



Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence

Refugees Engaged in Sex Work



Research. Rethink. Resolve.

The Women's Refugee Commission improves the lives and protects the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

Acknowledgments

This report is taken from a longer report produced by the Women's Refugee Commission, *Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence*. The full report, along with stand-alone sections on women; children and adolescents; LGBTI refugees; refugees engaged in sex work; persons with disabilities; and men and boys, is available at <http://wrc.ms/1KccsHt>.

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Cover photograph: Refugee sex workers in Kampala. © OGERA

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Acronyms and Abbreviations

CBO	Community-based organization
GBV	Gender-based violence
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NGO	Nongovernmental organization
NSWP	Global Network of Sex Work Projects
OGERA	Organization for Gender Empowerment and Rights Advocacy
SOP	Standard operating procedure
SWIT	Sex Worker Implementation Tool
TRANSIT	Trans Implementation Tool
UNHCR	United Nations High Commissioner for Refugees
WRC	Women's Refugee Commission

Introduction

An increasing majority (nearly 60 percent) of refugees live in cities, a figure that will continue to rise as camps become an option of last resort. This new reality necessitates a monumental shift in humanitarian response, requiring policy makers, donors, and practitioners to develop new programming that addresses the protection concerns of refugees in urban contexts.

Urban refugees face gender-based violence (GBV) risks as a result of multiple and complex unmet social, medical, and economic needs, as well as intersecting oppressions based on race, ethnicity, nationality, language, class, gender, sexual orientation, and disability. Misperceptions further contribute to discrimination toward refugees, which in turn heightens their vulnerability.

Throughout 2015, the Women's Refugee Commission (WRC) conducted research in urban settings, the first phase of a multi-year project to improve the humanitarian community's understanding of and response to GBV risks in urban contexts. Quito, Ecuador; Beirut, Lebanon; Kampala, Uganda; and Delhi, India, were chosen because they are host to diverse refugee populations, have different policy environments for refugees, and are at different stages of humanitarian response.

The project looked separately at the GBV risks of different urban refugee subpopulations: women; adolescent girls; lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals; persons with disabilities; and men and boys, including male survivors of sexual violence. Refugees engaged in sex work were added as a subpopulation, due to their invisibility and the heightened GBV risks they face.

For findings from the research and recommendations, read the full report at <http://wrc.ms/1KccsHt>.

The Urban Model: Challenges and Opportunities for Mitigating Urban GBV Risks and Strengthening Community-Based Protection

Traditional humanitarian response – where UNHCR and its partners create a new infrastructure of services for refugees – is a poor fit for urban contexts. Instead of trying to transplant programs that have worked in camps to cities, programming must focus on promoting refugee integration into the host community. Doing this requires thinking differently across the board. Whereas humanitarian actors are used to working mostly with each other, in cities they must broker linkages with numerous other partners, public and private, across all sectors, and sometimes for the benefit of only one or two refugee subpopulations.

Protective peer networks must also become a cornerstone of urban protection. These peer networks can be among refugees, for instance, in the form of support groups hosted by UNHCR partners.

Yet protective peer networks can also exist, and need to be supported, between refugees and members of the host community. The important point is giving space for refugees to voice and cultivate the peer networks that are relevant for them, and offering them support – referrals, introductions, transportation costs, seed funding for a safe space – that will enable these peer networks to germinate.



Refugees Engaged in Sex Workⁱ

“Everybody knows it is happening, we just don’t know what to do about it....What can we be mindful of? How can we approach it? How should we talk about it? This we don’t really know.”

– Refugee service provider in Delhi

“It’s an unknown world.”

– UNHCR staff in an urban field office, speaking about refugees engaged in sex work

“We really don’t know what types of services should be given to them. We have no answer.”

