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RESISTANCE TO THE SWEDISH MODEL THROUGH LGBTQ AND SEX WORK COMMUNITY COLLABORATION AND ONLINE INTERVENTION

Nicklas Dennermalm

Abstract

In Sweden, sex workers are often viewed as ‘victims in denial’ by public health authorities. As a result, Swedish sexual health interventions have traditionally focused on women and utilised face-to-face interventions and exit strategies. Unmistakably, interventions targeting male and/or transgender sex workers that utilise harm reduction approaches or low threshold on-line interventions remain marginalised or non-existent. This stands in opposition to recent Swedish research on the sexual health of men who have sex with men (MSM) and transgender people (TG). This research stresses the need for targeted community-based sexual health services. Recent Swedish research also highlights the success of innovative on-line approaches that help male sex workers and TG understand personal risk to HIV and other sexually transmitted infections (STIs), their legal rights and how to access community-based health services. Responding to the research and not viewing sex workers as victims, this paper outlines the design of Sweden’s first bespoke online platform targeting male and transgender sex workers. We outline our unique approach and the steps we undertook to design the Röda Paraplyet webpage (<http://www.rodaparaplyet.org>¹) in collaboration with male sex workers and Rose Alliance, a leading sex worker organisation. We argue the voices of sex workers are essential to shifting the Swedish discourse around sex work from one of victimisation that limits sex workers access to Sweden’s extensive evidence-based health care to one that is empowering and increases the safety of sex work, explores how to negotiate condom use and educates sex workers about their rights. In conclusion we illustrate how a broad coalition between organised and non-organised sex workers, LGBTQ organisations, academics and the health care system is essential for creating a sustainable platform of multi-disciplinary knowledge to improve the sexual health and legal rights of sex workers in Sweden and globally.

Keywords: Sex workers, discourse, HIV prevention and health, on-line intervention, human rights, MSM, TG

Recognising the lived experiences of Swedish male and transgender sex workers

This article describes the process of the Stockholm branch of *The Swedish Federation For Lesbian, Gay, Bisexual, Transgender and Queer Rights* (RFSL Stockholm) work to design an HIV prevention intervention based on the voices of male and transgender sex workers, two groups generally absent in the Swedish discourse around sex work. Sex work is not even a word used in the Swedish discourse, which favours ‘prostitution’ or ‘sex trade’. In Swedish the definition of ‘prostitution’, by default, signifies a degrading act of violence that does not only affect the individual woman (e.g. a ‘prostitute’), but all women. The negative aspect of the terms ‘prostitution’ or ‘sex trade’ in Swedish

¹ An English version of the website can be accessed here: <http://rodaparaplyet.org/en>.

discourse are the result of the structural violence of men, rather than an effect of stigma from society at large.

In the *Order of The Discourse* (1993), Foucault illustrates three main procedures of exclusion: the forbidden speech; the division of madness; and the will to truth (p. 7ff). Within this emerges the concept of the prohibition, regulating, among other things, who is allowed to speak and about what. The tradition of these procedures has a long history in Sweden, not only in the case of sex work but other marginalised social phenomena including homosexuality, ethnic minorities, transgender communities, people with mental illness and others. The story of ‘prostitution’ is being filtered through the institutions of the police, social services and government, and reproduced over and over again, creating ‘knowledge’ by an ‘author’, not in the sense of an author of fiction, but an author and co-creator of the discourse. The knowledge produced is that of the Swedish Welfare State and of the ‘supreme’ morals of Sweden. Critically, it is not reflective of the lived experiences of Swedish male and transgender sex workers.

The official Swedish opinion is that sex work is harmful to both the individual and society; therefore efforts should focus on exit, rather than health improvement or harm reduction through information and other interventions. The general Swedish approach is a zero tolerance one firmly against sex work with the main focus on exit, not harm reduction, the latter of which is an approach common in other countries (SOU 2010:49, p 95). Sweden’s zero tolerance approach stands in stark conflict with the more empowering harm reduction approach. The Swedish government’s high priority of providing support for exiting might be the explanation for the lack of social interventions aiming to increase sexual and emotional health among sex workers in a context outside the prostitution units and similar interventions. The dichotomy between zero tolerance and harm reduction has been challenged by The National Board of Welfare and Health (2010, p.3).

