

A Report on Sex Work & HIV Prevention in Guelph & Wellington County

(HIV/AIDS Resources & Community Health)



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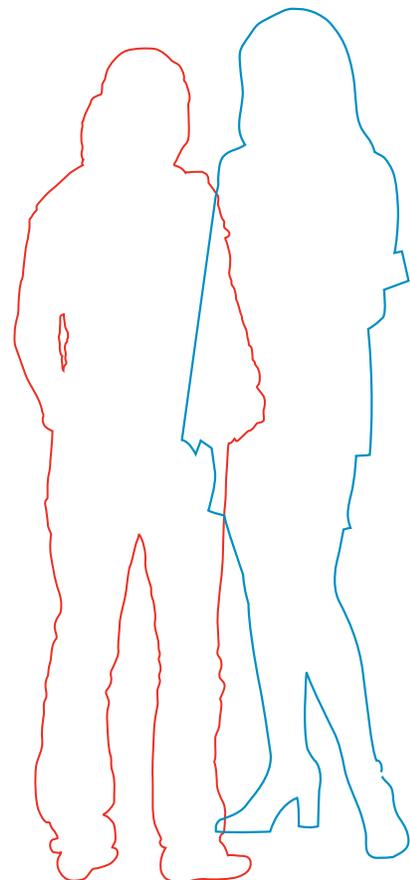
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Goals of this project

In 2014 ARCH conducted twelve face-to-face semi-structured interviews with service providers and women who self-identified as currently or formerly engaging in sex work in Guelph or Wellington County, in order to help identify barriers as well as opportunities for ARCH to improve access and uptake of sexual health and HIV prevention resources in the community. The goal of this project is to help identify some of the needs and barriers as well as opportunities for improved service delivery and new programming ideas that could help meet the HIV prevention needs of sex workers in this community. Its aim is also to identify opportunities for other service providers to create more supportive environments in which to provide sex workers with HIV prevention and sexual health resources. It is hoped that this report will generate dialogue within the community, which can lead to improved connections and collaborations between sex workers and service providers, including ARCH.

Disclaimer- some of the content in this report is explicit, including sexual content and strong language.



Key Findings

Barriers and challenges to accessing HIV prevention resources while conducting sex work in Guelph

Answering this question necessitates knowledge about how sex work in Guelph is most commonly performed. According to the participants, sex work in Guelph is characterized as being less visible, and while street-based sex work does exist, it was perceived, both by the sex workers and service providers, to be less common than other types of sex work. Participants believed that the majority of sex work in Guelph is conducted through the following means: Strip clubs & massage parlours (including dancing/giving massages but also through transactional sex that takes place in those venues); sexual exchanges and survival sex based on the need to acquire drugs, food, or housing; and, less frequently, through sex work with regular clients or with peers

from one's own community (such as a drug using community). As well, two service providers reported having clients (including one child) who had been historically trafficked and one person with lived experience reported her own experience of having been historically trafficked. These experiences of trafficking predated the participants' experiences of sex work.

There were several key issues identified in the interviews that were related to the aforementioned types of sex work, which complicate the uptake of, and application of, HIV prevention and sexual health resources. These include addiction, housing insecurity and food insecurity, challenges associated with condom negotiation, and stigma.

Addiction, housing insecurity, and food insecurity

A **ddiction & Condom Use**
The participants (both sex workers and service providers) in this survey reported that sex work among women in Guelph is commonly associated with substance use. Most often, sex work was reported as a means to an end (for example to fulfill the need to acquire drugs). However, some of the participants noted that the relationship between sex work and substance use was not always linear:

Mind you, too, the population I was working with who were engaged [in sex work], nine times out of ten they were high when they were engaging. And it's that chicken or the egg, do they get high to do it or they do it to get high, it's hard to say. They're kind of interconnected.
[P9, Service Provider]

One of the women I worked with here, that's [sex work is] how she went through school. And then dropped out because it came to drugs. So she had a very clear idea, I'm going to do this so I can pay my tuition, but then she felt so ashamed of herself that in order to do it she started injecting Oxy and then that just took everything over.
[P9, Service Provider]

There are girls out there right now who are using this as a means to fulfilling an addiction, or they're a means to- I mean, I have a business degree, I went to school- I mean, it fulfilled me through many phases of my life, through addiction, it filled my needs through all of these things, so there's many other women and many other faces of what it's fulfilling. [P7, Person with lived experience]

For the participants, the role of substance use is relevant to the topic of HIV prevention and sexual health, because it can interfere with the sex worker's ability to negotiate condom use.

