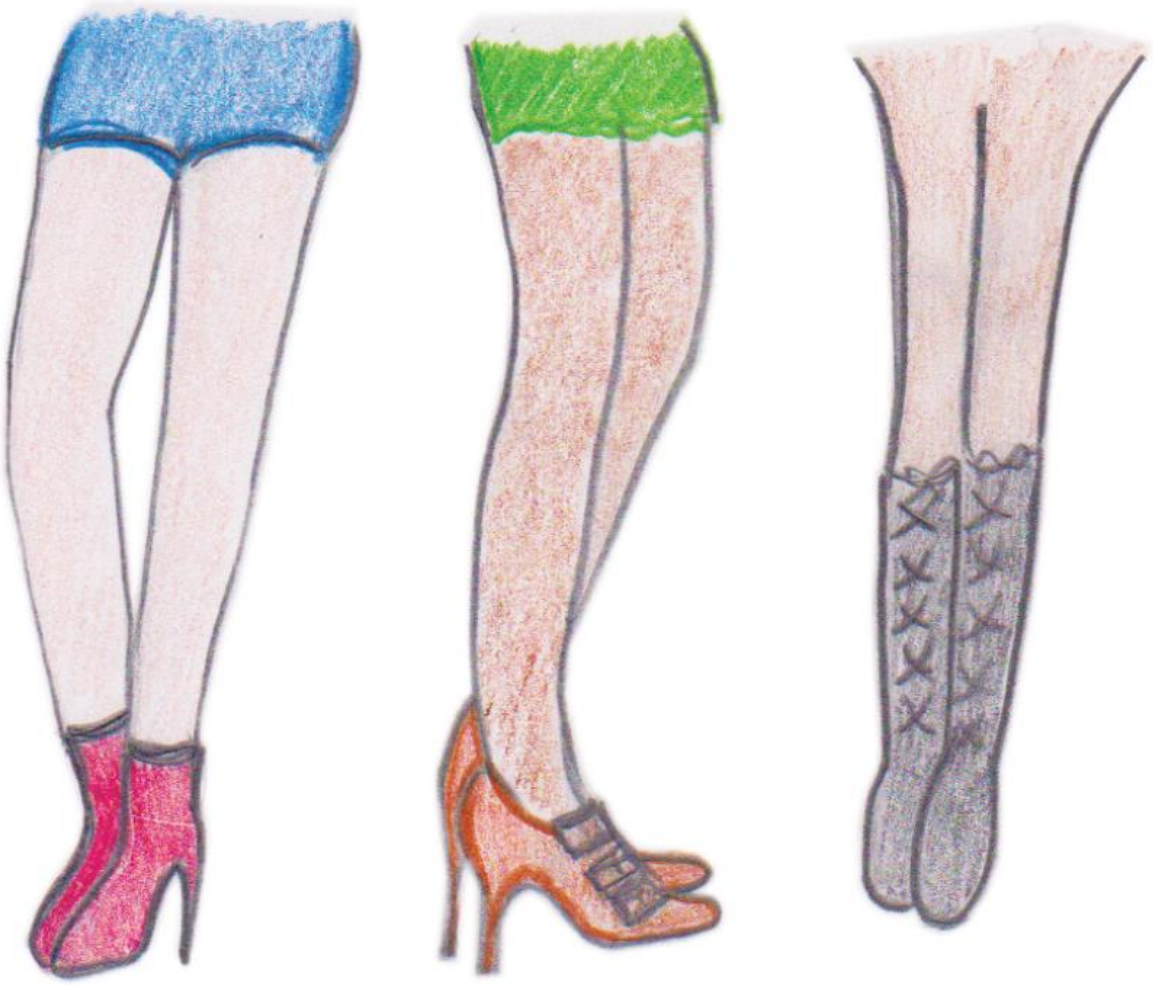
STREET BASED SEX WORKERS
NEEDS ASSESSMENT

Toronto, Barrie & Oshawa - February 2014



StreetHealth

REGENT PARK
COMMUNITY HEALTH CENTRE

The Needs Assessment Team

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Street Based Sex Workers Need Assessment Survey
Toronto, Barrie and Oshawa

Introduction

Street Health and the Regent Park Community Health Centre (RPCHC) coordinated a cross-regional network comprised of women with sex work experience, health and social service providers, and law enforcement. In 2012 and 2013 the network received funding from the Evidence Exchange Network[1]. With this funding, the network aimed to: i) focus on harm reduction services for women and trans-women who engage in sex work, ii) share best practices, building on successes, and iii) identify and address gaps in services for women and trans-women engaged in sex work.

In order to gain a better understanding of the issues and needs of street based sex workers and to develop an action plan, it was decided to conduct a needs assessment of street based sex workers. A literature review was done primarily to look at the existing surveys, studies on street based sex workers and to look at the gaps in knowledge.

There are many types of sex work ranging from the well paid escorts to street based sex workers. Street based sex work is initiated mostly on the street or other public places. There are a great deal of possible risk factors and significant challenges associated with this type of work. The needs assessment focused on street based sex workers.

