Sex Workers, whether they are male or female, tend to be at high risk for HIV infection. A 1987 study of female sex workers in six U.S. cities found that an average of 12 percent were HIV-positive, and the infection rate was as high as 48 percent in some cities, depending on the level of injection drug use, the main risk factor for female sex workers. A 1993 Atlanta study found a 30 percent infection rate among male street sex workers, also known as “hustlers.”

In a study of female drug users, 82 percent of HIV-positive study participants in New York had exchanged sex for money or drugs, in contrast with 48 percent of HIV-negative participants. The study also found that 78 percent of HIV-positive participants in Miami had engaged in sex work, compared with 64 percent of HIV-negative women.4

It is difficult to obtain current HIV infection data on the sex worker population. For example, the California Department of Health Services Office of AIDS database indicates that only one of 460 sex workers on file reports HIV infection. However, 3.7 percent of sex workers in this sample report indeterminate HIV antibody test results, a rate 50 times that of the general population. Under California law, trading sex for money is a misdemeanor, but the offense is elevated to a felony if the sex worker knows that he or she is infected. This can explain the reluctance of many sex workers to test for HIV; it can also account for the high incidence of self-reported indeterminate HIV test results in this sample.1

HIV risk for sex workers grows out of a complex set of factors, some of which may be only indirectly related to sex work. A Harlem study found that women who traded sex for money or drugs had significantly higher levels of psychological distress than other women. Psychological distress—which includes such symptoms as depression, anxiety, and hostility—may decrease sex workers’ motivations and abilities to engage in safer sexual and injecting behaviors.5
The Setting of Sex Work

Sex work occurs in a variety of settings, some of which may influence HIV risk. About 30 percent of sex workers obtain their clients mainly on the streets.\(^5\) Research suggests that these street sex workers are the most vulnerable to HIV infection, because of such cofactors as poverty, homelessness, substance use, poor emotional health, and lack of access to social and medical services. Street-based sex workers are more likely than those who do not work on the streets to be arrested, and they are also more vulnerable to violence.\(^6\)

“Off-street” sex workers, who work in such settings as escort services, brothels, bars, massage parlors, or their own apartments, are less likely than street-based sex workers to become infected with HIV. These sex workers are also less likely to abuse substances, and they generally have more control over commercial sexual situations, making it easier to insist on condom use.\(^7,8\) Some sex work establishments require the sex workers they employ to regularly screen for HIV and other sexually transmitted diseases (STDs), and some charge a fee for each sex worker’s shift. In exchange, sex workers obtain such advantages as regular business, connections, and protection from street violence.\(^7\)

For some sex workers, employment conditions dictate whether or not they use condoms. Sex workers who work in establishments such as bars or saunas may have to pay fees to use the space, and those who have not earned enough money are more likely to agree to unprotected sex to attract customers.\(^7\)

A three-year study of legal brothels in Nevada—where the law requires sex workers to use condoms and regularly test HIV-negative—found that none of the 42 surveyed sex workers was HIV-positive. The study also found no instances of condom breakage and a slippage rate ranging from 0.6 percent to 4.3 percent. Researchers attributed these rates, which are among the lowest ever published, to the expertise of properly applying condoms that develops with frequent use.\(^9\)

Research indicates that most sex workers are aware of the HIV risks related to their work and usually attempt to reduce these risks when having sex with clients.\(^4,7,10\) A study of escorts in Australia found that they were able to control the entire commercial encounter—including condom use—by assertively stating the conditions of the transaction. A sex worker who “lets the client know who’s boss” is better able to set boundaries and enforce condom use.\(^8\) Street-based sex workers in Hartford, Connecticut report a range of tactics, such as saying that they have not been tested, threatening to deny service to clients who refuse to use condoms, and showing clients how to put on condoms correctly.\(^11\)

Sex workers cite various reasons for not using condoms in certain situations, including feelings of powerlessness, urgency to earn money, and special emotional attachments to particular clients.\(^7\) Off-street sex workers often cite emotional reasons, such as feeling indebted to a “sugar-daddy” client who provides special treatment. Sex workers may also stop using condoms with regular clients after establishing personal relationships.\(^7,8\) Research indicates that some clients of sex workers use violence to force unprotected sex, and fear of rape significantly outweighs fear of HIV infection for many sex workers.\(^10,12\)