RFSL Stockholm believes everyone has the right to define who they are and what they do. There is no one term available to describe people who work in the Swedish sex industry. Most terms in use connote different paradigms or beliefs. ‘prostitute’ and ‘exploited in prostitution’ are examples of terms used in Sweden reflective of an oppressive paradigm. RFSL prefers the terms: ‘sex worker’ or ‘person selling sex’; because these are reflective of an empowerment paradigm. RFSL has a rights based perspective deeply rooted in the empowerment paradigm on our successful work with the lesbian, gay, bisexual, transgender and queer (LGBTQ) community as well as HIV prevention targeting the MSM and the transgender communities. Because the intervention discussed in this paper is an HIV prevention project, we have chosen to use the term ‘sex worker’ as it is used by UNAIDS.

This article describes the work conducted by RFSL Stockholm in collaboration with sex workers and Rose Alliance—an organisation operated by and for current and former sex and erotic workers in Sweden—to design the safer sex website <http://rodaparaplyet.org>². Figure 1 shows the poster marketing the website. The process was a semi-structured process with no ambitions to present the work in an academic setting. The overall design of the intervention reflects and draws on RFSL Stockholm’s experience working productively and successfully with MSM and transgender communities through online interventions via The Sexperts Program³ (Dennermalm & Herder, 2009).

² An English version of the website can be accessed here: <http://rodaparaplyet.org/en>.

³ See <http://the-sexperts.org>



Figure 1: The safer sex website <http://rodaparyet.org>

RFSL Stockholm

RFSL was founded in 1950 and the Stockholm branch was established in 1972. RFSL Stockholm is one of 33 local branches and represents approximately 1900 out of RFSL's 6700 members. RFSL aims to provide social platforms for its members, address political issues and act as a community-based service provider on health and HIV. RFSL Stockholm was officially an organisation for lesbian, gay and bisexuals. Importantly the transgender community has been a part of the organisation for a long time, but was not recognised as an equal part until 2002. People with a queer identity or queer gender expression were officially added equally recognised members in 2014.

RFSL Stockholm conducts an annual two-day method lab in order to be at the forefront of Swedish HIV prevention efforts with reports written after the lab to document the lectures, talks and workshops. For the 2009 method lab we invited male sex workers, colleagues, clinicians and researchers from Malmö University and Gothenburg University together to set the direction of RFSL Stockholm's future health interventions (Jonsson & Söderström, 2009). The sex workers did not represent any sex workers organisation but were free agents. To our knowledge, this was the first time sex workers were invited to co-design an intervention in Sweden, which was acknowledged by Niklas Eriksson, one of the researchers invited. The method lab process defined eight key areas from which RFSL and/or other actors could draw inspiration for future work. The ideas varied from research ideas, political statements and health-based interventions.

These eight areas were:

1. Empowerment;
2. Create platforms;
3. Knowledge and openness;

4. Complete a review on the legal situation, including the criminalisation of procuring;
5. Highlight nuanced and experience-based images of men who sell sex;
6. RFSL's counsellors need tools to meet minors who sell sex;
7. Identify how to work with the target group from an 'arena' perspective and initiate dialogue with the target group with focus on need assessments; and
8. Identify strategies on safety and safer sex.

Drawing on the experience of RFSL's HIV prevention work and the method lab, RFSL Stockholm formulated key principles on communication and collaboration with targeted stakeholders:

- a. HIV prevention is not only a question of promoting correct condom usage; it is a collection of tools that can be used as part of a comprehensive holistic health approach.
- b. The intervention should be conducted within the empowerment paradigm, similar to the rest of RFSL Stockholm's HIV prevention work.
- c. Sex workers are the experts on what it means to be a sex worker, and their voices and multi-faceted experiences are key to making the intervention relevant and accepted by their community.
- d. Sex workers should be included in all key steps of the intervention design.
- e. Key stakeholders must be involved in the work, including local and national sex workers' organisations, health providers, researchers and other relevant NGO's. Sex workers and other experts should review all text before being published.