Literature Review

It is well documented that street based sex workers are frequently faced with difficult circumstances brought by social marginalization, criminalized work environments, homelessness, unemployment, poverty, violence, mental health issues and problematic substance use or dependency (Bright, Daddy, & Tyndall, 2005; Bungay, 2013; Bungay, Johnson, Varcoe, & Boyd, 2010; Lazarus, Deering, Nabess, Gibson, Tyndall, & Shannon, 2012; Kurtz, Surratt, Kiley, &Inciardi, 2005; Phillips & Benoit, 2005; Shannon, Smye, Brown, Varcoe, &Josewki, 2011). These circumstances are further worsened due to sex work in Canada being unregulated and heavily policed, leading to high rates of violence, pimping and arrests (Shannon et al., 2007; Surratt, J.A, Kurtz, &Kiley, 2004, Lazarus et al., 2012). These realities create a vital need for specific social and health services tailored to the multiple and complex experiences of street based sex workers.

Despite the myriad of health and social issues experienced by this vulnerable population, numerous structural and individual barriers impede sex workers in accessing appropriate and effective care, thus resulting in negative health outcomes (Bungay, 2013; Cohan et al., 2006; Lazarus et al., 2012; Phillips & Benoit, 2005; Jeal &Sulisbury, 2004; Shannon, Bright, Allinott, Alexson, Gibson, & Tyndall, 2007). Many sex workers manage their health issues on their own and often time access emergency services when their health worsens (Bungay, 2013). In addition to high acute health care utilization, significant evidence demonstrates that such alarming reality is thought to be linked to a variety of gaps in service, such as judgmental services, geographical location of services, lack of transportation, absence of women specific programs, insufficient referrals to mental health, pain management, addictions and preventative health services. Other gaps include hours of operation that do not meet their needs, provider

[1] The Evidence Exchange Network is a “mental health and addictions knowledge exchange network that connects stakeholders across Ontario” located in CAMH (EEnet 2013).

resistance, poor structure of care system, long wait times, fear of arrest, lack of expertise in the needs of sex workers and stigma (Bungay, 2013; Cohan et al., 2006; Jeal & Salisbury, 2004; Kurtz et al., 2005; Phillips & Benoit, 2005; Shannon et al., 2007; Wellesley Institute, 2009).

When investigating sex workers and drug users' access to health services, researchers have found that stigma is one of the key barriers experienced by this extremely vulnerable population. Due to this stigma, often enacted and reinforced by health care providers by language used, judgmental attitude and service provision, sex workers will hide their involvement in sex work due to fear of being judged and treated poorly (Canadian AIDS Society & The Canadian Harm Reduction Network, 2008Kurtz et al., 2005; Lazarus et al., 2012; Jeal &Sulisbury, 2004; Phillips & Benoit 2005; Smye et al., 2011). Unfortunately, this very common occurrence has several social and health implications on street involved sex workers. When sex workers do not disclose their involvement in the trade, they increase their chances of not having their health and social needs met, do not receive preventative care and may not be referred to appropriate medical and social services to address other issues which they may be facing (Lazarus et al. 2012; Jeal &Sulisbury, 2004; Pauly, 2008; Phillips & Benoit, 2005).

A study conducted by the St James infirmary sheds lights on the impact that stigma and judgmental service provision has on sex workers' decision to disclose their involvement in sex work. The study revealed that from the data collected from 1999 to 2004, out of 783 sex workers, 70% of female sex workers had never disclosed their engagement in sex work to a health care provider. The reasons for not disclosing their involvement in sex work to a health care provider included: negative past experiences after disclosure, embarrassment, fear of disapproval and believing that it was not relevant to their visit (Cohan et al., 2006).

A study conducted in British Columbia, Canada, reported on interviews with 79 sex workers on their health experiences (Phillips & Benoit, 2005). The authors explain that "among those reporting negative experience [with health care providers], both *felt stigma* (located in the perceptions of stigmatized) and *enacted stigma* (observable instances of discrimination) regarding their occupation were dominant themes" (pg. 93). Several participants of the study felt that they received inferior care after disclosing their involvement in sex work. As described by Sybille, 29 year old street based sex worker *"There's a few doctors that I had to change because [when] they were familiar with my background, I felt like I was being treated secondary, like I really didn't count that much"* (pg. 94). Another young former sex worker reports that *"a lot of them [doctors] didn't want to deal with me because I'd been working and I had been using, and I had abscesses and stuff. They treated me like I was a piece of shit"* (pg. 94). Other respondents described doctors to be dismissive, rushed, uncaring and lacked knowledge around health concerns specific to sex workers and addiction issues. The latter undoubtedly impacts the provider-client relationship and the women's access and trust in health care providers (Phillips & Benoit, 2005).

