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VIOLENCE AGAINST FEMALE SEX WORKERS: PRIMARY CARE WORKERS' CONCEPTIONS AND ACTIONS

VIOLÊNCIA CONTRA MULHERES PROFISSIONAIS DO SEXO: CONCEPÇÕES E AÇÕES DOS TRABALHADORES DA ATENÇÃO BÁSICA

LA VIOLENCIA CONTRA LAS MUJERES PROFESIONALES DEL SEXO: CONCEPCIONES Y ACCIONES DE LOS TRABAJADORES DE ATENCIÓN PRIMARIA

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ABSTRACT

Objective: to analyze primary care workers' conceptions regarding situations of violence experienced by sex workers and care actions developed for this issue. **Method:** descriptive, exploratory study, with a qualitative approach, conducted with 28 workers of six Family Health teams and from the Support Reference Center for Women of a city in the northwest region of Rio Grande do Sul State. The empirical material was obtained through interviews and analyzed by the content analysis technique, in thematic modality. **Results:** the conceptions of health workers related to female sex workers focus on the marginalized and exclusionary condition, which creates situations of vulnerability to health and violence. Care practices are limited to treating injuries when women seek the health unit. **Conclusion:** one emphasized the need for qualification of workers for preventive actions and fighting violence experienced by these women. **Descriptors:** Violence; Primary Health Care; Sex Workers; Health Personnel.

RESUMO

Objetivo: analisar as concepções dos trabalhadores da atenção básica frente às situações de violência vivida pelas profissionais do sexo e as ações de cuidado desenvolvidas diante dessa problemática. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, realizado com 28 trabalhadores de seis equipes de Saúde da Família e do Centro de Referência de Atendimento a Mulher de um município da região noroeste do Estado do Rio Grande do Sul. O material empírico foi obtido por meio de entrevistas e analisado pela Técnica de Análise de Conteúdo na modalidade temática. **Resultados:** as concepções dos trabalhadores da saúde relativas às mulheres profissionais do sexo centram-se na condição marginalizada, excludente e geradora de situações de vulnerabilidade à saúde e à violência. As práticas de cuidado são limitadas ao tratamento de lesões quando as mulheres procuram a unidade de saúde. **Conclusão:** Evidenciou-se a necessidade de qualificação dos trabalhadores para ações de prevenção e enfrentamento da violência vivida por essas mulheres. **Descritores:** Violência; Atenção Primária à Saúde; Profissionais do Sexo; Pessoal de Saúde.

RESUMEN

Objetivo: analizar las opiniones de los trabajadores de atención primaria de cara a situaciones de violencia experimentadas por los profesionales del sexo y la atención las acciones desarrolladas en este tema. **Método:** estudio descriptivo, exploratorio, con enfoque cualitativo, realizado con 28 trabajadores de seis equipos de Salud de la Familia y del Centro de Referencia de Soporte a Mujer de un municipio de la región noroeste de Rio Grande do Sul. El material empírico fue obtenido a través de entrevistas y analizados por la técnica de análisis de contenido, modalidad temática. **Resultados:** las concepciones de los trabajadores de la salud relacionados con las trabajadoras sexuales se centran en la condición de marginados, excluyente y que generan situaciones de vulnerabilidad para la salud y la violencia. Prácticas de atención se limitan a tratar lesiones cuando las mujeres buscan la unidad de salud. **Conclusión:** se evidenció la necesidad de cualificación de los trabajadores para las acciones preventivas y la lucha contra la violencia experimentada por estas mujeres. **Descriptores:** Violencia; Atención Primaria de Salud; Profesionales Del Sexo; Personal De Salud.

