



**Policing Interventions in Developing Countries:
An Annotated Bibliography and Review of the Grey Literature**

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Purpose

The purpose of this annotated bibliography and review of the grey literature is to explore interventions involving police, especially in developing countries. The initial goal was to identify interventions that focus specifically on the relationship between police and sex workers, but few articles were found. The literature search was expanded to include police interventions and HIV, and police interventions and drug use in developing countries. The annotated bibliography also includes some articles pulled from the grey literature on sex work and police interventions, but the subsequent literature review looks more extensively at reports on policing interventions and sex work in the grey literature. While this report includes some articles about police impacts and interventions with other populations, it is in no way exhaustive in this regard.

Search History

The annotated bibliography was generated through the systematic search of several online databases including Medline, PsychInfo, Global Health, Web of Science and Sociological Abstracts. Search terms include: sex work*, prostitute*, police, law enforcement, HIV, intervention*, India, police training*, and evaluat*. The review of grey literature was conducted using various internet search engines including Google and Yahoo.

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Annotated Bibliography

I. Impacts of Law Enforcement

A. Impacts of Laws Enforcement on Sex Work

1. **Arnott, J. (2004).** "Bangkok 2004. Sex workers and law reform in South Africa." *HIV/AIDS Policy & Law Review / Canadian HIV/AIDS Legal Network* 9(3): 78-80.

Abstract: The Sisonke movement in South Africa aims to galvanize sex workers to fight for equal rights and for improvements in their living and working conditions. This article, based on Jayne Arnott's presentation to a plenary session at the XV International AIDS Conference in Bangkok on 14 July 2004, outlines the legislation that governs the sex trade in South Africa; reviews related legal and policy developments since the end of apartheid in 1994; describes the present environment; and outlines the contribution that sex workers themselves are making to the fight for reform.

Notes: Newspaper Article

In South Africa, the Sexual Offences Act formerly the Immorality Act, penalizes the keeping of brothels, procurement of women as prostitutes, soliciting by prostitutes, and living off the earnings of prostitution. In 1988 a new section was added to the Act; this section criminalizes engaging in sexual intercourse or performing indecent acts for reward. Because it is very difficult to achieve successful prosecution under the Act, the authorities regularly resort to municipal by-laws to police sex work. The by-laws are used to target, harass, and arrest sex workers, particularly those based on the street. There are general by-laws that are used selectively to target sex workers, and by-laws specifically aimed at sex workers - such as "loitering for purposes of prostitution." Initially, in the post-1994 period, there was a climate of toleration of sex work, and minimal policing. The policing that was done was mainly in response to public complaints. On a government-policy level, there was some movement toward reviewing the legislation around sex work. In 1995, for example, the Department of Health commissioned a draft bill on sex work. In 1996 a task team appointed by the Gauteng Provincial Ministry of Safety and Security produced a draft policy document on sex work that recommended decriminalization. This received some support from the African National Congress (the governing party) in 1997, but lost momentum in 1998. None of these initiatives moved beyond an internal discussion. In the period after 2000, despite a lack of legislative review, a de facto decriminalized environment existed in which sex work was tolerated. Most arrests and harassment of sex workers was largely directed at street-based sex work, the most visible and vulnerable, and largely in response to community complaints. The Sexual Offences Act was rarely used to charge sex workers. During this period, members of the Sex Worker Education and Advocacy Task Force (SWEAT), a not-for-profit organization based in Cape Town that has been working with sex workers around health and human rights issues since 1994, were mainly dealing with arrests and rights-based infringements related to municipal by-laws. SWEAT was able to engage sex workers in collective actions around harassment and incorrect arrest procedures. The climate was conducive to engaging with community-based forums, such as Community Policing Forums, in different areas of the Cape Metropole. It was clear that there was some room for negotiating, despite the power imbalances and criminalized environment. The article also mentions more recent legal developments and states that at the time of publishing, there were increasing levels of policing by local authorities under a "zero tolerance" policy.

2. **Blankenship, K. M. and S. Koester (2002).** "Criminal law, policing policy, and HIV risk in female street sex workers and injection drug users." *Journal of Law, Medicine & Ethics* 30(4): 548-59.

Abstract: no abstract

Notes: Article notes that law and social policy can promote both HIV transmission and prevention because they are part of the context within which risk-taking occurs. For example, laws limiting access to sterile injection equipment contribute to HIV-related risk behaviors and social policies denying basic socioeconomic or human rights can decrease the sexual negotiating powers that women have. Additionally, criminal laws and testing policies can stigmatize individuals and drive them underground where the risk for HIV is greater. Laws and policies also have the ability to promote the goal of HIV prevention. The article looks mainly at the affect of criminal law and policing on the HIV risk for street-based SWs and IDUs in New Haven and Denver. Authors discuss 3 ways that criminal law and policing affect HIV risk: 1) influence availability of protective equipment like syringes and condoms and the conditions under which their use is negotiated; 2) increase vulnerability to incarceration and therefore to HIV risk; and 3) help create and reinforce social stigma and thereby reproduce the social inequalities that are fundamental determinants of HIV risk. Additionally, the authors note that law and policing can constrain the development and implementation of new interventions and limit an individual's ability to fully take advantage of existing interventions. Through a number of qualitative interviews, the authors confirm that criminal laws and policing have promoted SWs' and IDUs' vulnerability to HIV, but also that some individuals report that intervention by police has helped or protected them in some way. The authors conclude that the criminal justice system and policies they describe have significant health-related costs. They also argue that for the existing policies that are in place to promote public health, policing practices can stand in the way of their effectiveness when they are not accepted by the police. Therefore, the authors argue that changes in criminal law and policing practices could contribute to HIV prevention. While this article is specific to the United States, it seems plausible that some of the concepts discussed in this paper could be applied to the situation for SWs in developing countries.

3. de'Afreitas, R. S. (1984). "Prostitutes, Madams and Cops: The Dialectics of Opposed Orders." *Dados* 27(2): 199-214.

Abstract: The maintenance of formal order is examined through an analysis of the interaction of prostitutes, procuresses, & policemen. Data are derived from personal observation & in-depth interviews (N not given) with prostitutes & procuresses in Belo Horizonte, Brazil, 1980-1982. The prostitutes who solicit clients in the streets negotiate an order with the police based on their role as decoys to attract criminals. These prostitutes also accept as legitimate the unwarranted arrests to which they are subjected. On the other hand, whorehouse prostitutes & procuresses base their negotiations with policemen on their role as informants & the strict observance of prescribed morality. They are thus able to negotiate an identity that enables them to avoid the legal intervention that would normally be imposed. Thus, the more dangerous or "generally suspect" the clientele dealt with, the more useful the prostitutes are to the police in their negotiated roles, & therefore the less susceptible to being molested in their activities.

Notes: no full text available

4. Debabrata, R. (1998). "When police act as pimps: glimpses into child prostitution in India." *Manushi* 105: 27-31.

Abstract: PIP: A random sample of 28 out of 86 brothels along the G. B. Road in India revealed that almost 60% of the prostitutes were children. The law does not punish prostitutes who are older than 18 and do not solicit business publicly, but it does punish running a brothel, living on the earnings of prostitutes, procuring or inducing people to become prostitutes, and soliciting in public places. The law, which is mostly used to harass prostitutes, invokes penalties of imprisonment for procuring or trafficking and for forcible detention for the purpose of prostitution while creating a special police force to stop trafficking, special courts to deal with cases, and protective homes for "rescued" girls.

The law fails to punish clients or make provisions for the rehabilitation of rescued women. Offenses rarely end in convictions. In fact, police officers extort money from traffickers, prostitutes, and madams and abet the system of prostitution through a scheme of false registration of the girls that creates the fiction that they are not minors and creates a debt paid by the madams that places the girls in virtual bondage. There is a set rate for police bribes, depending upon the size of the brothel. Police also are clients themselves and/or extort money from clients. When arrests are made (to make police records look good), police deliberately target adult prostitutes instead of the minors because it is harder to get the minors released back into prostitution. The police are reluctant to release records about prostitution and are complicit when madams present false affirmations that they are relatives of minor girls to get them released from juvenile remand homes. The girls are recruited from impoverished families in the countryside who are paid for giving their daughters in false marriages.

Notes: Only able to access an excerpt from the article. From the excerpt it is not clear how the research was done or how the calculations were made. Excerpt does discuss a report by Bharatiya Patita Uddhar Sabha (BPUS), a union of Delhi-based SWs, of police involvement in SW and in their support of underage SW. The excerpt reports that: After a minor girl is brought into a brothel the kotha malkeen (brothel owner) calls the local officer (sub-inspector (SI) or assistant sub-inspector (ASI) and beat officer (havaladar or constable) and requests them to make a new entry for a newly purchased minor girl for which she pays Rs 10,000 to the police. The process is as follows: a case is registered against minor girls falsely alleging that they were trying to solicit clients in a public place. The minor girls are then arrested and kept in the lock-up while the police prepare a report stating the girl's age is 21. This report essentially transforms the minor girl into an adult for all subsequent court proceedings. After this, minor girls are produced before a magistrate and released on bail. The BPUS also says that the police have designed a slab structure of protection money to be collected from kotha malkeens if they open a new kotha. The bribe rate of the police is as follows: Rs 50,000 for a brothel consisting of 10 minor girls; Rs 1 lakh for a brothel of 20 minor girls; Rs 3 lakh for a brothel having up to 50 minor girls. The sabha further charged that out of every Rs 55 paid by a customer Rs 10 goes to the police. The cops receive cuts (according to their ranks) on a daily basis. A constable could expect Rs 25, head constable Rs 40, ASI Rs 80, SI Rs 100 and SHO Rs 500 from every brothel. The district special branch police, who address special categories of crimes, collect Rs 300 from a kotha of ten girls, and Rs 500 from larger kothas every month. The author notes that minors are rarely caught during special raids at G.B Road (in Karnataka). Most of the raids, she reports, are made to be noted in police registers as signs of proper police activity or to carry out a vendetta against girls who do not pay routine bribes.

