwise, that the juvenile in conflict with law has not been of good behaviour during the period of supervision or that the fit institution under whose care the juvenile was placed is no longer able or willing to ensure the good behaviour and well-being of the juvenile it may, after making such inquiry as it deems fit, order the juvenile in conflict with law to be sent to a special home.

(4) The Board shall while making a supervision order under sub-section (3), explain to the juvenile and the parent, guardian or other fit person or fit institution, as the case may be, under whose care the juvenile has been placed, the terms and conditions of the order shall forthwith furnish one copy of the supervision order to the juvenile, the parent, guardian or other fit person or fit institution, as the case may be, the sureties, if any, and the probation officer.

16. Order that may not be passed against juvenile.-

(1) Notwithstanding anything to the contrary contained in any other law for the time being in force, no juvenile in conflict with law shall be sentenced to death or life imprisonment, or committed to prison in default of payment of fine or in default of furnishing security :

Provided that where a juvenile who has attained the age of sixteen years has committed an offence and the Board is satisfied that the offence committed is of so serious in nature or that his conduct and behaviour have been such that it would not be in his interest or in the interest of other juvenile in a special home to send him to such special home and that none of the other measures provided under this Act is suitable or sufficient, the Board may order the juvenile in conflict with law to be kept in such place of safety and in such manner as it thinks fit and shall report the case for the order of the State Government.

(2) On receipt of a report from a Board under sub-section (1), the State Government may make such arrangement in respect of the juvenile as it deems proper and may order such juvenile to be kept under protective custody at such place and on such conditions as it thinks fit : Provided that the period of detention so ordered shall not exceed the maximum period of imprisonment to which the juvenile could have been sentenced for the offence committed.

17. Proceeding under Chapter VIII of the Code of Criminal Procedure not component against juvenile.- Notwithstanding anything to the contrary contained in the Code of Criminal Procedure, 1973 (2 of 1974) no proceeding shall be instituted and no order shall be passed against the juvenile under Chapter VIII of the said Code.

18. No joint proceeding of juvenile and person not a juvenile.-

(1) Notwithstanding anything contained in section 223 of the Code of Criminal Procedure, 1973 (2 of 1974) or in any other law for the time being in force, no juvenile shall be charged with or tried for any offence together with a person who is not a juvenile.



(2) If a juvenile is accused of an offence for which under section 223 of the Code of Criminal Procedure, 1973 (2 of 1974) or any other law for the time being in force, such juvenile and any person who is not a juvenile would, but for the prohibition contained in sub-section (1), have been charged and tried together, the Board taking cognizance of that offence shall direct separate trials of the juvenile and the other person.

19. Removal of disqualification attaching to conviction.-

(1) Notwithstanding anything contained in any other law, a juvenile who has committed an offence and has been dealt with under the provisions of this Act shall not suffer disqualification, if any, attaching to a conviction of an offence under such law.

(2) The Board shall make an order directing that the relevant records of such conviction shall be removed after the expiry of the period of appeal or a reasonable period as prescribed under the rules, as the case may be.

20. Special provision in respect of pending cases.- Notwithstanding anything contained in this Act, all proceedings in respect of a juvenile pending in any court in any area on the date on which this Act comes into force in that area, shall be continued in that court as if this Act had not been passed and if the court finds that the juvenile has committed an offence, it shall record such finding and instead of passing any sentence in respect of the juvenile, forward the juvenile to the Board which shall pass orders in respect of that juvenile in accordance with the provisions of this Act as if it had been satisfied on inquiry under this Act that a juvenile has committed the offence.

21. Prohibition of publication of name, etc., of juvenile involved in any proceeding under the Act.-

(1) No report in any newspaper, magazine, news-sheet or visual media of any inquiry regarding a juvenile in conflict with law under this Act shall disclose the name, address or school or any other particulars calculated to lead to the identification of the juvenile nor shall any picture of any such juvenile be published :

Provided that for reasons to be recorded in writing the authority holding the inquiry may permit such disclosure, if in its opinion such disclosure is in interest of the juvenile. (2) Any person contravening the provisions of sub-section (1) shall be punishable with fine, which may extend to one thousand rupees.

22. Provision in respect of escaped juvenile.- Notwithstanding anything to the contrary contained in any other law for the time being in force, any police officer may take charge without warrant of a juvenile in conflict with law who has escaped from a special home or an observation home or from the care of a person under whom he was placed under this Act, and shall be sent back to the special home or the observation home or that person, as the case may be; and no proceeding shall be instituted in respect of the juvenile by reason of such escape, but the special home, or the observation home or the person may, after giving the

information to the Board which passed the order in respect of the juvenile, take such steps in respect of the juvenile as may be deemed necessary under the provisions of this Act.

23. Punishment for cruelty to juvenile or child.- Whoever, having the actual charge of, or control over, a juvenile or the child, assaults, abandons, exposes or wilfully neglects the juvenile or causes or procures him to be assaulted, abandoned, exposed or neglected in a manner likely to cause such juvenile or the child unnecessary mental or physical suffering shall be punishable with imprisonment for a term which may extend to six months, or fine, or with both.

24. Employment of juvenile or child for begging.-

(1) Whoever employs or uses any juvenile or the child for the purpose or causes any juvenile to beg shall be punishable with imprisonment for a term which may extend to three years and shall also be liable to fine.

(2) Whoever, having the actual charge of, or control over, a juvenile or the child abets the commission of the offence punishable under sub-section (1), shall be punishable with imprisonment for a term which may extend to one year and shall also be liable to fine.

25. Penalty for giving intoxicating liquor or narcotic drug or psychotropic substance to juvenile or child.- Whoever gives, or causes to be given, to any juvenile or the child any intoxicating liquor in a public place or any narcotic drug or psychotropic substance except upon the order of duly qualified medical practitioner or in case of sickness shall be punishable with imprisonment for a term which may extend to three years and shall be liable to fine.

26. Exploitation of juvenile or child employee.- Whoever ostensibly procures a juvenile or the child for the purpose of any hazardous employment keeps him in bondage and withholds his earnings or uses such earning for his own purposes shall be punishable with imprisonment for a term which may extend to three years and shall be liable to fine.

27. Special offences.- The offences punishable under sections 23, 24, 25 and 26 shall be cognizable.

28. Alternative punishment.- Where an act or omission constitute an offence punishable under this Act and also under any other Central or State Act, then, notwithstanding anything contained in any law for the time being in force, the offender found guilty of such offences shall be liable to punishment only under such Act as provides for punishment which is greater in degree. CHAPTER III



CHILD IN NEED OF CARE AND PROTECTION

29. Child Welfare Committee.-

(1) The State Government may, by notification in Official Gazette, constitute for every district or group of districts, specified in the notification, one or more Child Welfare Committees for exercising the powers and discharge the duties conferred on such Committees in relation to child in need of care and protection under this Act.

(2) The Committee shall consist of a Chairperson and four other members as the State Government may think fit to appoint, of whom at least one shall be a woman and another, an expert on matters concerning children.

(3) The qualifications of the Chairperson and the members, and the tenure for which they may be appointed shall be such as may be prescribed.

(4) The appointment of any member of the Committee may be terminated, after holding inquiry, by the State Government, if- i. he has been found guilty of misuse of power vested under this Act; ii. he has been convicted of an offence involving moral turpitude, and such conviction has not been reversed or he has not been granted full pardon in respect of such offence; iii. he fails to attend the proceedings of the Committee for consecutive three months without any valid reason or he fails to attend less than three-fourth of the sittings in a year. (5) The Committee shall function as a Bench of Magistrates and shall have the powers conferred by the Code of Criminal Procedure, 1973 (2 of 1974) on a Metropolitan Magistrate or, as the case may be, a Judicial Magistrate of the first class.

30. Procedure, etc., in relation to Committee.-

(1) The Committee shall meet at such times and shall observe such rules of procedure in regard to the transaction of business at its meetings, as may be prescribed.

