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REFLECTIVE ANALYSIS ARTICLE

FEMALE SEX WORKERS' SITUATIONS OF VULNERABILITY TO VIOLENCE: INTERFACES IN THE FIELD OF HEALTH

SITUAÇÕES DE VULNERABILIDADE À VIOLÊNCIA DE MULHERES PROFISSIONAIS DO SEXO: INTERFACES NO CAMPO DA SAÚDE

SITUACIONES DE VULNERABILIDAD A LA VIOLENCIA DE MUJERES TRABAJADORAS DEL SEXO: INTERFACES EN EL CAMPO DE LA SALUD

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ABSTRACT

Objective: to formulate theoretical reflections about female sex worker's situations of vulnerability to violence and interfaces of this problematics in the field of health. ***Methods:*** We first performed a narrative literature review. This enabled a comprehensive and contextualized reflective approach of the research theme. After analysis and reflections on the subject, the results are developed around two analytical axes: << Female sex workers: situations of vulnerability to violence >> and << Situations of vulnerability to violence: interfaces in the field of health >>. ***Results:*** the work environment of female sex workers is permeated with social discrimination and stigmatization. These can result in violence, which interferes with the quality of life of these women. In health, the actions directed at this group of women are based on the biologicist and technicist model. ***Conclusion:*** Our reflections show the need to formulate health strategies which address unique and specific aspects of female sex workers. ***Descriptors:*** Violence; Sex workers; Human Rights; Prostitution; Women's Health.

RESUMO

Objetivo: provocar reflexões teóricas acerca das situações de vulnerabilidade à violência de mulheres profissionais do sexo e das interfaces dessa problemática no campo da saúde. ***Método:*** foi realizada previamente a revisão narrativa da literatura, possibilitando a abordagem reflexiva ampliada e contextualizada. Após análise e reflexões, apresentam-se os resultados em dois eixos analíticos: << Mulheres profissionais do sexo: situações de vulnerabilidade à violência >> e << Situações de vulnerabilidade à violência: interfaces no campo da saúde >>. ***Resultados:*** o ambiente de trabalho das mulheres profissionais do sexo é permeado pela discriminação social e pela estigmatização, que podem resultar em violência e interferir na qualidade de vida das mesmas. No campo da saúde, as ações direcionadas a esse grupo de mulheres perpetuam-se na dimensão biológica e tecnicista. ***Conclusão:*** *a*s reflexões mostram a necessidade de formulação de estratégias em saúde que contemplem aspectos singulares e específicos das mulheres profissionais do sexo. ***Descritores:*** Violência; Profissionais do Sexo; Direitos Humanos; Prostituição; Saúde da Mulher.

RESUMEN

Objetivo: provocar reflexiones teóricas acerca de las situaciones de vulnerabilidad a la violencia de las trabajadoras del sexo y de las interfaces de esa problemática en el campo de la salud. ***Métodos:*** Se realizó previamente la revisión narrativa de la literatura disponible, lo que posibilitó un abordaje reflexivo amplio y contextualizado del tema. Se presentan los resultados en dos ejes analíticos: << Mujeres Profesionales del sexo: situaciones de vulnerabilidad a la violencia >> y << Situaciones de vulnerabilidad a la violencia: interfaces en el campo de la salud. >> ***Resultados:*** el entorno de trabajo de las trabajadoras del sexo está permeado por la discriminación social y la estigmatización, que pueden dar lugar a la violencia e interferir con la calidad de vida de esas mujeres. En el campo de la salud, las acciones dirigidas a este grupo de mujeres se realizan en la dimensión biologicista y tecnicista. ***Conclusión:*** Estas reflexiones revelan la necesidad de formular estrategias de salud que contemplen aspectos singulares y específicos de las mujeres trabajadoras del sexo. ***Descriptores:*** Violencia; Trabajadoras del sexo; Derechos Humanos; Prostitución; Salud de la Mujer.

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INTRODUCTION

Violence in all its forms is regarded as a violation of human rights. However, it is present in the daily and working lives of women (and of sex workers in particular), being recognized as a global public health problem. Thus, using conceptual elements, it is considered that violence refers to the use of words or to acts which result in damage to individuals or which cause disruptions in their life trajectory. It can be classified as: psychological violence, characterized by threats, exclusions and/or insults; sexual violence, in which the victimized subject is coerced to serve the sexual desires of the offender through abuse or harassment; and physical violence, evidenced by attacks that result in injuries to the victim's body.[1]

Violence against women, more specifically, is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, whether occurring in public or in private life.[2]

Female sex workers, in particular, are marginalized, excluded and neglected both by public and private services, especially in health care. We highlight that, more than sex workers, they are, first of all, women. They are therefore subject to the same burden of violence that affects women of all ages, levels of education, social class, race, profession and sexual orientation worldwide. However, because their professional is located in a space of marginalization, a hierarchy relationship is established with the client, in which power and sexual and economic subordination prevail.[3] Thus, female sex workers are often exposed to violence in their daily and working lives, and they frequently have nowhere to turn for help, especially when the type of abuse leaves no visible bruises or scars.