Violence and Pimps

Violence is a significant threat for sex workers regardless of setting. A 1996 study reported that female sex workers were more likely to be victims of rape than women who were not sex workers. The study also found that 35 percent of participants with HIV had been raped, in contrast with 28 percent of HIV-negative participants.\(^13\) A San Francisco study found that female sex workers are more likely to be raped by clients than are male or transgendered sex workers. Transgendered sex workers, however, face an additional risk of violence if clients feel they were deceived about the sex worker’s biological gender.\(^12\)

Many street sex workers are employed by pimps, who are just as likely to perpetrate violence against sex workers—especially those who are female—as they are to provide protection. According to a 1982 study of 200 female sex workers, 70 percent had been raped by clients, 66 percent had been physically abused by pimps, and 73 percent had been raped in situations that had nothing to do with their work.\(^14\)

With the increased popularity of crack cocaine among street sex workers, however, pimps have become less common. Because crack is relatively easy to obtain and sell, becoming a crack dealer is more lucrative and enticing than being a pimp. In addition, many crack-using sex workers choose to work independently so that they have more money for drugs.\(^10\)

In some cases, working without pimps has helped to create a strong sense of community among sex workers, and some street sex workers report increased feelings of empowerment as a result of working independently. However, some researchers believe that working without a pimp increases vulnerability to violence, especially for female sex workers. In addition, working alone may increase feelings of isolation for many sex workers, adding to an already substantial psychological burden.\(^10\)
Personal Partners

Perhaps a more significant area of risk for most sex workers than unprotected sex with clients is low rates of condom use in their personal sexual encounters. As few as 17 percent of sex workers report consistent condom use with partners who are not clients. Most researchers agree that sex workers tend to associate condoms strictly with work, while sex without condoms tends to signify a greater degree of intimacy and pleasure.

The California Prevention and Education Project (CAL-PEP) was successful in increasing sex workers’ condom use on the job, but was less effective in increasing condom use with non-clients. A study of CAL-PEP’s outreach work found that as many as 94 percent of sex workers in its programs used condoms with clients, but only 25 percent used condoms with their primary sex partners.

A study of needle exchange programs in five U.S. cities confirmed previous findings that female sex workers were more likely to share needles and less likely to use condoms with primary partners than the other women in the program. The study also found that sex workers who injected drugs tended to have sex partners who inject drugs.

Substance Use

Research has found injection drug use to be the main HIV risk factor for female sex workers. Among female injection drug users, sex work is associated with increased rates of needle-sharing, decreased rates of needle cleaning and obtaining sterile needles, and decreased rates of condom use with primary sex partners. In a five-city study of men who have sex with men, 55 percent of injection-drug users agreeing to prevent engaging in sex work, and 40 percent of participants who engaged in sex work reported injection drug use. Of these, only 36 percent reported consistent condom use with sex partners who were not clients.

Although research has yet to show a definitive link between substance use and lack of condom use in commercial sexual encounters, a Hartford, Connecticut study found that heroin-using, street-based sex workers who usually insisted that their clients use condoms agreed to unprotected sex when they began experiencing heroin withdrawal. Many of these sex workers indicated that they would not go out of their way to obtain condoms, but many also reported taking other precautions to reduce risk for HIV infection in such instances, including examining clients’ genitals for signs of STDs and trying to prevent clients from ejaculating inside of them.

A London study found that substance use affected the sexual practices of different sex workers in different ways. Although only 4 percent of sex workers believed that substance use would directly reduce their chances of using condoms in commercial sexual situations, 66 percent agreed that they would be more likely to engage in a wider variety of sexual practices under the influence of alcohol or other drugs, and 50 percent said they would be less selective about their clients if they were experiencing withdrawal from cocaine or heroin. The study also found that 75 percent of the injection-drug using sex workers shared needles or other injection equipment.

A 1994 study found that 68 percent of women who regularly smoked crack had ever exchanged sex for money or drugs. Of these women, 30 percent had engaged in unprotected sex in the previous month. A study of street-based sex workers in New York found an association between heavy crack use, unprotected oral sex, and HIV infection. Poor oral hygiene and damage to the mouth from crack pipes may have partially caused increased HIV risk during oral sex.

Cravings for crack may influence sex workers to exchange sex directly for the drug. An Ohio study found that sex-for-crack exchanges in crack houses were often abusive situations and that sex was often unprotected. However, despite the risks of sexual abuse, crack houses can also serve as shelters from the violence that threatens sex workers on the street. Crack’s stimulant effects can also lead to high levels of sexual activity and increase the likelihood of unprotected sex.

