



## Article

# Earning Housing: Removing Barriers to Housing to Improve the Health and Wellbeing of Chronically Homeless Sex Workers

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**Abstract:** For many sex workers, accessing and maintaining housing is one of the central reasons for engaging in sex work. Simultaneously, one of the most stringent barriers to accessible and affordable housing is the stigma and discrimination against sex work as a livelihood. This paper explores the relationship between barriers to accessing housing for sex workers and the systems that hold the barriers in place. This paper is based on qualitative research conducted by Ocean State Advocacy's research team. Using quantitative analysis of 100 surveys and qualitative analysis of 35 interviews conducted with sex workers living in Rhode Island, this paper discusses the ways housing improves the physical health, mental health, and overall wellbeing of sex workers. By including sex workers and centering their human rights in movements around housing equity and access, sex workers' needs are prioritized while increasing understanding of stigma and systemic disenfranchisement within the field of housing justice.

**Keywords:** sex work; sex workers rights; housing justice; housing as healthcare; housing and stigma



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## 1. Introduction

Sex workers have long been inserted into public debates regarding their livelihoods and labor. Sex work, a phrase coined by Carol Leigh after attending a Women Against Violence in Pornography conference in either 1979 or 1980 (based on her recollection), is a broad term referencing labor practices in which sexual services are exchanged for money or goods (Leigh 1997). Since the creation of the term, the sex industry and what can be defined as sex work has expanded from in-person services such as escorting, street work, stripping, and brothel work, to include virtual services such as phone sex and camming. The increasing popularity of the term is due to efforts to challenge the victimhood and promiscuity associated with participants in the sex industry, and to focus on sexual services as a form of skilled labor. There is some discrepancy over which types of work fit under the “sex work” umbrella, as the delineation between sexual service and erotic performance is highly subjective. For example, services carried out on internet platforms such as OnlyFans or cam sites may not be considered sex work by the people performing on them because there is no physical contact or intercourse taking place between service worker and client. Some in-person sex workers also exclude virtual erotic work from being considered sex work because most virtual forms of erotic labor do not face the same types of stigma and health risks associated with in-person sex work.

Public conversation on whether sex work is empowering vs. exploitative, labor vs. expected service is ongoing; public scrutiny surrounding sex workers' rights to live and work persist as sex workers globally continue to live and work. Much of the contemporary framework for these debates stems from what is referred to as the “feminist sex wars” of the 1980s. These debates “about ways in which both sexual orientation and sexual practices can contribute to either domination or liberation” (Showden 2016) are echoed today in arguments between abolitionist or anti-sex-work feminists and pro-sex-work feminists.

The criminalization and stigma around the industry likely demotivate some to identify with such a label or risk and exploitation. The most definitively criminalized form of sex work is defined legally as prostitution, although this word is often considered a slur in the sex working community. One of the earliest examples of legislation around sex work in the United States includes the Mann Act of 1910 ([Mann Act 1910](#)), which banned the interstate transportation of women for “immoral purposes”. By 1915, almost all states passed laws banning brothels or otherwise regulating the exchange of sexual acts for money ([Jenkins 2021](#)). Sex workers face various levels of stigma and criminalization depending not only on the form of sexual labor they engage in but also on their race, migration status, gender, ability, class, housing status, and substance use. This stigma and criminalization lead to systemic disenfranchisement that threatens sex workers’ health and wellbeing.

Of the barriers to survival needs that sex workers experience, one of the most apparent is lack of equitable access to housing. In a community needs assessment facilitated in 2018 by the Washington, DC-based harm reduction agency Honoring Individual Power and Strength (HIPS), 79% of trans sex workers surveyed reported that housing was their most immediate need ([Edelman and Corado 2015](#)). This study highlights the magnitude of lack of housing for trans sex workers in Washington, DC. Sex workers in other regions throughout the United States find themselves facing similarly dismal options for safe and affordable housing. In surveying data both nationally and internationally, it is apparent countries such as Canada are significantly further ahead in reporting and documenting the barriers to housing sex workers face.

While all sex workers experience some level of exposure to violence, violence is often exacerbated for homeless or housing-unstable sex workers due to lack of access to private space for working and living. Sex workers experiencing housing insecurity are therefore more likely to be subjected to policing that specifically targets public space. When considering why sex workers are disproportionately unable to access housing, it is crucial to look not only at the aspects of criminalization and stigma specifically directed at sex workers, but also at the intersections of race, class, gender, ability, documentation status, and other axes of oppression contributing to inaccessibility in housing.