(2) A child in need of care and protection may be produced before an individual member for being placed in safe custody or otherwise when the Committee is not in session.

(3) In the event of any difference of opinion among the members of the Committee at the time of any interim decision, the opinion of the majority shall prevail but where there is no such majority the opinion of the Chairperson shall prevail.

(4) Subject to the provisions of sub-section (1), the Committee may act, notwithstanding the absence of any member of the Committee, and no order made by the Committee shall be invalid by reason only of the absence of any member during any stage of the proceeding.

31. Powers of Committee.-

(1) The Committee shall have the final authority to dispose of cases for the care, protection, treatment, development and rehabilitation of the children as well as to provide for their basic needs and protection of human rights.



(2) Where a Committee has been constituted for any area, such Committee shall, notwithstanding anything contained in any other law for the time being in force but save as otherwise expressly provided in this Act, have the power to deal exclusively with all proceedings under this Act relating to children in need of care and protection.

32. Production before Committee.-

(1) Any child in need of care and protection may be produced before the Committee by one of the following persons :- (i) any police officer or special juvenile police unit or a designated police officer; (ii) any public servant; (iii) childline, a registered voluntary organization or by such other voluntary organization or an agency as may be recognized by the State Government; (iv) any social worker or a public spirited citizen authorised by the State Government; or (v) by the child himself.

(2) The State Government may make rules consistent with this Act to provide for the manner of making the report to the police and to the Committee and the manner of sending and entrusting the child to children's home pending the inquiry.

33. Inquiry.-

(1) On receipt of a report under section 32, the Committee or any police officer or special juvenile police unit or the designated police officer shall hold an inquiry in the prescribed manner and the Committee, on its own or on the report from any person or agency as mentioned in sub-section (1) of section 32, may pass an order to send the child to the children's home for speedy inquiry by a social worker or child welfare officer.

(2) The inquiry under this section shall be completed within four months of the receipt of the order or within such shorter period as may be fixed by the Committee: Provided that the time for the submission of the inquiry report may be extended by such period as the Committee may, having regard to the circumstances and for the reasons recorded in writing, determine.

(3) After the completion of the inquiry if the Committee is of the opinion that the said child has no family or ostensible support, it may allow the child to remain in the children's home or shelter home till suitable rehabilitation is found for him or till he attains the age of eighteen years.

34. Children's homes.-

(1) The State Government may establish and maintain either by itself or in association with voluntary organizations, children's homes, in every district or group of districts, as the case may be, for the reception of child in need of care and protection during the pendency of any inquiry and subsequently for their care, treatment, education, training, development and rehabilitation.

(2) The State Government may, by rules made under this Act, provide for the management of children's homes including the standards and the nature of services to be provided by them,



and the circumstances under which, and the manner in which, the certification of a children's home or recognition to a voluntary organization may be granted or withdrawn.

35. Inspection.-

(1) The State Government may appoint inspection committees for the children's homes (hereinafter referred to as the inspection committees) for the State, a district and city, as the case may be, for such period and for such purposes as may be prescribed.

(2) The inspection committee of a State, district or of a city shall consist of such number of representatives from the State Government, Local Authority, Committee, voluntary organizations and such other medical experts and social workers as may be prescribed.

36. Social auditing.- The Central Government or State Government may monitor and evaluate the functioning of the children's homes at such period and through such persons and institutions as may be specified by that Government.

37. Shelter homes.-

(1) The State Government may recognize, reputed and capable voluntary organizations and provide them assistance to set up and administer as many shelter homes for juveniles or children as may be required.

(2) The shelter homes referred in sub-section.-(1) shall function as drop-in-centres for the children in the need of urgent support who have been brought to such homes through such persons as are referred to in sub-section (1) of section 32.

(3) As far as possible, the shelter homes shall have such facilities as may be prescribed by the rules.

38. Transfer.-

(1) If during the inquiry it is found that the child hails from the place outside the jurisdiction of the Committee, the Committee shall order the transfer of the child to the competent authority having jurisdiction over the place of residence of the child.

(2) Such juvenile or the child shall be escorted by the staff of the home in which he is lodged originally. (3) The State Government may make rules to provide for the travelling allowance to be paid to the child.

39. Restoration.-

(1) Restoration of and protection to a child shall be the prime objective of any children's home or the shelter home.





(2) The children's home or a shelter home, as the case may be, shall take such steps as are considered necessary for the restoration of and protection to a child deprived of his family environment temporarily or permanently where such child is under the care and protection of a children's home or a shelter home, as the case may be.

(3) The Committee shall have the powers to restore any child in need of care and protection to his parent, guardian, fit person or fit institution, as the case may be, and give them suitable directions. Explanation.- For the purposes of this section "restoration of child" means restoration to- (a) parents; (b) adopted parents; (c) foster parents.

CHAPTER IV REHABILITATION AND SOCIAL REINTEGRATION

40. Process of rehabilitation and social reintegration.- The rehabilitation and social reintegration of a child shall begin during the stay of the child in a children's home or special home and the rehabilitation and social reintegration of children shall be carried out alternatively by (i) adoption, (ii) foster care, (iii) sponsorship, and (iv) sending the child to an after-care organization.

41. Adoption.-

(1) The primary responsibility for providing care and protection to children shall be that of his family.

(2) Adoption shall be resorted to for the rehabilitation of such children as are orphaned, abandoned, neglected and abused through institutional and non-institutional methods.

(3) In keeping with the provisions of the various guidelines for adoption issued from time to time by the State Government, the Board shall be empowered to give children in adoption and carry out such investigations as are required or giving children in adoption in accordance with the guidelines issued by the State Government from time to time in this regard.

(4) The children's homes or the State Government run institutions for orphans shall be recognized as an adoption agencies both for scrutiny and placement of such children for adoption in accordance with the guidelines issued under sub-section (3).

(5) No child shall be offered for adoption- a. until two members of the Committee declare the child legally free for placement in the case of abandoned children, b. till the two months period for reconsideration by the parent is over in the case of surrendered children, and c. without his consent in the case of a child who can understand and express his consent. (6) The Board may allow a child to be given in adoption- d. to a single parent, and e. to parents to adopt a child of same sex irrespective of the number of living biological sons or daughters.



42. Foster care.-

(1) The foster care may be used for temporary placement of those infants who are ultimately to be given for adoption.

(2) In foster care, the child may be placed in another family for a short or extended period of time, depending upon the circumstances where the child's own parent usually visit regularly and eventually after the rehabilitation, where the children may return to their own homes.

(3) The State Government may make rules for the purposes of carrying out the scheme of foster care programme of children.

43. Sponsorship.-

(1) The sponsorship programme may provide supplementary support to families, to children's homes and to special homes to meet medical, nutritional, educational and other needs of the children with a view to improving their quality of life.

(2) The State Government may make rules for the purposes of carrying out various schemes of sponsorship of children, such as individual to individual sponsorship, group sponsorship or community sponsorship.

44. After-care organization.- The State Government may, by rules made under this Act, provide- (a) for the establishment or recognition of after-care organizations and the functions that may be performed by them under this Act; (b) for a scheme of after-care programme to be followed by such after-care organizations for the purpose of taking care of juveniles or the children after they leave special homes, children homes and for the purpose of enabling them to lead an honest, industrious and useful life; (c) for the preparation or submission of a report by the probation officer or any other officer appointed by that Government in respect of each juvenile or the child prior to his discharge from a special home, children's home, regarding the necessity and nature of after-care of such juvenile or of a child, the period of such after-care, supervision thereof and for the submission of report by the probation officer or any other officer appointed for the purpose, on the progress of each juvenile or the child; (d) for the standards and the nature of services to be maintained by such after care organizations; (e) for such other matters as may be necessary for the purpose of carrying out the scheme of after-care programme for the juvenile or the child : Provided that any rule made under this section shall not provide for such juvenile or child to stay in the after-care organization for more than three years : Provided further that a juvenile or child over seventeen years of age but less than eighteen years of age would stay in the after-care organization till he attains the age of twenty years.