– UNHCR staffer in urban field office

“I tried to get a job, but I could not. When I started sex work, nobody was on my side to give me counseling to tell me ‘you

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- i. This report adopts the definition of ‘sex work’ and ‘sex worker’ used by the WHO, UNFPA, UNAIDS, the Global Network of Sex Work Projects and the World Bank in *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions* (also known as the SWIT) (2013). As set forth there, ‘sex workers’ are “female, male, and transgender adults and young people (over 18 years of age) who receive money or goods in exchange for sexual services, either regularly or occasionally.” Ibid. at xiii (internal citation omitted). The authors go on to clarify that “sex work may vary in the degree to which it is ‘formal’ or organized. It is important to note that sex work is consensual sex between adults, which takes many forms, and varies between and within countries and communities.”

Neither that publication nor this report addresses the sexual exploitation of minors. During consultations with adult and adolescent refugees, however, the WRC did hear first and secondhand accounts of refugees under 18 years of age selling sex. Reasons proffered for doing so ranged from wanting to be able to afford school fees to supporting their families. A refugee woman in Delhi, for instance, shared that “Many under 18 are doing sex work because they don’t get education and need to support their family. Their family doesn’t have enough money to support their education, so they see a wall. They see their friends doing it, and their friends are getting clothes and an education, and they want this also. So they do sex work and get money.” While this report contains recommendations for humanitarian actors on how to approach engaging adult refugee sex workers (18 years and over), some of these recommendations may also be relevant for serving youth and adolescents. A fuller dialogue on how to address the issue of adolescent refugees engaged in the sex industry is much needed, and it should be one grounded in evidence as well as consultative, participatory processes that involve a range of experts, including adolescents themselves. In the interim, the WRC sounds a note of caution to practitioners whose existing SOPs call for them to immediately contact the police and/or child welfare services whenever they hear that an adolescent is selling sex. Without more information about the circumstances surrounding these adolescents’ activities (for instance, whether or not they are being coerced by another person to trade sex or coerced by parents, or doing it in secret), taking such steps may put an adolescent at even greater risk of GBV, as in some cases where adolescents are immediately removed from their families and placed in foster care or juvenile detention facilities. Assuming that every adolescent involved in the sex industry is being coerced by another party does not reflect the diverse realities of these young people, and does a disservice to those who could benefit from a range of services or programs.

have to protect yourself against HIV, STIs'....You leave your house with 5,000 shillings [USD 1.40] and that has to cover your drink at a bar and transport, and you might not even get a client....Sometimes you have to go with five men because you need the money. And sometimes they don't even pay you and you can't report it because you'll be arrested. It's so sad."

– Female refugee sex worker

"It's really a desire of everyone to have a job....But the fact is that few of us have a job. So we find ourselves engaging in sex [work], which is very dangerous for us. We find we are not happy with what we are doing, but we are doing it to survive."

– Female youth refugee sex worker

"If I don't sleep with people I cannot get money to feed myself."

– Female refugee sex worker who identified as a transwomanⁱⁱ

"We do it to get money because without that we cannot live. We need to make sure we feed our family and feed ourselves. Being a sex worker, we also do it to see if we can start a small business."

– Female refugee sex worker

Many urban refugees are sex workers. This was a common theme that emerged in all four urban assessments, across adults from every subgroup, and across every faith, gender, and country of origin. That urban refugees sell sex to earn money is well known among humanitarian organizations. Yet, very little research about this subpopulation has been conducted: their numbers; their GBV risks and protection concerns; their access to services, including sexual and reproductive health services; how they are received by service providers; and their peer support networks. There is also very little practical guidance for field staff on how to appropriately address this issue from a protection standpoint, using a rights-based framework, and little knowledge about how to engage with these refugees or present them with the specialized information, services, and referral options they need.ⁱⁱⁱ

ii Throughout this section, we distinguish between cisgender and transgender females by noting where an individual self-identified as trans.

iii While this report focuses on urban refugees, the WRC also heard from refugees and service providers that sex work is common in camps and settlements. Just as there is little research and guidance for serving urban refugee sex workers, there is a limited knowledge base around serving those in camps, and in this vacuum those who do sex work are exposed to high levels of stigmatization and violence; they are also without critical health services like regular HIV/STI testing, peer support and counseling, and ready access to condoms: "There's no safe



Refugees from nearly all subgroups engage in sex work, including women, men, youth (ages 18-24), LGBTI persons, and persons with disabilities. They do this in cities where sex work is legal and in places where it is against the law. Engaging in sex work increases refugees' risks of GBV, as discussed in greater depth below; however, in cities where it is criminalized, refugee sex workers reported facing even higher risks of violence and exposure to HIV/STIs at the hands of both clients and police.