5. Disogra, C. E., R. Marino, et al. (2005). "Self-Reported Use of Health Services, Contact with Police and Views About Sex Work Organizations Among Male Sex Workers in Cordoba, Argentina." *Journal of Psychology & Human Sexuality* 17(1-2): 181-195.

Abstract: A total of 31 male sex workers recruited in Cordoba, Argentina, completed a questionnaire about the use and barriers to the use of health services, contact with the police and perception about the need of sex workers organizations. The results reveal that the majority preferred to use public services for general and sexual health concerns. The most frequently identified barriers to use of health services were waiting time before consultation and opening hours. The majority agreed for the need of a sex workers organization to advocate on their behalf, particularly achieving decriminalization of sex work and providing sexual health information to sex workers. Many reported contact with police that was generally positive, although some concerns were raised. The paper discusses implications for public health measures aimed at promoting greater sexual safety in the male sex industry.

6. Gemme, R. (1993). "Prostitution: A legal, criminological and sexological perspective." *Canadian Journal of Human Sexuality* 2(4): 227-237.

Abstract: Examines the relative ineffectiveness of measures to control street prostitution in Montreal over the last 20 yrs. After a review of federal and municipal legislation, a more extensive evaluation of Law C-49, introduced in 1985, indicates that the new law has been only partially effective with respect to its 3 principle objectives: a reduction in the number of prostitutes and clients; equal prosecution of prostitutes and clients; and greater efficiency in law enforcement. In conclusion, a scientific and liberal sexological approach to prostitution is proposed.

7. Harcourt, C., S. Egger, et al. (2005). "Sex work and the law." *Sexual Health* 2(3): 121-8.

Abstract: We reviewed publications, websites, and field observations to explore the health and welfare impacts and administrative effectiveness of different legal approaches to sex work. We identified three broad legal approaches: (1) prohibition, including the unique Swedish law criminalising sex workers' clients; (2) licensing; and (3) decriminalisation. Each of these models is employed under one or more jurisdictions in Australia. We make preliminary observations on their consequences and conclude that, on initial impression, decriminalisation may offer the best outcomes. However, more rigorous population-based research is needed to properly assess the health and welfare impacts of legal approaches to sex work.

Notes: Looks at legal approaches to SW in terms of prohibition, regulation through licensing and decriminalization programs for SWs in Australia and Sweden. Find that most prohibitionist regimes only achieve their aims by suppressing democratic and human rights usually end up breeding corruption, damaging public health and not even reducing prostitution. Licensing or registration was found to have large administrative costs, have potential to violate human rights and increase discrimination against SWs, do not necessarily prevent corruption, reach only a minority of SWs and they involve unsatisfactory health and welfare outcomes. Decriminalization is found to be the best option, especially because it has enabled good health outcomes for SWs and does not have some of the pitfalls of the other legal approaches.

8. Miller, J. (2002). "Violence and coercion in Sri Lanka's commercial sex industry: Intersections of gender, sexuality, culture, and the law." *Violence Against Women* 8(9): 1044-1073.

Abstract: This study examines the local conditions facing commercial sex workers in Colombo, Sri Lanka. Based on findings from a 3-yr comparative field study, the author investigates the widespread nature of violence, coercion, and harassment against women and transgendered/gay men in an illicit sex market whose primary clientele are Sri Lankan men. Specifically, the author examines the relationship between cultural definitions of gender/sexuality and the implementation of existing legal frameworks and its impact on the treatment and experiences of sex workers. The author provides an overview of pathways into the sex industry as well as variations in the nature of coercion, violence, and abuse across industry sectors, focusing specifically on street-level versus "indoor" (i.e., brothels, lodges, massage clinics) sectors of the local sex industry.

Notes: Article looks at the prohibitionist approach and ordinances against SW in Sri Lanka and how they are applied in everyday law enforcement practices. Specifically, the author discusses how discretionary law enforcement practices with SWs are shaped by cultural beliefs about gender and sexuality. The author argues that police use their legal authority and beliefs about sex and gender to justify their own illicit and violent actions against SWs, effectively blocking their access to legal protection. SWs report that their most significant problem was harassment by police and also by clients. Through interviews and FGDs with SWs and police, the author concludes that police justify violence and harassment of SWs because they violate normative expectations of proper sexual behavior. Based on her findings, the author argues that law enforcement practices are linked to male sexual entitlement and definitions of appropriate female sexuality and the desire to control it.

Criminalization of SW allows police to control SW (and more broadly women), but also allows men to continue to pursue the services of SW since clients are rarely punished. The author argues that the culture's gendered values are reproduced through interventions on commercial sex, specifically criminalization and criminal justice practices in enforcing the laws.

9. Pauw, I. and L. Brener (2003). "You are just whores - you can't be raped': barriers to safer sex practices among women street sex workers in Cape Town." *Culture Health & Sexuality* 5(6): 465-481.

Abstract: This paper identifies barriers to HIV risk reduction among women street sex workers in Cape Town. To gain access to the study population, investigators undertook observational fieldwork for 9 months. This initial trust-building period allowed for the mutual identification of issues to guide the remainder of the research. Twenty-five individual interviews and four focus groups were then conducted. The following were identified as barriers to the uptake of risk reduction: the role of regular partners and 'special clients' in determining condom use; client resistance to condom use; accessibility of condoms and lubricants; client violence and forced unprotected sex; police violence and lack of protection; Substance use among workers; access to health care services; inappropriate genital hygiene practices, inappropriate assessment by workers for sexually transmitted diseases in themselves and clients; and, the role of gatekeepers. Future interventions need to better understand the social context in which street-based sex workers are exposed to HIV risk. They need to be designed and implemented in partnership to develop sex workers' capacity to reduce the risk of HIV transmission among themselves, and their clients.

Notes: Article discusses barriers to HIV risk-reduction among SWs in South Africa. The article only briefly mentions police interventions with SWs and reports that if SWs experience problems with a client they do not report it to the police because their complaints are not taken seriously. The authors also report that police confiscate condoms to use as evidence of SW, and physically and sexually abuse SWs.

B. Impacts of Law Enforcement on HIV

1. Anonymous (2002). "Police abuses hinder HIV prevention in Cambodia and India." *Canadian HIV/AIDS Policy & Law Review* 7(2-3).

Abstract: no abstract

Notes: SWs in Cambodia are continuously subjected to human rights violations by police, including, illegal arrests, beatings, extortion and rape and reports by a development association (CWDA) and a prostitute's union says that this is fueling the HIV epidemic. In Cambodia SW is not illegal, but ownership and operation of brothels is, but SWs are the ones who are targeted. CWDA has called for training for police officers.

2. Burris, S. (1997). "Driving the epidemic underground? A new look at law and the social risk of HIV testing." *AIDS and Public Policy Journal* 12(2): 66-78.

Abstract: This article is concerned with social policy as embodied in law-social policy that has been shaped in large part in response to the threat of discrimination and breach of privacy. The USA has heavily invested in and relied upon law to overcome resistance regarding HIV testing. Despite that reliance, today very little is known about how people at risk of HIV perceive the social risk of testing, or about how the law might be used to help reduce those fears. What is known suggests that testing policies have not yet addressed the social fears of poor people, people alienated from the legal system, and people whose social risk often comes from the law itself (such as sex workers and drug users). The time has come to take a fresh look at HIV testing and the problem of social risk. What is really known about the fears of people at risk? What evidence is there of how, or if, law addresses these fears? If social risk is an important factor in HIV testing rates, how can law and other tools of

social policy and professional practice be used more effectively to reduce its influence? At a time when physicians may for the first time be able substantially to affect the outcome of the disease with early treatment, these are pressing questions.

3. Miguez-Burbano, M., I. de Pool, et al. (2005). "HIV knowledge and risk behaviors among women in law enforcement in Bogota, Colombia: potential role as community educators." *Journal of Urban Health* 82(3, Supplement 4): 43-57.