I think bargaining to use condoms is a huge one. Especially when they are sick, like dope sick. Because they're sick and they're gonna screw for drugs no matter what. And then if the john doesn't want to wear a condom, they're also going to do it because they're sick. So I think that's a huge one. [P10, Service Provider]

“

I'm sure it's probably a lot easier [for johns] to manipulate girls my age, especially when you're addicted to something, "well, I'm not going to give you it [the drug] unless you do it". Like, "oh fuck I don't want to, but y'know I want that [drug]".

[P6, Person with lived experience]

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Housing and/or Food Insecurity & Condom Use

The need to acquire housing or food was also frequently mentioned. Sex workers and service providers both described arrangements where a woman agrees to provide sex (and sometimes rough sex, frequent sex, or condomless sex) in exchange for housing or temporary shelter. The pressing need to access housing or food can act as incentive to consent to condomless sex. It was reported, from multiple participants, that condomless sex pays better, which is of considerable significance when the sex worker is in urgent need of food or housing:

“

It's just like, one more obstacle to think about in terms of like access to housing. I just remember one person I support that was dancing and she thought her landlord came in. And she was like, "now I'm going to be outed and now I'm going to get evicted."

[P5, Service Provider]

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Service providers cited challenges with accessing food in the community, including limited availability, as well as stigma and poor treatment when attempting to access certain services. Service providers also cited the urgent need for affordable housing in Guelph in Wellington County, referring to the long waiting times (the average wait time is 3-9 years for a social housing unit in Guelph & Wellington County, depending on the particular needs of the individual) (Grodzinski, E., Londerville, J., and Sutherns, R., 2013). Ironically, two service providers reported that the experience of engaging in sex work could act as a barrier to housing, creating a catch-22. One service provider, below, describes just one example of how stigma can affect access to housing:

“

I think there are financial benefits to not wearing condoms, you get paid more, and if you're somebody who doesn't have a place to live, well that is incentive not to.

[P5, Service Provider]

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Additional challenges with condom negotiation

In addition to addiction, housing insecurity and food insecurity which can each act as an incentive to participate in condomless sex, the respondents reported other challenges in the negotiation of condom use. However, it should first be noted that two respondents with lived experience reported that they consistently use a condom when engaging in sex work, despite receiving pressure not to:

Well and that's the thing too, because there's pressure too, like when you're on a call, well just do, just suck my dick. And it's like, well, oh. You know. I'm a 19-year-old girl and you're a disgusting old man and you smell funny. So it's, for me it's that cover, that protection piece not only for the sexual, but that wall between me and you kind of thing, yeah. [P7, Person with lived experience]

Pressure to not use condoms

However, it was frequently noted that men, and male youth, often do not want to use condoms. As was stated earlier, johns may also charge the sex worker for using a condom, or, besides offering more money, may offer other extras (an additional pill or a meal, for example.) In other situations, coercion (physical assault or verbal manipulation) may be used.

I remember talking with one client in particular who mostly didn't [wear condoms while engaging in sex work]. And we did a lot of work around the benefits of using condoms and where she could get them, which was also minimal. I did a lot of work with her around that because for her she got paid more money or she'd get an extra pill if she didn't. [P9, service provider]

Condom Negotiation in Strip Clubs

Condom negotiation is particularly difficult in strip clubs, where dancers are reportedly not allowed to carry condoms or bring them into the club, for fear that they might be used as evidence of prostitution (and therefore become a liability to the business.) This is an example of how the criminal

laws surrounding prostitution can interfere with the ability of sex workers to negotiate and protect their sexual health. This problem was mentioned several times by sex workers as well as service providers:

They talked about how in the dancing world some of the places you can't have that stuff there, and it's not— because then it makes the club look bad, things like that. But customers will charge, like will make them pay off their price to use that. So they [the johns] are the ones that can carry that on them, but the girls can't. [P4, Person with lived experience]

The stories that I heard about condoms in the strip club, were just awful. Like johns charging sex workers like \$40 for a condom, which makes sense from the point of the stripper because she's going to make \$300 with that condom. But, still. You know? [P2, Person with lived experience]

Internal Condoms

Two sex workers suggested that internal condoms (“female” condoms) can be used as an alternative, which can help to “take the power” back in

negotiating condom use. However, internal condoms are also not without their problems.

