Young Sex Workers
**Introduction**

Young people aged 10–24 are disproportionately affected by the HIV epidemic and young key populations (KPs) carry a heavy burden of HIV infection. Because of discrimination, stigma, and laws that criminalise and penalise their behaviour, young people experience limited access to sexual and reproductive health (SRH) and HIV services, compromising their abilities to protect themselves from HIV and other sexually transmitted infections (STIs). Young people who sell sex are disproportionately impacted by HIV infection.

People under 18 who sell sex are at high vulnerability of acquiring HIV and other STIs, have higher levels of HIV and other STIs than older sex workers, and have limited access to HIV testing, prevention, and treatment. Current approaches to young people who sell sex create violations of young peoples’ human rights. NSWP supports evidence-based approaches to young people who sell sex, centred on improving access to information and health services that enable them to protect themselves and access their rights to health and life, as well as their entitlements to self-determination, non-discrimination, and improvement in well-being.

**Legal Considerations for Young Sex Workers**

Young sex workers and people under 18 years of age who sell sex share interconnecting experiences, however a different set of legal obligations exists for people under 18. The United Nations Convention on the Rights of the Child (CRC) defines people under 18 years of age who sell sex as victims of sexual exploitation. Discussions about people under 18 years old who sell sex take place in a political landscape where many refuse to refer to this group as ‘sex workers’, even if they self-identify as such.

Many activities that people under 18 participate in are criminalised for adults, such as selling sex, drug use, and homosexuality and other forms of sexual behaviour. Laws that penalise the behaviour of young adult sex workers also affect people under 18 who sell sex, resulting in discrimination, refusal of service provision, and involuntary detention and rehabilitation.

Laws and policies specific to people under 18, such as requirements that service providers report people under 18 who sell sex to authorities or require parental consent for medical treatment, limit young people’s access to health information and services. While these practices are meant to protect minors from harm, they can systematically deny young people access to the means to protect themselves from HIV, other STIs, and pregnancy.
Research

Young people have a complex range of motivations for selling sex, such as meeting financial obligations to support family members, pursuing work or educational opportunities, and paying for gender-affirming treatments or tuition for school. Young people also have desires for independence and for community. Some young people experience abuse and have someone who is exploiting or harming them.

Research suggests that younger people who sell sex can often be found in more marginalised working and living conditions than older sex workers. Young people who sell sex are more vulnerable to violence and are more likely to encounter circumstances where it is difficult to insist on safer sexual practices or where harm reduction supplies and resources are not accessible. The presence of force or coercion produces additional vulnerability to HIV infection. Where homelessness, drug use, or involvement in street economies intersects with the selling of sex, young people are exposed to additional legal and health risks.

Intersecting Vulnerabilities

Barriers to Accessing Services

Young people may be denied access to services because of their involvement in selling sex, drug use, sexual orientation or identity, gender expression, or HIV status. Young transgender, gender non-conforming and other LGBT people who sell sex face high levels of discrimination which denies them the support they need to keep themselves safe and healthy. Existing biases against youth sexuality and the sexual activity of unmarried people can limit access to SRH and HIV services.

Stigma and Discrimination

Many sex workers avoid seeking services because they experience rejection or negative attitudes on the part of medical and social service providers. Similarly, young people who sell sex often have negative experiences of stigma and discrimination from service providers. The experiences of young LGBT people who sell sex can be further complicated by transphobia and homophobia.

State-Based Violence

Young people who sell sex encounter victimisation from law enforcement, where they have no recourse for criminalisation and are also abused by police. Young people who sell sex experience very high levels of violence from state authorities, including in detention, in the custody of police, and in health care settings.

Specific Legislation for People Under 18

People under 18 encounter mandatory reporting legislation that requires social services or healthcare workers to report people under 18 who are selling sex to police. Mandatory reporting creates a disincentive for service providers to help young people and makes young people hesitant to seek support. Age of consent legislation and parental consent requirements for accessing SRH and HIV services also create barriers, because many young people are not willing or able to obtain parental consent.
A Rights-Based Approach to Young People Who Sell Sex

Existing practices surrounding rights-based HIV prevention and treatment for adult sex workers, such as community empowerment and peer education, can be starting points for engagement with young people who sell sex. Community empowerment approaches have effectively reduced HIV and STI rates, as well as increased consistent condom use among adult sex workers, and can be adapted for young people who sell sex.

Recommendations for Policy Makers:

- Undertake law reform to decriminalise sex work, drug use, and same-sex sexual activities.
- Implement comprehensive, accessible, and affordable SRH services and information for young people under 18. This must include HIV prevention and treatment, harm reduction supplies and information, abortion and maternal care.
- Prioritise rights-based and evidence-based interventions.
- Strengthen measures to provide access to affordable housing and education, and improve economic security and reduce levels of poverty among young people.

Recommendations for Service Providers:

- Develop youth-centred and youth-friendly services that actively involve young people in programme design and delivery.
- Offer programming that does not require young people to stop selling sex or using drugs to access services.
- Train service providers in rights-based, non-judgemental, and inclusive approaches to service delivery.
- Develop programming targeted toward young people under 18, emphasising peer-based empowerment approaches. This must include HIV education and prevention, harm reduction, and the provision of legal support and information.
- Prioritise providing non-coercive, low threshold interventions.

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This Community Guide is the result of desk research and gathering case studies from NSWP members. Community Guides aim to provide simple summaries of NSWP’s resources, further detail and references can be found in the accompanying Policy Brief.

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Promoting Health and Human Rights

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PROJECT SUPPORTED BY:

NSWP is part of Bridging the Gaps – health and rights for key populations. Together with almost 100 local and international organisations we have united to reach 1 mission: achieving universal access to HIV/STI prevention, treatment, care and support for key populations, including sex workers, LGBT people and people who use drugs.

Go to: www.hivgaps.org for more information.