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INTRODUCTION

Prostitution is one of the oldest commercial activities of human history and is a paid sexual practice, in which the sexual pleasures are exchanged for payment.¹ It is noteworthy this practice goes beyond the rules of society, especially regarding the female attribute that links sexuality to reproduction, regulated by the social relations of gender deciding what is proper for men and for women. In a patriarchal society, there is the conception on the sacred woman - from the family - and the profane woman - the one who lives her sexuality in an unconventional way, including sex workers.²

Prostitution is a very complex living condition and many ideas are associated with the woman practicing it: promiscuity, neglectful mother, who does not take care of her child, does not have any bond with the family, betrays her husband and is not loyal. However, some of the women are prostitutes only because they love their children, parents and family.²

In prostitution, the female being becomes invisible and her needs, problems, desires, emotions and aspirations are no longer socially considered, and being a woman is replaced by the prostitute stereotype who, almost always, is represented by the conditions of being a woman and poor, which leads her to sell her body to survive.³ Even with movements for justice and some progress in terms of employment rights, prostitution is still seen under the vagrancy stigma, remaining the negative idea of the professional identity. Prostitution and sex work only appear as human rights issues when related to crimes and vulnerabilities.⁴

A study shows that the practice of female prostitution exposes women to situations of vulnerability to violence, considering it is a profession whose work space is unsafe.⁵ Violence against women is a global problem for its prevalence: one in three women will experience violence by an intimate or non-intimate partner.⁶ It is also considered gender violence because the biological characteristics culturally assigned to each gender are marked by a kind of domination, oppression and cruelty, daily built and reproduced in the relations between men and women.⁷

In Brazil, a study shows that female sex workers suffer psychological violence, followed by the physical one, and the attackers are familiar.¹ Another study reveals the presence of moral and sexual violence in their work routine.⁸

Alcohol may facilitate violent attitudes, and forgetting the condom can lead to the transmission of STDs, unwanted pregnancies and unsafe abortions, jeopardizing the sexual and reproductive health of women.⁵ The murder appears as one of the cruelest forms of violence³, in addition to the suicide attempts with drugs and hanging⁵, considered self-provoked violence. In this scenario, Primary Health Care (PHC) is considered the prime location to offer services to this population; however, it appears that health workers are limited to meet the demands related to the resulting injuries from the experienced violence by women.⁹

It is believed that the health workers' conceptions interfere with the practice of care provided to female sex workers in situations of violence, and, in some cases, judgmental and moralistic attitudes are observed, preventing the construction of the bond that could keep the woman in a ongoing and empowering care.¹⁰ Nevertheless, in other cases, there are examples of care practices with the objective of clarifying the woman in relation to protective care measures to health and the rights related to her work.¹¹

In this sense, knowing the reality of a city located in the northwestern region of Rio Grande do Sul state may contribute to: think over the way in which care practices are being directed to this population; and, thereby, give support to PHC workers so that they can develop a care that goes beyond the biological model and considering the social needs as demand. The present study, therefore, intends to analyze the conceptions of primary care workers regarding situations of violence experienced by sex workers and the care actions developed for this issue.

METHOD

Descriptive and exploratory study, with qualitative approach,¹² conducted in a city of the northwest region the Rio Grande do Sul state, Brazil, with workers from the PHC of the Family Health Strategy (FHS) units and basic units, with various professionals: doctors, nurses, nursing technician, dentists, oral health agents and community health agents.

The inclusion criteria were: to be working at the FHS units for more than six months, and developing activities during the data collecting. The exclusion criteria regarded those who were with medical certificate or in vacation.

The study included 28 employees of PHC, as follows: nine nurses, five nursing technicians, twelve community health agents,

one nursing assistant and one doctor. Among the 28 participants, 89.29% were female and 10.71%, male. The data saturation was used for defining the sample, which is determined by repeating ideas.¹³

For collecting the data, a semi-structured interview was chosen, because, besides obtaining valid answers and relevant information, it is considered a real art, which is improved over time, training and experience.¹⁰

For the interviews, a guiding script was structured, which consisted of three parts: the first one, consisting of open and closed questions, in order to collect the respondents' socio-demographic data; the second consists of open and closed questions about the professional data; in the third part, open questions related to sex workers and violence were discussed.

The interviews were previously scheduled and conducted in an appropriate room in the units; for the record, a MP3 was used, for the purpose of faithfully registering the participants' speeches for analysis. In order to preserve the respondents' identity, the following abbreviations were used: Nurse "N", Doctor "D", Nursing Technician "NT", Nursing Assistant "NA", Community Health Agent "CHA", followed by an ordinal number representing the sequence of interviews in each professional category. The collecting period occurred from March to October 2012.