[With the female condom] just the control that gets kind of taken back. Like they [the john] don't have to put on a condom, you don't even really need to have a conversation about it. You know, [but] I guess if they're sober they're probably going to notice. [P6, Person with lived experience]

I would even talk to some women around the female condom, but everybody hates it. I've never met one single person that was like “that was awesome!” [P9, service provider.]

While successful condom negotiation is possible as evidenced by some of the sex workers above who maintain their preference and insistence in condoms with clients, those most vulnerable are women who are in urgent need of food, housing, drugs or money, and/or are performing sex work in venues in which they are prevented from carrying the condom themselves.

Stigma

Stigma among service providers was a dominant theme in the interviews with both sex workers and service providers. When asked about their experiences in accessing other services related to sexual health or other needs, both the sex workers and service providers reported experiencing stigma (service providers experienced stigma when accompanying a client). Stigma was reported as being experienced among triage staff, first responders, nurses, doctors, police, and various service providers. Stigma was frequently experienced by clients who were attempting to access social services (including housing, food and financial services) as well as health care. Stigma was related not only to experience of sex work, but also HIV, Hepatitis C, poverty, addictions and mental health. Stigma was reported as a barrier to honest conversations with service providers, and was also a barrier to discussing sexual health matters with peers, accessing condoms, and sexual assault reporting.

Sex workers reported stigma experienced in the hospital as detrimental to accessing emergency health care. One participant reported that she, and others she knew, would risk death before entering the hospital:

People off the street that need to get health care, that are refusing to go in, and then they end up on death's doorstep with these infections and some of them die because they're too afraid to access the health care because they know they're going to be judged! That's it? That's the reason they died? Yeah! I can tell you two people right now that are dead. That I know for a matter of fact, did not go to the hospital because they were too scared. [P1, person with lived experience]

Service providers also felt the presence of stigma, in the hospital and other health care or social service environments in Guelph:

I've walked into places and felt that they think my role my job is not important, that really I'm just nothing. And then I think about wow, what must they be thinking about my client, they must think my client is nothing. They just think my job is unimportant and is scut work. But they think my— this person here is not even a person, that sort of thing. [P5, service provider]

Experiences of being judged or stigmatized often shut down or prevented honest conversations from taking place about important subjects relating to health and wellbeing. One negative experience can pose barriers to accessing future mental or physical health care.

Like yes, I'm needing help. Just for myself I know I had to see some help, like I went to, like I guess [name of counseling agency] for my own mental health. It was— and I needed to spill the beans just for my own mental health, and it was very stigmatized. I could really tell the woman was almost scared of me when I kind of spilled the beans. I was really fearful of my surroundings and so that's why I wanted to, you know, get some counseling around that. And when I told the girl at the counseling about that [my experience with trafficking], she was really like, she didn't know what to say, like you know, she was almost scared of me like, "This really happens? Like, we're in Canada. You got sold?"

I: Yeah, and so that wasn't very helpful, then.

P: No. I never spoke of it again. [P7, person with lived experience]

Not only did the above participant never speak of her experiences with human trafficking again, she also avoided having conversations with a doctor about her sexual health:

I obviously have, you know, been tested a lot for diseases and things like that. I had- I had, y'know receive- I had contracted chlamydia and different things like that, and so I had to have treatment for things like that. And so I just don't say anything, I never said anything, it was just, you know give me the pills.

I: Right. And from- Do you remember where you went for that?

P: It was always just sexual health clinics, and the ER. Go in, get the pills, poke at me, and

then you just leave. Don't say anything. [P7, person with lived experience]

Stigma & addiction, poverty, mental health, HIV or Hepatitis C

Stigma was reported as being directly related to sex work, but also inter-related factors such as addiction, poverty, mental health, HIV or Hepatitis C status. Stigma – experienced for any of these reasons – was a barrier to honest conversations and, as is reported, prevents the sustainable, meaningful resolution of mental or physical health problems:

I had a nurse come into my room with a full gown on, a full face mask and gloves up to here, like in the 80s! Straight from the 80's and we're talking 2012! ...and I'm like "what are you doing!? What are you doing? Do you think I can give you HIV? Do you seriously think that if I spit on you you're going to get HIV? Because that's what you're giving to me -that's the impression you're giving to me and what am I going to do? I'm going to close down. I'm not

going to say shit. [P1, Person with lived experience.]