Prevention Interventions

The most effective HIV prevention efforts for sex workers take into account the unique conditions of this community, including substance abuse, poverty, and violence, which sex workers may perceive as more significant concerns than HIV risk. Prevention is also especially effective when it is integrated into the network of services sex workers already utilize. For example, needle exchange programs have the best prevention potential for street-based sex workers who inject drugs.

Largely because sex work is illegal, many sex workers distrust individuals or agencies in a perceived position of authority or institutional affiliation, including public health and prevention workers. In addition, specific laws sometimes work against prevention efforts. For example, sex workers in California who avoid testing for HIV because they fear being charged with a felony if they test positive are not exposed to the prevention interventions that are integral to the counseling and testing process.
Sex Work and HIV Infection among Female Injection Drug Users

Percent of female injection drug users who had ever engaged in sex work:

<table>
<thead>
<tr>
<th></th>
<th>HIV-Positive Women</th>
<th>HIV-Negative Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>82%</td>
<td>48%</td>
</tr>
<tr>
<td>Miami</td>
<td>78%</td>
<td>64%</td>
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Street outreach programs provide sex workers with condoms and offer HIV testing, counseling, and prevention services. For example, CAL-PEP utilizes former sex workers to provide education, condoms, HIV testing, and other outreach services. A similar program in New York City called On The Streets Mobile Unit-Options brings food, clothing, and condoms to sex workers and provides services such as needle exchange, HIV testing, and referrals to public assistance and drug treatment programs.

Among national efforts to reduce HIV infection rates by focusing on sex workers, Thailand stands out as a successful example. After experiencing a rapidly growing HIV epidemic that began in 1987, Thailand implemented as national policy the “100 percent condom program” in 1991. The program enlisted the cooperation of sex workers to ensure condom use with clients. To support this program, the government distributed nearly 60 million free condoms a year to sex workers. In a comparison of two national behavioral surveys from 1990 to 1993, the proportion of men hiring sex workers dropped from 22 percent to 10 percent, and consistent condom use with sex workers increased from 36 percent to 71 percent.

As part of the national policy to lower HIV infection rates, Thailand has implemented a multifaceted intervention specifically targeting sex workers. Focusing on self-esteem among sex workers, the program consists of three components: consultation with sex establishment management; training for health personnel in HIV prevention and counseling; and interactive group sessions between sex workers and community health workers. The discussion groups encourage sex workers to focus on self-worth, explore HIV-related work dilemmas, and think of the future in positive terms. After six months in the program, consistent condom use among sex workers in higher-income groups increased from 92 percent to 97 percent. In lower-income groups, consistent condom use jumped from 66 percent to 83 percent.

Clients of Sex Workers

A 1999 Atlanta study found that 37 percent of male clients of male sex workers were infected with HIV, compared to a 3 percent infection rate among male clients of female sex workers.

Research indicates that clients of sex workers, also known as “johns” or “dates,” have various reasons for purchasing sex, including convenience, loneliness, sense of adventure, and curiosity about sex with people of different genders and sexual orientations. Other reasons include the desire to have sex with multiple partners, to engage in specific types of sexual activities, and to have sex without further commitment. Finally, some clients of sex workers report feeling unsatisfied in their primary relationships and believe hiring a sex worker to be less threatening to their relationship than sex with people who are not sex workers.

In a Scottish study of 70 men who had hired female sex workers, 17 percent of participants had tested for HIV—none of whom reported a positive result—and participants had paid for sex an average of 11 times during the prior year with an average of five women. In addition, 17 percent reported not using a condom the last time they paid for vaginal sex, 3 percent reported not using a condom the last time they paid for oral sex, and 14 percent reported condom failure the last time they paid for sex. Although most study participants believed that HIV was widespread among sex workers, few felt that they had put themselves at significant risk for HIV. Many participants explained that they minimized risk by using condoms or by engaging in low-risk behaviors, such as oral sex, while also expressing confidence in their ability to identify sex workers who inject drugs.

A Dutch study of 559 male clients of female sex workers found that 86 percent used condoms consistently for commercial sexual encounters. Reasons for not using condoms included feeling extremely attracted to the sex worker, thinking that the sex worker appeared “clean” or “healthy,” and regularly visiting the same sex worker.
Implications for Counseling

HIV test counselors may find it to be particularly difficult to counsel clients who engage in sex work. In addition to the HIV risks directly related to selling sex, sex workers may also be at increased risk for HIV infection because of a number of co-factors, including poverty, substance use, unprotected sex with personal partners, and violence. In addition, because sex workers may distrust HIV test counselors, it is important for counselors to communicate acceptance and to use the term “sex worker” rather than “prostitute” or other value-laden terms that imply judgment.