45. Linkages and co-ordination.- The State Government may make rules to ensure effective linkages between various governmental, non-governmental, corporate and other community agencies for facilitating the rehabilitation and social reintegration of the child.





CHAPTER V MISCELLANEOUS

46. Attendance of parent or guardian of juvenile or child.- Any competent authority before which a juvenile or the child is brought under any of the provisions of this Act, may, whenever it so thinks fit, require any parent or guardian having the actual charge of or control over the juvenile or the child to be present at any proceeding in respect of the juvenile or the child.

47. Dispensing with attendance of juvenile or child.- If, at any stage during the course of an inquiry, a competent authority is satisfied that the attendance of the juvenile or the child is not essential for the purpose of inquiry, the competent authority may dispense with his attendance and proceed with the inquiry in the absence of the juvenile or the child.

48. Committal to approved place of juvenile or child suffering from dangerous diseases and his future disposal.-

(1) When a juvenile or the child who has been brought before a competent authority under this Act, is found to be suffering from a disease requiring prolonged medical treatment or physical or mental complaint that will respond to treatment, the competent authority may send the juvenile or the child to any place recognized to be an approved place in accordance with the rules made under this Act for such period as it may think necessary for the required treatment.

(2) Where a juvenile or the child is found to be suffering from leprosy, sexually transmitted disease, Hepatitis B, open cases of Tuberculosis and such other diseases or is of unsound mind, he shall be dealt with separately through various specialized referral services or under the relevant laws as such.

49. Presumption and determination of age.-

(1) Where it appears to a competent authority that person brought before it under any of the provisions of this Act (otherwise than for the purpose of giving evidence) is a juvenile or the child, the competent authority shall make due inquiry so as to the age of that person and for that purpose shall take such evidence as may be necessary (but not an affidavit) and shall record a finding whether the person is a juvenile or the child or not, stating his age as nearly as may be.

(2) No order of a competent authority shall be deemed to have become invalid merely by any subsequent proof that the person in respect of whom the order has been made is not a juvenile or the child, and the age recorded by the competent authority to be the age of person so brought before it, shall for the purpose of this Act, be deemed to be the true age of that person.

50. Sending a juvenile or child outside jurisdiction.- In the case of a juvenile or the child, whose ordinary place of residence lies outside the jurisdiction of the competent authority before which he is brought, the competent authority may, if satisfied after due inquiry that it is expedient so to do, send the juvenile or the child back to a relative or other person who is



fit and willing to receive him at his ordinary place of residence and exercise proper care and control over him, notwithstanding that such place of residence is outside the jurisdiction of the competent authority; and the competent authority exercising jurisdiction over the place to which the juvenile or the child is sent shall in respect of any matter arising subsequently have the same powers in relation to the juvenile or the child as if the original order had been passed by itself.

51. Reports to be treated as confidential.- The report of the probation officer or social worker considered by the competent authority shall be treated as confidential:

Provided that the competent authority may, if it so thinks fit, communicate the substance thereof to the juvenile or the child or his parent or guardian and may give such juvenile or the child, parent or guardian an opportunity of producing such evidence as may be relevant to the matter stated in the report.

52. Appeals.-

(1) Subject to the provisions of this section, any person aggrieved by an order made by a competent authority under this Act may, within thirty days from the date of such order, prefer an appeal to the Court of Session: Provided that the Court of Session may entertain the appeal after the expiry of the said period of thirty days if it is satisfied that the appellant was prevented by sufficient cause from filing the appeal in time.

(2) No appeal shall lie from- (a) any order of acquittal made by the Board in respect of a juvenile alleged to have committed an offence; or (b) any order made by a Committee in respect of a finding that a person is not a neglected juvenile.

(3) No second appeal shall lie from any order of the Court of Session passed in appeal under this section.

53. Revision.-The High Court may, at any time, either of its own motion or on an application received in this behalf, call for the record of any proceeding in which any competent authority or Court of Session has passed an order for the purpose of satisfying itself as to the legality or propriety of any such order and may pass such order in relation thereto as it thinks fit: Provided that the High Court shall not pass an order under this section prejudicial to any person without giving him a reasonable opportunity of being heard.

54. Procedure in inquiries, appeals and revision proceedings.-

(1) Save as otherwise expressly provided by this Act, a competent authority while holding any inquiry under any of the provisions of this Act, shall follow such procedure as may be prescribed and subject thereto, shall follow, as far as may be, the procedure laid down in the Code of Criminal Procedure, 1973 (2 of 1974) for trials in summons cases.



(2) Save as otherwise expressly provided by or under this Act, the procedure to be followed in hearing appeals or revision proceedings under this Act shall be, as far as practicable, in accordance with the provisions of the Code of Criminal Procedure, 1973 (2 of 1974).

55. Power to amend orders.-

(1) Without prejudice to the provisions for appeal and revision under this Act, any competent authority may, on an application received in this behalf, amend any order as to the institution to which a juvenile or the child is to be sent or as to the person under whose care or supervision a juvenile or the child is to be placed under this Act:

Provided that there shall be at least two members and the parties or its defence present during the course of hearing for passing an amendment in relation to any of its order. (2) Clerical mistakes in orders passed by a competent authority or errors arising therein from any accidental slip or omission may, at any time, be corrected by the competent authority either on its own motion or on an application received in this behalf.

56. Power of competent authority to discharge and transfer juvenile or child.- The competent authority or the local authority may, notwithstanding anything contained in this Act, at any time, order a child in need of care and protection or a juvenile in conflict with law to be discharged or transferred from one children's home or special home to another, as the case may be, keeping in view the best interest of the child or the juvenile, and his natural place of stay, either absolutely or on such conditions as it may think fit to impose:

Provided that the total period of stay of the juvenile or the child in a children's home or a special home or a fit institution or under a fit person shall not be increased by such transfer.

57. Transfer between children's homes, under the Act, and juvenile homes, of like nature in different parts of India.- The State Government or the local authority may direct any child or the juvenile to be transferred from any children's home or special home outside the State to any other children's home, special home or institution of a like nature with the prior intimation to the local Committee or the Board, as the case may be, and such order shall be deemed to be operative for the competent authority of the area to which the child or the juvenile is sent.

58. Transfer of juvenile or child of unsound mind or suffering from leprosy or addicted to drugs.- Where it appears to the competent authority that any juvenile or the child kept in a special home or a children's home or shelter home or in an institution in pursuance of this Act, is suffering from leprosy or is of unsound mind or is addicted to any narcotic drug or psychotropic substance, the competent authority may order his removal to a leper asylum or mental hospital or treatment centre for drug addicts or to a place of safety for being kept there for such period not exceeding the period for which he is required to be kept under the order of the competent authority or for such further period as may be certified by the medical officer necessary for the proper treatment of the juvenile or the child.



59. Release and absence of juvenile or child on placement.-

(1) When a juvenile or the child is kept in a children's home or special home and on a report of a probation officer or social worker or of Government or a voluntary organization, as the case may be, the competent authority may consider, the release of such juvenile or the child permitting him to live with his parent or guardian or under the supervision of any authorised person named in the order, willing to receive and take charge of the juvenile or the child to educate and train him for some useful trade or calling or to look after him for rehabilitation.

(2) The competent authority may also permit leave of absence to any juvenile or the child, to allow him, on special occasions like examination, marriage of relatives, death of kith and kin or the accident or serious illness of parent or any emergency of like nature, to go on leave under supervision, for maximum seven days, excluding the time taken in journey.

(3) Where a permission has been revoked or forfeited and the juvenile or the child refuses or fails to return to the home concerned or juvenile to which he was directed so to return, the Board may, if necessary, cause him to be taken charge of and to be taken back to the concerned home. (4) The time during which a juvenile or the child is absent from a concerned home in pursuance of such permission granted under this section shall be deemed to be part of the time for which he is liable to be kept in the special home :

Provided that when a juvenile has failed to return to the special home on the permission being revoked or forfeited, the time which lapses after his failure so to return shall be excluded in computing the time during which he is liable to be kept in the institution.