I think also the shame. Lots of people would go to a doctor, but they're not going to tell them [about their experience of sex work]. So, it's all about building that safe space and having that rapport. And it takes time to do that, and we're not really, our systems aren't designed to allow for that time. So I think a lot of people fall through those cracks and don't get the service that they need [P9, service provider]

The experience of stigma seems to present a barrier to the uptake of various resources within the community. The participant below noted that reducing stigma in the hospital could also help to create accessibility and improve uptake of resources elsewhere in the community:

If people could go there, [to the hospital], things would be better here. And you know what? They might even access the mental health clinic downtown a little bit more. They might access ACG [ARCH] a little bit more. [P1, Person with lived experience.]

In addition to the experience of stigma among social service workers and health care providers, the participants with lived experience also discussed their experience with stigma among peer groups, among fellow sex workers, from johns, and others within the community, such as the drug using community.

The hardest thing was being stigmatized. I always had to have a hidden life. I still have to have a hidden life. Wear, have multiple masks. I don't know. I think that people are constantly putting you down. From the guy that's there telling you you're a piece of shit because you're doing it, but you're going to do it anyway because it's servicing me, I'm going to put you at risk and you're a piece of shit for doing it for me, to somebody finding out in your circle and telling you you're a piece of shit for doing it. [P7, person with lived experience]

I think people are so .like it's just so much stigma right? But I think even people who think progressively still think that being a sex worker is like being a disease ridden, home-wrecker or something. [P2, person with lived experience.]

These experiences of stigma can, in some cases, prevent open and honest conversations about sexual health and HIV risk with peers. Stigma can also cultivate myths about who is at risk or inhibit one's awareness of risk:

I think sex work is so stigmatized that I think people who are engaging in sex work would sort of even lie to themselves. Or not even consider the fact that they're doing sex work. So they wouldn't think something like "oh, I'm a sex worker. I should probably get tested every 3 months or whatever. [P2, person with lived experience]

Stigma & Sexual Assault

Stigma also created significant barriers to reporting sexual assaults. Service providers reported that, while clients do disclose their experience with sexual assault, they are disclosed in a historical context, and that immediate reporting of assaults does not occur, partly due to stigma and fear of judgment or shame. The participants below explain the complications of reporting a sexual assault:

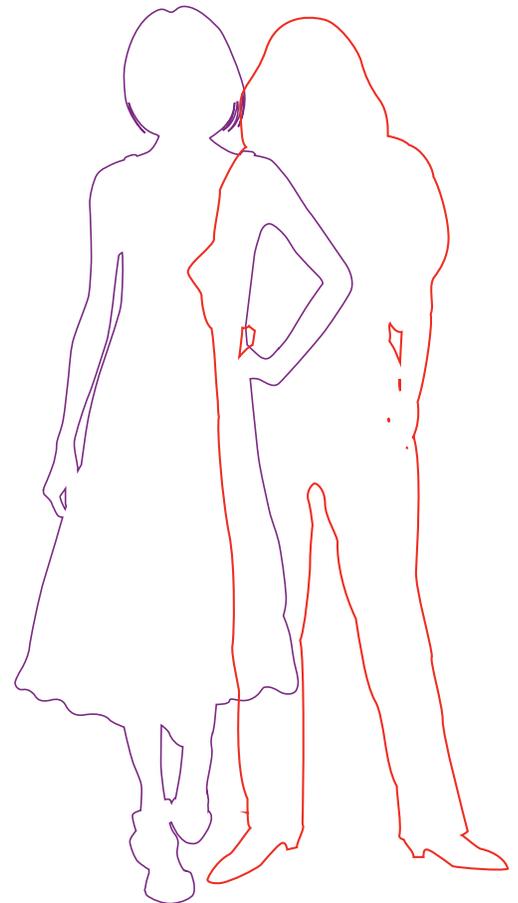
A woman isn't able to talk about it for quite some time after, for lots of different reasons. Shame, feeling that they shouldn't have been in that situation so they, you know, gave consent, or they kind of deserved it, or that's what sex workers deserve. That's been my experience, where they talk about it after the fact. [P5, Service provider]

And if you are assaulted, like I feel like that's probably a big thing of like, what are you going to do if you get assaulted? Are you going to go to the police station and say "I'm a prostitute and I got assaulted"?