In 2021, Ocean State Advocacy, a Rhode Island-based sex-worker-led organizing group, conducted a study on access to healthcare amongst current and former sex workers living and working in Rhode Island. Though the study was initially based on mending gaps in the healthcare system, one of the largest themes to arise as an obstacle to sex worker health and wellbeing was lack of access to housing. It is challenging to consolidate housing instability and homelessness into one homogenous narrative, as the identities and lived experiences of the individuals interviewed are complex and diverse. Through studying the narratives of individuals with elongated periods of homelessness as well as self-identification with a disability (a mental or physical illness expected to last a significant period of time), we hope to identify the barriers to accessing housing that specifically exist amongst state and federally subsidized and funded housing programs.

In understanding and defining housing insecurity, we include individuals who are sleeping outside, staying in cars, staying in abandoned buildings, and other spaces not suitable for human habitation. In our study, we also include individuals who are couch surfing and paying week to week for hotel stays. We include the latter two housing statuses in our definitions of homelessness with hopes to recognize the spectrum of housing precarity that exists among sex workers and houseless people more generally as opposed to solely focusing on the “literally homeless” ([Rossi et al. 1987](#)). Definitions of homelessness used by federal agencies such as the Department of Housing and Urban Development (HUD) exclude the prior two housing statuses from their formal definitions due to their inability to acknowledge the nuances of experiences of homelessness. Such agencies maintain a narrow definition of homelessness in order to minimize the eligibility of applicants for the distribution of extremely limited resources. As a result, these definitions systematically exclude people of color, youth, and lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals from access to federally funded housing resources ([Petry et al. 2022](#)).

In this piece, we focus specifically on sex workers with long periods of housing instability and homelessness, otherwise known as chronically homeless ([National Alliance to End Homelessness n.d.](#)). Chronic homelessness encompasses individuals who have either experienced homelessness for over a year consecutively or during multiple instances over several years. Traditionally, to be considered chronically homeless, an individual must also be diagnosed by a medical provider with a long-term or expected long-term disabling condition. This includes serious mental illness, substance use, and/or a physical disability. While the population surveyed often experiences underutilization of healthcare services leading to lack of medical diagnoses, participants cited experiencing mental and physical health conditions leading our conversations around barriers to accessing housing to focus on this specific subpopulation. In light of this, we have chosen to include self-identified disabled participants in our definition of chronic homelessness. Chronically homeless individuals are often prioritized for subsidized housing, public housing, and other state and federally funded programs. However, not all of the participants we have included in our definition would be classified as chronically homeless by federal housing programs. Therefore, many of the participants in our study face chronic homelessness while being excluded from prioritization for housing access.

The intent of focusing on this specific subset of sex workers is twofold. First, we emphasize chronically homeless sex workers to identify the unique intersections of ability and labor that often work in tandem to complicate housing options. Second, we look to discuss the barriers sex workers often face in housing maintained by state and federal funding due to the stigma and criminalization of their work. In focusing specifically on sex workers with disabilities, we are also able to explore the higher utilization of medical services and an increased gap in access to healthcare for individuals currently experiencing homelessness.

#### *The Current Housing Crisis and the Movement towards Housing Justice*

The last few decades have seen substantial disparities in access to affordable housing. According to the United States HUD, for a home to be deemed affordable to the renter, the monthly amount owed must not exceed 30% of the renter's income ([National Low Income Housing Coalition 2020](#)). In Rhode Island, the majority of renters are cost-burdened by rent, with these statistics proving higher for Black, Indigenous, and People of Color (BIPOC) renters. Rhode Island's current hourly "housing wage", or the wage required to maintain housing at an affordable rate, is USD 21.26. This is more than double the state's current minimum wage ([Housing Works RI at Roger Williams University 2020](#)). This scarcity of affordable housing options is reflected at all low income levels, and disproportionately affects individuals with long-term experiences of housing insecurity and homelessness.