60. Contribution by parents.-

(1) The competent authority which makes an order for sending a juvenile or the child to a children's home or to a special home or placing the juvenile under the care of a fit person or fit institution may make an order requiring the parent or other person liable to maintain the juvenile or the child to contribute to his maintenance, if able to do so, in the prescribed manner according to income.

(2) The competent authority may direct, if necessary, the payment to be made to poor parent or guardian by the Superintendent or the Project Manager of the home to pay such expenses for the journey of the inmate or parent or guardian or both, from the home to his ordinary place of residence at the time of sending the juvenile as may be prescribed.

61. Fund.-

(1) The State Government or local authority may create a Fund under such name as it thinks fit for the welfare and rehabilitation of the juvenile or the child dealt with under this Act.

(2) There shall be credited to the Fund such voluntary donations, contributions or subscriptions as may be made by any individual or organization.

(3) The Fund created under sub-section (1) shall be administered by the State advisory board in such manner and for such purposes as may be prescribed.





62. Central, State, district and city advisory boards.-

(1) The Central Government or a State Government may constitute a Central or State Advisory board, as the case may be, to advise that Government on matter relating to the establishment and maintenance of the homes, mobilization of resources, provision of facilities for education, training and rehabilitation of child in need of care and protection and juvenile in conflict with law and co-ordination among the various official and non-official agencies concerned.

(2) The Central or State advisory board shall consist of such persons as the Central Government or the State Government, as the case may be, may think fit and shall include eminent social workers, representatives of voluntary organizations in the field of the child welfare corporate sector, academicians, medical professionals and the concerned Department of the State Government.

(3) The district or city level inspection committee constituted under section 35 of this Act shall also function as the district or city advisory board.

63. Special juvenile police unit.-

(1) In order to enable the police officers who frequently or exclusively deal with juveniles or are primarily engaged in the prevention of juvenile crime or handling of the juveniles or children under this Act to perform their functions more effectively, they shall be specially instructed and trained.

(2) In every police station at least one officer with aptitude and appropriate training and orientation may be designated as the 'juvenile or the child welfare officer' who will handle the juvenile or the child in co-ordination with the police.

(3) Special juvenile police unit, of which all police officers designated as above, to handle juveniles or children will be members, may be created in every district and city to co-ordinate and to upgrade the police treatment of the juveniles and the children.

64. Juvenile in conflict with law undergoing sentence at commencement of this Act.- In any area in which this Act is brought into force, the State Government or the local authority may direct that a juvenile in conflict with law who is undergoing any sentence of imprisonment at the commencement of this Act, shall, in lieu of undergoing such sentence, be sent to a special home or kept in fit institution in such manner as the State Government or the local authority thinks fit for the remainder of the period of the sentence; and the provisions of this Act shall apply to the juvenile as if he had been ordered by the Board to be sent to such special home or institution or, as the case may be, ordered to be kept under protective care under sub-section (2) of section 16 of this Act.

65. Procedure in respect of bonds.- Provisions of Chapter XXXIII of the Code of Criminal Procedure, 1973 (2 of 1974) shall, as far as may be, apply to bonds taken under this Act.



66. Delegation of powers.- The State Government may, by the general order, direct that any power exercisable by it under this Act shall, in such circumstances and under such conditions, if any, as may be prescribed in the order, be exercisable also by an officer subordinate to that Government or the local authority.

67. Protection of action taken in good faith.- No suit or legal proceedings shall lie against the State Government or voluntary organization running the home or any officer and the staff appointed in pursuance of this Act in respect of anything which is in good faith done or intended to be done in pursuance of this Act or of any rules or order made thereunder.

68. Power to make rules.-

(1) The State Government may, by notification in the Official Gazette, make rules to carry out the purposes of this Act. (2) In particular, and without prejudice to the generality of the foregoing powers, such rules may provide for all or any of the following matters, namely :-

i. the term of office of the members of the Board, and the manner in which such member may resign under sub-section (4) of section (4);

ii. the time of the meetings of the Board and the rules of procedure in regard to the transaction of business at its meeting under sub-section (1) of section 5;

iii. the management of observation homes including the standards and various types of services to be provided by them and the circumstances in which and the manner in which, the certification of the observation home may be granted or withdrawn and such other matters as are referred to in section 8;

iv. the management of special home including the standards and various types of services to be provided by them and the circumstances in which and the manner in which, the certification of the special home may be granted or withdrawn and such other matters as are referred to in section 9;

v. persons by whom any juvenile in conflict with law may be produced before the Board and the manner of sending such juvenile to an observation home under sub-section (2) of section 10;

vi. matters relating to removal of disqualifications attaching to conviction of a juvenile under section 19;

vii. the qualifications of the Chairperson and members, and the tenure for which they may be appointed under sub-section (3) of section 29;

viii. the time of the meetings of the Committee and the rules of procedure in regard to the transaction of business at its meeting under sub-section (1) of section 30;

ix. the manner of making the report to the police and to the Committee and the manner of sending and entrusting the child to children's home pending the inquiry under sub-section (2) of section 32;





x. the management of children's homes including the standards and nature of services to be provided by them, and the manner in which certification of a children's home or recognition to a voluntary organization may be granted or withdrawn under sub-section (2) of section 34;

xi. appointment of inspection committees for children's homes, their tenure and purposes for which inspection committees may be appointed and such other matters as are referred to in section 35;

xii. facilities to be provided by the shelter homes under sub-section (3) of section 37;

xiii. for carrying out the scheme of foster care programme of children under sub-section (3) of section 42;

xiv. for carrying out various schemes of sponsorship of children under sub-section (2) of section 43;

xv. matters relating to after-care organization under section 44;

xvi. for ensuring effective linkages between various agencies for facilitating rehabilitation and social integration of the child under section 45;

xvii. the purposes and the manner in which the Fund shall be administered under sub-section (3) of section 61;

xviii. any other matter which is required to be or may be, prescribed. (3) Every rule made by a State Government under this Act shall be laid, as soon as may be after it is made, before the Legislature of that State.

69. Repeal and savings.-

(1) The Juvenile Justice Act, 1986 (53 of 1986) is hereby repealed.

(2) Notwithstanding such repeal, anything done or any action taken under the said Act shall be deemed to have been done or taken under the corresponding provisions of this Act.

70. Power to remove difficulties.-

(1) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order, not inconsistent with the provisions of this Act, remove the difficulty : Provided that no such order shall be made after the expiry of the period of two years from the commencement of this Act.

(2) However, order made under the section shall be laid, as soon as may be after it is made, before each House of Parliament.



Appendix 3





Code of the Canadian Counselling and Psychotherapy Association

This code is based on the following fundamental principles:

1. Beneficence - being proactive in promoting the client's best interests
2. Fidelity - honouring commitments to clients and maintaining integrity in counselling relationship
3. Non-maleficence - not wilfully harming clients and refraining from actions that risk harm
4. Autonomy - respecting the rights of clients to self-determination
5. Justice - respecting the dignity and just treatment of all persons
6. Societal Interest - respecting the need to be responsible to society

A. Professional Responsibility

A1. General Responsibility

Counsellors maintain high standards of professional competence and ethical behaviour, and recognize the need for continuing education and personal care in order to meet this responsibility.

A2. Respect for Rights

Counsellors participate in only those practices which are respectful of the legal, civic, and moral rights of others, and act to safeguard the dignity and rights of their clients, students, and research participants.

A3. Boundaries of Competence

Counsellors limit their counselling services and practices to those which are within their professional competence by virtue of their education and professional experience, and consistent with any requirements for provincial and national credentials. They refer to other professionals, when the counselling needs of clients exceed their level of competence.

A4. Supervision and Consultation

Counsellors take reasonable steps to obtain supervision and/or consultation with respect to their counselling practices and, particularly, with respect to doubts or uncertainties which may arise during their professional work.



