

Make Us Feel Safe: Disclosure of Sex Work Status in Healthcare Settings and Implications for Harm Reduction Strategies Among US-Based Sex Workers

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Background

Sex workers of all gender identities remain a key population that face disproportionately high rates of HIV in the US. The criminal status of sex work, many structural barriers to healthcare and support across other sectors, and widespread discrimination against sex workers create an environment in which it is difficult for sex workers to obtain healthcare. Many harm reduction strategies target sex workers but are often unsuccessful due to the many intersecting forms of marginalization sex workers face in the United States.

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 maintaining 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 met.

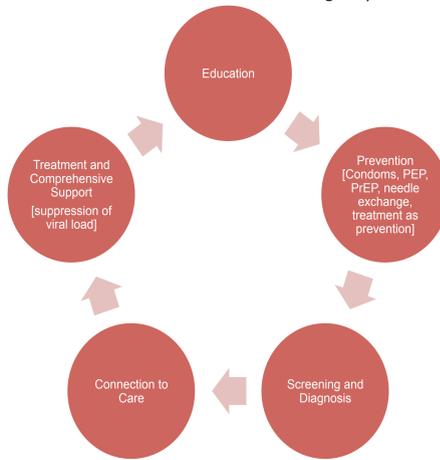


Figure 1: The HIV Continuum of Care

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.

This study surveyed people working in various areas of the sex industry in all regions of the US

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



Results

Figure 2: Disclosure of Sex Worker Status to Healthcare Provider

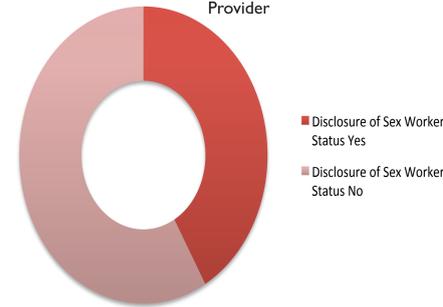
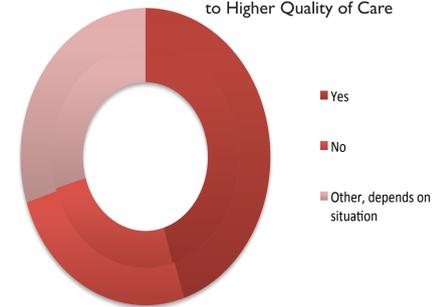


Figure 3: Does Respondent Think Disclosure Would Lead to Higher Quality of Care



Qualitative:

"I have disclosed my status to multiple providers. Only once did I feel it increased the quality of care I received. I disclosed to a health care provider during STI testing. She responded very positively. I was able to ask her questions regarding safer sex practices and testing that were specific to sex work and how I work. It was great and extremely useful. Other times I have disclosed, I felt it decreased the quality of care I received, because the provider was whorephobic and giving care from a place of stigma."

"It was one of the routine screening questions they asked me, non judgementally (ie do you have sex with men, women or both? Have you had sex for money or other needs...). I felt comfortable disclosing *because they asked*. This is rare."

"Please don't judge us. I'm afraid to disclose what I do because of the stigma. I don't see this work as more intimate than what some health care workers have to do."

"Don't stigmatize sexworkers. Don't treat them like victims, if trnjs a non victim situation. Some sexworkers love what they do and not everyone is coerced. Provide services that make women feel safe to ask for them and not feel ashamed."

"Just be nice to us and understand that we deal with an unbearable amount of judgment and stigma already and cannot handle anymore side-eyeing or uncomfortable questions or unsolicited condescending advice. I don't want a lecture, or your pity. I'm just here for medical care. Please don't make it any harder."