For data analysis, the Content Thematic Analysis of Minayo was used, which initially seeks the interpretation of speeches and statements to, then, reach deeper levels, surpassing the material expressed senses.¹⁴ Initially, the interviews were fully transcribed. After, there was a thorough reading of the data, and finally, the construction of two themes called "Health workers' conceptions about the violence experienced by female sex workers" and "Invisibility of sex workers in care actions and in facing situations of violence."

All ethical aspects of Resolution Number 466, of December 12th, 2012, from the National Health Council, were considered for the development of researches with human beings. The study was approved by the Ethics Committee of the Federal University of Santa Maria, CAAE number 0381.0.243.000-11.

RESULTS

• Health workers' conceptions about the violence experienced by female sex workers

The participants' speeches reinforce the stigma of prostitution as a type of work where the sexual pleasure is sold, revealing the existence of a market where the product is obtained with payment. In it, there are no guarantees of safety and protection for the woman who sells the body, creating a favorable situation for the exploitation, health and life vulnerabilities, which is confirmed in the following lines:

*Prostitution is selling the body (CHA2).
It is a very complicated job, for you have to sell your own body, you're being exposed, risking your own health, your life (NT3).*

The professionals' conception shows that female sex workers enter the labor market by choice and/or because they need; they consider this work shameful, condemn its practice and reinforce the idea of a marginalized and undervalued profession, as evidenced in the following lines:

*I think it's a choice made by her (...) they want it, because there are lots of jobs, if you want to be an honest person that don't need it, you work as a cleaning lady, cleaning the floor, I think it's really an option. (CHA1)
There are people who hack because they want to and there are people who hack because they need money (N4).
I disagree with this kind of job; I don't think it's a good job, a decent job. (N7)*

When asked about situations of vulnerability to violence imposed by the work to female sex workers, respondents reported physical, moral violence and humiliation as conditions inherent to the profession, present in the workplace and in family and social life.

*Besides the physical violence, I think moral violence (...) they hear lots of things too (...) many offenses for working in that profession, nobody respects them (CHA2)
I guess all sort of things (...) I think even moral violence is experienced by them, daily all long the society. (N3)*

♦ Invisibility of sex workers in care actions and in facing situations of violence

Health workers say female sex workers seek health services to treat injuries resulting from beatings suffered while working, but do not report the truth nor identify themselves as sex workers. The violence suffered by sex workers is not as important and the one suffered by other women, as confirmed by the following speeches:

No there, that's why I told you (...) the professional (...) sometimes they get here, from the street, they come with a black eye, they make up stories (...) "ah, I fell (...) I don't know what I've done, don't know

nothing". They don't say they were battered. (NT1)

I believe so, but I think it's a common situation for both the sex worker as for the society, so it's seen as part of her daily life, it's not seen the same way as for women who are not sex workers, so I think if there is, it's not that said. (N3)

It is clear, when analyzing the respondents' statements that violence is rarely discussed by health teams. It is usually discussed when a case reaches the units. It can be observed that the units do not have any specific action structured for receiving these women, which is evidenced in the speeches:

Always, when we have some situation, we discuss it during team meeting (N4)

We do discuss, but, for us, as health workers, to work this issue, [...] we can't do much thing (N9)

These fragments of the interview show there is no structured service in health facilities to serve the female sex workers who suffer violence. The professionals are limited to receive and serve the spontaneous demand.

It's like I said, we don't have a specific service about violence, for women who are victims of violence, sex workers. We provide the service. When they look for us, we try to help them. (N4)

DISCUSSION

When analyzing the health workers' conception about sex workers, one confirms the idea that prostitution corresponds to a business relationship - sex is perceived as a product to be traded. This result confirms other studies that say that pleasure is sold, and upon payment, women provide the service, in which the package often has violent attitudes, not perceived as violence for they agree with the conditions. Nevertheless, when they do not receive the payment, the business relationship is configured as rape, violence, violation of market rules in which they work.³