Abstract: As HIV infection is increasing among women, evaluation, prevention, and education campaigns need to target this vulnerable population. Because of their frequent and accepted contact with members of the community, female law officers, if knowledgeable, could be well suited to provide information/education related to HIV/STD transmission. A survey of HIV/AIDS knowledge and risk behaviors was administered to 120 law enforcement women (LEW) and 60 women from the general population (GPW) in Bogota, Colombia. LEW indicated a very high (90%) understanding of basic HIV knowledge. Although most (52%) of the LEW did not report high-risk behaviors, 29% indicated having unprotected sex during menses, and 17% had unprotected anal sex. This contrasts, however, with GPW, who were of similar age, but had a significantly higher prevalence (73%) of risky behaviors ($P=0.004$). Moreover, 52% of the GPW reported having unprotected anal sex, and approximately half of this group (55%) indicated having unprotected sex during menses. Alcohol and drug users were also more prevalent in the GPW: 14% frequently used alcohol and 3% inhaled drugs during sexual encounters, contrasted to 2% of LEW reporting alcohol use. GPW were four times more likely than LEW, to engage in high-risk sexual practices [95% confidence interval (CI)=1.9-10.4, $P=0.034$]. Multivariate analyses indicated that alcohol and/or drug use were significantly associated with high-risk sexual practices [odds ratio (OR)=4.7, 95% confidence intervals (CI)=1.3-18.4, $P=0.02$]. Improved educational HIV/AIDS programs are needed, particularly for women in the general population, who use alcohol/drugs during sexual encounters, which account, at least in part, for their high-risk behaviors. Women in law enforcement, who appear knowledgeable and exhibit safer behaviors, could be useful educators for GPW. Because of their professional role in the community, training for LEW in HIV/AIDS education/prevention programs should be considered.

C. Impacts of Law Enforcement on Drug Use

1. Panda, S., U. Saha, et al. (2002). "Drug use among the urban poor in Kolkata: behaviour and environment correlates of low HIV infection." *National Medical Journal of India* 15(3): 128-34.

Abstract: BACKGROUND: HIV infection in injecting drug users (IDUs) has worked as a driving force for further spread of the virus in other population groups. Major metropolitan cities such as Mumbai, Kolkata, Chennai and Delhi have seen a diffusion of injecting drug use within the last decade. The prevalence of HIV infection among injectors ranges from 2% to 30%. Identifying effective interventional elements that have kept the prevalence of HIV low for the past 7 years among IDUs of Kolkata is thus of public health importance. METHODS: A purposive sample of opioid/opiate users was studied. Primary and secondary data on drug users, law-enforcement environment, records at drug treatment centres, jail admission data related to the 'Narcotic Drug and Psychotropic Substance Act' and interventions in other risk groups were collected. Laboratory tests for HIV, hepatitis B surface antigen and syphilis were done on consenting IDUs ($n=129$) and non-IDUs ($n=120$). For univariate and multivariate analysis, IDUs were taken as cases and non-IDUs as controls. RESULT: Of the IDUs, 2% were positive for HIV. No non-IDU was HIV-positive. Significantly more non-IDUs (10% v. 4%, $p=0.05$) were positive for syphilis. Sharing injection equipment within the past 6 months was reported by 71% of IDUs; sharing partners were stable and ranged from 1 to 3. More IDUs compared to non-IDUs reported being in touch with intervention programmes. The police have been tolerant to needle-syringe exchange and oral sublingual

buprenorphine substitution conducted in Kolkata. Unlike in the early 1990s, non-IDUs did not switch to injecting during non-availability of brown sugar in the latter half of the 1990s and instead sought treatment. The availability of high quality heroin (>20%-50%) was low and the proportion of moderate quality heroin (>10%-20%) went up during these times due to increased police seizures. No intervention exists in jails despite the fact that a large number of drug users spend time in jail. **CONCLUSION:** Stable and few injection equipment-sharing partners of IDUs, launching of early targeted interventions among IDUs and sex workers in the city, police tolerance to harm reduction activities and preference of non-IDUs for detoxification during heroin draught periods have kept HIV prevalence at a low level among drug users of Kolkata for the past 7 years. Immediate launching of interventions for drug users in jails seems necessary. Similar multi-pronged strategies with targeted and environmental intervention could work in other settings as well.

Notes: Study looks at opioid/opiate users and includes data on drug users, law enforcement environment and jail admissions. They found that police were tolerant to needle-exchange in Kolkata and that this has contributed to low HIV prevalence, but that no interventions exist in jails. Very little is said about the actual role of the police, but the article does mention that a Kolkata NGO conducted sensitization programs for police personnel (since 1996), training them in basic information on drug use and its consequences, harm minimization, STIs and HIV, myths and misconceptions about STDs, HIV/AIDS and sex, and sexuality. Police in this study were found to be tolerant to harm-reduction drug-related programs and sometimes even referred drug users to NGOs for assistance.

II. Policing Interventions

A. Policing Interventions and Sex Work(ers)

1. Larsen, E. N. (1996). "The effect of different police enforcement policies on the control of prostitution." *Canadian Public Policy-Analyse De Politiques* 22(1): 40-55.

Abstract: This article conducts a comparative analysis of prostitution control in four Canadian cities using police enforcement policies as the independent variable. Most recent Canadian prostitution research has centered on assessing the adequacy of the existing law, and the majority of analysts have concluded that most prostitution offences ought to be decriminalized. However, the analysis in this article assumes that the law is unlikely to be changed in the near Future, and instead argues that Canadian police already possess sufficient legal discretion to decide when and where they will enforce the law. The article conducts a qualitative analysis of police enforcement policies (in Vancouver, Edmonton, Winnipeg and Toronto) ranging from strict enforcement of the law against prostitutes, customers and both prostitutes and customers through to various forms of selective toleration and negotiation among the various affected groups. Based on this analysis, the writer concludes that the most effective way of reducing both the nuisance and the political conflict associated with prostitution involves selective toleration, combined with negotiation between prostitutes and other affected groups. The article concludes with a feminist oriented discussion of the reasons why attempts to suppress prostitution will not work and why the prostitutes themselves must be part of any discussions regarding the control of prostitution.

Notes: Article is a comparative analysis of how 4 different Canadian police departments implemented changes to Canada's prostitution law that criminalized all public communication for the purpose of prostitution (1985-this was after a special committee concluded that decriminalization was the best way to control prostitution). After the law passed an evaluation was done and it was found to be almost completely ineffective at reducing numbers of prostitutes and number of conflicts between land and business owners and SWs. This study looks at police enforcement strategies as an independent variable and the effectiveness of the law. Methods included an in-depth media search;

in-depth unstructured interviews with police, ministry officials, local politicians and local interest groups; participant observation through walking strolls in high-prostitution areas to assess degree of harassment to ordinary passerbys (interestingly not prostitutes themselves); and an analysis of documents pertaining to the implementation of the law. While the implementation Bill differed by city, overall levels of street prostitution initially plummeted but quickly rebounded to previous or even higher levels. Some differences by city were an emphasis on customers as opposed to a focus on SWs, but neither was more successful over the long term. They also found no difference in effectiveness between routine management and major sweeps. The Bill was found to be ineffective at reducing levels of street prostitution and the conflict associated with it. After this was obvious to police forces they started adopting harassment tactics aimed at SWs and clients, including traffic stops and aggressive deployment of police to SW areas, thus displacing SWs. This reduced some of the conflict between SWs and community members, but at huge cost and at the price of harassment and displacement, and only because they moved the problem from area to another. Another approach involved negotiation between SWs and interest groups (residents and business owners). Negotiation was fairly successful in areas where it was sustained and when SWs were involved. It is interesting to note that one of the main conclusions is that SWs must be involved in the process of SW control, but that it does not appear the authors even talked to SWs in all their work.

2. Matthews, R. (2005). "Policing prostitution." *British Journal of Criminology* 45(6): 877-895.

Abstract: During the 1970s and 1980s, a number of vice squads emerged in different locations in England and Wales to respond to the growing public concern about street prostitution. They adopted an essentially enforcement approach which was aimed predominantly at female prostitutes. During the 1990s, however, the nature of police intervention has changed, as they have become increasingly involved in developing multi-agency responses to prostitution. There has also been a significant growth in the last decade of specialist agencies designed to support street prostitutes. This development has produced a changing regulatory framework in which the nature of prostitution and the conception of the female prostitute have been subject to re-examination. In this article, developments in the policing of prostitution over the last decade are reviewed and emerging trends in the regulation of prostitution are identified.

Notes: In 1994 a survey was conducted assessing police attitudes, activities and experiences with prostitution in England and Wales. This article discusses a follow-up survey from 2004 that identifies changes in the way that SW is policed. The author notes that there has been a decreasing number of specialized prostitution vice units and a shift to a more localized and community-based response. This is the result of changing styles of policing, internal reorganization, changing police priorities and in some areas, a decreased visibility of prostitution or decline in public complaints. The shift from police to policing involved: a shift to more localized and generalized police responses; a shift from police-centered responses to SW towards a broader strategy involving an increase in specialist agencies that provide support services to SWs; and a growth in multi-agency forms of policing with other agencies taking on a degree of responsibility for regulation of SW. The regulation of SW through multi-agency policing is seen in collaboration by police with local authorities, resident groups and SW service groups. From 1994 to 2004, there was also a shift in societal and police perceptions of SW, with a shift towards SW as victim and "kerb-crawler" (curb-crawlers – clients who solicit sex workers by driving by) as the real culprit. This shifting attitude is reflected in the decrease in the number of women arrested and number of SW convictions, and the increased number of convictions for kerb-crawlers. Spatial control of SW by police also changed from a reliance on spatially "designing out" street prostitution towards an emphasis on relocating SW to industrial and commercial areas. In one area studied, officers used a "problem oriented approach" that involved a more tolerant approach to SW, allowing SW to continue without police problems so long as it was in a non-residential area and FSWs adopted "acceptable codes of behavior". The

changing spatialization of SW in England and Wales is largely a product of changing police strategies towards SW. The author notes that many police officers promote a "responsibilization" strategy in which street SW is managed less by the police and more by outreach workers, other agencies and by SWs themselves. Overall, the author reports that police interventions in SW have become more multi-faceted and multi-agency, with police allocating more responsibility for regulation to other agencies that work specifically with SWs. The author concludes that policing interventions with SW may likely shift more to non-street-based SW, as this is a quickly expanding area of the sex trade that has a number of serious problems. Article does not talk a lot about how these changes in police interventions affected SWs.