Housing justice has been increasingly emphasized within conversations related to the lack of affordable and accessible housing. As a framework for considering housing, housing justice "takes full account of the structural processes of housing precarity as well as the continuous and complex contestations through which rights to housing are conceptualized, claimed and consolidated" ([Roy 2017](#), p. 3). Housing justice is a community-based practice that seeks to incorporate the need for accessible housing into other liberatory movements by prioritizing the dismantling of systems of oppression and violence. Elements of this ideology have since been integrated into mainstream housing slowly through the Housing First model developed by clinical and community psychologist Sam Tsemberis. Housing First identifies the strategy to successfully house homeless individuals as first providing housing and later triaging individuals' needs with a team of supportive services made up of healthcare practitioners, social workers, and peer support services ([Tsemberis et al. 2004](#)). This model targets homelessness as the largest impediment for individuals in caring for themselves and asserts that other important needs can be more easily met once housing is secured. This model is particularly useful for individuals needing support in addressing mental health, physical health, and substance use. Public health and housing agencies are increasingly adopting evidence-based practices that communities and organizers have ad-

vocated for over the course of many decades. The shift for housing agencies and providers to adopt this understanding in breaking down barriers to housing is a positive turn. The Rhode Island Continuum of Care (CoC) now requires all participating CoC-funded programs to follow the tenants of the housing first model within their individual programs (Rhode Island Housing 2021). However, due to the growing numbers of houseless individuals and families in recent years (U.S. Department of Housing and Urban Development 2020), the majority of cities and states adopting this practice lack the housing resources and/or the staff capacities to fully accommodate the demand.

As the topic of sex work takes a space in the public discourse through legislation such as The Stop Enabling Sex Traffickers Act (SESTA) and Allow States and Victims to Fight Online Sex Trafficking Act (FOSTA), we see the necessity to include sex work and access to housing for sex workers in the larger housing necessities conversation. However, these conversations typically exclude current sex workers and focus instead on anti-trafficking groups with an emphasis on the abolition of sex work. The legislation often advocated for by Anti-trafficking sex work abolitionist groups leads to increased carceral punishment but fails to address systemic inequality and lack of economic resources that often serve as entryways into sex work (Phillips 2015). In addition, legislation such as SESTA/FOSTA has made it illegal for social services to market material to sex workers (Brooks 2021). This has led to the further stigmatization and disenfranchisement of sex workers when applying for social services and housing programs. Anti-trafficking and sex work abolitionist groups place a myopic focus on pathways to leave sex work, referred to as “exit services”. However, this strategy not only neglects to center the wants of sex workers themselves, but also neglects to acknowledge that the reasons for entry into sex work are as expansive and complex as the identities of the workers themselves.

This often places a burden on sex workers to switch to other types of employment, remain houseless, or live in fear of eviction or being expelled from social programs. Additionally, exit services oriented towards addressing housing and healthcare are challenging to provide sustainably without addressing systemic change. In creating opportunities for sex workers to have autonomy in their lives and forms of labor, we push for a focus on systemic inequality as a whole.

## 2. Methods

This paper is based on data collected in the Spring of 2021 by the sex worker-led organizing and mutual aid group Ocean State Advocacy. Ocean State Advocacy is based in Providence, Rhode Island, and was founded in March 2020 by a group of local sex workers building a network of mutual aid and community support among other current and former sex workers during the beginning of the COVID-19 pandemic. Its membership has since grown to include a broad base of current and former sex workers with diverse lived experiences in Rhode Island. The organization has worked to gain trust and recognition in the broader sex work and organizing communities through outreach efforts, mutual aid distribution, community support, and education efforts.

The data cited in this paper was obtained through the primary phase of a two-part project on sex workers’ access to healthcare. The project’s initial question focused on understanding current obstacles for sex workers seeking healthcare and exploring solutions that would enable increased access to equitable care. The projected output of this project is a report on the findings to be utilized by healthcare professionals in their training. In the survey and interview, we explored not only healthcare, but also topics embedded in larger questions around access to healthcare, particularly those relevant for sex workers such as housing, labor, criminalization, and other factors of systemic oppression. Through expansive interviews, we realized the depth of intersecting analysis on survival through the lens of Rhode Island-based sex workers.

The initial data collection was carried out amongst current and former sex workers living and/or working in the state of Rhode Island. The project gained IRB approval protocol #2101002890 through Brown University in February 2021. The project gained review after

at-length scrutiny due to the involvement of non-university-accredited current and former sex workers as researchers and collaborators. The recruitment of this research took place via street-based outreach, flyers, newsletter announcements, and word of mouth. The project was conducted in Rhode Island with a primary focus on the Providence Metropolitan Area. Initial data collection took place via a 50-question survey filled out by 100 local sex workers. Following survey collection, we used stratified random sampling to select 35 participants for follow-up semi-structured interviews on themes related to sex worker health. Stratified sampling allowed our research group to stratify along the lines of race, gender, ability, and housing status to allow for our data to include and highlight the experiences of street-based, BIPOC, LGBTQ+, and disabled sex workers. The goal in this stratification was to prioritize populations that face marginalization and policing not just because of their work but also due to racism (especially anti-blackness), transphobia, xenophobia, and ableism. Through our interviews, we found that many sex workers experiencing houselessness were experiencing long-term houselessness in addition to persisting physical and mental health conditions. These two factors are the same criteria utilized in defining chronic homelessness. This pattern became apparent when discussing access to healthcare.

