

Review:

Goldenberg, Shira M., Ruth Morgan Thomas, Anna Forbes, Stefan Baral., editors. *Sex Work, Health, and Human Rights: Global Inequities, Challenges, and Opportunities for Action*. Springer International P, 2021.

An Interdisciplinary and Multicultural Analysis of Sex Work

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The topic of sex work has troubled feminist theorists, sparking controversies about whether sex work can ever be truly ethical or consensual. Instead of engaging in this debate, *Sex Work, Health, and Human Rights* (2021), edited by Shira M. Goldberg, Ruth Morgan Thomas, Anna Forbes, and Stefan Baral, accepts the premise that sex work occurs regardless of ethical or moral implications. It presents research that aims to understand the working environment and improve the working conditions as much as possible for existing sex workers in the present and future. The edited collection provides “a comprehensive overview of the health and human right inequities faced by sex workers around the world” (43), offering three sections focused on the inequities, structural determinants, and potential courses of action to improve sex work conditions. Each of the three sections bring together several articles which are co-authored by different collaborations of academic researchers, activist organizations, and representatives of the sex worker community. As the editors note in their introduction, they have created an

“academic-community partnership model” (13) in order to achieve an interdisciplinary and community-oriented representation of sex worker issues such as health, safety, and legal policies.

The first section, “The Burden of Health and Human Rights Equities faced by Sex Workers Globally,” investigates the root cause of sex workers’ disproportionate risk of HIV infection. The authors of the articles comprised in this section use epidemiological research and case studies to show that criminalization, violence, and stigma create major gaps in healthcare access. This not only affects sex workers’ sexual and reproductive health, it also negatively impacts their mental health and creates an increased risk of substance abuse. Although many regions where sex work is legal try to address sex workers’ health with mandatory HIV testing and treatment, interviewed sex workers viewed this as a coercive practice and the authors of one contribution note that, “this policy eroded their trust in healthcare systems, and discouraged sex workers from speaking openly about their SRH [Sexual & Reproductive Health] concerns” (Shapiro and Duff 247). In response, the authors recommend measures such as the elimination of mandatory testing, and the strengthening of more accessible, holistic, and anti-discriminatory healthcare options. This would include specialized training for healthcare workers, increasing funding for community health programs led by sex workers, and introducing a “one-stop-shop” healthcare model where sex workers can meet all of their needs in one place (Goldenberg et al. 259).

The second section, “Structural Determinants of Health and Human Rights Inequities in Sex Work,” dives into the violence and discrimination resulting from sex work criminalization. As the authors state, “an ever-growing body of research suggests that much of what has been identified as harmful in sex work is not an inherent characteristic of the work, but rather of the social and structural factors that shape the working conditions of sex workers” (Krüsi et al. 399). The contributions collected in this section analyze available literature to show how criminalization increases the risk of violence against sex workers and reduces sex workers’ ability to obtain legal protection in situations where they experience discrimination. The analyses shows that sex workers who are members of a racial minority, im/migrants, queer, or live in poverty, face an even higher level of violence and disproportionate amounts of police harassment and legal prosecution. This section thus utilizes community consultations with im/migrant sex workers to elaborate on their unique vulnerabilities to violence and discrimination, resulting from language-barriers, risk of deportation, and conflation of sex trafficking and consensual sex work. The authors of the articles brought together here point out how states, in which sex work is legal, still criminalize sex workers with precarious immigration status who cannot register with the

government themselves. The authors conclude that decriminalization as the only way to address structural violence against sex workers in ways that recognizes intersecting forms of oppression.

The final section of *Sex Work, Health, and Human Rights*, “Evidence-Based Services and Best Practices: Opportunities for Action,” evaluates a series of policies and programs that have helped to improve sex worker inequities. For example, Gillian Abel, Catherine Healy and their collaborators praise health and safety outcomes from decriminalization in New Zealand, but also note the limitations of the policy change, which still prohibits migrants on temporary visas from doing sex work. The essays also review best practice examples of utilizing physical space, community empowerment, and public health approaches for sex workers. When evaluating Taiwanese brothels, Brooke S. West and her co-authors and collaborators conclude that indoor (versus outdoor) sex work spaces allow for more control and ability to maintain a safe work environment. When evaluating Indian and Mexican sex worker communities, Cynthia Navarette Gil and her co-authors and collaborators reaffirm the importance and effectiveness of community empowerment organizations. Finally, when evaluating public health approaches to sex work in Kenya, Seree Schwartz and her co-authors and collaborators find that multi-level strategies (including structural, behavioral, and bio-medical interventions) do more to improve sex workers’ health than the more common single-disease focus intervention, such as stand-alone HIV prevention efforts.

Overall, this book brings interdisciplinary as well as non-academic perspectives to the systemic research on issues of sex work. While many evaluations of sex work focus solely on disease prevention, the authors holistically analyze how cultural stigmas and legal discrimination can contribute to physical and mental health outcomes in different sex work communities. The wide range of fields that sex work is shown to intersect with makes this a uniquely accessible book for scholars in the humanities, social science, or public health fields. Although the book lacks discussion of cis-male and transgender sex workers, the authors acknowledge the gaps in their data and call for additional research in these areas. The authors’ case study and community consultation methodologies give the book an especially grounded and informed perspective on a demographic group that is notoriously difficult to reach. The open-access publication of this book is refreshing, and ethically aligns with the authors’ and editors’ mission of making the findings of their research accessible to non-academics and sex workers themselves. It is clear that this publication prioritizes the communities it researches and thus represents a wonderful example of sex-positive, intersectional feminist methodology and research.