3. Penfold, C., G. Hunter, et al. (2004). "Tackling Client Violence in Female Street Prostitution: Inter-agency Working between Outreach Agencies and the Police." *Policing & Society* 14(4): 365-379.

Abstract: Research has shown that a characteristic feature of female street prostitution globally is the high incidence of violence perpetrated against women by men who approach them as clients. Given the absence of legislation in the United Kingdom that enhances the safety of street sex workers, this article contends that schemes which promote interagency working between sex worker outreach agencies and the police are vital in tackling the unacceptable level of client violence in street prostitution. A case study of a scheme operating in Merseyside is provided and positive intermediate outcomes are discussed. The scheme--known as "Ugly Mugs"--encourages women to report violent incidents to outreach workers who can disseminate the information to other sex workers and the police. "Ugly Mugs" has resulted in an increase in reports of violence and contributed to convicting two clients of violent crimes against street sex workers, thus demonstrating the valuable role such schemes can play in crime reduction.

Notes: This article looks at the impact of an intervention with police and outreach agencies to increase reporting of violence by SWs and to reduce violence against SWs in the UK. The intervention, or "multi-agency initiative", was funded by the government's Crime Reduction Program. SW initiatives differed by agency, but focused on things like enforcement, support and exit strategies for SWs, protection of young people and community safety. The initiative discussed in this article was unique because it aimed to reduce the levels of violence, sexual offences and robbery experienced by SWs. It was led by a SW outreach agency and partners were outreach agencies, local health authorities and the police. Evaluation data was collected from semi-structured interviews conducted with outreach workers, police officers and SWs. The interviews with the members of the multi-agency partnership were conducted during the first few months of project implementation and 8 months later. The intervention involved encouraging SWs to report incidents of violence (to outreach workers who gave the information to the police or directly to the police); the distribution of summary sheets to SWs reporting descriptions of attackers, their vehicles and where the attack took place; the development of a computerized database of offenders and the development of a telephone messaging system for partner agencies to create clear channels of communication. Evaluation data suggests that the circulation of these summary reports led not only to a wider awareness of the intervention, but also to changes in SW behavior, like refusal of clients who were identified as potentially violent in the report. The authors report that although the majority of women were comfortable reporting violent clients to the Linx Project (at outreach agency), there were barriers to reporting to the police. Women reported that they wouldn't tell the police or if they did, that they were dissatisfied with the police's response. Women did find that having a Linx Project worker with them at the police station was beneficial and the evaluation demonstrates that the intervention facilitated an increase in reporting of client violence. Additionally, the intervention worked with police to arrest perpetrators. The police used the incident reports that were produced by the project to build up a body of evidence against offenders. The inter-agency between the police and the Linx

Project led to some positive developments: the standard of intelligence improved (police and outreach workers collaborated to develop a new incident report form that was able to better meet evidence requirements for building up cases against violent clients); and the realization that there was a need to address police attitudes towards street SWs that want to report client violence led to the establishment of a police training course. The course aimed to educate officers to better understand violent client experiences by street SWs and promoted improved SW-police relations. The authors conclude that inter-agency collaboration between police and outreach workers was successful in reducing client violence and in increasing SW reporting of violence.

4. Van Brunshot, E. G. (2003). "Community policing and "john schools"." *Canadian Review of Sociology and Anthropology-Revue Canadienne De Sociologie Et D Anthropologie* 40(2): 215-232.

Abstract: Policing today has gone through and continues to undergo changes in its basic philosophy and practice. Areas of social control previously ignored by police are now included under the rhetoric of "community policing." Control of prostitution activity, although an historical mainstay of policing directed primarily at female sex workers, has recently been subsumed under the umbrella of community policing through particular methods aimed at its control. This paper examines community policing and the expanded police role through the example of "john schools" or prostitution offender programs. As community policing in practice, such prostitution offender programs highlight the difficulties of the community policing approach generally, and the policing perspective on prostitution more specifically.

Notes: The community-policing model involves a more amplified role of the citizen and involves the establishment of close ties between the police and the local community, with law enforcement being guided by the preferences of the community. The defining elements of community policing are noted as: porous boundaries between citizens and police, police listening and responding to community concerns, a wider net of offenses that police deal with and the guidance of the community in defining problems. "John Schools" are used as a method of addressing prostitution activity and are reflective of the shift towards community policing. "John Schools" are prostitution offender programs for clients that serve as an alternative to having charges dealt with formally in the courts. Attendance at the program means that charges will be dropped. Programs tend to consist of: education of laws and legal information related to prostitution, including punishments for offenses and possible crimes against them by prostitutes or pimps; health risks associated with prostitution (STIs); testimonials by "survivors" of prostitution; sexual addiction and addiction management; community concerns of the effects of prostitutions on their community; and information on pimps and pimping dynamics. The article looks specifically at a prostitution offender program in Canada and how elements of the community policing perspective apply to these programs. The author reports that: the community participating in prostitution offender programs is limited to those that see prostitution as a social and physical disorder; the community involved has a vested interest in prostitution because it can affect property values or personal safety; and the community is limited primarily to geographic location. This narrow view of community, the author argues, limits the effectiveness of prostitution offender programs.

5. Vuanello, R. (1998). "When Control Fades Out and Prostitution Becomes Visible." *Revista IDEA de la Facultad de Ciencias de Humanas* 12(27).

Abstract: In 1998, the Code of Urban Coexistence replaced previous laws that gave the police the authority to rein in prostitution in the city of Buenos Aires, Argentina. The new code, inspired by UNESCO's human rights guidelines, aimed at ending abusive practices that marginal populations suffered from the police. However, these noble intentions proved disastrous to the city's law & order & did not have much practical effect on improving the plight of the women involved in the trade, their human rights violated by other elements, & the stigmatization on the part of the public. The new

law addressed police measures vis-à-vis prostitution control but failed to gain the support of residents, who need to be educated in civil attitudes & social understanding & acceptance of this marginal population.

B. Policing Interventions and HIV

1. Anonymous (2004). "India mandates HIV testing of police after 450 officers test positive." *AIDS Policy & Law* 19(2): 30.

Text: The Mumbai, India, police department has decided to make it mandatory for all of its 38,000 constables, officers and inspectors to undergo HIV testing every six months after discovering that hundreds of the city's police officers are HIV positive.

About 450 male police officers have tested HIV positive, according to Prem Kishan Jain, joint police commissioner for administration. However, the number is preliminary, and medical data have not yet been compiled for much of the police force. Jain said the department also is trying to determine how the police had been infected. He said most of the men who tested HIV positive were low-level constables who are not well-educated.

Jain said the police department plans to build a database of the HIV status of its employees and implement an AIDS awareness program at the 83 police stations and 12 crime branch units in the city. More than 800 police officers have been trained to participate in the program. India has 4.6 million HIV-positive people. A 2003 study warned that the problem could grow if the government didn't act to prevent the virus' spread.

Notes: Newspaper article - this is entire text.

2. Bakari, M., E. Lyamuya, et al. (2000). "The prevalence and incidence of HIV-1 infection and syphilis in a cohort of police officers in Dar es Salaam, Tanzania: a potential population for HIV vaccine trials." *Aids* 14(3): 313-320.

Abstract: Objectives: To assess the suitability of a cohort of police officers in Dar es Salaam for HIV vaccine trials by determining the prevalence and incidence of HIV-1 infection, active syphilis and their associated factors.

Design and setting: An open cohort study of police officers in Dar es Salaam, Tanzania.

Methods: Recruitment of police officers began in 1994. A standardized questionnaire was completed at enrolment and subsequent visits. HIV antibodies were determined using two consecutive enzyme-linked immunosorbent assays. Samples repeatedly discordant on the two tests were tested by a Western blot assay. *Treponema pallidum* antibodies were first determined by Venereal Disease Research Laboratory (VDRL) test and reactive sera were confirmed by *Treponema pallidum* hemagglutination test.