The need to confront the Swedish Model

The Swedish Model

Sweden was the first country in the world to introduce legislation that criminalised the purchase of sexual services rather than selling them. It has become known as The Swedish Model, but is sometimes also referred to as the "Nordic Model" since similar legislations were introduced in Norway and Iceland in 2009. The Swedish Model is being internationally promoted by the Swedish Government due to its self-claimed success of decreasing the amount of sex workers in the three largest cities by an average of 50 % between 1999 and 2008, based on the official evaluation report *Criminalisation of Purchase of Sexual Service – An Evaluation 1999-2008* (SOU 2010:49). Both the legislation and its evaluation has been the subject of heavy critique from the several Swedish GOs, NGOs, academia as well as international actors. The legislation stands in stark contrast to health recommendations from UNAIDS and Network of Sex Work Projects (NSWP), among others.

Most Swedish research and reports on sex work have been written within the context of the oppression paradigm. Most of its data were derived from sex workers from a street work setting (Hulusjö, 2013, p.33) (SOU 1995:15, p. 11). The majority of Swedish research on sex work has been focusing on street based women. Women working in other settings, MSM and TG sex workers have been largely neglected, which has created a void in the research. The void further fuels the image of sex work as being an experience, which puts limitation on both the individuals and the Swedish health care system. A health care system designed for perceived needs of street based female sex workers within an oppression paradigm will be single minded and not appeal to sex workers with different needs.

Sex workers as a risk group within Swedish HIV prevention efforts

Within the context of the Swedish HIV prevention guidelines, sex workers of all genders are seen as one of the key target groups. There are no data on HIV prevalence among male sex workers in Sweden, but data from North America, South Africa, El Salvador and other settings state that HIV prevalence among male sex workers is as high or higher than MSM not engaged in sex work, but there are other data from Australia and China suggesting that HIV prevalence among male sex workers being lower than MSM not engaged in sex work (Baral et al, 2014, p. 75ff). Nor are there data on HIV prevalence within the transgender community, engaged or not engaged in sex work, but data from The Centre of Disease control from The United States of America tells us that that trans women in the USA are subject to a high prevalence of HIV, and the group trans men is understudied within the field of HIV (CDC, 2014).

In *Consolidated Guidelines On HIV Prevention, Diagnosis, Treatment And Care For Key Populations* from WHO (2014) it is stated that key populations with overlapping vulnerabilities (e.g. MSM who sell sex or inject drugs) are likely to have a higher HIV prevalence than key populations with no overlapping vulnerabilities. Sub-groups within key populations are also likely to have a higher prevalence of HIV, for instance MSM with a migrant background. (WHO, 2014, p.6.) In light of this, being 'the other' becomes even more serious within the context of HIV prevention and other health contexts. Special focus should be placed on two or more overlapping vulnerabilities and/or belonging to sub-groups of the MSM and transgender communities.

Stockholm-based Spiralprojektet were the only programme in 2012 that had HIV prevention for sex workers as an objective. It is a clinic offering HIV/STI testing for all genders as well as Pap smear, routine check-ups and counselling on abortion and birth control. To our knowledge, there were no sexual health webpages targeting the needs of sex workers of any gender in Sweden before the Röda Paraplyet webpage. The websites on sex work were either political or had the purpose of informing sex workers about the existence of services within the prostitution units of the social service in Sweden.

Collaborating with male sex workers to design an online HIV intervention

The importance of working online, where sex workers recruit potential clients, and providing them with HIV prevention information is a reoccurring theme in the literature on sex work (Björndal, 2010, p. 53) (Eriksson & Knutagård 2005, p 77) (Johansson & Turesson, 2006, p. 39). MSM in general are in favour of online interventions in the context of HIV prevention (Tikkanen, 2010, p. 85). Other needs described in the literature are counselling, strategies for exit, safe spaces, tools to handle clients, legal assistance etc.

Rose Alliance is the only Swedish sex workers' NGO with a clear empowerment perspective, and therefor RFSL approached them to assist in designing a bespoke Swedish HIV prevention web-based intervention as critical stakeholders. Besides establishing a collaboration, RFSL Stockholm wanted to make sure that the two organisations did not compete regarding funding or initiated overlapping programmes.