Regarding the fact that the profession exposes the woman to situations of vulnerability to disease, violence and death, the health workers of this study say they are risks inherent to the profession. These vulnerabilities may be linked to non-compliance with the agreement previously established by the customer. The sex worker does not know what she might find in a relationship involving two bodies with different desires and whose needs are traded; there is no guarantee that the service is safe for the professional.¹⁵ At some point, it may occur the imposition of unwanted sexual activity, making her an object of charge,

submission and exploitation by the customer.⁶ The customers' understanding that payment for the service gives them powers including aggression is a determining factor of the violence experienced by sex workers.¹¹

The financial need, receiving high values for the program and the use of alcohol and drugs make the professionals highly vulnerable to gender violence and to illness.¹⁶ Moreover, the association between prostitution and violence may result from the lack of security measures in these women work environment, which also contributes to the vulnerability.¹⁷

Another study states that female sex workers, young, living in places dominated by trafficking and poverty are easy victims of murder, considered "women of easy death" because they belong to a group of disposable women and property of all men.¹⁸ The risk of death among sex workers is sixty times higher when compared to other women, and their customers are their murderers, as they believe the payment for the service makes the women his property, giving him the right to even kill them.¹⁹

The professionals interviewed in this study did not identify the causes of situations that make these women more vulnerable to violence; they just recognize that this is a risky profession, agreeing with studies showing that some sex workers also see violence as a condition inherent in the work.³

The limits imposed for the sex workers' services can be considered a condition that reduces their vulnerability to sexually transmitted diseases and violence.¹⁵ However, these limits are not always present in experienced contexts, and studies about the theme, conducted in Brazil, have addressed women living in neighborhoods with low income and educational attainment, which contributes to the occurrence of situations of vulnerability.^{1,16, 6}

The entry in this labor market and remaining in it, according to this study, happens both by financial needs as by choice. In another study, the authors found that women initiate prostitution activities and keep them in order to support themselves and their family, reinforcing the findings of this study. However, this does not mean they enjoy what they do; on the contrary, they feel thwarted with the profession and exercise it for the money. Many of them remain in the profession for some time because it is easier.¹⁵

The suffering and danger present in the profession, in addition to aggression and disrespect in social and work relations, lead these women to a desire of leaving the

market, but the low educational attainment to exercise another profession and the lack of possibilities contribute for keeping them as sex workers. This profession is not a choice, but they do not seek alternatives^{6,16} and, even though dissatisfaction creates the desire of leaving it, they remain in it for the money.¹⁵

On the other hand, studies show that some women, especially the younger ones, confirm the satisfaction and autonomy that prostitution gives them, in addition to the erotic pleasure given by its practice. This shows that, among the prostitutes group, there are differences in how they recognize themselves in their professional fight areas, established by the contexts to which they belong, heavily influenced by the economy, the current social construction of gender and achievements for professionalisation.⁴

It is observed, in society, the negative stigma of professional identity. Therefore, when women assume the profession, they are subject to a social devaluation.⁴ This social impairment is related to the money value, that is, the monetary value achieved in the negotiation for the service, and the more expensive the amount paid the further she gets from social stereotype of the figure of the prostitute, named, thus, call girl. Value differences paid for the service are socially determined and established in negotiations between the consumer and who offers the service, in this case, the woman.³

In this study, there is the moral judgment regarding sex workers and their work, which is also found in a study that states that the marginalization of this practice by the society, and, directly by health professionals, in addition to alarming, has favored and strengthened various manifestations of violence to workers, who are exposed to multiple vulnerabilities and various types of violent actions.^{12,1}

For the interviewed health workers being a prostitute and/or sex worker as labor activity for survival is not correct, and this may be related to moral cultural concepts of women's behavior and the exercise of their sexuality. Living sexuality in prostitution is a form of perversion and, therefore, considered undignified and condemnable by social groups⁽⁴⁾. This conception of health workers can harm the receptiveness of these women and strengthen the stigma of the negative identity built in this profession, keeping these women in situations of violence.⁴