Figure 4: Condom Use Among US Sex Workers and US Population

Demographics			Demographics		
Demographic	n	%	Demographic	n	%
Age			Region of the Country		
15-17	4	0.55	Northeast	69	9.7
18-24	155	21.89	Mid-Atlantic	87	12.24
25-34	314	44.35	Southeast	97	13.64
35-44	137	19.35	Midwest	131	18.42
45-54	70	9.98	Southwest	97	13.64
55+	28	3.95	West Coast	141	19.83
Gender			Northwest	76	10.69
Cisgender woman	589	82.84	Hawaii		
Cisgender man	38	5.34	Alaska, US Territories	13	1.83
Transgender woman	17	2.39	US Citizenship		
Transgender man	10	1.14	US Citizen	670	94.23
Non-binary	15	2.11	Legal Permanent Resident		
Other	41	5.77	Green Card, Visa	25	3.52
Race			Undocumented resident	10	1.41
White	606	85	Other	6	0.84
Black	51	7.17	Insurance		
Asian and Pacific Islander	31	4.36	Private Insurance	283	39.8
Native	44	6.19	State-run	217	30.52
Mixed	50	7.03	Uninsured	211	29.68
Middle Eastern, Arab	1	0.14	Type of Sex Work		
Latinx	63	9.1	Online Escort	384	54.08
Sexual Orientation			Dominatrix	216	30.42
Heterosexual	210	29.58	Stripper	247	34.83
Homosexual	30	4.22	Street Worker	63	9.1
Bisexual	262	36.9	Cam Worker	330	46.53
Pansexual	191	26.98	Phone Operator	136	19.15
Demisexual	20	2.82	Porn Performer	183	25.77
Asexual	19	2.68	Bodyrub/Bodywork	266	37.4
Queer	45	6.34	Kink Community	169	24.37
Other	19	2.68	Sugar Daddy website	269	37.89
Highest Level of Education			Engaged in survival sex	150	21.13
Grammar and/or intermediate school	9	1.25	Other	96	13.52
High School	167	2.35	Involvement in the Sex Industry		
GED	46	6.48	Current	587	82.68
Vocational Training, technical school	84	11.83	Former	123	17.32
2 year college	141	19.86			
4 year college	189	26.62			
Masters or Post-Graduate Degree	89	12.53			
Doctoral Degree	17	2.39			
some college	25	3.52			
other	2	0.03			

Condom Use Among Sex Workers	Percentage	2017 CDC Survey	Condom Use Among Men	Percentage
Never	9%	Condom Use Among Men	Never or Rarely	47%
Rarely or Sometimes	13%	Condom Use Among Men	Sometimes	34%
Most often or Always	78%	Condom Use Among Men	Always	19%
Condom Use While Working		Condom Use Among Women	Never or Rarely	62%
Never	20%	Condom Use Among Women	Sometimes	24%
Rarely or Sometimes	37%	Condom Use Among Women	Always	14%
Most often or Always	42%			

Conclusion

There is much work to be done in the US to remedy the discrimination that sex workers face in healthcare settings. Understanding and taking into consideration the experiences and perspectives of sex workers is key in connecting with and providing effective, long-term HIV care for this key population.

This study found that there are many ways in which clinicians, healthcare workers, and harm reduction programs can better serve US sex workers.

- Retaining absolute confidentiality
- Eliminating moral judgments
- Showing respect
- Treating sex workers the same way other patients are treated
- Listening to and inquiring for facts
- Avoiding assumptions about sex work
- Reading publications by sex workers
- Publicizing the fact that programs are sex worker-friendly

These measures would allow SWs to be less hesitant in seeking and continuing HIV care. These measures would not only eliminate avoidance of healthcare services but would also serve to make the HIV continuum of care an area of trust, support, and strength for sex workers that face criminalization and discrimination in many other areas of life in the US.

"First, forget everything you think you know. Don't make assumptions. Every sex worker's story is unique. Be patient if a sex worker tries to tell you their story because it signals that they are beginning to trust you. If you cut them off or act indifferent you will crush that trust, and you may not get another chance to regain it. Don't rush to conclusions."