Participants were provided informed consent prior to their participation, written consent to participate in the survey, and oral consent to be interviewed. The interviews were 30–90 min and were conducted primarily in person with some over the phone. As all interviews were conducted during the COVID-19 pandemic, public health measures were followed to reduce the risk of infection for those involved in in-person interactions. Participants met with interviewers in either private outdoor spaces (such as backyards) or indoors with enough space for appropriate social distancing. All individuals involved wore face masks to prevent the spread of the virus. An option to perform the interview over the phone was provided for those who felt more comfortable doing so for safety and health reasons.

Interviews were facilitated using an interview guide created to address larger themes and subthemes related to health and wellbeing. Interviews were audio recorded and later transcribed. During the transcription process, all identifiable information was removed from the interview transcript. Participants were compensated for their initial participation in the survey and for the follow-up interview.

In developing our analysis from the interviews, transcripts were first imported into NVivo, a qualitative management and analysis software. From there a preliminary coding framework was developed by members of the OSA research team based on the interview guide and common themes in participant interviews. This team consisted of organizers and researchers, Julianna Brown, Eden Tai, Claire Macon, Melinda Siomiak, and Natalia Rossi. The coding frame developed by the aforementioned individuals was used to facilitate further data analysis. The research team met regularly to discuss emerging themes and revise and add to the framework as needed. Research team members assisted in the coding process by creating the coding frame and partaking in coding the interviews. Each interview was read and coded a minimum of three times by three separate team members. Coding was then compared in NVivo and any variations in coding were discussed amongst team members and resolved by consensus to assure accountability within the coding process. Salient themes were identified through team discussions and the coding process, with a focus on the scope of each theme and its relationship with other themes and the current existing literature on sex worker health. In analyzing data sets, we noted that housing was an integral component of health for all sex workers interviewed. Barriers to housing access were especially prevalent for currently houseless, drug-using, and disabled participants. Concepts of structural vulnerability were employed during analysis to better understand social and structural factors impacting participant experience with housing access.

### 3. Results

In the data collected by Ocean State Advocacy in 2021, over 37% of study participants surveyed were experiencing a form of current houselessness at the time of the study. Throughout our interviews, it became apparent that the number of participants who had previously experienced a form of houselessness or were at the time of the interview facing a potential loss of housing was significantly higher than numbers captured by the quantitative survey data collected. Of this 37%, the majority of currently houseless individuals fell into the previously described category of being chronically homeless. They have been houseless for an extended amount of time and also disabled. Throughout our interviews, several themes continuously arose. While our work initially focused on the topics of health and wellbeing, through our participant interviews we noted the inextricable relationship between health and housing as well as the urgency in housing as a means to improving overall health for sex workers who are currently or pending houselessness. In the below sections we identify themes of financial necessity, stigma, and criminalization as they relate to housing and housing access.

#### 3.1. Financial Necessity as a Factor in Entering and Continuing Sex Work

As understood through the participant narratives of the sex workers surveyed in our study, survival cannot happen without money. Sex workers' experiences regarding housing stability and their relationship to their work are far from homogenous; however, housing as a large financial demand is an experience shared by many sex workers in our study. According to our interviews, sex work provides an income that can cover housing costs for those unable to make rent or find a place to live stably through other means of employment. Through participant interviews, we gain an understanding that a primary draw of sex work is that there are minimal barriers to entry. Barriers to entering the industry are far fewer than other forms of employment and provide higher earnings per hour than other entry-level jobs. One participant describes her experience of being unhoused while underage and, through sex, work finding both housing stability and an improvement to her overall health. She explains:

*"So I decided to go strip because I was homeless at 15 years old and I was working at a dollar store and a Walmart and trying to go to school. I was doing all that at 15 years old and I got so tired of it so fast. I was working myself to death. I started taking Adderall at 15 because I was trying to stay up to do basically three things; go to school and two jobs, you know? And then I had some friends that were strippers and I became a stripper. And things got a little bit easier for me. I was able to actually get my own apartment and I was able to actually pay bills, you know?" —Sophia*

Notably, this participant is not alone in the experience of entering the sex industry while underage to maintain housing. No child should have to enter sex work to have a home, but sex work and support from other sex workers were there for these participants when broader social support systems for children were not.