Results: At the end of 1996 a total of 2850 police officers had been recruited of whom 2733 (96%) consented to be tested for HIV. The overall HIV-1 seroprevalence at recruitment was 13.8% (378 of 2733). Females had a significantly higher HIV-1 seroprevalence, 18.0% (55 of 306), as compared to males, 13.3% (323 of 2427), $P < 0.05$. From a total of 2215 married police officers, 585 (26.4%) responded to a question on extramarital sex within the previous 3 months of whom 36.2% (212 of 585) admitted to have had at least one extramarital sexual intercourse. Condoms were not used during these encounters by 178 of 212 (84.0%). As of 31st December 1998, among the 1524 males observed for 2553 person-years (PYAR), 50 had seroconverted and among 200 females observed for 357 PYAR, eight had seroconverted. The overall crude HIV-1 incidence was thus 19.9/1000 PYAR; 19.6 and 22.4/1000 PYAR for males and females, respectively. The overall prevalence and incidence of active syphilis were 3.1% (88 of 2850) and 8.6/1000 PYAR (26 of 3149), respectively. Males had a higher prevalence of active syphilis, 84 of 2525 (3.3%) than females, five of 325 (1.5%), $P = 0.09$.

Conclusions: There was high-risk sexual practice including low condom use in this cohort of police officers. The incidence and prevalence of HIV infection were high. Police officers in Dar es Salaam are therefore a potential population group for HIV vaccine evaluation.

Notes: A cohort of police officers (both male and female) in Tanzania was studied to determine if they would be candidates for future HIV vaccine trials. In 1994 police officers were given information and education about HIV/AIDS and STIs at their regular weekly meetings by a member of the study team. Members of the study team then visited police officers at their work and invited individuals for a medical exam. Pre- and post-test counseling was given to persons consenting to HIV and STI tests. 36.2% of the married police officers reported extra-marital sex and condoms were not used in 84% of encounter. The authors argue that police would be a good candidate for HIV vaccine trials and note that most officers were willing to be tested and wanted to know their results. The article does not talk about the HIV and STI education, testing and counseling that police received as an intervention, but it certainly can be considered one.

3. Fawole, O. I., A. J. Ajuwon, et al. (2004). "Violence and HIV/AIDS prevention among female out-of-school youths in southwestern Nigeria: lessons learnt from interventions targeted at hawkers and apprentices." *African Journal of Medicine & Medical Sciences* 33(4): 347-53.

Abstract: Between 1997 and 2003, four studies on hawkers and apprentices in motor parks and work shops in south west, Nigeria were carried out to evaluate the effectiveness of interventions aimed at preventing HIV infection and gender based violence (GBV). The studies were in 3 phases namely baseline survey, intervention and end line survey. Interventions consisting of:--development and distribution of education materials and training programmes for the police, judiciary, instructors, drivers, traders and apprentices/hawkers, including micro-credit facilities were implemented in some of the studies. The major lessons learnt were that: Young girls working in the informal sector of the Nigerian economy face dual risks of HIV infection and GBV and yet they are seldom targets of intervention; Many had been victims of GBV and did not seek redress either because they accept it is their lot, are afraid of being stigmatized or are put off the prolonged legal system; Perpetrators tend to deny their involvement in violence; Despite the challenges involved, interventions implemented among female apprentices and hawkers, especially those that involve multiple stakeholders, made a difference in protecting this group from dual risks of GBV and HIV/AIDS infection. We recommend more intervention programmes for this population, and regulation of activities in the informal sector of the Nigerian economy.

Notes: Article begins by mentioning interventions in SW Nigeria that were aimed at preventing HIV infection and gender based violence (GBV). Interventions targeted police, judiciary, instructors, drivers, traders and apprentices/hawkers. Components included the development and distribution of education materials and training programs. There were also interventions for young female workers in the informal sector, primarily hawkers and apprentices (tailors, hairdressers and traders of drugs/provisions), who are at the dual risk of HIV infection and GBV. The intervention for young girls included training and in some cases micro-credit programs. The article is unclear about what the programs really involved and how the intervention trained young females as well as the police, drivers and others. The article does briefly mention that police and judiciary were sensitized to ensure cooperation and support for the young girls to participate in the programs and to improve prejudice, but says nothing more.

4. Laszlo, A. T. and B. E. Smith (1991). "Evaluating Criminal Justice Training Addressing AIDS Policy." *Crime and Delinquency* 37(1): 19-35.

Abstract: Described is the AIDS (acquired immune deficiency syndrome) Policy, Training, & Technical Assistance project designed to assist state & local criminal justice agencies in developing & implementing human immunodeficiency virus (HIV)-related policies for both clients & employees

of the organization. The target populations for the project were policymakers & managers from law enforcement, corrections, probation & parole, victim assistance, pretrial services, & drug & alcohol treatment services. A model 3-day policy training curriculum was pilot tested through a series of 6 national workshops for senior-level administrators representing the target populations. A 6-month follow-up indicated significant changes in knowledge & attitudes about HIV policies that had been translated into writing, revising, or implementing new policies. 2 Appendixes. Adapted from the source document.

Notes: Intervention program covered core modules - causes, symptoms and transmission of HIV, the implications of federal and state statutes and case decisions, the appropriate procedures for infectious disease control, the availability of statewide testing, treatment and educational resources; and elective modules that addressed operational issues of specific agencies, i.e. correctional officers may have concerns over the distribution of condoms in prisons or parole and probation officers have problems classifying and managing HIV-infected offenders. Small group workshops were also held to give the opportunity to debate policy-related issues and to develop draft policies for specific operational areas. Police policies around HIV/AIDS need to cover a range of issues specific to employees and clients both in regards to medical facts, it legal responsibility and in the organization's attitudes towards people with HIV. The training team included a doctor, a lawyer, an infection control specialist and state and local AIDS educators and service providers all who had expertise in HIV and/or civil rights. Methods included formal lectures and small group policy development workshops (3 days). Intervention was for 225 policymakers and managers from law enforcement, institutional and community corrections, victims' services, probation and parole, drug treatment, juvenile justice, and medical and mental health service agencies. Evaluation of intervention showed a slight increase in knowledge about AIDS and their attitudes and beliefs about benefits of AIDS policies, a large increase in new policies written or revised after the training, but only a small rate of actual implementation of new policies at the 6-8 month follow-up.

C. Policing Interventions and Drug Use

1. Burris, S., K. M. Blankenship, et al. (2004). "Addressing the "Risk Environment" for Injection Drug Users: The Mysterious Case of the Missing Cop." *The Milbank Quarterly* 82(1): 126-156.

Abstract: Ecological models of the determinants of health & the consequent importance of structural interventions have been widely accepted, but using these models in research & practice has been challenging. Examining the role of criminal law enforcement in the "risk environment" of injection drug users (IDUs) provides an opportunity to apply structural thinking to the health problems associated with drug use. This article reviews international evidence that laws & law enforcement practices influence IDU risk. It argues that more research is needed at four levels - laws; management of law enforcement agencies; knowledge, attitudes, beliefs, & practices of frontline officers; & attitudes & experiences of IDUs - & that such research can be the basis of interventions within law enforcement to enhance IDU health. 1 Figure, 153 References. Adapted from the source document.

Notes: The authors argue that interventions for IDUs need to include changes in the criminal justice system. Greater attention to laws, police practices, the operation of courts and the conditions in jails and prisons should be a public health priority. In support of this argument, the authors provide evidence that law and law enforcement practices influence the spread of communicable diseases among IDUs. The authors use an "ecological approach", which refers to "how social, political and economic factors as well as features of the physical environment interact with personal characteristics to determine health." Laws can act causally to structurally increase risks and laws can serve as a mode of structural intervention through their ability to set rules of behavior. The authors conclude that interventions among and in collaboration with law enforcement are necessary to ensure public health. Specifically, four dimensions of law enforcement in relation to the health of IDUs

must be more fully researched: law on the books; management policies, procedures and training; practices, knowledge and attitudes of street-level criminal justice personnel; and IDUs' attitudes, knowledge and experiences. The potential changes in law enforcement policy and practice mentioned in this article could easily be relevant to SW and policing interventions.

2. Hammett, T. M., N. A. Bartlett, et al. (2005). "Law enforcement influences on HIV prevention for injection drug users: Observations from a cross-border project in China and Vietnam." *International Journal of Drug Policy* 16(4): 235-245.

Abstract: Law enforcement activity has had multiple influences on injection drug users' (IDUs) participation in a cross-border HIV prevention project in southern China and northern Vietnam. The project has successfully achieved and maintained the official support of police and other government agencies and effectively implemented its interventions. However, analysis of process data, site visit observations, and interviews with project staff, peer educators, IDUs, and police officers reveal the ongoing effects of actual and perceived threats from law enforcement, as well as community stigmatization, on IDUs' project participation. These effects are discernible in variations in the monthly numbers of needles/syringes provided, cross-border differences in IDUs' preferred ways to receive new needles/syringes and retain used needles/syringes for exchange, and geographic patterns of IDUs' receiving and redeeming pharmacy vouchers. HIV prevention programmes must not only maintain the support of police and other officials but also convince IDUs that it is both beneficial and safe for them to participate in the interventions. Programmes must also be implemented with flexibility, adapting to the potentially changeable preferences, perceptions, and needs of IDUs.

