“I’m a prostitute, so, can you check me?” Exploring sex work stigma in health care.

Thank you to our many partners & knowledge users (see list on www.understandingsexwork.com), CARBC and to the CIHR Institute of Gender & Health.
1. Reflect on sex work stigma, its origins and many facets

2. Report on the advantages and disadvantages of disclosing sex work in health care settings

3. Identify actions at the health practice level to reduce the negative implications of disclosure of sex work status in health care settings
Research Questions of the Study

- What are the key factors linked to violence and victimization in the Canadian sex industry?

- What policies and practices promote safety, health & healthcare for sex workers & those they interact with?
Who Participated in the Study?

- **Sex work:** Exchange of sexual services for money which necessarily, but not exclusively, includes *direct physical sexual contact*

- **Inclusion criteria:** 19 years or older, be legally able to work in Canada, and have received money in exchange for sexual services on at least 15 different occasions in the previous 12 months

- **Final sample:** 218 participants
Unique Team Grant Features

- **Clear operational definitions** (e.g., sex worker, client, intimate partner/spouse, etc.)
- **Standardized questions** allowing comparison to other populations
- **360 degree look** using common variables and questions allowing intra-industry comparisons
- **Multi-city** research sites allowing contextual comparisons
- **Diverse research team** of KUs, collaborators, academic partners & trainees engaged throughout
Significant Results

- **Diversity** – backgrounds & circumstances
- **Marginalization** on most social determinants of health
- But **higher personal income** than comparable populations
- **Work context matters** – greater power in negotiations with clients (e.g., services, condom use) = increased safety
- **Municipal context matters** – confidence in police varied and impacts access
- Participants reported high levels of **stigma & discrimination**
PART ONE

~ UNPACKING SEX WORK STIGMA ~
Conceptualizing Sex Work Stigma: 3 Types of Taint

- Physical
- Social
- Moral

Sex Workers
Public Health & Physical Taint
Social Taint from Link with Tainted Others
Most Canadians view prostitution “as a dehumanizing phenomenon” that puts people at risk. Bill C-36 will “protect those who are most vulnerable by going after the perpetrators, the perverts, those who are consumers of this degrading practice.”
What is Your Perception?

Perceived devaluation-discrimination scale
Perceived Stigma of Sex Work Compared to other Stigmatizing Identities?

Average Perceived Stigma Scores

- Service Providers to Sex Workers: 3.29
- Legally Blind People: 3.4
- People with Mental Health Conditions: 4.15
- Sex Workers: 4.81

Average Perceived Stigma Scores
Agency, Sex Work and Stigma

Defensive Tactics Against Stigma

- **Reframing**: 56%
- **Resistance**: 39%
- **Mediation**: 59%
- **Internalization**: 20%

*Participants could utilize more than one tactic*
PART TWO

~ DILEMMAS OF SEX WORK DISCLOSURE IN HEALTH CARE SETTINGS ~
Self-Rated Health Compared to CCHS*

Sex workers' self-reported health compared to CCHS* respondents

- General Health (very good or excellent): 54% (n=209), 72% (CCHS 2.1)
- Mental Health (very good or excellent): 39%, 77%
- Unmet Health Care Needs: 40%, 15%

*Canadian Community Health Survey, Statistics Canada, 2003
If you were a sex worker, what do you think would be some of the factors contributing to your unmet health care needs?
Reasons for Unmet Health Need

Reasons for unmet health care need compared to CCHS* respondents

- Didn't get around to it/didn't bother: 28.6%
- Too busy: 25%
- Dislike doctors/afraid: 16.7%
- Transportation: 17.9%

*Canadian Community Health Survey, Statistics Canada, 2003
Sex Work Disclosure a Key Topic

Among those who talked about disclosure during health-care experience

- Has disclosed at least once: 63%
- Did not disclose: 37%

Sex workers' talk of disclosure in their health care experience

- Disclosure not stated or unclear: 21% (n=43)
- Disclosure mentioned: 79% (n=161)
Why Decided *Not* to Disclose

- **Fear of Judgment**
  
  “I would never tell them [health care providers] because they’re going to judge me or they’re not going to see me.”

- ‘**None of their business’**
  
  “I’ve never had a condom break or anything so I just know that I’m 100 per cent protected, so I just didn’t feel the need to bring it up.”

- **Confidentiality concerns**
  
  “I would never want her [my family doctor] to say anything to my mom.”
Those Who Had Disclosed: Costs ....

- Judgment, Stigma and Inappropriate Care

  - “She [the doctor] was being really judgemental and I felt like really disempowered.”

  - “I’ve had a nurse tell me: “Why do you waste tax dollars? Don’t come here every month” [...] I stopped going to the STI clinic because of that - a combination between being judged and not receiving care.”
Those Who Had Disclosed: Benefits...

- **Trust and Non-Judgmental**
  - “She’s [therapist] been helping me a lot, she’s trying to make me feel better and good about myself and she actually respects me a lot.”

- **Targeted Care**
  - “The last doctor I saw I was quite impressed because he was instantly like: ‘Thank you for telling me. So what we should do then is a throat swab and see if your throat has gonorrhoea’.”

- **Continuity of Care**
  - “It’s actually a relationship over the years.”
The Dilemmas of Disclosure:

Although most who have disclosed experienced benefits,
a substantial minority have never disclosed
and a minority of those who did disclose experienced costs
PART THREE

~SEX WORKER-FRIENDLY HEALTH SERVICES~
What do sex worker-friendly health services look like?

What do sex workers want from their health care providers?
What do sex workers want from health care providers?

(1) Availability
(2) Accessibility
(3) Acceptability

“What health care services should be made available, accessible and acceptable to sex workers based on the principles of avoidance of stigma, non-discrimination and the right to health.”

- WHO, 2012
Issues with these components reflected in our quantitative data on unmet health care needs

- Costs of care, lack of transportation
- Didn’t get around to it, too busy
Acceptability: Provider-based

• **Approachable, non-judgmental providers:** “[A health care provider] definitely has to be compassionate and nonjudgmental. That’s a big thing, like, that should be number one in their code of ethics”

• **Appropriate and comprehensive treatment:** “He tells you ‘this is what you’re at risk for with this, this, this service’ and then just makes sure you get tested for them if you provide those services.”

• **Confidentiality:** “Confidentiality is like, one important thing you want them to be – you want your information to stay, you know – just as.”
Technical care not a major concern

But the attitudes of providers and their relations with sex workers clearly are

What practical steps do you recommend to help deal with these concerns?
Recent publications on this & related topics:


Contact: cbenoit@uvic.ca
www.understandingsexwork.com
Thank you for your participation!

Please take a few minutes to complete a confidential evaluation survey:


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Thank you for your participation!