The National STD/AIDS Program, which was launched in the 80s, united a series of health actions directed at female sex workers. This program was implemented due to the increasing number of AIDS and STDs cases among the so-called "risk group" to which these women belonged. With time, the concept of 'risk' was replaced by the concept of 'vulnerability'. This is because other than the biological condition of disease transmissibility, factors such as socioeconomic and cultural conditions, and access to health programs also make these subjects more or less vulnerable.[4] However, we found that the studies on female sex workers and health practices are usually related to health education and often address STD/AIDS counseling issues and condom use.[5]

Despite this change to the use of the concept of vulnerability, we found that sex workers have received little attention from public health agencies and health care researchers in Brazil. Thus, the true dimensions of this problem is unknown, as well as aspects related to these women's vulnerability to violence. This knowledge, however, is fundamental to plan and implement health programmes and preventive/promotional actions.

OBJECTIVE

To formulate theoretical reflections about female sex worker's situations of vulnerability to violence and interfaces of this problematics in the field of health.

METHODS

This is a reflective approach about female sex workers' situations of vulnerability to violence and its relation to the field of health. We first performed a narrative literature review. This enabled a comprehensive and contextualized reflective approach of the research theme. After analysis and reflections on the subject, the results are developed around two analytical axes: Female sex workers: situations of vulnerability to violence and Situations of vulnerability to violence: interfaces in the field of health.

RESULTS AND DISCUSSION

♦ Female sex workers: situations of vulnerability to violence

Prostitution appears as one of the oldest commercial occupations described in human history, being considered by researchers as the oldest one.[1] From the standpoint of the capitalist mode, the practice of selling sex for payment is considered financially advantageous. Thus, the decision to practice this occupation is usually taken as a means of solving immediate economic difficulties and/or as a strategy to maintain a certain standard of living.[6]

For purposes of contextualization, prostitution is defined as the "sale" of the body, the exchange of sexual favors for non-sentimental or non-affective interests, and the exchange of sex for money, professional favoritism, material goods or information.[1,7]

As for sex work, it is defined as the commercialization of services of sexual nature - pleasure, fantasies, sex, fondling, among others - developed through direct negotiation with the client regarding the services to be

provided, and in which prices vary according to the performance of the professional.[8]

A study that investigated the Brazilian policy guidelines regarding preventive and health care actions directed at female sex workers in the context of HIV/AIDS revealed that the 80s can be considered the successful initial milestone for national policies targeting this population. However, although these policies have provided visibility to this group of women, health services currently still severely restrict their practices with regard to the health-disease process of these women.[9]

although there have been advances in recognizing this group of women as part of the labor force, much work still needs to be done, especially regarding recognition of human rights of these women. There are aspects in the daily and working lives of female sex workers which require more profound reflections in relation to violation of human rights and situations of vulnerability to which they are exposed.

It is known that the daily work of female sex workers is permeated with social discrimination and stigmatization.These can result in different kinds of violences, perpetrated by different individuals, whether in society, in health care services or in their work environment, and which interfere with the quality of life of female sex workers.[8]

It is evident, therefore, that, despite the creation of the Universal Declaration of Human Rights by the UN, society still marginalizes sex workers and violates their human and citizenship rights. Worldwide, sex workers, just like all or any woman, regardless of her social status, are victims of violence. The difference lies in the fact that, for sex workers, violence ends up becoming something banal or natural, because society placed them into a space of marginalization and exclusion.

It is in this direction that situations of vulnerability - understood in this study as the circumstances, in terms of moments and specific areas, during which the exercise of living is painful, difficult and dangerous - are designed. Considering these aspects, a study indicates that sex workers are placed into a context of extreme vulnerabilities. These are associated with actions, the environment and the relational bonds created at work, as well as with the conditions of access to health services.[10]

With regard to violence in the work context of sex workers, this is a problem whose nature simply does not constitute a discourse of society, it is still part of the story of a woman's life, which is based on subordination to males, and in this conjuncture is established a relationship mediated by lust and sexual pleasure.[6]

Violence against women, in all its forms and conjunctures, needs to be conceived as a problem of a social nature and a practice culturally placed in our society, which has as a backdrop the heterogeneity of gender relations, in which women take up the role of subjugation, while men take the role of aggressor.[11]

Studies show that sex workers are a group of workers very prone to being victimized by violence, given that females are treated by society as fragile beings.[6] In this sense, another study reveals that, for sex workers, no money can compensate violence, not even when it comes to prostitution.[12] According to these women, some clients believe that, because they are paying for their services, they have the right to abuse them, either physically or psychologically.[12]

Moreover, a study conducted with 924 female sex workers in some cities in Mexico and in the United States identified a prevalence of 26 %, 18% and 10%, respectively, of clients who abused these women emotionally, physically and sexually in the last six months.[13] These data show that, in the working relationship of these women, there is the understanding that the female sex worker is at the clients' disposal. Thus, a hierarchy relationship is established, in which power, sexual and economic subordination, and situations of inequality prevail.[13]

The situations of vulnerability to violence described so far have a direct impact on the emotional and psychological state of these women, making them vulnerable to developing psychological problems, especially depression. Next, we will discuss the interfaces of this problematics in the field of health.