Refugees reported engaging in sex work for a variety of reasons: they cannot find other work, or compared to other work they are able to find, the pay selling sex is better, more reliable, and requires less grueling hours. They reported that although sex work can be very dangerous in its own right; it is not always less safe than other informal sector jobs open to them, where employers are known to sexually assault, harass, and even rape refugee workers. They also reported that wage theft with sex work can be less, or as common as it is in other jobs, and that sex work offers more autonomy over work hours. Working mothers especially cited this as being beneficial to them, because it allows them to watch their children at home during the day. Working conditions also vary greatly and are correlated with GBV risks: refugees who work the streets reported being more exposed to certain types of violence than those able to work in nightclubs or hotels.

A number of refugees reported that despite having completed their education in their countries of origin and/or having specialized skills, sex work remains the only job available to them for a number of reasons: as a refugee, they are not legally permitted to work; language barriers; a lack of proper paperwork evidencing high school graduation or other job requirements (a number of refugees reported that their diplomas and other documentation had been irrevocably lost, so despite meeting educational requirements they were rejected from employment); and a lack of childcare during the day. "Even people who are highly educated in their home country are doing sex work," a service provider in Delhi noted, because so few alternatives are available to them.

The following quotes from refugee sex workers in different cities illustrate their diverse perspectives:

work environment...many sex workers in the camps didn't even know how to put on a condom." Sex workers in camps have nowhere to report incidence of violence or receive condoms. A partner in Kampala shared that sex workers in camps are known to meet with clients in the bushes for lack of a better setting, and are unfamiliar with health information because sex work is so heavily stigmatized there, including among service providers.

"I find myself in a situation of sex work because of life, because of poverty, because of war. It's not [because] I enjoy what I'm doing. I do it because of life. How to survive. How to be someone. And I put my life at risk. You sleep with someone, you don't know from where."

– Female sex worker who identified along the LGBTI spectrum

"Most of them are single mothers and they don't get enough food to eat, so sometimes they go to malls and busy places and they sell their body to feed their children."

– Female sex worker

"UNHCR pays SA [subsistence allowance] every month. It's not much money, less and less...it's not a solution. The people are living in the capital city, so they need everything the Indians have. That's why the mother cannot sit in the house and see everything the Indians have. That's why she's selling her body. To get enough food for her and her children. The SA is too small."

– Refugee in Delhi, explaining that subsistence allowance to single mothers covers rent but is not enough to cover food expenses

"I do it because I feel I like it, I love it."

– Female sex worker who identified as a transwoman

"For me, I am taking care of my grandma so I don't have a job and we have no one to support us at all. Without me doing sex work, I cannot get money for us to live."

– Female sex worker

"I'm doing this job to take care of my daughter...to make her happy, that's why I am doing sex work. I don't have any other jobs."

– Female sex worker

"Because we are living in Kampala and everything is expensive. You have to pay rent, you also need to dress yourself and feed yourself. Also as an LGBTI, who will accept you or give you another job? Automatically you can be judged so it's hard to find a job."

– Female sex worker who identified as a transwoman



“We always keep [the fact that we are doing sex work] silent to service providers because they don’t understand us. They don’t believe us. Some of us prefer to keep quiet and not even go get health services. But for me, I don’t care because this is the job I’m doing and I respect my job.”

– Female sex worker

“Some are doing it because life is so bad. It’s so hard to care for children. Others are doing it as a job because they like it.”

– Female sex worker

“How we live, we’re very poor...so the main problem is just to survive. Just to have one meal, we have to exploit our lives. We are hand-to-mouth refugees. Our life is also gone.”