A5. Representation of Professional Qualifications

Counsellors claim or imply only those professional qualifications which they possess, and are responsible for correcting any known misrepresentation of their qualifications by others.

A6. Responsibility to Counsellors and Other Professionals

Counsellors understand that ethical behaviour among themselves and with other professionals is expected at all times.

A7. Unethical Behaviour by Other Counsellors

Counsellors have an obligation when they have serious doubts as to the ethical behaviour of another counsellor, to seek an informal resolution with the counsellor, when feasible and appropriate. When an informal resolution is not appropriate or feasible, or is unsuccessful, counsellors report their concerns to the CCPA Ethics Committee.

A8. Responsibility to Clients

When counsellors have reasonable grounds to believe that a client has an ethical complaint about the conduct of a CCPA member, counsellors inform the client of the CCPA Procedures for Processing Complaints of Ethical Violations and how to access these procedures.

A9. Sexual Harassment

Counsellors do not condone or engage in sexual harassment, which is defined as deliberate or repeated verbal or written comments, gestures, or physical contacts of a sexual nature.

A10. Sensitivity to Diversity

Counsellors strive to understand and respect the diversity of their clients, including differences related to age, ethnicity, culture, gender, disability, religion, sexual orientation and socioeconomic status.

A11. Extension of Ethical Responsibilities

Counselling services and products provided by counsellors through classroom instruction, public lectures, demonstrations, publications, radio and television programs, computer technology and other media must meet the appropriate ethical standards consistent with this Code of Ethics.





B. Counselling Relationships

B1. Primary Responsibility

Counsellors have a primary responsibility to respect the integrity and promote the welfare of their clients. They work collaboratively with clients to devise integrated, individualized counselling plans that offer reasonable promise of success and are consistent with the abilities and circumstances of clients.

B2. Confidentiality

Counselling relationships and information resulting therefrom are kept confidential.

However, there are the following exceptions to confidentiality:

- (i) When disclosure is required to prevent clear and imminent danger to the client or others;
- (ii) When legal requirements demand that confidential material be revealed;
- (iii) When a child is in need of protection.

B3. Duty to Warn

When counsellors become aware of the intention or potential of clients to place others in clear or imminent danger, they use reasonable care to give threatened persons such warnings as are essential to avert foreseeable dangers.

B4. Client's Rights and Informed Consent

When counselling is initiated, and throughout the counselling process as necessary, counsellors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and other such pertinent information. Counsellors make sure that clients understand the implications of diagnosis, fees and fee collection arrangements, record-keeping, and limits of confidentiality. Clients have the right to participate in the ongoing counselling plans, to refuse any recommended services, and to be advised of the consequences of such refusal.

B5. Children and Persons with Diminished Capacity

Counsellors conduct the informed consent process with those legally appropriate to give consent when counselling, assessing, and having as research subjects, children and/or persons with diminished capacity. These clients also give consent to such services or involvement commensurate with their capacity to do so. Counsellors understand that the parental or guardian right to consent on behalf of children diminishes commensurate with the child's growing capacity to provide informed consent.



B6. Maintenance of Records

Counsellors maintain records in sufficient detail to track the sequence and nature of professional services rendered and consistent with any legal, regulatory, agency, or institutional requirement. They secure the safety of such records and create, maintain, transfer, and dispose of them in a manner compliant with the requirements of confidentiality and the other articles of this Code of Ethics.

B7. Access to Records

Counsellors understand that clients have a right of access to their counselling records, and that disclosure to others of information from these records only occurs with the written consent of the client and/or when required by law.

B8. Dual Relationships

Counsellors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of dual relationships include, but are not limited to, familial, social, financial, business, or close personal relationships. When a dual relationship cannot be avoided, counsellors take appropriate professional precautions such as role clarification, informed consent, consultation, and documentation to ensure that judgment is not impaired and no exploitation occurs.

B9. Respecting Diversity

Counsellors actively work to understand the diverse cultural background of the clients with whom they work, and do not condone or engage in discrimination based on age, colour, culture, ethnicity, disability, gender, religion, sexual orientation, marital, or socio-economic status.

B10. Consulting With Other Professionals

Counsellors may consult with other professionally competent persons about the client. However, if the identity of the client is to be revealed, it is done with the written consent of the client. Counsellors choose professional consultants in a manner which will avoid placing the consultant in a conflict of interest situation.

B11. Relationships with Former Clients

Counsellors remain accountable for any relationships established with former clients. Those relationships could include, but are not limited to those of a friendship, social, financial, and business nature. Counsellors exercise caution about entering any such relationships and take into account whether or not the issues and relational dynamics present during the counselling have been fully resolved and properly terminated. In any case, counsellors seek consultation on such decisions.





B12. Sexual Intimacies

Counsellors avoid any type of sexual intimacies with clients and they do not counsel persons with whom they have had a sexual relationship. Counsellors do not engage in sexual intimacies with former clients within a minimum of three years after terminating the counselling relationship. This prohibition is not limited to the three year period but extends indefinitely if the client is clearly vulnerable, by reason of emotional or cognitive disorder, to exploitative influence by the counsellor. Counsellors, in all such circumstances, clearly bear the burden to ensure that no such exploitative influence has occurred, and to seek consultative assistance.

B13. Multiple Clients

When counsellors agree to provide counselling to two or more persons who have a relationship (such as husband and wife, or parents and children), counsellors clarify at the outset which person or persons are clients and the nature of the relationship they will have with each person. If conflicting roles emerge for counsellors, they must clarify, adjust, or withdraw from roles appropriately.

B14. Multiple Helpers

If, after entering a counselling relationship, a counsellor discovers the client is already in a counselling relationship, the counsellor is responsible for discussing the issues related to continuing or terminating counselling with the client. It may be necessary, with client consent, to discuss these issues with the other helper.

B15. Group Work

Counsellors have the responsibility to screen prospective group members, especially when group goals focus on self-understanding and growth through self-disclosure. Counsellors inform clients of group member rights, issues of confidentiality, and group techniques typically used. They take reasonable precautions to protect group members from physical and/or psychological harm resulting from interaction within the group, both during and following the group experience.

B16. Computer Use

When computer applications are used as a component of counselling services, counsellors ensure that: (a) client and counsellor identities are verified; (b) the client is capable of using the computer application; (c) the computer application is appropriate to the needs of the client; (d) the client understands the purpose and operation of client-assisted and/or self-help computer applications; and (e) a follow-up of client use of a computer application is provided to assist subsequent needs. In all cases, computer applications do not diminish the counsellor's responsibility to act in accordance with the CCPA Code of Ethics, and in particular, to ensure adherence to the principles of confidentiality, informed consent, and safeguarding against harmful effects.



B17. Delivery of Services by Telephone, Teleconferencing, and Internet

Counsellors follow all additional ethical guidelines for services delivered by telephone, teleconferencing, and the Internet, including appropriate precautions regarding confidentiality, security, informed consent, records and counselling plans, as well as determining the right to provide such services in regulatory jurisdictions.

B18. Referral

When counsellors determine their inability to be of professional assistance to clients, they avoid initiating a counselling relationship, or immediately terminate it. In either event, members suggest appropriate alternatives, including making a referral to resources about which they are knowledgeable. Should clients decline the suggested referral, counsellors are not obligated to continue the relationship.

B19. Termination of Counselling

Counsellors terminate counselling relationships, with client agreement whenever possible, when it is reasonably clear that: the goals of counselling have been met, the client is no longer benefitting from counselling, the client does not pay fees charged, previously disclosed agency or institutional limits do not allow for the provision of further counselling services, and the client or another person with whom the client has a relationship threatens or otherwise endangers the counsellor. However, counsellors make reasonable efforts to facilitate the continued access to counselling services when services are interrupted by these factors and by counsellor illness, client or counsellor relocation, client financial difficulties and so forth.



Appendix 4





Code of Ethics of the National Victim Assistance Standard Consortium (NVASC)

1. Scope of services

Ethical Standard 1.1: The victim assistance provider understands his or her legal responsibilities, limitations, and the implications of his/her actions within the service delivery setting, and performs duties in accord with laws, regulations, policies, and legislated rights of persons served.