Notes: In China and Vietnam, there are periodic crackdowns where large numbers of drug users are sent to rehabilitation, detox or education/labor centers. Recently though, new central government mandates have been developed that stress harm-reduction strategies for IDUs. These include pilot needle/syringe exchange and condom social marketing programs (in both countries needles/syringes are sold legally and are widely available and inexpensive). These new policies can cause tension between HIV prevention and law enforcement, since it is legal to possess needles/syringes, but illegal to use them to inject illegal drugs. Police must enforce laws against drug use, but new policies may also ask them to be more tolerant to needle exchange and sale to IDUs. This paper looks at the multiple influences of actual and perceived law enforcement activity on patterns of IDUs' participation in an HIV prevention intervention. The cross-border intervention involved peer educators who contacted IDUs in the community, provided HIV risk-reduction information, distributed new needles/syringes and condoms and vouchers for both, and collected used needles/syringes. The intervention got the support of all key stakeholders, including political leaders, police officials, mass organizations, pharmacies and others in the project sites. The government and police agencies committed in writing to support the project. In one project site, the health department worked with the police and got them to agree to support and refrain from interfering with the intervention, including allowing IDUs to come for medical check-ups and risk-reduction counseling without fear of being arrested. Study involved a cross-sectional survey with IDUs, but also interviews with peer educators, government officials and police. During the project, there was no police disruption and in some project sites, police helped recruit peer educators. Despite police support and non-interference, law enforcement activities and perceptions of them by IDUs still had an affect on the intervention. The authors cite multiple influences of law enforcement on the extent and patterns of IDUs' participation in the intervention: number of needles/syringes provided by the project; patterns of IDUs' preferences for ways to receive new needles/syringes; the extent to which IDUs' were willing to retain used needles for exchange with peer educators; and the geographic patterns of IDUs' receiving and redeeming pharmacy vouchers. The authors argue that continued law enforcement activities against IDUs, even though they were not related to the project, affected IDUs' willingness and ability to participate in the interventions. Elevated enforcement activities later in the

project moved many IDUs underground or out of the area temporarily affecting levels of participation in the intervention. Despite police support of the project, fear of the police and arrest among IDUs remained high. The authors still argue that support by law enforcement is necessary and begins breaking down stigma. Note: perhaps a more integrated approach that involved active participation by police and IDUs would have been effective in improving IDU-police relations.

Review of the Grey Literature

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- VII. Documenting Incidents of Police Harassment and its Influence on HIV

I. Problem Overview

Police harassment of commercial sex workers negatively impacts HIV prevention work. Violence and humiliation against sex workers cause this vulnerable group to go into hiding, making it even more difficult for sex workers to be reached with HIV prevention messages. Police harassment of peer educators has severely disrupted distribution of condoms, delivery of safe sex messages, and other activities promoting sexual health. Furthermore, unsolicited sex to avoid arrest in (brothel) raids, and rape while being held in detention centres or incarcerated has increased sex workers' exposure to HIV infection (HRW, 2002). Finally, public displays of police harassment reproduce stigma and discrimination of sex workers in society, all of which leads to a greater vulnerability to HIV infection. The UNAIDS India Coordinator, Denus Broun, warned that "criminalisation of people most at risk of HIV increases stigma and discrimination, ultimately fuelling the AIDS epidemic" (YOUANDAIDS, 2006).

II. Documenting Police Harassment in India

Incidents of police harassment against sex workers in India have been documented in many national newspaper articles, the Sex Worker's Manifesto, Calcutta, 1997, NGO websites and more. Some examples of harassment and discrimination documented by Human Rights Watch and YOUANDAIDS, the HIV/AIDS Portal for Asia Pacific are:

- Beating up peer educators in public and in detention
- Accusing peer educators of promoting prostitution
- "Trumping up" charges against HIV/AIDS workers by trying to link them with false narcotic charges
- Extorting money and sex from peer educators
- Harassing peer educators because they are carrying condoms
- Refusing to recognise peer educators' identity cards and destroying their tools for HIV prevention
- Verbally humiliating peer educators in public
- Forcing arrested sex workers to undergo HIV testing
- Refusing to register complaints by sex workers

Specific case studies are also available from the Human Rights Watch (HRW) report "Epidemic of Abuse: Police Harassment of HIV/AIDS Outreach Workers in India" (July 2002).

III. Interventions on Policing Practices

The need for interventions on policing practices is recognised by NACO and many NGOs. To the best of our knowledge, NACO has not issued a recommendation on policing practices regarding sex work. When HRW asked NACO whether the Union Ministry of Home Affairs should be included to oversee police force in the administration of the national AIDS programme, NACO representative Rao (special secretary and project director) said that formal inclusion of police commissioners was not necessary. Rather, Rao believes the work of NGOs to sensitise “higher-ups in the police hierarchy” will be helpful (HRW, 2002).

However, initiatives to protect sex workers and other vulnerable groups do exist at the state level. Different examples have been documented from Delhi, Maharashtra, and Karnataka.

- Delhi State AIDS Control Society (DSACS) has been implementing a large-scale sensitisation of its police force with the support of United Nations Development Programme (UNDP) and consulting company NIS Sparta. Reportedly, DSACS police initiatives have sparked interest in other states (NIS Sparta, 2006; Rashid, 2006).
- Similarly, police in Mumbai and the Maharashtra Police Academy are being trained on HIV/AIDS related issues, and police and constables are to be tested for HIV every 6 months with their sero-status monitored using a computer database (YOUANDAIDS, 2004; Gond, 2006).
- It was reported on December 4, 2005 that the Karnataka Police Headquarters circulated a notice saying that the ITPA should not be used against sex workers, but rather those who exploit the earnings of sex workers (NACO, 2005).

Sensitisation training is typically framed around two issues – on protecting the police from HIV infection, and on skills to reduce discrimination of HIV-vulnerable groups such as sex workers, men who have sex with men, and injecting drug users. The Nepal Police Work Plan provides a specific example of multilevel sensitisation training (The POLICY Project, 2005).

Police sensitisation and advocacy are also conducted by grassroots organizations like NGOs and sex workers collectives. In February 2002, NGO SANGRAM and sex worker collective VAMP were able to mobilise the chief minister of Karnataka to order an official inquiry on the Police Inspector of Sangli who refused to register complaints by sex workers. Also, the National Human Rights Commission issued a statement to chief secretaries and director generals of police in the state to provide necessary protection to members of VAMP and SANGRAM (HRW, 2002). In January 2005, members of sex worker collective “Sakhijyot” visited 29 police stations in Ahmedabad and to promote goodwill in the Festival of Rakshabandhan. Sex workers tied a sacred thread on 400 police personnel. It was an effort to reduce harassment and insensitive behaviour from the police (NACO, 2005).

IV. Evaluation of Police Interventions

Thus far, evaluations of police interventions are mostly pre- and post-training surveys on police knowledge and attitude. More robust interventions have not been recorded in the grey literature. The Nepal Police Work Plan evaluation strategies are by far the most comprehensive, using multiple indicators on attitude and behaviour from different surveys (The POLICY Project, 2005).

V. Police Training or Advocacy Initiatives in India

A. Police Training in Delhi

Training Delhi State AIDS Control Society, NIS Sparta document.¹

UNDP has contracted NIS Sparta, a training and performance enhancement solutions company, to work in coordination with the Delhi State AIDS Control Society (DSACS) to sensitise 30,000 Delhi Police about HIV/AIDS. (Date and length of contract is unknown.) The programme aims to enhance police personnel about HIV/AIDS, STDs and equip them to deal with and learn skills to reduce discrimination of high-risk populations such as FSWs, MSMs, IDUs, and PLWHA. Thus far, NIS Sparta has conducted 53 pilot programmes with CRPF (Central Reserve Police Force) and CWWA (CRPF Wife Welfare Association). Reportedly, incidences of police harassment (*amongst which population unclear*) has reduced after participants underwent sensitisation programme.

“Delhi police to take second UN course on AIDS.” Toufiq Rashid in Express India News Release, January 7, 2005.²

The first phase of sensitising 12,000 police was conducted in collaboration with UNDP (date unknown). It involved training police on how to deal with high-risk groups like commercial sex workers, truckers, and drug users. Also, police personnel were trained in universal precautions because police vans function mostly as ambulances. The second phase involves training the remaining 48,000 personnel and will include police forces like Central Reserve Police Force and Rapid Action Force. According to the joint director of DSACS, assessment was based on before and after session questionnaires.

B. Police Advocacy in Other Parts of India

“India: Mumbai police launch AIDS awareness programme.” Youandaids.org Press Release, Mumbai, India, January 8, 2004.³

According to Joint Police Commissioner for Administration, approximately 450 policemen in Mumbai are HIV positive. This is considered an initial figure as the medical data have not yet been compiled for Mumbai’s police force of 40,000.

This information has prompted the police department to launch a series of activities including:

- An AIDS awareness programme at 83 police stations and 12 crime branches in Mumbai.
- There are plans to develop a computer database of HIV status of its staff.
- All constables and officers up to the rank of inspector are to undergo an HIV test every 6 months.

“An IEC Workshop on HIV/AIDS at Maharashtra Police Academy.” Ramesh Gond, SOS Foundation.⁴

This was a short and (rather incomplete) description of findings from a pre- and post-workshop survey. The workshop targeted 648 cadets at the Maharashtra Police Academy. The majority cadets are men (65.17%) aged 20-30 years and unmarried (55.35%).