Regarding the type of violence, the results of this study agree with those revealing that violence experienced by female sex workers are manifested by physical, psychological and

moral aggression.^{6,1} This type of aggression shows that, in the commercial relationship between woman and man, there are domination and assertion of male power⁽⁶⁾. The violence suffered by sex workers goes beyond the commercial relationship; they suffer violence from society when their profession is disqualified if compared to others. They are rejected by neighbors, family and friends, and, moreover, are considered unworthy of rights.¹

When analyzing the search for Basic Care services by sex workers, it is observed that, when it occurs, is to treat injuries resulting from physical violence. They do not report the cause of the injury, and this may be related to the idea that violence is part of their daily work and, therefore, cannot report situations of the experienced violence. A study shows that prostitutes suffering violence tend not to seek the health assistance.²¹ This reaction may be associated with the idea that they are not worthy of care because the injuries result from a disqualified work. In Brazil, there already are specialized services for assisting women victims of violence; however, the sex workers rarely seek them.¹ The lack of care practices organized in PHC, observed in this study, may be related to the health workers' conception regarding sex workers: marginalized people and who do not seek the services because they are ashamed of their profession. This situation was confirmed in a study conducted in Teresina - Piauí, where prostitutes do not seek services for fear of violence recurrence or shame.¹ The shame may be related to discriminatory behavior of some professionals when attending these women, which prevents the construction of the bond and an ongoing assistance relationship of service/user.¹¹

A study conducted in Fortaleza - Ceará shows that sex workers seek health facilities when they present changes in health.²⁰ In Santa Maria - RS, prostitutes seek health facilities to undergo the preventive examination of the cervix, get condoms and to check if they are pregnant.¹¹

Historically, sex workers are part of a population group assisted by health associated with preconceived ideas because of their work. This prejudice interferes with the service of health workers, and prostitutes cease going to health services because these labels are still very present in PHC.²²

Therefore, the sex workers do not seek the PHC service because they feel embarrassed, and end up becoming invisible to services. It is, then, up to this sector to rethink their health practices, as the relations of

inequality, historically constructed, place women in vulnerable situations, suggesting the inclusion of gender issues in public policies for women. It is necessary to create strategies of access to services by this group of women, as they are vulnerable to diseases, violence and class discrimination.

It is important to include actions that respond the principles of the SUS and promote attention to this population needs.²² Listening to sex workers who do not accept themselves can be an alternative to improve communication between health workers and this population in order to become closer to the reality they experience and help them in their professional challenges according to their context, empowering them. Making this reality invisible means reinforcing the exclusion of these women.⁸ It is also necessary to intensify and broaden the actions that facilitate the access of sex workers to health facilities and fight the stigma of the occupation and the experienced violence³, as the context of this study.

One of the causes of the lack of specific action, in PHC, for this population group is, perhaps, the unpreparedness of health workers about the receptiveness of female sex workers in situations of violence. Studies show that employees of PHC have difficulties in tracking back the violence against women because they do not feel qualified enough to deal with the issue.²³⁻²⁴

Permanent Education offered to health professionals about issues concerning women's rights regarding safety conditions at work and protection of health contributes to prepare them and encourage them to promote educational activities with sex workers about these aspects, which may result in changes in their lives.¹

CONCLUSION

The health workers, in their conception, see the sex work as a devaluated practice, and their statements are full of prejudice and judgment, which demonstrates it as a practice that makes women more vulnerable, in addition to the situations they experience in their work, family and work routine.

This study reveals that the health professionals from the PHC are not able to identify the type of violence the female sex workers suffered, besides the injuries. When those women search for the health service, the BHC professionals focus the care on biological and curative issues. The severe cases are discussed by the teams in order to organize isolated interventions.

This study shows a large number of productions of the Brazilian literature regarding the situations of violence against women, but those discussing the reality of the female sex workers are rare, making the construction of this knowledge complex. Thereby, it is necessary to broaden the investigations about this theme, so that the theoretical gaps become fulfilled and more visible.

The study contributes to the nursing and health knowledge when revealing the procedure's frailty of the workers when providing care to female sex workers, in situations of violence, concerning psychosocial and human rights issues. Therefore, providing support for the PHC professionals in order to qualify them, by using participative education as an intervention strategy, may be effective, in addition to including this topic in graduate and post-graduate courses in nursing and other health areas.

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