Ethical Standard 1.2: The victim assistance provider accurately represents his or her professional title, qualifications, and/or credentials in relationships with persons served and in public advertising.

Ethical Standard 1.3: The victim assistance provider maintains a high standard of professional conduct.

Ethical Standard 1.4: The victim assistance provider achieves and maintains a high level of professional competence.

Ethical Standard 1.5: The victim assistance provider who provides a service for a fee informs a person served about the fee at the initial session or meeting.

2. Coordinating within the Community

Ethical Standard 2.1: The victim assistance provider conducts relationships with colleagues and other professionals in such a way as to promote mutual respect, confidence, and improvement of services.

Ethical Standard 2.2: The victim assistance provider shares knowledge and encourages proficiency in victim assistance among colleagues and other professionals.

Ethical Standard 2.3: The victim assistance provider serves the public interest by contributing to the improvement of systems that impact victims of crime.

3. Direct Services

Ethical Standard 3.1: The victim assistance provider respects and attempts to protect the victim's civil rights.



Ethical Standard 3.2: The victim assistance provider recognizes the interests of the person served as a primary responsibility.

Ethical Standard 3.3: The victim assistance provider refrains from behaviors that communicate victim blame, suspicion regarding victim accounts of the crime, condemnation for past behavior, or other judgmental, anti-victim sentiments.

Ethical Standard 3.4: The victim assistance provider respects the victim's right to self-determination.

Ethical Standard 3.5: The victim assistance provider preserves the confidentiality of information provided by the person served or acquired from other sources before, during, and after the course of the professional relationship.

Ethical Standard 3.6: The victim assistance provider avoids conflicts of interest and discloses any possible conflict to the program or person served as well as to prospective programs or persons served.

Ethical Standard 3.7: The victim assistance provider terminates a professional relationship with a victim when the victim is not likely to benefit from continued services.

Ethical Standard 3.8: The victim assistance provider does not engage in personal relationships with persons served which exploit professional trust or could impair the victim assistance provider's objectivity and professional judgment.

Ethical Standard 3.9: The victim assistance provider does not discriminate against a victim or another staff member on the basis of race/ethnicity, language, sex/gender, age, sexual orientation, (dis)ability, social class, economic status, education, marital status, religious affiliation, residency, or HIV status.

Ethical Standard 3.10: The victim assistance provider furnishes opportunities for colleague victim assistance providers to seek appropriate services when traumatized by a criminal event or client interaction.

4. Administration and Evaluation

Ethical Standard 4.1: The victim assistance provider reports to appropriate authorities the conduct of any colleague or other professional (including self) that constitutes mistreatment of a person served or brings the profession into dishonor.





Appendix 5



The First Pan-India Survey of Sex Workers

THE FIRST PAN-INDIA SURVEY OF SEX WORKERS

A summary of preliminary findings

April 2011

ROHINI SAHNI &
V KALYAN SHANKAR



INTRODUCTION

This summary, written under the aegis of the Center for Advocacy on Stigma and Marginalisation (CASAM), presents the preliminary results of the first pan-India survey on sex workers. These preliminary findings have been developed for an event in Mumbai on 30 April 2011. The authors appreciate the opportunity to discuss their research with an audience of critical stakeholders. A report which provides their final analysis and data relating to male, trans sex workers, sexuality, stigma and discrimination as well as the 0.5% of 15-17 year olds in this sample will be published later in the year. For the final report please contact info@sangram.org.

Over two years a sample of 3000 female and 1355 male and trans persons in sex work was drawn from fourteen states¹ and one Union Territory through the coordinated effort of a number of organisations.² The male and trans sex worker data is yet to be analysed and will be presented in the next phase. The survey pools a national sample divided by geographies, languages, sites of operation, migratory patterns, incomes, and cultures amongst other variables. Only sex workers beyond collectivised/organised (and therefore politically active) spaces were surveyed in order to bring forth the voices of a hitherto silent section of sex workers.

'Women in prostitution' have always been the object of research, although they have not always been seen as 'sex workers'. They have often been seen as slaves and as trafficked women. Both sex trafficking and sex work are, "emotive issues about which much has been written with more passion than objectivity because they touch the core of our beliefs about morality, justice, gender and human rights." (George, Vindhya and Ray, 2010)

In the wake of HIV, there has been a renewed engagement with sex workers as subjects of research. However this research has been carried out to fulfil a range of purposes beyond those of interest to sex workers and findings have not always reflected the lives of sex workers, about which there are many assumptions. Studies of sex workers often reduce complex lives into simplistic binaries, most commonly: an understanding of female sex workers as freely engaging in, or forced into sex work. This is both inaccurate and insufficient. Much relevant information is ignored such as family and social-economic background, caste and religious segregations, sexual identities, marital status, not to mention work identities other than and in addition to sex work. This survey uses multiple variables to understand how their lives get constructed prior to and in sex work.





THE FIRST PAN-INDIA SURVEY OF SEX WORKERS

While a growing number of first-person accounts have been articulated by sex workers and sex workers right activists, it is not entirely clear how representative their voices are. This report provides preliminary results of empirical research of a survey administered amongst sex workers nationally and has objectivity of assessment as one of its underlying aims. The survey allowed sex workers to express their work identities, both in sex work and out of it, providing flexibility to assert multiple work identities.

What this study reveals is that in describing their working lives, a significant number of females move quite fluidly between other occupations and sex work. For example, a street vendor may search for customers while selling vegetables and a dancer at marriages may also take clients. It is not easy to demarcate women's work into neatly segregated compartments. Sex work and other work come together in ways that challenge the differentiation of sex work as an unusual and isolated activity.

The survey pools together a sufficiently large national-level sample of females divided by geographies, languages, sites of operation, migratory patterns, incomes, cultures, to mention just a few of the variables. Rather than reducing the women to clichéd stereotypes we seek to bring to the surface their non sex-work histories, either alongside or prior to engaging with sex work. In doing so, we address some of the realities surrounding sex work in the country and demystify some of the polarised and often simplistic narratives, which paint such work in opaquely value-laden terms.

“A significant number of females move quite fluidly between other occupations and sex work. It is not easy to demarcate women's work into neatly segregated compartments.”

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METHODOLOGY

This is a pan-India survey rather than a regionally or locally confined one. A common research tool was constructed for the survey. The questionnaire incorporated diverse regional realities. The questionnaire was constructed in several sections that reflect different facets of sex workers' lives. As part of the objectives, the following sets of information were identified as crucial to the survey:

- ◆ **Personal backgrounds:** Age, family backgrounds, religion and caste backgrounds, educational status, marital status and dependents;
- ◆ **Work histories:** Past and present experiences of work in sex work and out of it, incomes, mode of entry into sex work, sites of activity and perceptions on sex work;
- ◆ **Sexual experiences:** Sexual experiences in and out of sex work, age of sexual initiation and type of partners, perception of sexual pleasure within work and out of it and abuse histories of the female;
- ◆ **Stigma:** Avenues from where stigma could emanate and what the sex workers perceive of it vis-à-vis family, children and the state agents-like police and health authorities.

Preparing the research tool:

The idea for an all-India survey of female sex workers, transgender persons and kothis first emerged in 2008. A brainstorming workshop took place in November 2008, where the questionnaire was initially formulated, and the sample size across India discussed. The questionnaire was constructed with sex workers' participation to gauge whether they found the questions relevant. During the next three months, a pilot survey was conducted and the questionnaire was finalised. It was then translated into several regional languages such as Hindi, Marathi, Gujarati, Telugu, Kannada, Tamil and Bengali. The translated questionnaires were carefully assessed for accuracy and conveying the precise meaning intended.