¹ <http://www.teri.res.in/core/documents/activity/workshop/sept5-6/syed%20-2.pdf> (accessed March 22, 2006)

² http://www.undp.org.in/MEDIA/2005/DP_courseAIDS_6Jan2005.pdf (Accessed March 22, 2006)

³ <http://www.youandaids.org/News/Headlines.asp?ID=69f728f3406a11d886cf00508b6d18b8> (accessed March 17, 2006)

⁴ <http://www.youandaids.org/unfiles/J8860821.pdf> (accessed March 17, 2006)

Prior to the workshop, a short KAP questionnaire was administered on participant's knowledge, attitude, and practice on AIDS. The majority of police had basic information about AIDS (95.74%), such as knowing the word "AIDS" and that it is a deadly disease. Importantly, many of the cadets believed they could get AIDS (63.62%). Not very many of them used condoms during sexual encounters (44.71%).

Participants were scored after the workshop. More than half (58.06%) scored 17-19 marks out of 19. 36.58% scored between 14-16 marks out of 19. 3.36% scored between 10-13 marks out of 19.

Additional feedback from participants was included, including a few comments on their relation to vulnerable groups:

- "Research on red light areas will be humane and understanding about the issues."
- "Delicate issue handled with care and comfort."
- "Will help infected people"
- "A different and new direction for the police"
- "Laws will have to be changed in coming years"

Monthly Newsletter of NACO, January 2005, Vol.1, p.15.⁵

During the Festival of Rakshabandhan celebrating the special bond between brothers and sisters, 150 commercial sex workers from the collective "Sakhijyot" visited 29 police stations in Ahmedabad and tied rackhis (a sacred thread) to 400 police personnel as a gesture of goodwill and in response to harassment and insensitive behaviour of the police. They also distributed materials on AIDS awareness.

"Police victimise sex workers." *Deccan Herald, December 4, 2005.*⁶

A circular (date is unknown) from the police headquarter in Karnataka instructed senior police officers that the "Section 8 of Immoral Trafficking (Prevention) Act 1965 should not be used to revictimise the victims of trafficking and action should be taken against traffickers, pimps, brothel keepers, exploiters – those living on the earnings of sex workers."

Senior police officers sought feedback on its implementation. It is reported that from 2001 to September 2005, a total of 6,043 cases have been registered under the ITPA. Disaggregating the cases by year showed 1,356 (2001), 1,388 (2002), 1,361 (2003), 872 (2004), and 1,066 (up to September 2005).

The conference note indicated "experience shows that almost all these cases have been booked under Section 8 of ITP Act against women sex workers and hardly any case have been booked against brothel keepers and pimps."

⁵ <http://www.nacoonline.org/naconewltrjan.pdf> (accessed March 23, 2006)

⁶ <http://www.deccanherald.com/deccanherald/dec42005/state181342005123.asp> (accessed March 23, 2006)

VI. Police Training and Advocacy Program Case Study: Nepal

“HIV/AIDS Strategy and Work Plan of Nepal Police.” The POLICY Project. March, 2005.⁷

The “Nepal Police HIV/AIDS Strategy” project was developed in collaboration with Futures Group, POLICY Project, and USAID in March 2005. The project is framed around uniformed service personnel’s vulnerability to HIV infection and their role in creating an enabling environment for vulnerable groups, such as sex workers, injection drug users, and men who have sex with men.

Three overall objectives are as follows:

1. To halt the spread of HIV/AIDS epidemic within the police force, their partners and families
2. To sensitize the police toward the rights of vulnerable groups and their access to HIV/AIDS services
3. To ensure that policing practices do not exacerbate the impact of the epidemic

Major principles underlying the strategy:

1. Prevention as the basis for effective response given risk factors faced by the police, such as age, mobility, and work away from home
2. The importance of research, accurate surveillance systems, evaluation and monitoring of interventions
3. Rights-based approach
4. High-level leadership and commitment
5. Reduction of stigma and discrimination
6. Greater involvement of PLWHA

Key interventions:

1. Utilizing behavioural change communication (BCC) to promote condom use.
2. Training police in how to follow universal precautions because their work are often deals with ambulatory care of the injured
3. Initiative national protocols and guidelines within the police system to enhance police’s capacity to address issues of support, care, and treatment

Background

Police are vulnerable to HIV infection in Nepal due to their work environment, age, and mobility. As policemen may be required to work in places far away from their homes, many are found to frequent sex workers. One study found that 38.3% of sex worker’s clients are uniformed service personnel, including both the military and civil policemen. Policemen are considered a “bridging population” between vulnerable groups and the wider population.

Police are also in contact with vulnerable groups though their professional duties, which often intersects social issues with maintaining law and order. SWs, IDUs, and MSMs are vulnerable to HIV infection and the social consequences of living with HIV/AIDS. Problematic policing practices include arrest of FSWs for carrying condoms, sexual harassment and violence, and practice of extortion. These negative, unsympathetic, and intimidating police behaviour poses barriers to accessing services for HIV/AIDS prevention, treatment, and care.

⁷ http://www.policyproject.com/pubs/countryreports/NEP_PoliceStrategy.pdf (Accessed March 16, 2006)

There is a need to create an enabling environment in the Nepal Police to support prevention activities among vulnerable groups.

Project Development

- The development of this project came together as a result of national and international political commitment:
 - In March 2004, Nepal Police established an HIV/AIDS Advisory team mandated to conduct internal and external HIV/AIDS initiatives related to the Nepal Police
 - NGOs and INGOs conducted short training courses on HIV/AIDS to raise awareness among Nepal Police personnel
 - The current project is part of the National HIV/AIDS Strategy (2002-2006), which proposes to “sensitize and train local police on intervention sites and motivate for direct collaboration with respective programmes”
 - The UN Security Council adopted resolution 1308 (2000) which expressed potentially damaging impact of HIV/AIDS on armed forces and peace keepers
 - The UNGASS Declaration (2001) called all countries to have in place national strategies to address spread of HIV among national uniformed services

- Situational analysis of policing practices and FSWs:
 - Although Nepalese Constitution does not restrict practice of any kind of profession, FSWs report arbitrary arrest and maltreatment by police
 - Nepalese law prohibits any act creating a public nuisance or disturbance and this law is often interpreted to include SW activities
 - Government policy, including the National HIV/AIDS Strategy, supports the rights of vulnerable groups. However, protocols related to these policy statements have not been implemented by the corresponding government agencies. A lack of coordination between government policies and inconsistent attitude of key people in the police force complicate protection of vulnerable groups.
 - Traditional societal norms and values against FSWs also contribute to the vulnerability of FSWs.
 - Sometimes FSWs are arrested on the basis that they are carrying condoms
 - NGO HIV prevention programmes have emphasised FSWs’ human rights, condom use, networking of FSWs’ peer educators, intensive training, and involvement of police. There are mixed results with some NGOs reporting positive change and others not.

Nepal Police HIV/AIDS Strategy

1. Establish and sustain high-level leadership and commitment
 - a. Objectives:
 - i. To help overcome stigma and discrimination
 - ii. To elicit cooperation with members of the Nepal Police Service
 - b. Activities:
 - i. HIV/AIDS education for senior personnel,
 - ii. Sensitise senior personnel on need to respect human rights of PLWHA,
 - iii. Provide information on what is adopted in other countries (information not expanded),
 - iv. Establish a regular forum between senior police personnel and public health workers to collaborate on policies and practices concerning vulnerable groups,
 - v. Provide briefings to Home Ministry and Ministry of Health on outcomes of meetings between senior police personnel and public health workers

2. Prevention
 - a. Objective: To prevent STI and HIV infection among police personnel and their families
 - b. Activities:
 - i. Integrate HIV/AIDS education into training programme of Nepal Police
 - ii. Initiate peer education
 - iii. Adapt STI/HIV/AIDS IEC material
 - iv. Promote consistent and correct condom use
 - v. Provide sensitization programmes for officials (see summary of sensitisation curriculum for details)
 - vi. Adopt practice of universal precautions
 - vii. Provide post-exposure prophylaxis services
 - viii. Promote blood safety
3. Treatment, care, and support
 - a. Objective: To develop appropriate treatment, care, and support services for Nepal Police and their families
 - b. Activities:
 - i. Develop VCT facilities for Nepal Police
 - ii. Develop trained counsellors at various districts
 - iii. Develop a civil police alliance and referral system by building linkages between government, NGOs, INGOs, PLWHA, and other civilian institutes to ensure cooperation in all aspects of HIV/AIDS activities of Nepal Police
 - iv. Adapt and train staff to implement national protocols and guidelines on OI, ARV treatment and prevention of mother-to-child transmission (PMTCT) for Nepal Police families
 - v. Create a treatment fund for police
 - vi. Promote home-based care for police who are also PLWHA
 - vii. Develop a policy for orphans and vulnerable children of police
 - viii. Develop an HIV/AIDS workplace policy addressing HIV prevention, treatment, awareness raising, stigma and discrimination, and care and support of PLWHA
4. Interface with vulnerable groups
 - a. Objective: To create an enabling environment for supportive behaviour while dealing with vulnerable groups
 - b. Activities:
 - i. Involve representatives of vulnerable groups as resource persons or speakers in training and sensitization programmes
 - ii. Arrange field visits to organizations working with vulnerable groups
 - iii. Form a joint monitoring mechanism between police, civil societies and vulnerable groups to monitor the behaviour of Nepal Police with regular meetings and reports submitted
 - iv. Attach trainees to agencies working with vulnerable groups as part of their training programme
 - v. Establish a network of police liaison officers with the responsibility for receiving and investigating complaints of human rights violations or other activities alleged to impede HIV prevention and health promotion activities
 - vi. Ensure police investigates all allegations of crimes or other human rights violations against PLWHA, and that legal proceedings are taken against perpetrators, whether perpetrators are members of the police force or other citizens using police liaison officers and the joint monitoring mechanism