Environmental Risk Factors

Many sex workers face a variety of external forces over which they have little control and which may contribute to their HIV risk. Poverty, substance use, and risk of violence are common among sex workers, especially those who work on the streets. These environmental factors may frustrate the counselor because there are often no satisfying solutions. For example, a female sex worker may live in poverty, be dependent on heroin, and work for a pimp who uses threats of violence to intimidate and control her. The only way to lower this client’s risk is to radically change her life, a goal that requires significant internal and material resources and is usually outside the limited scope of an HIV counseling session.

For many sex workers, immediate financial needs take precedence over abstract risks such as HIV infection that may not manifest for many years. Sex workers may sometimes have to choose between using a condom with a client and earning more money for sex without a condom. Sex workers who are dependent on substances may feel an urgency to engage in unprotected sex if they can earn more money to avoid withdrawal symptoms.

As with other clients who forego condom use, it is essential for counselors to remain neutral rather than to insist on consistent condom use. It can be useful to reflect the situation back to the client, for example, by asking, “What can you do to make the money you need without putting yourself at risk for HIV?” Then follow up with an open-ended question or statement that begins to explore risk reduction, for example, “I’m wondering what you are willing to do to reduce your risk for HIV infection in the future. Is oral sex an option for you and your clients who don’t like to use condoms?”

Business versus Pleasure

Some clients who are sex workers use condoms with all their clients but not with personal sex partners. If this is the case, it is useful to start by giving these clients support for using condoms with clients. Explore what goes into the decision to have unprotected sex with personal partners who are not clients, while keeping in mind that many sex workers associate condom use with work and unprotected sex with pleasure and intimacy. Ask if they have unprotected sex with one partner or with several partners, and explore these partners’ HIV testing history, infection status, and infection risks, which may include injection drug use and unprotected sex with other partners. If any of these risks exist, remain neutral and review the ways by which HIV is transmitted.

Begin by asking clients about their knowledge of how HIV is transmitted. Explore how they feel about their HIV risks, and ask open-ended questions to help assess their reasons for not using condoms with their personal partners. If clients are uncomfortable with these risks, explore what they can realistically do to be safer. One option may be to help clients think of ways to maintain pleasure and intimacy with personal partners in conjunction with condom use. Provide referrals to help clients address this concern.

Other possibilities for clients may include trying to convince partners who have not tested for HIV to do so and initiating a discussion with

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A Counselor’s Perspective

“I really enjoy working with clients who are sex workers. They are usually open about their sexual experiences and are masters of negotiating for safer sex.”

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A Counselor’s Perspective

“I had preconceptions of sex workers being hardened and jaded until I had a client who was a sex worker. She and I had a long conversation, and I felt deeply touched by her story and privileged to have met her.”
partners about “negotiated safety.” Through negotiated safety, each partner agrees to always use condoms with other sex partners and, if injection drug use is a factor, to always use sterile needles.

It is important to remember, however, that personal safety may be the main reason sex workers do not initiate discussions about condom use with personal partners, especially if the partners are their pimps. Even with the knowledge that the pimp has unprotected sex with other partners, many sex workers feel they cannot realistically negotiate for condom use.

**Stigma**

Clients may be discreet about their involvement in sex work because of the related stigma, which may also cause clients to become defensive when questioned. In many cases, counselors may not know that clients are sex workers if clients choose not to disclose this information.

A client who is a sex worker, however, may report having an unusually high number of sex partners. If this occurs, it is important for counselors to remain client-centered and to use neutral terms like “sexually active” rather than judgmental terms like “promiscuous” or “sleeping around.” For example, a counselor may say, “It sounds like you are pretty sexually active. Tell me what you are doing to protect yourself and your partners from HIV and other sexually transmitted diseases (STDs).” A counselor who is not aware that a client is a sex worker can make an effective risk assessment by focusing on risk without mentioning or addressing sex work.

Due to their own beliefs and judgments, counselors may be uncomfortable working with clients who are sex workers. Counselors may also find themselves distracted by their personal interest in the client’s sexual history. Counselors who have difficulty achieving neutrality because of this may find it helpful to take a deep breath and to mentally put aside whatever is causing the distraction, whether it is a judgment, belief, or even a feeling of sexual arousal.

Outside of sessions, counselors have the opportunity to work on preventing similar situations in the future by discussing these situations with colleagues or a supervisor. In addition, some counselors

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**References**

may benefit from writing about these experiences in a private journal. Becoming educated about sex work may also help counselors reduce judgments, increase understanding, and enhance empathy.