Data Collection:

Various organisations across the country were contacted to collaborate in the process of data collection in 2008. Within Maharashtra, the survey was not conducted in Sangli, where the majority of sex workers are collectivized by VAMP. In West Bengal, the survey in Kolkata was exclusively of street workers,





THE FIRST PAN-INDIA SURVEY OF SEX WORKERS

without the assistance of DMSC. This was to avoid claims that the process of collectivisation might have influenced the responses to the survey.

A concept note was circulated across organisations working with females in sex work either through HIV/AIDS programmes or violence against women programmes. Training sessions were conducted for those administering the questionnaire. Data collection began in mid-2009. Most collection was done in regional languages. Interviews were conducted in various locations including brothels, streets, beauty parlours, bus stands, railway stations, public toilets and residences of sex workers. The time taken for the interviews was reported to be up to two hours per person.

Data cleaning and processing:

The collected data was entered using the MS Access programme, then the data was transferred into MS Excel for purposes of data cleaning and finally into SPSS for tabulation and analysis. The preliminary findings of the survey were presented to a group of experts and sex workers on the 7 January 2011 in the Department of Economics, University of Pune and consultations and inputs were considered to set up the organisation of the present report and dissemination of the results.

Overview of the sample:

The sample of female sex workers is comprised of 3000 females - a sex worker had to be at least 18 years of age in order to be included in the survey.

Of the 3000 females who were surveyed:

- ◆ 60% were from rural family backgrounds, 35% from urban family backgrounds;
- ◆ 65% were from poor family backgrounds, 26% from middle-class family backgrounds;
- ◆ 50% had no schooling, 7% had primary schooling up to class four, 13.4% had secondary schooling up to class seven, 6.5% had schooling up to class ten and 11.3% up to class twelve;
- ◆ 70% were Hindu, 20% Muslim, 6% Christian and 0.4% Buddhist;
- ◆ 26% came from Dalit backgrounds.
- ◆ 0.53% were aged 15-17 years, 7.5% were 18-20 years, 51.43% were 21-30 years, 33.66% were 31-40 years,





6.06% were 41-50 years and .07% were above 51 years.
0.1% gave no response to the question.

Caveats:

Although the survey has gone through thorough consultations with sex workers in both its design and in validation of preliminary findings, a number of caveats are worth pointing out for a balanced interpretation of findings.

It had been intended to restrict the survey sample to sex workers who were 18 years of age or above. However a small number of adolescents of 15-to-17 years were included *de facto*, although at an almost negligible proportion of 0.53% of the sample. Initially this came about because age can be hard to determine prior to the initiation of an interview. In a small number of cases, females between the ages of 15-17 years demanded to be included in the analysis. It was judged that since these adolescents had been self supporting, and had an understanding of what was being asked of them and the consequences of participation, that they had achieved sufficient maturity to justify inclusion. In addition because of the widespread participation of adolescents in a range of occupations and the right of adolescents to be heard on these matters – it was deemed appropriate to retain the responses offered by these adolescents in the analysis.

Another important caveat relates to the potential bias in the framing of certain questions by researchers and the likely bias introduced by respondents own expectations of researchers' perceptions of their occupations or choices and by different types of stigma attached to sex work as set against other occupations. For example, women may prefer to say that they were forced to become sex workers, believing that this may be less stigmatising. This was somewhat mitigated by training of researchers and by carefully tested research tools, but the likelihood of truthful answers to probing questions remains likely to be somewhat compromised due to moral norms.





THE FIRST PAN-INDIA SURVEY OF SEX WORKERS

FINDINGS

This pan-India survey found that poverty and limited education are conditions that push females into labour markets at early ages. Sex work was found to be one among several options available to women in the labour market. Based on the findings, sex work cannot be considered as singular or isolated in its links with poverty, as other occupations are often pursued before sex work emerges or is considered as an option. Sex work may also be regarded as offering a significant supplementary income to other forms of labour. Many of those surveyed also worked in diverse occupations in the unskilled manufacturing or services sector for extremely poor wages.

Sex work and other labour markets:

The survey found that within sex work, a substantial proportion of those surveyed had experience of alternative work compared with those with experience of sex work alone. For many females, sex work was not their first tryst with work in general. To the contrary, even for females who started engaging in sex work in their mid to late teens, it emerged as an activity much later in their working life. We found that 1488 females had worked in other labour markets before entering sex work while 1158 females entered sex work directly.

At the same time, for someone who became a sex worker directly, it would not remain her sole interface with work. There are cases of women getting into other labour markets as they have grown older, and started finding it difficult to generate clients.

Female sex workers with prior experience of work:

The survey found that there is a pattern to the sequential emergence of jobs over age. Agricultural labour and domestic work start at an early age, between 6-10 years. So do some activities like child minding and scrap collection, but on a smaller scale. These are either family-based occupations or remain parental occupations into which the girls may get drawn for assistance. Other girls enter the labour force at the turn of the teens, some of them in more labour-intensive activities like daily wage earning or construction labour while others start fitting into a host of low-end jobs such as cleaners, sweepers, helpers, and petty selling. The frequency of cases shows a steep surge in this phase. While some activities like agricultural work or baby-sitting

"Poverty and limited education are conditions that push female into labour markets at early ages. Sex work was found to be one among several options available to women in the labour market."

"The largest category of prior work was that of domestic workers, followed by daily wage earners and those in petty services in formal/informal establishments."

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show an early peaking, some of the more niche activities like tailoring, working in beauty parlours or nursing/patient care start at a later age. In the sample, the largest category of prior work was that of domestic workers, followed by daily wage earners and those in petty services in formal/informal establishments.

Reasons for leaving other work in the informal labour markets:

Most of the females who enter sex work come with a history of very poor incomes in the other labour markets: the median value of incomes across most of the occupations hovers in the range of Rs. 500-1000 per month.

The survey found that there is an overwhelming predominance of economic reasons for females to have left their jobs in the informal markets – comprising of responses such as low pay, insufficient salary, no profit in business, no regular work, seasonal work, not getting money even after work, could not run home with that income, is kaam se pet nahi bharta.

The other set of more positive responses, but also with economic underpinnings were those related to seeking better incomes – wanted more money and better living conditions for family, shifted to another job in search of better incomes etc. However, the categories cannot be considered mutually exclusive. For instance, economic reasons for leaving a job could be combined with other reasons as could be gleaned from the responses.

The following is a glimpse of how the reasons may reinforce each other:

- ♦ **Working conditions:** Hard physical work and low pay, hard work from morning to evening, had to spend a lot of time for earning money as in case of beedi/agarbatti rolling, had to travel long distances as in case of wood-cutting or water-fetching, poor income plus not good for health, less rate for crafts combined with eyes and body strain in making them;
- ♦ **Personal or family based reasons:** Poor income combined with parents not sending to work after puberty, father/husband taking away all my money;
- ♦ **Migration:** Shifted to dancing in UP and Bihar for more money, migrated along with parents/husband in search of better livelihoods;
- ♦ **Harassment:** Poor income coupled with physical/sexual abuse, was asked to make sex for keeping my job.

“The median value of incomes across most of the occupations hovers in the range of Rs. 500-1000 per month. There is an overwhelming predominance of economic reasons for females to have left their jobs in the informal markets.”

“Females start entering sex work significantly in the 15-18 years age group, peaking in the 19-22 years age group. This experience emerges later compared to other labour activities.”