- vii. Support condom social marketing through establishment/ outlets in high risk areas
- 5. Surveillance system
 - a. Objective: To develop an effective surveillance and information system for the Nepal Police. Part of the rationale for developing a surveillance system with the Nepal Police is because they are considered a bridging population of HIV from vulnerable groups to the wider population. At the same time, they are “definable and accessible” and in large enough numbers to allow identification of behavioural trends.
 - b. Activities:
 - i. Coordinate with other agencies involved in conducting national surveillance
 - ii. Develop and conduct a Behavioural Surveillance Survey (BSS)
 - iii. Develop and conduct a Seroprevalence Survey
 - iv. Develop mechanisms to protect confidentiality
- 6. Monitoring and evaluation
 - a. Objective: To develop monitoring and evaluation system for interventions for Nepal Police
 - b. Activities: M&E surveillance on IEC, BCC, STI prevalence, KAP, surveillance on access to STI prevention and treatment of police and their families, behavioural surveillance, universal precautions, human rights violation
 - i. M&E will include the following indicators: number of uniformed service personnel and proportion of workforce reached by HIV IEC and BCC annually; HIV prevalence in uniformed services personnel; STI prevalence in uniformed services personnel; knowledge of HIV and STI prevalence and treatment; surveillance on uniformed service personnel and their family member who have access to clinical services for HIV and STI prevention and treatment; number of complaints of human rights violation or other mistreatment by people living with HIV/AIDS and people vulnerable to HIV infection; number of complaints registered; number of action taken in response to registered complaints
 - ii. Behavioural surveillance will include: number of commercial sexual acts; frequency of condom use during commercial sexual activity; involvement in other acts which involve exposure to the risk of HIV transmission
 - iii. BCC survey: Market Research Omnibus Surveillance (MROS)
- 7. Institutional mechanisms
 - a. Objective: To strengthen existing Nepal Police AIDS Task Force as a steering committee and further build its capacity to coordinate, provide technical assistance, monitor, supervise, and mobilise appropriate resources for HIV/AIDS programme of the Nepal Police

See also the training Manual for Senior Police Personnel in Nepal.⁸

⁸ http://www.policyproject.com/pubs/countryreports/NEP_PoliceCurriculum.pdf (accessed March 16, 2006)

VII. Documenting Incidents of Police Harassment and its Influence on HIV

“Epidemic of Abuse”: Police Harassment of HIV/AIDS Outreach Workers in India.” Human Rights Watch. July 2002.⁹

This report by the Human Rights Watch documents police harassment of HIV/AIDS outreach workers and peer educators in India – impeding work of those who are reaching out to high-risk groups, such as sex workers, injecting drug users, and men who have sex with men, with HIV prevention interventions. Documentation of abuse was conducted in several Indian States from March-April 2002. Note: SWs refer to both men and women

Types of police abuse against outreach workers:

- Beating peer educators
- Claim that HIV/AIDS outreach work promotes prostitution
- “Trump-up” charges against HIV/AIDS workers by trying to link them with false narcotic charges
- Extort money and sex from HIV/AIDS workers
- Possession of condoms trigger police harassment
- Refuse to take action, file report, or prosecute abuses reported by HIV/AIDS workers
- Stripped rights off sex workers, saying that “women in prostitution were not normal citizens”
- Refuse to recognise identity cards of peer educators
- Accuse women of promoting prostitution
- Public humiliation of peer educators

Case study #1: SANGRAM, Sangli, Maharashtra State, 2002

SANGRAM (Sampada Grameen Mahila Sanstha) is an NGO who works with peer educators to improve sex worker’s capacity to negotiate condom use with their clients. In January 2002, SANGRAM worked with sex workers to form a collective called VAMP (Veshya AIDS Muqabla Parishad) and bought a house to be used as office and meeting space, as well as to provide hospice services for women with AIDS. In February 2002, a local leader where VAMP is housed threatened the lives of peer educators and those who participate in their HIV/AIDS activities. VAMP members attempted to register a complaint to the Police Inspector. The inspector refused to register their complaint, accused them of not being “normal citizens”, and threatened to shame, beat, and charge them under the “immoral traffic” law. He said he would “strip all sex workers in the public square and beat them black and blue”. He also threatened VAMP against publishing an article. The local community was “fired up” to “clean up the town by ridding it of sex workers”. SANGRAM and VAMP were able to mobilise support (any details on how?). The chief minister of Karnataka State ordered an official inquiry into the matter. The National Human Rights Commission issued a statement to chief secretaries and director generals of police in the state to explain actions of their officials “to provide necessary protection to all members of VAMP/ SANGRAM”. It was not clear what resolution was decided between VAMP and the Police Inspector at the last visit of HRW in March 2002.

Case study #2: Samraksha, Bangalore

⁹ <http://www.hrw.org/reports/2002/india2/> (accessed March 16, 2006)

NGO Samraksha reports police abuse of peer educators who are conducting HIV/AIDS prevention work. Types of abuse occur both in public and in detention. Violent acts include severe beating of women using hands, batons, and handcuffs, hitting women's breasts, back, and face, dragging her by her hair, and rubbing chilli powder in women's eyes, mouths, and vagina. Police publicly humiliate peer educators by emptying their work bags containing condoms, tearing up her pamphlets and identity card, and shouting abusive names. Some peer educators report being elicited for sex and money on a regular basis. Also, a peer educator who was attacked with acid was not allowed to register her complaint.

Case study #3: Community Health Education Society (CHES), Chennai, Tamil Nadu

Peer educators were accused of sex work and arrested for carrying condoms. This is a significant disruption to HIV/AIDS prevention work because of stigma surrounding the purchase of condoms. Peer educators also report being beat up by a police constable. The constable tried to make the hospital refuse care for their injuries. When the peer educators tried to register a complaint, they had to omit the constable's name. Also, no action was taken after they had registered their complaint. Peer educators are extorted for money.

Case study #4: Samabhavana, Mumbai

Male peer educators who work with other male sex workers also face harassment by the police. They report being arrested for carrying condoms, extorted for money, and "kept in jail and have to have sex with the police and other inmates".

NACO's response to Human Rights Watch

Special secretary and project director of NACO J.V.R. Prasada Rao acknowledged that there is a human rights problem with police abuse of outreach workers. He says the reason for this harassment "is to extract money from sex workers, and some policemen are afraid that this source of money will dry up". However, he says this problem is not systematized but "localised and temporary". The director of Tamil Nadu NACO also agrees that the problem is localised and, perhaps, occurs with "lower-level constable".

When asked whether it would be useful for the central government to include the Union Ministry of Home Affairs which oversees police force in the administration of the national AIDS programme, Rao responded that formal inclusion of police commissioners was not necessary. Rather, Rao believes that efforts by NGOs to sensitise "higher-ups in the police hierarchy" will be helpful.

"AIDS in India: Police Powers and Public Health." Feature in youandaids.org, released March 17, 2006.¹⁰

The feature reports on the impact of India's police force on outreach and HIV prevention activities to vulnerable groups such as MSMs, SWs, and IDUs. It is noted that there are "clashing priorities" to crack down on illegal sexual behaviour and promotion of safe sex. Arrests and harassment of outreach workers by police drive these vulnerable groups underground and constrains outreach work to reach them with health services and information. Notably, it is the semi-literate or illiterate who

¹⁰ <http://www.youandaids.org/Features/Policepower.asp> (accessed March 17, 2006)

are most vulnerable because they have no access to the internet or even basic health services. The UNAIDS India Coordinator, Denus Broun, warned that “criminalisation of people most at risk of HIV increases stigma and discrimination, ultimately fuelling the AIDS epidemic”.

Supported by UNDP, DSACS (Delhi State AIDS Control Society) started a pilot initiative to educate Delhi’s police force on sexually transmitted infections, condom use, and gender issues. This has sparked interests in other states.

“Cops forced us to take HIV tests.” News Release in youandaids.org, July 01, 2001.¹¹

It was reported on youandaids.org, the HIV/AIDS Portal for Asia Pacific supported by UNDP, that women arrested on charges of prostitution in New Delhi, India were forced to undergo HIV testing. Even though mandatory testing was against Indian Supreme Court ruling, “the police had said that it was part of ‘police activism’ by requesting the court to ensure HIV tests. They also felt that it provided circumstantial evidence to deny the girls bail.”

¹¹ <http://www.youandaids.org/News/StopPress.asp?ID=74236f7f863111d5b8b000d0b71936a8> (accessed March 17, 2006)