Are you going to go to the hospital? Well, that's one of the biggest things for really anywhere in the world for sex work. I feel like again, because we're a smaller city- Like I can't imagine walking into the

police station or the hospital and trying to explain that. And probably just lying and not saying that I was in sex work, and then there's all the questions of how the fuck did you end up in this situation, and- I guess just, yeah, trying to bring the stigma down. [P6, person with lived experience.]

[The assault was not reported] because it was in a hotel room and she went there, and so she felt that was consensual enough, so she was stuck there. So she never reported anything. It was more dealing with following up on health care problems, and there were several. [P5, service provider]



Lack of awareness about sex work

Approximately half of the respondents reported that there is a general lack of awareness of sex work that takes place in Guelph. This lack of awareness exists among the general community, service providers, and sex workers themselves. Service provider respondents reported that because other service providers are not aware of sex work, they may not think to ask or discuss certain risks with clients, or offer services/resources that may be helpful to them. Similarly, not all sex workers conceptualize sex work in the same way and may not identify with the term “sex work.”

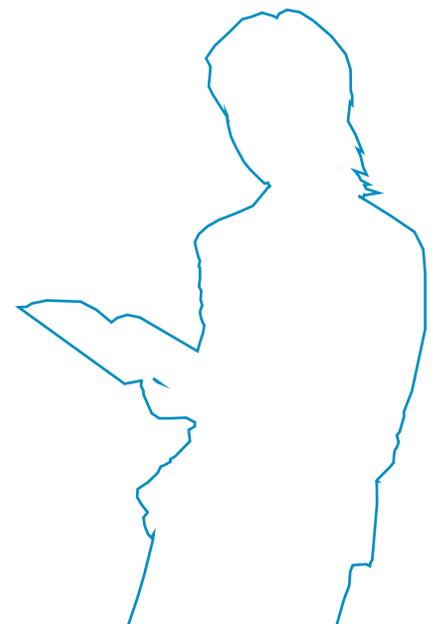
In Kitchener or Cambridge, I feel like there’s more of a, there’s like a louder subculture or something. Where here it’s so underground, and maybe part of that is the service providers aren’t asking, or aren’t putting services out there, where in other cities I feel like there’s been more of an initiative to reach out to the invisible populations and get them to speak out and share. Where here we haven’t done that. [P5, service provider.]

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When it comes to sex work is that I think that a lot of people just think that it doesn’t exist. So I think awareness is like the biggest most important thing. Because I think probably there’s girls who are, you know, trading sex for food or rent or whatever and they don’t even really realize that they’re sex workers and that they might need services.

[P2, person with lived experience]

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Improving programs & services

The following key issues were highlighted by participants as potentially being useful in increasing the accessibility and uptake of HIV prevention and sexual health resources among sex workers in Guelph and Wellington County.

Access to condoms & other safer sex or harm reduction supplies

When asked whether there is a need to improve access to sexual health services or HIV prevention resources (such as condoms, HIV testing, or information about HIV), participants reported several ways in which access could be improved. For example, most participants noted that they wished there was greater accessibility to services downtown (including HIV & harm reduction services and HIV testing locations). The participants below explain that services provided in less centralized locations are difficult for sex workers to access:

So just to say that girl that's maybe at a really low point in her life servicing for her addiction, how is she supposed to get out there [to the sexual health clinic]? Is she going to go out there? That far? That's not an area that's serviceable to that. And especially that's where you are getting the condoms and all of those things, how is that servicing that client base? Yeah, it needs to be where that need is. [P7, person with lived experience]

The location [is a barrier], definitely. So that would require a bus. And that would require three dollars to take a bus, plus to get home, plus to figure out how to use the bus. So, barrier. [P9, service provider]

Of equal importance to having services available downtown was the need to make services/resources accessible 24/7. In particular, the need for harm reduction supplies and condoms around the clock was of importance:

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I have relapsed in the past. And I know what that looks like for me. And I need to know that I can have clean needles. I need to know that I can relapse safely. And if that means going out on the street, and working...I need to know I can do that safely too. And I need to know that that guy out there is going to be treated safely by me because I have the access in the community and it doesn't matter what time of day it is. That's the thing. We need something 24/7 because...