Securing and keeping housing through sex work is not limited to youth, as sex workers of all ages house themselves and dependents through their work. As a form of labor that exists in both formal and informal ways, sex work provides a livelihood for many who find themselves barred from other forms of employment due to past criminal charges, disability, language barriers, documentation status, need to care for dependents, substance use, and countless other factors. One participant shares:

*"They don't know, you know, you can't just stop. What am I going to do? Are you going to feed my habit? You know what I mean? That's my only source of getting money right now. I can't hold a job down, like a regular job. Never. You know, they pay you once a week, I make that in a couple hours sometimes. You know what I mean? Don't you think if I could just stop I would?" —Tara*

For this participant and others, sex work may not be purely empowering or victimizing, the two rigid options often presented in public discourse surrounding sex work. Rather,



sex work, like other forms of labor, is a means to earn money in order to afford basic needs such as housing. In the above quote, the participant explains the inaccessibility of more regimented or “regular” labor due to her substance use. For many facing complex barriers disabling access to other forms of employment, sex work is the most feasible and accessible employment option.

### 3.2. Stigma as a Barrier to Receiving Adequate Care and Services

Another pattern seen in our interview data is that many participants avoid social services due to mistreatment by staff or providers in the form of discrimination and judgment. As one interview participant explains, a service provider’s judgment on a patient or client’s lifestyle choices breaks down the capacity to build trust:

*“I don’t know, like. You know kind of just being ridiculed, I don’t know, it’s the look that they give ya or like, you know, when they know that you use drugs or when, you know, they know that you’re working on the street you know, they just . . . , they just . . . , I don’t know how to put it, you know, they just look at you and you can tell that they’re like, ‘Ugh’, you know what I mean? I dunno, I can’t really think of an exact thing that might’ve happened, you know, but there’s many times where you just, you know, you feel like you’re being downgraded, you know, or talked down to. You know or maybe like you’re not as important as another person because of that. You know what I mean? So sometimes I don’t feel like . . . they’re not . . . they don’t put as much effort into my care than they would somebody else. That’s not everybody, but some people are definitely very judgmental when it comes to it.” —Talia*

Another participant describes avoiding healthcare and other forms of support due to experiences of judgment and policing:

*“Well, I know for being [HIV] positive and not following up with my doctor or whatever, but that’s the reason why I wasn’t following up because I was scared, you know what I mean? I was like, ‘oh my God, these people.’ And at that time that’s the only income that I had. You know what mean? It was the only income that I had. I was by myself with my two kids. Just because I got that diagnosis. What could I do? I was in debt.. You know what I mean? Nothing changed. I still have rent to pay. I still have to feed my kids, you know? . . . I felt like they gave me like no other option, but it was just like, you’re just so horrible. Like, things you’re doing is so bad. Like that’s how I felt, you know? And I just felt like, ‘oh God, if I go back there, they’re going to like call DCYF on me or like call the cops on me,’ you know?” —Sophia*

### 3.3. Carcerality and State Violence

In many cases, the judgment received by sex workers from the public leads to incarceration. Individuals who need support and care are instead sent to jail, where they are subject to further violence:

*“I don’t think enough people respond. I just, like I said before, I think that the healthcare community needed to get involved in it. I think that the court system needs to get involved in it as well. I think that we outta stop making our prisons a warehouse for sex workers. I think that needs to stop because let me tell you something same type of sex work that you’re busting these prostitutes for and stuff, they’re going to get it on when they go to jail anyway. They’re not safe when they go to jail because the office out there I’m in, in the women’s prison, enough of them got busted already messing with them girls up there. Because they know that they’re prostitutes, so it doesn’t stop there. So we need to stop sending them to jail. We need to build more safe houses out here for these women and men out here that are at high risk in the sex work world. We need more shelters for men [in the sex trade], just as much as you have for women [in the sex trade] . . . So that’s a subject that I think needs some attention. Yeah. Stop sweeping this stuff under the rug and that’s why these problems never go nowhere. They’re going to say in your face, you*

*know, and it's just so unfair to people that are reaching out for help, but they just don't know how to, they don't know how."* —TE

Like the participant above, many sex workers interviewed suffered from violence in jail due to sex work charges.

