



HEALTHCARE BARRIERS OF SEX WORK

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INTRODUCTION

Sex workers are a heavily stigmatized and marginalized group that shoulder the burden of extreme health inequalities and unmet health needs.¹ Sex work is defined as “the consensual exchange of sexual services between adults for money or goods,” with sex workers being individuals working in a variety of venues to provide such an exchange.² Due to substantial systemic and judicial barriers, poor public perception, accessibility to proper health maintenance, and preventative services for sex workers is lacking and calls for reform.

SOCIAL STIGMAS

There are many social stigmas surrounding the sex industry and its workers, which prevents transparency between them and their physicians. In one study conducted by Benoit et al. which surveyed sex workers aged 19 years or older, 37% of participants did not disclose their occupation to healthcare providers.³ Despite knowing the potential harms of nondisclosure, disclosure has also negatively impacted the care that sex workers received on many occasions. Given the discrimination faced by these individuals due to the perception of their employment as propagating



sexually-transmitted infections and transgressing social norms, they can face many accessibility barriers to healthcare. For 11% of workers who did disclose, health care providers allowed their preconceived notions about sex work coupled with intersecting stigmas such as substance abuse to influence their perception of the person's integrity or misinform them of the type of health care they were seeking.³ Moreover, these social stigmas impact sex workers' accessibility to healthcare. A study by Socías et al. evaluating healthcare barriers among female sex workers in Vancouver, Canada found that even within settings established to provide universal health coverage, there are institutional barriers to sex workers receiving quality care.⁴ Of the 723 included study participants, 70.4% reported one or more institutional barriers to care.⁴ Of these, 54.6% included long wait times, 36.5% described limited hours of operation, and 26.1% reported perceived disrespect by health care providers.⁴ Ultimately, these experiences leave sex workers shouldering the responsibility of researching their health concerns, forgoing testing for sexually transmitted infections (STIs), or seeking therapy for mental illness. Given the fraught relationships these individuals have with their physician and the healthcare system, many sex workers face issues around self-disclosure, a challenge also cited by 20% of the study's participants.³ Many sex workers are also extremely wary of trusting their physicians despite patient-physician confidentiality agreements. For many, a record of sex work activity on their medical records could be a threat to legal proceedings, such as custody cases or even post-secondary applications.³ Without quality healthcare access or care, many sex workers have unaddressed mental health needs, are more likely to suffer from substance abuse, and experience violence within and outside their profession.⁵



VIOLENCE AND CRIMINALIZATION

The high prevalence of violence amongst sex workers and sexual health-related consequences renders it a healthcare issue. Sex workers face disproportionately high lifetime rates of workplace violence, with the prevalence ranging from 45-75% globally.⁵ The most common forms of violence include physical and sexual assault, rape, deceptive condom removal, and robbery.⁶ Subsequent adverse health effects can manifest as depression, post-traumatic stress disorder, STIs, unplanned pregnancy, and death.⁶ This is further exacerbated by the pre-existing vulnerabilities amongst the sex worker demographic, whom are commonly exposed to extensive trauma such as child abuse, domestic, and sexual violence.⁷

Furthermore, given the nature of their work, another major area of concern for the sex worker population is sexual and reproductive health. Inaccessibility to trauma-informed care, mental health services, and sexual health services is detrimental to the workplace safety and mental and physical well-being of sex workers.⁷ Unmet health needs, as defined by Health Care for Women International, encompasses the disparity between “services deemed necessary to deal with a defined health problem and the services actually received.”⁸ Canadian researchers suggest that sex workers frequently have improper access to sexual and reproductive health and preventative services, such as cervical screenings and HIV testing.⁸ Hence, the healthcare system fails to address the sexual risks existing within this occupation.

The issue of violence and subsequent health concerns for sex workers is interrelated with the criminalization of sex work, which largely influences patterns of violence.⁵ As sex workers are considered illegal under the law, violent acts occurring within the context of sex work are not monitored nor regulated by formal entities. A lack of legal protection for sex workers by police and judicial systems leaves the population highly vulnerable.⁵ A 2014 study done in Vancouver following a sex work enforcement policy prioritizing targeting of clients suggests heavy policing may have unintended dangers. The percentage of workers reporting physical abuse or rape prior to and post-policy did not reveal a statistical significance.⁹ Emphasis on criminalization of sex work clients rather than worker safety has escalated dangers faced by sex workers. Targeting by police has resulted in an inability to screen clients and negotiate terms of sexual transactions given clients' hesitancy to attract police attention. This results in displacement to isolated areas for the sexual transaction to take place, leaving the sex worker with few resources for help and at increased risk of violence and rape.⁹ Immigrant sex workers are further documented as being even more likely to face reduced access to certain health-related prevention services (i.e., HIV, HCV testing) compared to Canadian-born counterparts.⁸ This calls into attention additional barriers such as language, unfamiliarity with local health systems, lack of insurance, bringing in potential racial and ethnic prejudices that perpetuate inaccessibility.⁸

IMPLEMENTED LEGISLATURE/MITIGATION OR AWARENESS STRATEGIES

As mentioned above, the overwhelming bulk of the issue lies in the criminalization of sex work. In 2014, the Canadian government passed the Protection of Communities and Exploited Persons Act as a form of end-demand legislature focused on dismantling the sex work industry by making purchasing services illegal.¹⁰ While the sale of sex work is legal, the act exacerbated the powerful stigma around sex work and sex workers, which has since limited their ability and willingness to access health resources.¹¹ This strategy closely resembles the Nordic approach to sex work legislature that was implemented in countries such as Norway and Sweden, which similarly focuses on ending demand for sex work.¹² This approach has been largely criticized for its lack of efficacy in dwindling the sex work industry while also putting sex workers at higher risks for violence and poor health outcomes. Evidently, major changes should be made to the Canadian legislature to decrease the impact of criminalization on sex workers' health and reduce stigma around the profession. Current interventions are aimed primarily at aiding current sex workers looking to leave the industry. The Exit Doors Here: Helping Sex Workers Leave Prostitution program is centered on counseling and social work, and uses therapy, support groups, skills training, and other strategies to help support people wishing to leave the industry.¹³ While programs like this have shown some success, they fail to target the underlying social

factors which lead to individuals pursuing sex work as a career. Thus, adopting other approaches to sex work legislature has been proposed as a possible solution. For example, in the Netherlands, adult prostitution is recognized as a legitimate occupation. This consequently results in employers in the sex work industry being required to follow strict guidelines and by-laws which aim to protect workers, such as mandatory hygiene regulations, taxes, and social insurance requirements.¹² This approach ultimately gives sex workers comparable rights and protection as other occupations and removes many of the barriers which prevent these individuals from accessing necessary support services.



CONCLUSION

Overlooked, stigmatized, and underrepresented, sex workers deserve the same access and support to healthcare resources as the rest of Canadians. Current legislation reinforcing the criminalization of sex work contributes to the stigmatization, violence, and consequent negative health outcomes disproportionately faced by sex workers. Moving forward, the Canadian government must look towards adopting a new approach to sex work legislation and increase access to healthcare for individuals in sex work. As citizens, we should urge those in power to make these changes and vocalize our support for sex workers' health rights. Ultimately, as Canadians we must advocate for healthcare as a right which is based on need, not the occupation which one pursues.

REVIEWED BY: ELENE LAM

Elene Lam is a PhD student currently studying at the School of Social Work at McMaster University. She is also the founder of Butterfly, a grassroots group advocating for the rights of Toronto's Asian and migrant sex workers.

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