– Female refugee on sex work in her community

Some sex workers viewed sex work as a job like any other, whereas others saw it as a gritty means of survival. Nearly all of them spoke about having few alternatives for earning money, at least in the near future, and of the common GBV risks they faced in doing sex work, as well as stigmatization and service gaps they experienced.

As the quotes above demonstrate, refugees who do sex work have different perspectives and attitudes towards it. Where some regard it as shameful, others personally feel no shame but feel stigmatized by other refugees, family members, and service providers. All of them, however, were unapologetic about earning a livelihood in what they felt was the best of limited options, or even the only option, available to them. And all of them expressed a desire for more information about sexual health and friendly health providers, as well as access to peer support and trainings on how to do sex work more safely within the city.

GBV Risks Associated with Sex Work

Public health and social science literature establishes the magnitude and diversity of GBV risks sex workers experience, as well as the link between GBV risks and sex workers’ increased vulnerability to HIV/STIs.¹ There is, fortunately, an ever-broadening evidence base around protection strategies for sex workers, including evaluations of community-based interventions for mitigating GBV risks. In 2013, the World Health Organization, UNFPA, UNAIDS, the Global Network of Sex Work Projects, and the World Bank jointly authored a report pulling together much of this research into a resource manual for practitioners. The manual, *Implementing Comprehensive*

HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions, includes separate chapters on promoting community empowerment, addressing violence against sex workers, community-led services, and good practices.² (Colloquially, this manual is known as the *Sex Worker Implementation Tool*, or *SWIT*.)

Refugee sex workers consulted during the field assessments reported experiencing all of the GBV risks cataloged in the *SWIT*, including physical, sexual, and emotional or psychological violence. They experience this violence in diverse contexts, including the workplace, from intimate partners and family members, in public spaces, and from state and non-state actors.³

Yet refugee sex workers feel strongly that they experience more frequent and more severe risks of violence than host community sex workers. As refugees, they experience additional layers of discrimination, stigmatization, isolation, and risk because of where they are from, the language they speak, and the color of their skin. Many refugees also fear that if anyone – from police officers, to refugee service providers, to neighbors – finds out they are selling sex it could compromise their asylum claim and potentially get them deported. Refugee sex workers feel especially vulnerable to violence from clients, police, and others because of their refugee status: everyone knows they bear the double stigma of being both sex workers and refugees, so it is unlikely that they will “make trouble” or draw attention to themselves by reporting violence. They are without leverage to protect themselves or hold attackers accountable, and this vulnerability is understood and exploited.

In places where sex work is illegal, refugee sex workers reported that this is a key factor in increasing their risk of GBV, since perpetrators of violence know sex workers cannot officially report violence without fear of being arrested themselves, and refugee sex workers not only risk arrest, but also their right to stay in the country. Where refugees do not speak the language of the host community, they are even more fearful of police, since if arrested they would be unable to assert their rights or understand what is happening, which would create even more space for abuse to occur while in detention.

By contrast, in places where sex work is decriminalized, refugee sex workers reported enjoying a degree of protection from GBV risks. They shared that they are often still at risk of GBV from clients and from law enforcement and still experience stigma, but they have more access to sex worker-friendly services; can officially report incidents of violence; and also benefit from the social and legal advocacy being done by host community sex worker organizations, as well as their membership networks. In Ecuador, for instance, sex worker CBOs exist in several large cities, including at least four in Quito with which the WRC consulted. Members of these CBOs often work together, as a protection strategy, and provide each other with emotional and psychological support,



including peer counseling. They also share information related to work safety, GBV prevention strategies, health concerns, and friendly health providers. Some CBOs have working relationships with police departments; they have built these over time to improve interactions between law enforcement and sex workers. All four Qui-to-based organizations work with refugees on a regular basis and/or have refugee members. These refugees come to them either through word of mouth or proactive outreach (several organizations conduct outreach at night, in neighborhoods where sex work is common). Prior to the WRC's assessment, none of these organizations had ever had contact with a humanitarian actor.

Refugees engaged in sex work reported experiencing physical violence mainly from three sources: clients who beat and rape them; host community sex workers; and police officers. They also reported heightened risks of GBV due to stigmatization and isolation on account of working in the sex industry.