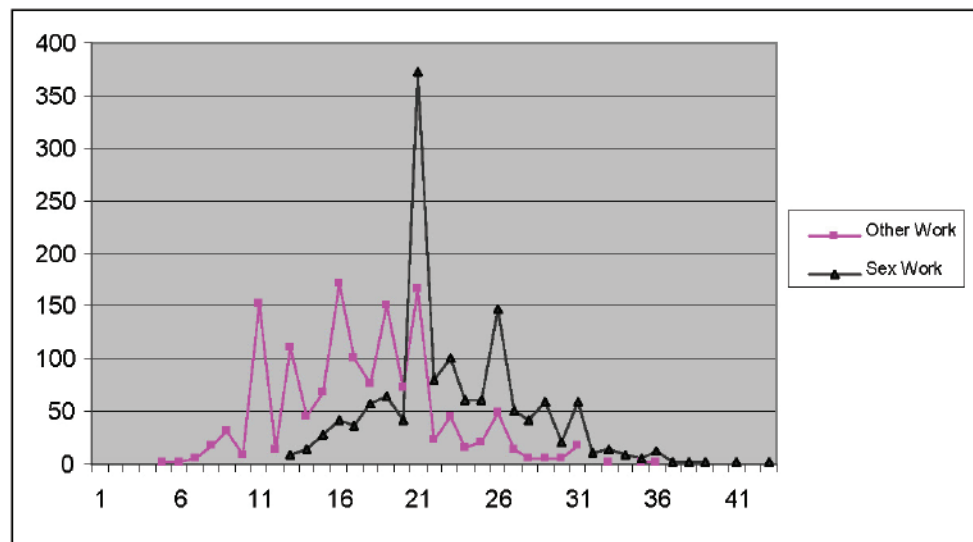
THE FIRST PAN-INDIA SURVEY OF SEX WORKERS

Entry into sex work:

Females start entering sex work significantly in the 15-18 years age group, peaking further in the 19-22 years. But when placed in the context of overall work histories, this experience emerges later compared with that of other labour activities. So, as in many other labour activities, many participants enter the market as minors or adolescents, although this actually appears to be less pronounced in sex work than it is in other informal labour markets.

It can be inferred that the same economic reasons that push females out of the other labour markets are also the ones that make sex work an economically attractive option. The modal incomes in sex work are in a higher bracket of Rs. 1000-3000, with substantial numbers in the range of Rs. 3000-5000 (which also forms the median value). These incomes persist in older age groups.

Diagram 1: Frequencies of ages for entry into other labour markets and into sex work



Comparisons between sex workers who enter directly and those who come via other labour markets:



Mode of entry: In terms of the mode of entry, the majority of females, irrespective of the channel of entry mentioned coming to sex work independently. In the qualitative responses as to why they did so, economic reasons come to the fore. This aspect of coming into sex work for money needs to be subtly differentiated across the two basic divisions we have made. In case of those coming from other labour markets, economic reasons would constitute the 'search for better incomes'. They have experienced poverty of incomes in the other labour markets and have an immediate referential framework which they can compare for themselves. On the other hand, when the direct entrants mention coming into it for the sake of money, they are basically looking at deriving some livelihood income out of sex work.

The categories of forced/sold/cheated, or involving an element of abuse, are roughly similar across the two sets of females: 22.1% for direct entrants and 24.8% for the labour market ones. The sold category of female is much higher in case of the direct entrants. The agents involved in this abuse, as mentioned by the females were husbands, lovers, friends and acquaintances. The numbers of strangers is on the lower side. In this context, there is a need to clarify that some of the females even while sold, have registered themselves in the category of the cheated. So the possibility of internal variations of numbers between the forced, sold and cheated would exist depending upon the perception carried by the female of the event. It is also worth noting that where choosing sex work carries a social stigma, it may be expected that being coerced or being cheated are modes of entry likely to be somewhat over-reported.

"The categories of forced/sold/cheated, or involving an element of abuse, are roughly similar across the two sets of females."

Distribution of ages of entry: The directly-entering females show the highest frequency amongst those entering and in the 19-22 years age group this comprises 60.27% of the total. Some of these go on to work in the other labour markets later, where the highest frequencies are in the 23-26 years age group. On the other hand, females from the other labour markets also enter sex work in the age-group of 19-22 years though they continue to have high frequencies of entry at later ages as well (23-26 years and 27-30 years). The age group of 19-22 years constitutes only 42% of entrants in their case. (It is worth noting that the largest group of sex workers, by far, are found in the 21-30 age band.)

Income comparisons: While the modal incomes derived by the direct sex workers are in the Rs. 1000-3000 category, the median values are in the Rs. 3000-5000 range. The direct entrants also feature prominently in the RS. 5000-7000 range.

Table 1: Mode of entry into sex work





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	Mode of entry into sex work						Total
	Myself	Forced	Sold	Cheated	Devadasi	No reply	
Females entering directly into sex work (n=1158)	805	83	104	68	31	67	1158
% of total	69.5	7.2	9.0	5.9	2.7		
Females with experience of other labour markets before or alongside sex work (n=1488)	1086	132	64	172	45	29	1488
% of total	73.0	8.9	4.3	11.6	3.0		
Females with other work identities but sequence of entry unknown (n=326)	259	23	9	30	2	3	326
% of total	79.4	7.1	2.8	9.2	0.6		





END NOTE

Sex work offers a significant premium of incomes to that offered by other informal labour markets offer across India. While poor family backgrounds and the need to look for incomes and livelihoods at an early age is what makes many girls and women enter the informal labour markets, the possibility of earning higher incomes is what could be making sex work a more economically rewarding option, particularly at slightly higher ages.

This is corroborated by the fact that a large number of women and female adolescents entered other labour markets much earlier than they entered sex work. Therefore, sex work cannot be considered as singular or isolated in its links with poverty, for there are other occupations as well which fit into the category of 'possible livelihood options' before sex work emerges as one of them.

Sex work is not the only site of poor working conditions, nor is it particularly prominent in terms of the employment of minors as compared to other sectors. For those coming to sex work from the other labour markets, they have often experienced equally harsh (or worse) conditions of highly labour intensive work for very low (and most often lower) incomes. It is from these background cases, that the significance of sex work as a site of higher incomes or livelihoods emerges.

***"Sex work is not
the only site of
poor working
conditions."***



THE FIRST PAN-INDIA SURVEY OF SEX WORKERS

REFERENCES:

¹ The survey was conducted in Andhra Pradesh, Assam, Bihar, Chandigarh [UT], Delhi, Gujarat, Goa, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Nagaland, Orissa, Uttar Pradesh and West Bengal.

² Organisations and groups that participated in the survey included; Community Awareness and Development Foundation (CAD); Society for Social Transformation and Environment Protection; FELLOWSHIP; Center for Weaker Section Development (CWSD); Rural Research and Development Council (RRDC); Rajendra Yuvak Sangh (RYS); Kolkata Rishta; The Calcutta Samaritans; Narayantala Mass Communication Center; Alokendu Bodh Niketan; Swapnil; Patna Network for People Living with HIV/AIDS Society (PNP+); Sanatkada; Rajiv Smriti Gas Pudit Punarwas Kendra; Jyoti Sangh; Yuvasatta; Pravara Medical Foundation; Mukta Project Bhadaakli; Mukta Project, Godawari Hosp; Sahyog Nirmitti, Mukta Project, Shivgurukunj; Socio Eco Dev Project; Grameen Samasya Mukti Trust; Mukta Project Nagar; Mukta Project, Kolhapur; Pathfinder; YRGCARE; Sangama; Joint Female's Program; NAZ Foundation India Trust; Vimochana; Forum Against Oppression of Women (FAOW); Milan; Surakhsa; and individuals from Kerala.





**PUBLISHED BY THE CENTER
FOR ADVOCACY ON STIGMA
AND MARGINALISATION**

**As part of the Paulo Longo
Research Initiative**

www.plri.org







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This manual has been developed for use by master trainers, who will be training practising counsellors at Integrated Counselling and Testing Centres and other HIV related service access points. It brings together the perspectives and experiences of many development practitioners who have been working with women in sex work across the country.

It will help master trainers become familiar with multiple perspectives on sex work, the lives and circumstances of women in sex work and the changing scenarios and also gain an understanding on core areas in counselling, key counselling competencies and the emerging issues in counselling in different settings today.

Year of Publication:
2013

Place of Publication:
Mumbai, India

A Publication of:
Saksham – The Global Fund to Fight AIDS, Tuberculosis and Malaria, Round -7 (GFATMr-7), Counselling Component

Editors:
Sanghamitra Iyengar, Divya Sarma

Design & Cover Design:
Anirban Dutta Gupta

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