After dialogue with Rose Alliance, RFSL Stockholm submitted an application to the Stockholm County, which is in charge of the health care system as well as distribution of national HIV funding for a three-year project which included research, design, launch

and marketing of a safer sex website, a series of empowering short films inspired by Dr Joyce Hunter's *Working It Out* program, integration with The Sexperts Program for low-threshold safer sex information, an expert network with broad competence and representation, an easy to use safer sex conversation methodology that could be adapted to fit a clinical setting, as well as a peer education setting, and safer sex kits for distribution free of charge.

RFSL did not incorporate all eight aspects from the Method Lab into one project but it did an overview on what was 1) the most effective interventions within realistic budget, 2) possible within the Swedish discourse of 'prostitution', since our intervention conflicted with it, 3) which interventions can be sustained in the case funding was cut short and 4) what can be done *with* sex workers rather than *by* sex workers.

RFSL Stockholm were given 38, 000 USD, less than what was asked for, so we focused on three areas: A) setting up an expert network including sex workers, using a model developed by LAFA (Knöfel Magnusson, 2009, p. 11) and inspired by the mixture of expertise from the 2009 method lab. B) Setting up a health website aimed for male and transgender sex workers later named Röda Paraplyet, which is Swedish for The Red Umbrella, the symbol of sex workers rights. C) Explore how we could use mobile phone technology and commercial mobile phone apps as platforms for health interventions.

This paper describes mainly area B and C but will briefly mention the concept of the expert network, area A. The expert network was a network active during the first 18 months of the intervention, the aim was two-fold, first; to collectively raise the awareness and competence about sex work among the participants of the network. Second, to provide feedback on the design of the webpage. We invited Rose Alliance to represent sex workers, staff from key HIV/STI clinics, researchers, other relevant NGO's and staff from The Stockholm Prostitution Unit.

RFSL began with literature studies and researching existing resources from sex worker initiatives from Sweden and the English speaking world, as part of the formative process resulting in an interview guide (hips.org, hook-online.com, rosealliance.org, Akers & Evans 2010). The expert network provided input on several stages, both in the formative process as well as feedback during the production of the webpage.

The interview guide included personal information such as age, sexual identity, if the person was currently selling sex, et cetera. It also included reasons for selling sex, positive and negative aspects of selling sex, need of knowledge and support, safer sex strategies, strategies concerning personal safety, personal relations in the light of selling sex and strategies for setting boundaries. The aim of the interviews was to gain pragmatic strategies to make a useful and realistic website rather than to generate new knowledge about the target group as a whole.

The strategy to recruit participants included the network of Rose Alliance, the project manager's personal network as well as an editorial article on qx.se, the main Swedish LGBTQ on-line community. From the thirteen people who RFSL Stockholm got into contact with (twelve MSM and one transgender woman) RFSL Stockholm was able to initiate seven interviews (all MSM) creating a convenience sample. The participants were informed about the purpose of the interviews, they were given the option of not answering specific questions and also to withdraw their participation. RFSL Stockholm viewed the people being interviewed as consultants, rather than participants of research. Therefore we offered a 500 SEK (less than 80 USD) as compensation for their time.

The interviews were conducted in a multitude of ways; in-real life interviews, telephone and via Skype depending on the wishes of the informant. For some of the Skype interviews RFSL Stockholm used the chat interface and for other we used the videophone option, with or without their face showing. The interviewer's face was

always visible to the informant. RFSL Stockholm decided not to record the interviews but to do a word by word typing simultaneously as the interviews were conducted to minimise the risk of the informants becoming uncomfortable. RFSL's impression is that the organisation gained a high degree of trust with the informants, if this was the result of above-mentioned strategy or something else is unclear. Additional interviews will be conducted during 2014 to include a transgender perspective since we were not able to conduct any interviews with transgender sex workers. These interviews will be based on an updated interview guide and be recorded and transcribed according to academic standards for further research in the field.

The interviews did not provide practical health information on sex as a strategy of self-harm, apart from one informant who stated that he had sold sex as a way of self-harm after being raped as a child. The text on how to balance the private sex with the commercial sex was withdrawn since Rose Alliance was not satisfied with the quality of the text. A new text on that topic as well as more in-depth texts on some key areas will be published later 2014.

