Just Give Me the Information I Need to Survive: Understanding the Needs of US-Based Sex Workers within the HIV Continuum of Care

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Background

In the United States, sex work remains criminalized and sex workers are often isolated from basic healthcare and social support systems. Prior research has designated sex workers as a key population that experiences a disproportionately high rate of HIV but it is challenging to connect with sex workers due to their fear of being prosecuted for being open about being sex workers.

It can be difficult for sex workers to engage with the HIV continuum of care and COYOTE RI developed this research project to understand the experiences of US-based sex workers within the HIV continuum of care. This project seeks to understand the complexities of how existing HIV programs serve or fail US-based sex workers and looks to imagine systems of care that utilize a rights-based approach.

The nature of this research as community based participatory research looks to work with sex workers to examine how working within the sex industry complicates the practices of seeking out and main-taining HIV prevention or care services. Through centering the experiences and opinions of many sex workers, this project looks to define the most urgent needs of sex workers regarding HIV and how these needs can be me.



Methods

This community-based research project was carried out by sex workers rights organizations that have been working in the US to uphold the rights of sex workers for many decades.

N = 1.496

Participants:

- Recruited via online posting of survey
- Recruited via direct contact to ads
- Requirements to complete survey:

 Currently living in the United States

Currently or formerly working in the sex industry

Data Collection:

- 145 question survey
- Collected anonymously via online survey

Analysis

Qualitative: Grounded Theory

Quantitative

Document Analysis



Results

Through this study it was shown that US-based sex workers experience the HIV continuum of care in a range of ways that are fundamentally different from other populations. Sex workers frequently do not disclose their SW status, experience high rates of many forms of discrimination, and frequently avoid HIV services for fear of being surveilled or outed in other areas of their life.



"People don't want to talk with out about the illegal and stigmatized ways they are making a living. If someone asked to be tested for something, just do it...just give me the information I need to survive."

"We don't want to be stigmatized. Even if you get an understanding medical professional, I don't want my sexual health and history to be part of some permanent record that shows up for future professionals who might be less understanding."

"No stigma, shame, or judgment. Reporting is mandated and that's why sw's don't get tested - in some states it's a felony enhancement"

"Don't let your personal idea of morality get in the way. Just because it looks ugly to you does not mean what we do is bad and we need to stop. But we do deserve to be treated like everyone else."

"If we're in the industry voluntarily, respect our choice. This is a job just like any other. Pay attention to us & our concerns, and try not to let your own morality or misconceptions interfere with your treatement. We are people. Many of us are very intelligent businesspeople making informed decisions. We are facing huge amounts of social stigma & if we tell you about our profession, don't a buse our trust."

Conclusion

So how should providers care for sex workers?

What are sex workers' needs within the HIV continuum of care?

What work needs to be done by healthcare providers to ensure sex workers are receiving the care they need? The information they need?

Sex workers have the same fundamental needs as any other patient within the HIV continuum of care; however, the stigma and criminalization of sex work in the United States makes acessing and maintaine care more difficult.

Sex workers fear that judgement and discrimination against them will occur due to their involvement in sex work, causing them to either avoid services or avoid disclosing their status as sex workers.

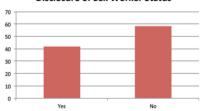
Clinicians and other working in HIV fields should be prepared to not judge sex workers but rather treat them as they would any other patient while acknowledging the realities of the health behavior (while working and not working) that their patients report to them.

Clinicians and other working in HIV fields should educate themselves on what sex work is and is not (consensual sex work vs sex trafficking) and on the challenges sex workers face within the United States. They should not make assumptions about health behavior due to sex worker status alone.

Information about STI screening, PER, PrER, and treatment for STIs should be readily available in clinical encounters and outside of clinical settings through existing education programs being more tailored to the specific position of sex workers within US society.

"We need well-informed providers who can non-judgementally give us the information we need to elect which tests and services we need. We need our providers to do their own work processing and healing their own sexual wounding and stigma."

Disclosure of Sex Worker Status



Does Respondent Think Disclosure Would Improve Care