I: Right and that doesn't exist anywhere.

P: No. Addiction and street work and HIV just does not have a time frame.

[P1, person with lived experience]

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Honest conversations between sex workers and service providers

The participants also conveyed the need for quality discussions between sex workers and service providers. As was mentioned earlier, because of stigma and a lack of understanding/awareness of sex work, honest and open conversations about this topic do not often happen. An initial judgmental response can shut down conversations from moving forward. Several sex workers reported a need to have honest and open conversations and safe spaces to speak where they are not judged:

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I don't think there's enough out there because there's, you know, there's not really anywhere you can go and feel comfortable to talk to someone. Or when you do find someone you think is going to not judge you...next thing you know, you're getting the looks like “oh my god, you know”, like judgmental things and I don't think that's right at all. ...The women, need to have places like that so they can start learning more about how to feel comfortable about discussing things and you know, stuff like that. And quite frankly, there's not really anything out there. [P4, Person with lived experience]

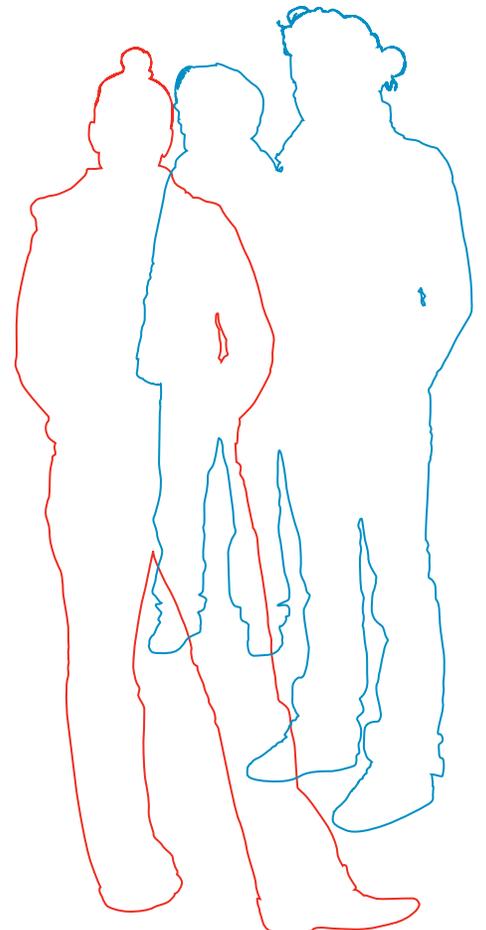
[P4, person with lived experience]

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However, how to best foster these kinds of honest conversations (apart from removing stigma) was somewhat disputed. The participants had various ideas about how conversations about sex work could best be facilitated.

The service providers reported that most disclosures of sex work, as well as disclosures of sexual assaults, took place only after a trusted relationship had developed. Women with lived experience were unlikely to disclose this personal information until she had reason to believe she will not be judged. However, the question of how a service provider could open up these conversations was somewhat disputed. One service provider suggested that it might be helpful to simply ask if the client has engaged in sex work, and that, if done respectfully, it can give the client the freedom and permission to speak about her experiences. Another service provider found that by displaying posters or using social media to display a supportive, non-judgmental orientation towards sex work opened the door for disclosures and open conversations. One person with lived experience also cited the latter example as being beneficial.

Overall, when it came to improving service delivery, the participants most strongly cited the need for the reduction of stigma. However, there were indeed opportunities to improve access to condoms and HIV prevention resources by, for example, making services more accessible downtown and through anonymous means.



New programming ideas

Participants were given the opportunity to suggest how ARCH might overcome some of the barriers mentioned earlier and provide better sexual health services to sex workers. While the solutions provided were not always consistent, some very clear themes emerged.

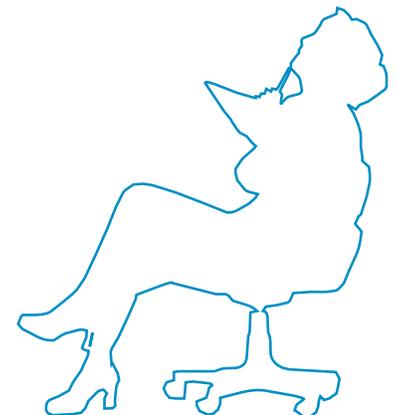
Support groups & drop-ins

Most of the participants suggested that they would like to see support groups or drop-in centres that are specific to women who are currently, or have previously engaged in sex work. For two of the participants with lived experience who had exited sex work, support around how to engage in new romantic or sexual relationships was of interest. Four sex workers and one service provider said that they would like to see a support group or drop-in group for sex workers, although it was often acknowledged that it may be difficult to attract participants, given the presence of stigma, shame, and lack of identification among sex workers with that particular label.