As the legal owner of the website RFSL Stockholm were the one choosing which feedback to heed and which to discard. RFSL Stockholm did not look for consensus in the larger expert group but our main principle was that the reviewers from Rose Alliance and medical staff from The Gay Clinic would find consensus. No texts that they did not agree on made it into the published site.

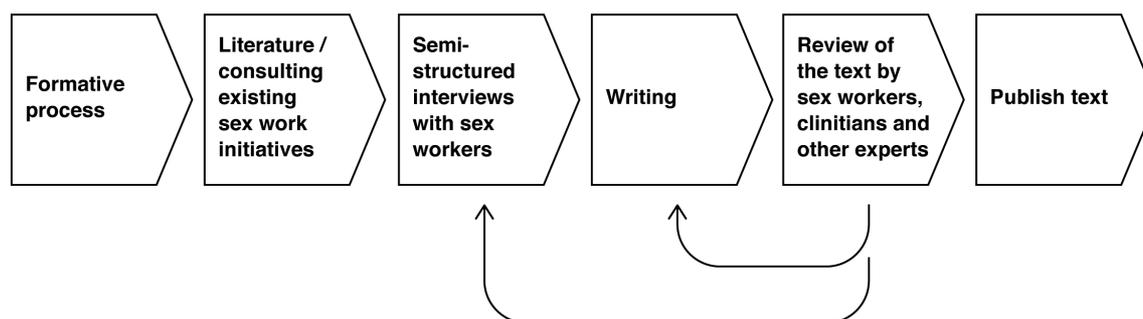


Figure 2: RFSL's Formative Process

The content

The content can be divided into eight categories; these categories do not match the layout of the webpage. Most articles begin with putting the theme into a sex work context to make the information more relevant to the reader and to avoid a sense of us merely providing generic HIV prevention to them.

Condom and lubricant

The page provides basic information on condoms and lubricant with focus on condom size to minimise risk for breakage. There are also texts on condom negotiation and how to make sure that the condom is on throughout the sexual intercourse.

Sexual practices

In this section we provide information on sexual technics from the aspect of control, safety and ergonomics. There are texts on oral, vaginal and anal sex, plus BDSM. Vaginal sex is written from both cis and trans perspective.

Facts on HIV/STI and legislation

The fact sheets on HIV and STI are up to date basic facts on routes of transmission and treatment. The texts on legislation are written from a pragmatic point of view, they are not political statements but more on what to consider as a sex worker.

Where and how to get tested

Getting tested on a regular basis is important for all MSM/TG; we included general information on how HIV/STI tests are conducted, addresses and what to keep in mind beforehand. We altered the recommendation for regularity from every six or twelve months to every three months. Partner tracing is standard procedure if one is testing positive for HIV or an STI and in the context of the Swedish Model this is problematic since the people the sex worker might name are, from a legal point of view, criminals. Our recommendation is to name them as casual sex partners rather than sex buyers, and to contact them themselves, rather than having the clinic contact them. There is also a free of charge test reminder service via SMS, more about this below.

Setting boundaries

Setting one's own boundaries and being empowered to uphold these were key findings during the interviews, so this is an important message that was weaved into several articles on the page.

Personal safety

This section is based on recommendations from Rose Alliance used by kind permission rather than the interviews since they did not provide enough recommendations. We also included a piece on where to seek help if you are subjected to sexual violence.

Alcohol and drugs

We have included basic harm reduction information on alcohol and the most commonly used drugs in Sweden with a referral to the LGBT addiction centre.

Support

The project does not provide support but the website do have a referral service via e-mail.

Using mobile phone technology and commercial Apps

Mobile phones are widely used in Sweden, and a useful tool for sex workers in a variety of ways. Dating apps like Grindr, Scruff and Growlr are being used for pleasure and finding buyers or sellers of sexual services. Within the limited budget we received, we identified three activities: 1) Design a mobile phone adaption of the webpage for increased accessibility, 2) Creating a short message HIV testing reminder service and 3) Looking into the possibility of starting an on-line hotline on the main commercial app. Each is described below

Mobile phone version of rodaparaphyet.org

When looking into Google Analytics connected to our web pages, we noticed a high level of users using their smart phone to look for information about safer sex, a majority of them using Apple iPhones rather than other devices. In order to make all of our safer sex web pages more accessible and user friendly, we invested in an adaptation of the web pages to fit smart phones and other mobile devices better (Figure 3).