"Clients know they can exploit you because you're a refugee."

– Female refugee sex worker

GBV risks from clients. Refugee sex workers told many stories of being raped and beaten by clients who had lied to them about what service they were seeking. Some clients refuse to pay what has been agreed, or refuse after the fact to pay anything at all. Refugees shared instances of being sexually tortured by clients, for instance, clients using chloroform to render them unconscious or chili powder to inflict pain, and of being lured to a place only to find multiple people waiting there to rape them at gunpoint. In cities where sex work is illegal, refugees feel they cannot report such incidents to police for fear of being arrested. As a refugee service provider in Kampala stated, "If they [the police] come across a sex worker reporting a violation or violence, they will first arrest her... This is why it's imperative that a refugee sex worker [attempting to make a police report] has a lawyer with them – literally, with them."

"You have to bribe them, they will take everything you have."

– Female refugee sex worker

"Remember if the police catch you, you cannot tell them to use a condom. They don't want to use protection and that is dangerous for us."

– Female refugee sex worker

Refugees said that clients often pressure them to have unprotected sex: "Because of the conditions you're living in, you don't have a choice but to have sex without a condom." They also often feel they have no choice but to take clients back to their

Sex Work Survey Responses*

	<p>Answered Yes to Sex Work:</p> <p>“Have you, or any other refugee you know, ever engaged in sex work (selling sexual services) as a source of income?”</p>
Quito	43% (of 35 respondents)
Beirut	30% (of 33 respondents)
Delhi	47% (of 32 respondents)
Kampala	53% (of 91 respondents)

Survey respondents were also invited to write in responses to the following question: “What services might be most helpful for refugees who sell sex as a form of income?” Below is a sampling of the diverse responses received.

“[Service providers] need most to be trained how to respond to sex workers’ needs and concerns. They need most to be trained how to treat sex workers with respect and dignity.”

“We do this job of sex work because we don’t have another one. We are suffering from several diseases so that we beg any assistance from you....If there is another job, we can do it. Sex work has many risks and it is dangerous.”

“Training on how to treat or serve sex workers by listening to them and on discrimination and supporting them.”

“This is informative and helpful.”

“How to interact with refugees doing sex work. How to respond to sex workers’ needs and concerns.”

“For this [issue] we all need to make more awareness, a session world-wide, but no one wants to listen to us as they [have] feelings [about] the profession.”

* In addition to asking about refugees selling sex as a form of income, the survey asked about sexual coercion in the form of refugees being pressured to exchange sex for rent, employment, safety, or goods. As noted earlier in this report, more than 50 percent of respondents in all four cities reported having been coerced, or knowing someone who had been coerced, in this way.



officers – in exchange for not being arrested. Refugees reported being beaten and raped by officers, sometimes at gunpoint. They reported that police working street beats “exchange” sex for protection on the street and that being arrested for sex work puts them at a high risk of being raped while in detention. Reports in Uganda included police officers exchanging food for sex with refugees who were spending the night at the station waiting for legal services.

“I’m requesting NGOs dealing with refugees to think on... respecting the rights of sex workers.”

– Female refugee sex worker

GBV risks from host community sex workers. Refugee sex workers reported that host community sex workers view them as a business threat, which creates tension between host community and refugee sex workers that frequently escalates into violence. Refugee sex workers in Kampala reported being “jumped” on the street by women armed with razor blades and chili powder. They also noted that host community sex workers are much safer than refugees for a number of reasons: their relationships with police are better; they speak the language and can negotiate better with clients for safe sex; and “they know there are many places they can go, even to share parts of the road [with each other].” Refugees, in contrast, reported being forced to work in the most isolated, least-lit areas of the city, and being forbidden to enter nightclubs: “Since we are not [nationals] they always kick us out of places in clubs and on the street. They say we are not supposed to stand there.”

“You need to include in your advocacy that we need more centers for health. For LGBTI sex workers...There aren’t many places we can go.”