#### 4. Discussion

The research facilitated is one of few studies on sex workers and access to healthcare conducted using qualitative and ethnographic techniques in addition to quantitative methods. It is one of even fewer conducted by researchers with current or lived experience of sex work. The goal of this work is to move away from suggesting the implementation of clinical interventions to improve health. Instead, we encourage reflection upon suggestions given by participants in breaking down barriers to accessing housing, as well as attention to structural inequalities that create these disparities. Through this lens, we aim to identify what barriers exist to prevent sex workers and more specifically chronically homeless sex workers from obtaining safe housing and advocate for the inclusion of sex workers in conversations around housing justice and prison abolition.

As it stands, there is a lack of literature on the barriers sex workers face in accessing housing in the United States. Much of the relevant pre-existing literature focuses primarily on homelessness and sex work in relation to disease transmission and substance use. In a 2010 article focusing on HIV prevention amongst homeless and non-homeless sex workers in Miami, FL, 485 female sex workers were recruited, many of whom were experiencing homelessness and substance use disorder, the preliminary suggestion to prevent HIV amongst the aforementioned populations is clinical interventions at a street-based level (Surratt and Inciardi 2004). While immediate interventions to prevent the spread of HIV are vital in an acute form, there is a continually unaddressed issue of resolving the conditions that put sex workers, especially those who are homeless and/or using drugs, at an increased risk. Although sex workers who use drugs and/or are homeless are the subject of extensive research in the fields of medical and public health, when structural inequalities go unaddressed much of the culpability falls on sex workers and often contributes to narratives around risk and deservingness. These narratives often support arguments that aim to bar sex workers from access to housing.

##### 4.1. Hierarchies of Deservingness

As we saw in our study, the stigma surrounding sex work prevents people from seeking support from social services. While our original survey questions focus on experiences with healthcare providers, the narratives shared by participants reflect a broader mistrust of public programs due to history of denial of judgment-free services and care. In looking to understand what factors disenfranchise sex workers from housing opportunities, we examine the public assumptions about people engaging in "risky" behavior (Susser 1998). Sex workers, drug users, and other populations engaging in illicit or stigmatized behavior have historically been deemed deviant. This designation of deviant suggests that an individual is unable to access housing due to their own attributes and decisions, as opposed to a baseline social and economic inequality barring oppressed populations from access to housing (Aidala and Sumartojo 2007). Participants interviewed in the study often fell at the intersection of several types of high-risk behavior. In the eyes of many, those existing at such an intersection are categorized as both deviant and at fault. This categorization quickly transforms into discrimination seen clearly in both housing and healthcare that dissuades the most vulnerable populations from seeking services and support. Our interview data reveal that for many participants, stigma surrounding sex work, drug use, houselessness, and HIV diagnosis leads to discrimination in social services and resource distribution. As described by Aidala et al.: "The risky person model assumes that behavior is driven by individual choice and a person's relatively enduring traits, rather than shaped by situations or environments, such as being homeless or unstably housed. In this view, the once-homeless person who receives housing would be expected to continue



engaging in risky behaviors which would contribute to a return to homelessness” (Aidala and Sumartojo 2007, S2).

The direct contradiction to this model is a movement rooted in a framework of harm reduction and the centering of individuals’ voices. A 2007 study conducted in Vancouver on HIV prevention in a community-based setting cites utilizing evidence-based methodology such as harm reduction and peer support as practical tools in reducing the risk of HIV transmission (Shannon et al. 2007) By engaging with individuals in a community-based way, there is more of an emphasis on addressing the larger needs and challenges that sex workers face without creating more shame and stigma.

Throughout our interviews, participants spoke of the harm health and housing services cause to their wellbeing. For many, “physical and social contexts of homelessness may contribute to or exacerbate violence, sexual- and drug-related risks and point towards the need for safer environment interventions that mitigate homelessness and associated risks.” (Duff et al. 2011). Therefore, to bar individuals from housing with hopes that this will encourage individuals to stray away from “risky” is not an effective approach.

Historically we have seen the politics of deservingness manifest as a way of denying marginalized individuals and communities access to welfare services. The idea of who deserves quality care, quality housing, and judgment-free supportive services should never be tethered to moralistic ideas on survival, especially when the populations who are most often seeking a means of survival are also those systematically oppressed. Throughout our interviews, participants describe experiences of feeling judged, ridiculed, or neglected when trying to care for their basic needs.