Creating a short message HIV testing reminder service for sex workers

RFSL Stockholm provides a short message HIV testing reminder service targeting MSM and TG with reminders every six or twelve month according to our recommendations for the general MSM/TG population. This intervention was inspired by an intervention described and evaluated by Bourne et al (2011). In the original design, the clinic connected the medical record of their consenting HIV negative patients to a short message system sending out text messages reminding them to get tested for HIV in order to facilitate re-testing. This resulted in this group being 4.4 times more likely to get re-tested (95% CI 3.5 to 5.5) compared to the control group of the study. After consultation with The Gay Men's Clinic on the medical record system of the hospital, we decided not to connect the short message reminder service to any medical records but to use a default mobile phone subscription sending out the reminding texts. The reason for the decision was the lack of clear regulations at the time regarding confidentiality in the context of digital security and mobile phone technology within the Swedish health services. Also, we identified an advantage in opening up for collaboration with several clinics rather than one. This created a minor change in the method.



Figure 3: *Rodaparaplyet.org* phone APP

When launching a version aimed for sex workers marketed via *rodaparaplyet.org* and leaflets, we created a three-month interval option according to recommendations from the Expert Network. We also added a feature promoting the option to order free condoms and lube. For discretion, the text reminders come from our general MSM/TG sexual health site <http://www.sexperterna.org> rather than the sex worker specific <http://www.rodaparaplyet.org>. One negative aspect of this is that we are not able to identify how many of the users of the intervention are sex workers or how many condom kits are being sent out, since there may be sex workers subscribing to the six or twelve month interval as well as non-sex workers subscribing to the three month interval.

Communicating with sex workers on commercial apps

There is no up-to-date Swedish data on the usage of mobile technology for sex workers but through our contacts with male sex workers we know that it is widely used by sex workers and sex buyers to initiate contact. RFSL Stockholm has been working with peer education chats on commercial LGBTQ on-line communities since 2005 using multi-lingual profiles on-line where MSM and transgender can ask questions, get referrals and order free condoms and lubricant (Dennermalm & Herder, 2009). One of the key aspects of the intervention was that it was set within a context of an existing and, among MSM/transgender, popular platform, thereby being as close to the sexual encounter possible digitally as well as being part of the culture of the community. During 2012 we looked into complementing the Röda Paraplyet webpage and adjust the method to fit into the context of commercial MSM dating apps like Grindr. The adjusted method would be the base of an application for new funding for sex workers within the framework of our intervention.

When one log on to the app, the free app uses location technology to display the closest 100 profiles/users in a grid. Each profile can contain one photo and various kinds of data; distance, age, body type, “tribe” and free text. It can also contain direct links into a variety of social media like Facebook and Instagram. By paying a fee, one can subscribe to Grindr Xtra for additional functions and the ability to watch the nearest 300 profiles. When logged on, there is a green dot visible on the users profile. This green dot will disappear after not being active for 15 minutes the profile remains in the grid. After being un-active for another 45 minutes, the profiles disappear as you become off-line. When off-line, one can only be texted by profiles who previously marked your as a “Favourite” or already texted you. There is no search functionality in the app in order to display non-active users.

The design provided new challenges for us:

- First, one smartphone based at our central office in Stockholm would provide the service to users in downtown residents or workers while multiple phones strategically located over the region would require a higher level of logistic work and less cost effectiveness.
- Second, the lack of search functionality would require us to have constant on-going chats with the target group or manually stay active to remain visible in the grid. And last, since we would not been able to digitally “visit” the profiles, we had to re-think our main marketing strategy.
- Purchasing advertisement space on the apps would be a secondary strategy for two reasons. First, the online hotline would not be in the frame of the app they were using but on our external webpage e-mail questionnaire which does not operate in real time. Our fear was that this might create impatience within the target groups since they had to swap between the app and the phones browser. Second, people purchasing the Grindr Xtra feature also pay not see advertisement, which means that they would not be able to identify and use the intervention.