– Female refugee sex worker who identified as a transwoman

Stigmatization and discrimination compromise protection. Refugees doing sex work reported experiencing high levels of stigmatization and discrimination, both from other refugees and service providers. Some had internalized stigma, and shared experiencing feelings of worthlessness, depression, and shame. Refugees are constantly negotiating their comings and goings to hide what they do from their landlord, family members, and neighbors. They shared that the vast majority of the time they hide what they do from service providers, even though they desire psychosocial support, sexual and reproductive health information, or health services. “We always keep it silent to service providers because they don’t understand us. They don’t believe us.”

“We are calling upon NGOs and service providers to expand services and have trainings on how to avoid the risks of doing sex work.”

– Female refugee sex worker

A number of refugees consulted, including those who are not selling sex, expressed appreciation that this topic was being raised as an issue for discussion, in many cases for their first time, and not for the purpose of chastising refugees who sell sex but rather to draw attention to their rights and concerns, and the GBV risks and service gaps affecting them.

Service Gaps

As noted above, the stigma associated with selling sex is a barrier to refugees accessing services they need – everything from GBV case management to sexual and reproductive health care to psychosocial counseling. A number of refugee sex workers also expressed a desire for vocational trainings and assistance in starting small businesses, either to enable them to exit sex work or as a supplemental source of income, a backstop in case they do not have clients for a period of time.

“We need trainings for sex workers to get skills on how to do other things. Sex work is a job, a business. But at least to have some kind of alternative business you are doing.”

– Female refugee sex worker

“This job we’re doing it’s not a permanent job. At a certain age you can no longer do it...It’s better to have some skills you know.”

– Female refugee sex worker

“Because they are foreigners, [host community] men know they can treat them any way and they have no protection. So they make them do things they wouldn’t make a [local sex worker] do...then they threaten with reporting them to the police because homosexuality is illegal. Because you’re a refugee, and he’s a national, it’s your word against his.”

– Refugee service provider, describing some of the additional risks LGBTI refugee sex workers face

Refugees emphasized their need for greater access to sensitive health care providers and to safe sex materials like condoms and lubricant. Many refugees shared that they either do not know where to go to procure these items or are too embarrassed to ask



for them at health clinics, especially given the quantity they need.

In several cities, the WRC consulted with host community sexual health centers with expertise in serving sex workers, conducting outreach to them (e.g., through mobile clinics), and ensuring they have sufficient access to condoms and other safe sex resources. Although these centers reported serving refugees regularly, on account of being open to serving any sex worker who walks through their doors, each reported having little to no contact with any humanitarian actor. For instance, RedTrabSex in Ecuador has a team of health promoters and community workers who conduct outreach and distribute “preventative packs” containing condoms, lubricants, leaflets informing sex workers of their legal rights, and contacts for health centers. Yet no refugee service provider with whom the WRC consulted had ever heard of RedTrabSex or its sister organizations. Similarly, in Kampala, a local organization named Reproductive Health Uganda runs a free health clinic and peer education program specifically for sex workers, but these initiatives are largely unknown to humanitarian actors and refugees.

Sex worker-led CBOs have also developed protection strategies and host safety trainings about which refugees have little information. In Quito, for instance, a local CBO called *Marcha de las Putas* has a “legal patrol” that pools information related to safety and maintains an open dialogue with different police departments in the city. Sex worker organizations in Delhi and Kampala engage in similar information sharing with peers, as well as advocacy with local law enforcement and public health officials.

Good Practices

Referrals to knowledgeable and friendly health clinics. In Beirut and Kampala, some refugee sex workers reported knowing at least one sex worker-friendly sexual and reproductive health care provider. They learned of these providers through word of mouth, local LGBTI organizations, and, in rare instances, from a refugee service provider.

Protection trainings. In one target city, a local organization that works with sex workers had conducted a one-off sexual and reproductive health training for LGBTI refugees in the office of a refugee service provider. This training, which was organized by a refugee-led LGBTI support group, included a module on protection strategies for sex workers. Attendees said it was helpful and recommended additional trainings in the future for non-LGBTI sex workers.