♦ Situations of vulnerability to violence: interfaces in the field of health

We begin this part of the discussion by mentioning that, although there are public health policies directed at violence and at women's health, we identified a need for the formulation of policies directed specifically at female sex workers, taking into account specific aspects of their lives and work.[14] The health care of female sex workers is based on technicist and biologicist concepts, a fact that hinders and fragments the provision of care in relation to situations of violence experienced by this group of women.[14]

We highlight that, one of the factors that hinders the performance of the health services in sex workers' situations of vulnerability to violence is the invisibility of this phenomenon and the non-recognition of this condition beyond the physical injury. An act of violence is recognized as so only when it causes visible scars on the woman and she reports it. The biologicism of health interventions restrict care provision to the care of the injury, disqualifying the reasons that have caused it and the suffering resulting from it (the 'non-disease'). It is known that women, particularly sex workers, who seek health services have visible and invisible scars from the violence of which they are victims. However, although they are visible, these scars are often not contemplated in the clinical-diagnostic care models used by health professionals, because these professionals base their actions on a model guided by the biological legitimacy of formal diagnosis and the consequent prescriptive and pharmacologic therapeutic approach.[15]

A study conducted in São Paulo revealed the difficulty of health professionals in recognizing situations of violence. These difficulties were justified as a result of women's silence. At the same time that health professionals identify the theme of this study as of great social importance, they exempt themselves from any responsibilities regarding situations of violence, not considering them as part of their work.[16] Given the above, the situation of invisibility of this problematics is exacerbated in the context of life and work of female sex workers, given that they live in an environment characterized by exclusion, adversity and prejudice.[16]

Historically, sex workers are a population group of health care users who are associated with prejudiced ideas because of their profession. These prejudices affect the care provided by health workers to these women. Consequently, the latter stop seeking health services, because these 'labels' are still very present in Primary Health Care.[17]

If sex workers do not seek health services because they feel embarrassed, they end up becoming invisible to these services. Thus, health care services need to rethink their health practices. Relationships of inequality, which are historically constructed, put women in situations of vulnerability. Thus, the inclusion of gender issues into public policies for women is of paramount importance. It is necessary to formulate health care strategies that address unique and specific aspects of female sex workers, including psychological and social support. Implementing educational and collective activities to increase the autonomy of these women and help them reconstruct life meanings are also important, because this allows them to reframe their lives. Included here is the fight for the satisfaction of their own needs, in the broadest possible way, as well as the use of empowerment to make these women able to change their lives and transform social structures.

It is of paramount importance that the situations of violence experienced by female sex workers is given visibility, in order to make it possible to understand the violence they suffer, their feelings and how public policies and health services can implement actions for health promotion and the prevention of violence in the daily work of these professionals.[18]

Thus, much still needs to be planned and implemented in terms of actions directed at female sex workers, given the fact that they are not really cared for, although they experience daily situations of vulnerability to violence, which cause physical, mental and/or social changes and suffering to their lives.

CONCLUSION

As a final reflection, we emphasize the importance of health care services (through health professionals) turning their eyes to and implementing health strategies for this group of workers, given that most of them do not seek health services because of the stigma surrounding the profession and in an attempt to avoid uncomfortable and discriminatory situations. Sex workers are, first and above all, human beings, and have as much right as any other person to exercise their citizenship, to be recognized and respected as a person, and especially, to have access to health services and be provided with dignified and quality care.

The professionalization of sex workers gave these women a perspective to reduce the situations of vulnerability to which they are exposed. They have the right to negotiate the use of protective measures during work, avoiding the transmission of contagious diseases and other conditions. However, we find different realities across the country regarding these rights, and many professionals still find themselves in situations of marginalization and exposed to situations that compromise their quality of life and health.

Therefore, we recommend the development of a humanized care to this group of women, in order to identify and

understand the signs of violence. It is not enough to treat the consequences of violent acts, these women need support, counseling, therapeutic projects to be able to cope with and transform these situations. For this, it is necessary that health professionals urgently discuss these issues and get instrumentalized and sensitized about violence, focusing on the representations that express traditional elements of gender cultures which can be modified and not just simply reproduced. In addition, graduate courses in the field of health may be potentiators of the study of human rights, especially in relation to violence and its forms. This would result in a qualified academic background, with eyes cast beyond biological aspects.

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