Ideally, this problem could be solved by a special status of the profile showing endorsement and collaboration with the owners according to our previous work and emphasized by Mowlabocus et al (2014). This special status could also provide a key to the issue of the users only seeing the 100 or 300 closest profiles that had been on-line the past hour, if Grindr could make our profile by default the nearest profile. This would require a deeper collaboration with Grindr benefiting HIV prevention globally. Unfortunately, Grindr were not interested in a collaboration and we were not given

permission to pilot an intervention. This setback led to the decision to start buying traditional banners in 2014 to market the Röda Paraplyet webpage.

Conclusion and lessons learned

The Röda Paraplyet webpage was developed on national HIV funding, yet the website turned out to be controversial. The funders did not express concerns with the design or content. Several actors within the field of HIV/STI, as well as the sex workers who participated in the interviews, expressed positive feedback to the page. We did, however, receive unofficial criticism, most of which reached us through third parties. The criticism came from a coalition of social workers, health care professionals and representatives from feminist NGOs. The webpage was accused of encouraging people to sell sex, to ‘normalising’ sex work, and of not representing the experience and needs of the average ‘prostitute’. To boot our illustrations were said to have nothing to do with what ‘prostitutes’ actually look like. The webpage did not correlate with the Swedish discourse of ‘prostitution’: exiting was not the paramount objective of the program. Instead of recognising that the experience of sex work is multi-faceted and therefore needs multi-faceted health interventions, the reactions were hostile.

The concept of a broad coalition has been part of RFSL Stockholm’s work for decades in the fight against HIV and AIDS where we have engaged the target groups, commercial actors, the academia, key clinics and other NGO’s in our work and participated in other’s efforts and as a collective stated: *We stand united*. As we have described in this paper, this effort has continued within the Röda Paraplyet project and even though the expert network does not exist anymore, the broad coalition of sex workers, clinics, NGO’s, the academia and other key actors still does as we are about wrap up the project’s third and final year in which we are trying out a pilot training on sex worker’s health for Venhälsan, the Gay Men’s Clinic together with Rose Alliance as well as launching a safety guide written by a former male sex worker.

The authors of the policy document *Implementing Comprehensive HIV/STI Programmes with Sex Workers* compare two different programme approaches from a community empowerment perspective, interventions “done for sex workers” and “done with/led by sex workers”. Our programme qualifies into the second category, but not the highest standard of it since RFSL is a LGBTQ organisation; it is not an organisation run for and by sex workers, although some of our members are or have been sex workers. During the editing of this paper, *The Lancet* released an issue on sex work in which they highlighted that sex worker led health interventions as the most effective.

Inviting sex workers and sex worker’s organisations into one small NGO run project is not enough. More is needed to ensure that the voices of sex workers are heard. First, sex workers organisations must be funded in order to create more professional organisations, which is crucial for a sustainable dialogue. Second, sex workers must be invited to participate, respected and listen to when key political decisions are being made, when official governmental reports are written and within the overall discussion on sex worker’s health.

Health is always politics, and this seems truer than ever in the context of sex work in Sweden. The Swedish Model and the Swedish discourse of ‘prostitution’ stand in stark conflict with international guidelines, recommendations and evidence-based interventions. Röda Paraplyet is forced to exist in the intersection of the two paradigms, a pragmatic health programme confronting and resisting the Swedish discourse of ‘prostitution’. Sweden must realise that its ‘supreme morals’ preclude the health and well-being sex workers, of those they purport to protect.

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www.enannanhorisont.org

www.hips.org

www.hookonline.org

www.rfslstockholm.se

www.rosealliance.se

Bibliographic statement

Nicklas Dennermalm has a Bachelor's Degree in Peace and Conflict Studies from Uppsala University. Since 2004, he is the Head of HIV/STI programmes at RFSL Stockholm where he has co-developed the Sexpert intervention on sexual health for MSM and TG. He has also participated in several international collaborations, including the TLBz Sexpert intervention in Thailand and the pan-European Correlation Network's Internet Expert Group. He is currently working on new media communication strategies and safer sex for the BDSM and sex work communities.

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