**Clients of Sex Workers**

Clients of sex workers, often called “johns” or “dates,” come from all walks of life. Some are gay and some are heterosexual. Some who identify as heterosexual and are married hire the sexual services of men, and some hire transgendered sex workers.

Clients who have hired sex workers often feel shame about doing so, especially if they are in monogamous relationships, or they may believe that hiring sex workers does not compromise their monogamy. They may also feel the effects of the stigma associated with sex work. It is important for counselors to remain neutral and to give clients positive reinforcement for testing.

**Counseling Intervention**

After establishing rapport with Lilly by remaining neutral and client-centered, use open-ended questions to assess her risks as well as her perception of her risks. If Lilly says that she uses condoms with her clients, commend her for taking care of herself. Then find out if she ever makes exceptions, and if so, under which circumstances. If Lilly says that she forgoes condom use with customers who pay extra for unprotected sex, talk with her about the hierarchy of risk. If she engages in unprotected anal sex, help her to understand that this is the highest sexual risk for HIV infection. If Lilly is not already aware of the Reality brand “female” condom, tell her about it and discuss its use as a possible alternative to unprotected sex with her high-paying clients.

It is also essential to explore Lilly’s risks for HIV infection with sex partners other than her clients. Ask her if she is monogamous with her boyfriend, Max, and if she uses condoms with him. If she has unprotected sex with him, try to find out what his risks are. Does Max have other sex partners? If so, does he use condoms with them? Has he tested for HIV and other sexually transmitted diseases (STDs)? Does he test regularly? Does he have a history of injection drug use and needle sharing? If Max has sex with other people and Lilly does not know if he uses condoms, explore the communication dynamics between them, and ask her if she feels any intimidation that inhibits communication. If she and Max are not in the habit of discussing difficult issues, help Lilly explore some ways to initiate such a discussion, possibly using a role playing exercise to help her prepare. To gain some insight into Lilly’s ability to negotiate with Max, ask her how she and Max make other, less difficult decisions, for example, which movie to go see or where to eat.

It may be a good idea to revisit the issue of forgoing condom use with high-paying clients by proposing that Lilly consider discussing it with Max. Explain that this behavior can place Max at risk if she were to become infected with HIV from one of her clients. This discussion may help her see the need to use condoms or at least explore using female condoms to protect herself as well as her boyfriend.

**Case Study**

Lilly is a 22-year-old woman who has been a sex worker since she was 15 years old. She says that she tests for HIV antibodies once a year and has always tested seronegative. Lilly has gone through drug treatment twice for crack cocaine and claims that she and her boyfriend, Max, have been “clean” for six months.

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Test Yourself

Review Questions
1. True or False: Most sex workers are aware of the HIV risks related to their work and usually attempt to protect themselves from infection when having sex with clients.

2. Which of the following factors contribute to increased HIV risk for street-based sex workers? a) threat of violence; b) poverty; c) substance use; d) all of the above.

3. Which of the following are possible reasons sex workers may not use condoms when having sex with clients? a) urgency to earn money; b) threat of violence; c) special emotional attachment to a particular client; d) all of the above.

4. True or False: Women who engage in sex work are more likely to be victims of rape than women who are not sex workers.

5. True or False: Most sex workers use condoms when having sex with their primary partners.

6. True or False: Research indicates that unprotected sex with clients is the main HIV risk factor for female sex workers.

7. Which of the following are possible reasons that people hire sex workers? a) convenience; b) loneliness; c) curiosity about sex with people of different genders and sexual orientations; d) all of the above.

8. True or False: HIV prevention interventions for sex workers tend to be especially effective when integrated into the network of services sex workers already utilize.

Discussion Questions
1. What are some of the ways counselors can improve their ability to remain neutral with clients who are sex workers?

2. What are some local resources counselors can provide as referrals when working with clients who are sex workers?

3. What are some common stereotypes about sex workers, and how can counselors avoid being influenced by them?

4. How might the law regarding HIV and sex work affect counseling sex workers?

5. What are some reasons sex workers may not use condoms with their clients?

Answers
1. True.
2. d.
3. d.
4. True.
5. False. Most researchers agree that sex workers tend to associate condom use with work. As a result, many sex workers engage in unprotected sex with their primary partners because it signifies a greater degree of intimacy and pleasure.
6. False. Most sex workers use condoms with clients to reduce HIV risk. Research indicates that injection drug use is the main HIV risk factor for female sex workers.
7. d.
8. True.
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