When we validate substance use as a disease and chronic illness we can encompass sex workers with substance use disorders into broader definitions of communities often excluded from other employment. Understanding that sex work provides an avenue for financial stability for community members unable to access other employment opportunities is essential in understanding the relationship between housing and sex work. As seen in our study, sex work is often a crucial means of income, allowing people to secure and maintain basic needs when other forms of labor are not an option.

Restricting access and resources as a response to risky behavior is an antiquated technique rooted in white supremacy and paternalism that, as expressed by our interview participants, has a proven negative response. Social workers, health care practitioners, and housing advocates will provide better care by shifting focus away from punishment and towards pragmatic, evidence-based solutions rooted in principles of harm reduction.

#### *4.2. Housing and Criminality*

Examining the area of housing among sex workers requires an assessment of the laws that govern housing along with the laws surrounding sex work. In the state of Rhode Island, prostitution is considered a misdemeanor and can lead to fines and in some instances jail time. It is critical to acknowledge that the way sex workers inhabit public space often creates a higher risk of police altercation. This means unhoused sex workers or sex workers working outdoors are often more at risk of criminal prosecution due to visibility and the moral policing of public space.

In the data collected, participants shared experiences with police and the criminal justice system linked to their status as sex workers that limited their ability to access services adequately. Having a background with sex-work-related offenses not only makes sex workers likely to receive judgment and inadequate social services, but it also leads to rejection from housing benefits altogether. It is crucial to center the voices of sex workers in evaluating their experiences with criminalization. In our study, we see participants express grief over being redirected to carceral solutions rather than being connected to supportive programs.

Removing “prostitution” and other sex-work-related offenses as a class of conviction that creates a ban is a vital step in advocating for accessible housing for sex workers in both federally subsidized and market-rate housing opportunities. Policies criminalizing

sex workers are the same laws used to define how public space can operate (Fischer 2022). This variation of laws often affects not only sex workers but also trans people, people using drugs, and all unhoused people. These laws are created to dictate whose existence is permissible and who is seen as a blight, holding its roots in white supremacy and the protection of property. Enforcing barriers to housing due to a criminal record for being a sex worker, being unhoused, or using drugs is an extension of the paternalism that dictates who deserves housing and/or shelter and who is deemed as deviant or disposable. Amongst many housing programs and subsidy vouchers, there is an initial pressure for individuals to immediately modify behavior associated with their prior homelessness. These expected and often required behavior modifications include no longer engaging in sex work. While most literature discussing the transition from houselessness to housing for street-based sex workers discusses the traumatic effects of engaging in street-based sex work, the realities of continued financial necessity for recently housed individuals go unaddressed. While individuals engaging in survival sex work for a place to stay may be able to modify their relationship to sex work when access to housing is achieved, for many the need for financial resources remains. So often, unhoused populations are unfairly judged as being resigned to the conditions they live in due to fault of their own, a lack of willingness to work and pull one up by one's strap. If the goal for tenants in housing programs is to labor and ultimately gain financial autonomy, then why do we continue to devalue and restrict sex workers' ability to do so? The issue at its core is not how sex workers obtain an income, but the larger subject of how capitalism creates cycles of poverty that hinder disabled individuals, people of color, trans people, and many other populations from gaining access to resources.

## 5. Limitations

In our work we acknowledge the limitations of our study due to a variety of factors. Primarily we highlight that sex work is a criminalized and highly stigmatized industry. This means that many individuals may have hesitancy in participating in a study of this nature due to fear of judgment and an overall lack of trust. In this, our sample size is relatively small and does not extend to represent all subgroups of sex workers. Particularly in addressing documentation status, the majority of participants were U.S. born or had legal permanent residency, resulting in conversations that would potentially be different than the perspectives and experiences of undocumented people.

Overall there is a lack of academic literature on sex work, particularly concerning sex work and housing access. Much of the existing literature predates on the abolition of sex work and on the need for sex workers to "exit" the industry to succeed in housing. We see an extremely limited number of resources created from a sex workers' rights perspective and even fewer written by sex workers themselves. From our own experiences in navigating the Internal Review Board process, it is apparent why there are so few studies facilitated by sex workers, as the majority of institutions take great scrutiny in validating the work of community-based researchers.