Strong expressions of interest in training humanitarian field staff and developing policies to serve this population. Refugee service providers across all four cities acknowledged a need for training, research, policies, and protocols on how to *talk about, engage, and conduct outreach* to refugees involved in transactional sex, using a rights-based framework. UNHCR field offices expressed strong interest in increasing staff knowledge and capacity on these themes through a combination of trainings, engaging local CBOs with expertise, and soliciting the participation of refugees to develop referral pathways and guidelines.

Refugee-led sex worker CBO. Around the world, sex workers have formed their own CBOs to support their members in a variety of ways. They provide health services and information, peer support, and safe spaces for their members; they also conduct advocacy and community outreach. The WRC consulted host community sex worker-led organizations in each target city to learn about what they do, who their members are, and what GBV risk mitigation strategies they endorse.

“As a refugee sex worker, we found we were really left behind. So OGERA was started to identify our needs and address our specific issues.”

– OGERA Executive Director

In Kampala, the WRC also met with a local CBO led by, and for, refugee sex workers. The Organization for Gender Empowerment and Rights Advocacy (OGERA) was started in 2013 in response to barriers refugee sex workers were facing in trying to participate in activities organized by Ugandan sex worker organizations. In addition to some of the social tensions between refugee and host community sex workers outlined above, the refugees were encountering language barriers that made it difficult for them to participate in grassroots organizing and which rendered their immediate objectives slightly different from those of Ugandan sex workers. (OGERA does collaborate with Ugandan sex worker organizations and refers to them as “sisters.”) Among OGERA’s goals are to “build and sustain partnerships with key stakeholders,” including humanitarian actors, and to “provide free and legal health services to OGERA members.” Their activities, which are far-ranging and premised on a holistic approach to self-empowerment, include promoting adult literacy and English language skills for members; supporting HIV-positive members; distributing condoms, health, and legal information; and planning alternative livelihood projects, including a catering and party equipment rental business. OGERA is also starting a “memory project” that will train members to provide each other with structured psychosocial support in response to trauma.



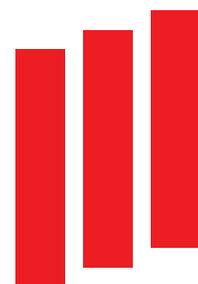
“Sometimes you don’t know if you will have a client, but at least you’ll have income coming in from somewhere else. At least you know that if I am not doing sex work, I am not going to be evicted.”

– OGERA member, discussing the benefits of members starting their own small catering or beading business

Recommendations for Mitigating GBV Risks Faced by Refugees Engaged in Sex Work

The WRC is developing, in consultation with refugee sex workers, a guidance note for humanitarian actors, including UNHCR field offices, on the subject of engaging refugee sex workers and mitigating their GBV risks. As a precursor, the WRC would like to emphasize the prevalence of this issue in urban contexts and the need for additional consultations, research, information sharing, capacity building, and rights-based dialoguing around it.

- **Integrate into urban humanitarian response the practices, learning, guidance, and evidence-based programming set forth by the WHO, UNDP, UNAIDS, Global Network of Sex Work Projects (NSWP), and the World Bank in the *Sex Worker Implementation Tool*.** Adopt the human rights-based approach and community empowerment models promoted therein.
- **Counter attitudes and behaviors that stigmatize and discriminate against refugee sex workers.** Make sure all service providers, including health practitioners, GBV case managers, and legal support staff, have the skills and capacities to provide refugees engaged in sex work with the information they need and treat them respectfully.
- **Provide refugees engaged in sex work with the trainings they seek on issues related to sex workers’ legal rights, sex worker safety, and sexual and reproductive health issues.**
- **Map and engage host community sex worker-led organizations; they have expertise on issues ranging from GBV risk mitigation strategies to local sexual health clinics.** Map sex worker-friendly service providers, especially health providers who provide free STI/HIV testing through mobile clinics and who distribute condoms and other safe sex resources.
- **Develop referral pathways and options for refugees engaged in sex work, using a participatory approach** where refugees and sex worker-led organizations are invited at the outset to share their perspectives, concerns, and capacities.



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