Education

Participants felt that social service providers, health care providers and police would benefit from education on topics specific to sex work, but also related issues such as Hepatitis C, HIV, Harm Reduction and post-exposure prophylaxis (PEP). The participants felt that sex workers could also use more information on condom use, HIV, sexually transmitted infections (STIs), sexual assault, and how to be physically safe while engaging in sex work. Two participants suggested that they would like to see information booklets that provided information that would be specifically directed to sex workers, for example on sexual assault or how to stay physically safe. One participant with lived experience referred to some of the resources provided in the literature review, (by POWER for instance) but said that local information (and in a smaller amount) would be more helpful.

It is also worth noting that the participants were specifically asked about whether or not they were familiar with PEP. Very few participants were aware of PEP, what it was or how to access it. Providing more information about this medication may also be valuable.



Outreach in strip clubs

In many of the interviews, the participants discussed the importance of providing education and outreach through strip clubs, and to a lesser extent, massage parlours. Outreach could include, for example, providing education to sex workers (about HIV & STIs, HIV testing and available resources), providing education to management, and laying out resources (such as posters, business cards, condoms, or pamphlets.) The participant below provides one example:

P: Most of the sex workers in Guelph probably work at [the local strip club] it would makes sense that there's like a pile of business cards. Even for them to know that there's counselling available.

I: Yeah! Do you think that would be possible?

P: I think so. I don't see why, like in the corner, there couldn't be like a pile of whatever. [P3, Person with lived experience.]

A few participants, such as the one above, felt that this was a possibility, arguing that the management of said venues would want to make sure that their employees are using condoms and preventing the spread of HIV. However, most of the participants argued that there would be significant barriers to conducting any type of outreach in a strip club or other venue.

For example, as was mentioned earlier, because of the criminalization of prostitution, proprietors of strip clubs wish to avoid giving the impression that sex work takes place at their venue:

The owners and the staff at that place are just so uneducated. I think that they think that if they put condoms out, that they would get in shit with the police or something. Because well if there's condoms here then obviously there's illegal prostitution happening. [P2, Person with lived experience.]

I don't think any of that [condoms, lube or other resources] was available there as far as I know. But I mean, I don't know if they could provide condoms because obviously there's signs everywhere saying that like, prostitution is illegal and obviously that goes on there but there's signs that are saying that it can't. So I think if condoms were provided then [the club] might be able to be held accountable for encouraging prostitution. [P3, Person with lived experience.]

Two service providers, including the one cited below, had made unsuccessful attempts in the past to distribute condoms and harm reduction resources to a local strip club, by partnering with clients who

were also dancers or people who were otherwise associated with the strip club:

I talked to some of them [dancers] about getting access in to provide harm reduction stuff there and, [one dancer] she spoke about resistance from different levels, actually, some of the girls and some of the management. But then— So, yeah. From what I hear that, it's not readily available and definitely not free and definitely not accessible all over the place. [P5, service provider]

Despite the challenges, there seemed to be sufficient interest in finding ways to overcome the barriers and provide some type of outreach in strip clubs:

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...It's [sex work is] going to happen, it's gonna happen. It's like drugs. People are going to use drugs, regardless if you overtax it or anything. People are going to do what they're going to do. It's gonna happen. And then again, how do you make it safe? How do you make needles accessible even though they're not allowed to do needles, right? Things like that.

[P7, person with lived experience]

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Peer outreach

The interview questions in this survey specifically asked participants about what they thought of the idea of peer outreach work (among sex workers). This idea was very well supported by the respondents, especially the participants with lived experience, who reported that peers are easier to relate to, they are more likely to trust a peer, they are more likely to feel supported and understood by a peer, and that peers could potentially provide support (through a support group) or could bring materials inside strip clubs to other sex workers in strip clubs/massage parlours.