In our study, we sampled 100 sex workers to be surveyed and 35 sex workers to be interviewed. Once the surveys were collected the data were anonymized, disconnecting the survey data from the participants interviewed. This means that while we can see 37% of participants surveyed were experiencing a form of houselessness, we are unable to identify through quantitative methods what percentage of participants interviewed were experiencing a form of houselessness at the time of the interview.

Lastly, this research was conducted during the COVID-19 pandemic, making accessing and outreaching to different populations especially difficult. Through our research, we navigated fluctuating restrictions as we prioritized the health and safety of our participants and research team. Our team utilized precautions; however, it created a constant challenge in conducting research through traditional methods. Through COVID we have witnessed the increased isolation and precarity of sex workers, making conducting research on sex workers increasingly difficult.

In looking toward conducting future research on sex workers, we acknowledge the ways the limitations of our study are reflective of the issues we present throughout our paper. There is much more research to be done on this subject as it is, like the people it addresses, diverse in the ways it relates to individuals' experiences. Our research suggests the need for more attention to the topic of sex work and housing and provides a foundation for more extensive research. This work needs to be in conjecture with larger movements for decriminalization, harm reduction, anti-racism, and prison abolition to adequately respond to the limitations to approaching topics around sex work.

## 6. Conclusions

Housing is a key component of the larger movement towards improving the safety and health of sex workers and the societal conditions sex workers live and labor under globally. Housing is widely understood as a human right; however, sex workers globally face unreliable access to housing and varying levels of precarity in securing and maintaining a place to live. Housing is crucial in staying safe and staying healthy and we look to emphasize the concept that housing should not be a luxury for sex workers whose work is deemed deviant, criminal, and risky in various housing markets and housing programs. Housing is a necessity and as described by the participant below, provides a foundation for sex workers to navigate their lives with security.

For many sex workers, housing acts as not only a space of respite but also a site of labor. Various forms of sex work rely on the utilization of private space whether that be a car, hotel, brothel, massage parlor, or a worker or client's personal home, this is a crucial element of labor practice. Although securing private space to work in will not eliminate all risks associated with sex work, doing so will ensure easier access to create boundaries, ask for higher wages, and advocate for safe practices with clients. When working in an indoor environment where there is less police visibility, sex workers are more easily able to enact these practices, therefore establishing increased agency (Breakstone 2015). In understanding housing advocacy for sex workers, the necessity to work out of one's home for many sex workers creates contention with mainstream housing programs that often enforce restrictive policies that survey tenant's guests and behaviors in their units.

To improve access to housing for sex workers, we emphasize the need for the inclusion of sex workers in housing rights conversations and the establishment of affordable, stable, widespread, and safe housing options available to sex workers. Making these housing options possible looks like repealing policies that withhold housing from applicants with criminal charges related to sex work or drug use. Opening housing options to sex workers also includes removing restrictions surrounding income verification for housing given the informal and currently criminalized status of various forms of sex work. Within private markets, improving housing access for sex workers also includes preventing landlords from discriminating against applicants due to their current or former involvement in sex work. Creating accessible housing for sex workers also includes contributing to broader calls for rent control and stabilization of renting markets that are currently increasing average rent prices to a degree that makes them unaffordable for large portions of the population. As described earlier in this paper, improving housing for sex workers also looks like supporting youth in the sex trade and ensuring youth that are unable to live with family have safe housing options and support systems.

Within these housing opportunities, housing organizations and advocates must modify established understandings of what is classified as risky behavior and focus instead on a harm reduction-based model to allow for retention of housing and tenant safety. Mechanisms of moralizing and controlling behavior are incongruous with a housing model focused on housing justice and personal autonomy. Ultimately, sex workers are the experts on what allows them to maintain a home and on creating the conditions necessary for their survival.

Barring sex workers from housing opportunities due to their form of employment only hinders sex workers from success in taking care of their health and well-being. We have seen

how instrumental housing is in the ability to care for oneself therefore we must emphasize a housing first approach for all sex workers entering a subsidized housing opportunity. Individuals' means of survival under capitalism are complicated by disability, race, class, gender, documentation status, and other marginalized identities which often makes sex work the most viable option. In addressing housing and wellbeing for sex workers we must include the ways histories of criminalization and stigmatization have worked to bar sex workers from equitable housing and in creating access we must also break down these systems that uphold moralistic policing of sex workers. To center sex workers' needs we must center their voices and through that focus on support through harm reduction and the breakdown of white supremacy and capitalism as successful modalities of care.

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