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As much as somebody who's gone to school or university to help people, as much as they can have the information or the understanding of how your brain works or your emotions or whatever, somebody who's lived through it is always going to have a more personal insight. Maybe not a better one, but a more personal insight, and the person living it currently is probably going to value their opinion and their information more.

[P6, person with lived experience]

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The idea was also supported by the service providers, even though two reported having tried (unsuccessfully) to utilize peers to help distribute supplies to other dancers in strip clubs. All of the service providers believed that peers would be important in the goal of providing outreach or support to sex workers, regardless of the difficulties. One service provider, below, describes the effectiveness of using peers among hard-to-reach populations:

I still think it's a difficult population to reach. But I don't think it's impossible because the drug using community is also a difficult population to reach. All you need is one or two sex workers willing to work with you, to get you to reach that population, because peers is where it's at. That's the only way that you get people to trust you, right? So if we had a couple of dancers at [the local strip club] who were willing to help, and then a couple of girls that were street workers that were willing to help, then. [P10, Service provider.]

While complicated, it was very important to the respondents that women who work in strip clubs are provided with the resources that they need, and the overall message from the interviews was that, while problematic, finding some way to serve that population is important. However, providing greater education to service providers may also help to reduce stigma and increase awareness - other goals that were identified as important by the participants. Based on the discussion around support groups, drop-ins, and peer networks, the participants implied that addressing mental health needs and creating spaces just for women (in particular, sex workers) are important.

Conclusions

The lives of sex workers are intertwined with other needs that complicate one's ability to negotiate condom use and access services. Sex workers who are most vulnerable seem to be those who are negatively affected by the social determinants of health, such as those who lack access to affordable housing and a sustainable food source, and/or those who are impacted by addiction. Urgent needs may take priority over the longer-term risks of acquiring HIV or another STI. However, individual decisions are also influenced by structural factors that affect power dynamics between sex workers and johns. The criminalization of sex work negatively influences this dynamic by, for example, preventing sex workers from carrying their own condoms in strip clubs.

Unfortunately, being affected by addiction, poverty or homelessness also seems to be further grounds for stigma, experienced within the social services or health care sectors. This can generate barriers to health care (including mental health services) but also pose further barriers to social services that might help to fulfill some of those gaps (such as financial services, housing, or employment services). It is difficult to overstate the impact that stigma has on the participants' ability to access quality health care, their willingness to access services, and their ability to have open, honest conversations about risks and needs – including those specific to sex work.

Unfortunately ARCH may not be able to address some of the biggest threats to the health of sex workers in the community. The legal concern, for example, is beyond its scope. So is the community's lack of affordable housing. However, there are some clear potential goals that may be applicable to ARCH or other community organizations. Among them for consideration are:

- ▶ Challenge stigma, among health care workers (triage, nurses, doctors) and social service providers.
- ▶ Cultivate a greater awareness of sex work in Guelph & Wellington County among service providers, including the needs, challenges and risks faced by sex workers.
- ▶ Support service providers and health care workers in their ability to have honest, open conversations with clients/patients about sex work in ways that are non-judgmental and well informed.
- ▶ Provide specific informational resources for sex workers (that is relevant to the local community) on HIV, Hep C, STIs, available resources, mental health and physical safety issues, (including sexual assault) and PEP.
- ▶ Provide information that is specific to youth.
- ▶ Consider opportunities to collaborate with other community partners (police, Guelph General Hospital) to improve the ability of sex workers to report sexual assaults.
- ▶ Cultivate new partnerships with venues or utilize peer networks to investigate the possibility of providing resources/conducting outreach in strip clubs.
- ▶ Generate greater awareness of ARCH's existing services and other sexual health services in the community. For example, promote HIV rapid anonymous HIV testing at ARCH, the new location of Public Health's Sexual Health clinic, the availability of the condom dispensers downtown, and the fact that condoms & lube may be accessed anonymously in the reception area at ARCH.
- ▶ Continue to seek out the possibility of improving access to condoms, harm reduction supplies and other resources (such as providing resources that can be accessed downtown, 24/7 and anonymously.)
- ▶ Provide opportunities to support the mental health needs of sex workers – specifically, women. (For example, through drop-ins and support groups and/or through fostering the development of peer networks.)

References

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115-89 Dawson Road
Guelph, ON, Canada N1H 1B1
[519] 763-2255
www.archguelph.ca