As previously mentioned, in order to cope with the multiple compounding realities experienced by sex workers, drug and alcohol addiction are common among street involved women (Kurtz et al., 2005; Fiddles & De Siato, 2002, Shannon et al., 2009). Studies have found that street involved women seeking health care, who are drug users are often perceived by health care providers as drug seeking and are often denied services (Bungay, 2013; Canadian AIDS Society & The Canadian Harm Reduction Network, 2008; McCaffery&Pauly, 2008; Smye et al., 2011). A comprehensive report developed by the Canadian AIDS Society and The Canadian Harm Reduction Network, (2008), provides accounts of drug users' experiences with health

providers. One participant explains: *"And when you are a person who injects, go and get needles at the hospital. What a trip! 'Before I touch the woman with AIDS…' A month ago they released me… it was all infected and everything… 'Send me the AIDS case, let's go, she is ready to leave.' They left all of the tubes and everything"* (pg. 49).Unfortunately, such attitudes not only may lead to judgmental care and poor treatment towards drug users, but have also been found to negatively impact health programming and services, leading to oversights and lack of funding to support harm reduction programming (Bungay, 2013).

When working with street involved women, including sex workers, the use of compassionate non-judgmental care within a harm reduction philosophy is recommended. Such philosophy utilizes a holistic approach to recognizing and addressing the various contexts and identities that shape people's health and lives (Bungay, 2013; Canadian AIDS Society & The Canadian Harm Reduction Network, 2008; Pauly, 2008; Smye et al., 2011; Kurtz et al., 2005). The humanistic value entrenched in the harm reduction approach "highlights the values of respect, worth and dignity of all persons, therefore, there is a focus on 'nonjudgmental acceptance of persons as worthy of respect without judgment" (Smye et al., 2011).

The St James infirmary provides a great example of how to provide accessible and non-judgmental care to sex workers. In order to provide a holistic continuum of care for sex workers, leaders from the sex worker community collaborated with the San Francisco Department of Public Health STD prevention and Control Section to offer a peer based clinic, where staff and board members are current or former sex workers. The clinic provides nonjudgmental and compassionate health and social services for all sex workers including primary medical care, HIV and STI testing and treatment, peer counseling, harm reduction, needle exchange, massage, support groups, food, psychiatric evaluation and management and transgender health (Cohan et al., 2006).

Access to health care is a pivotal social determinant of health and as demonstrated through this literature review, it is evident that although street involved sex workers are at a disproportionate risk of a myriad of health and social problems, their needs are not being met. Drastic changes at an individual and systemic level must occur to address the conditions which impede access to proper health care. Furthermore, throughout a variety of studies, street sex workers and drug users consistently request non-judgmental, caring, respectful and compassionate health providers that take time to hear their needs and concerns. The practice of harm reduction provides a strong understanding of the risks and harms associated to sex work and substance use and dependency. Similarly, the literature also pushes for services provided by peer leaders and educators who share similar life experiences and knowledge (Bungay, 2013; Bungay, Johnson, Boyd, Malchy, Buxton & Loudfoot, 2009; Canadian AIDS Society/The Canadian Harm Reduction Network, 2008; Cohan et al., 2006, Janssen, Gibson, Bowen, Spittal & Petersen 2009; Phillips & Benoit, 2005; Kurtz et al., 2005; Shannon et al. 2007). Alternative and tangible strategies must be put in place if sustainable and long lasting changes to the health provision and overall health of sex workers are to occur.

Studies have been conducted on street sex workers in different parts of North America but not much information is available about street based sex workers in the Toronto and surrounding region. The Needs Assessment was conducted with the following objectives.

i) To get an understanding of the demographic profile of street based sex workers in the Greater Toronto region

ii) To assess their health conditions, experiences in accessing health care and social services

iii) To analyze the barriers they face in accessing services if any and the gaps in health and social services

iv) To work collaboratively with the agencies and network members to strategize and develop a plan to help improve health outcomes for sex workers

Methodology

The street sex workers needs assessment was conducted using a community based research approach in order to ground the needs assessment in their reality and also to be a true reflection of their situation.

The research team consisted of staff members from the Regent Park Community Health Centre and Street Health and community members who were previously involved in sex work hereinafter referred as experiential researchers[2](Philips &Benoit, 2005). The survey tool was developed and approved for use by the network of sex workers from Barrie, York Region, Peterborough and Toronto. The survey form was a standardized set of questions with some closed and open ended questions.

The experiential researchers were involved as co-researchers in developing the survey tool, data collection and developing recommendations. They were trained in conducting face to face interviews. All research participants were given a consent form and when required researchers explained the contents of the consent form to the potential respondents. The survey respondents were given a honorarium of $15 for their participation.

Sampling

It was not possible to develop a sampling frame because of the lack of knowledge about this population additionally, street based sex workers are a difficult to reach group. The survey used a random sampling method. Respondents for the survey were identified using the snowball sampling technique. They were recruited mostly from the streets and from the agencies used frequently by sex workers. The experiential researcher's knowledge of street based sex work and the neighbourhoods helped in recruiting participants from this otherwise difficult to reach group. The survey had a sample size of 100 respondents from three areas i.e. Toronto, Barrie and Oshawa. The data was collected over a period of four months.

Limitations of the survey

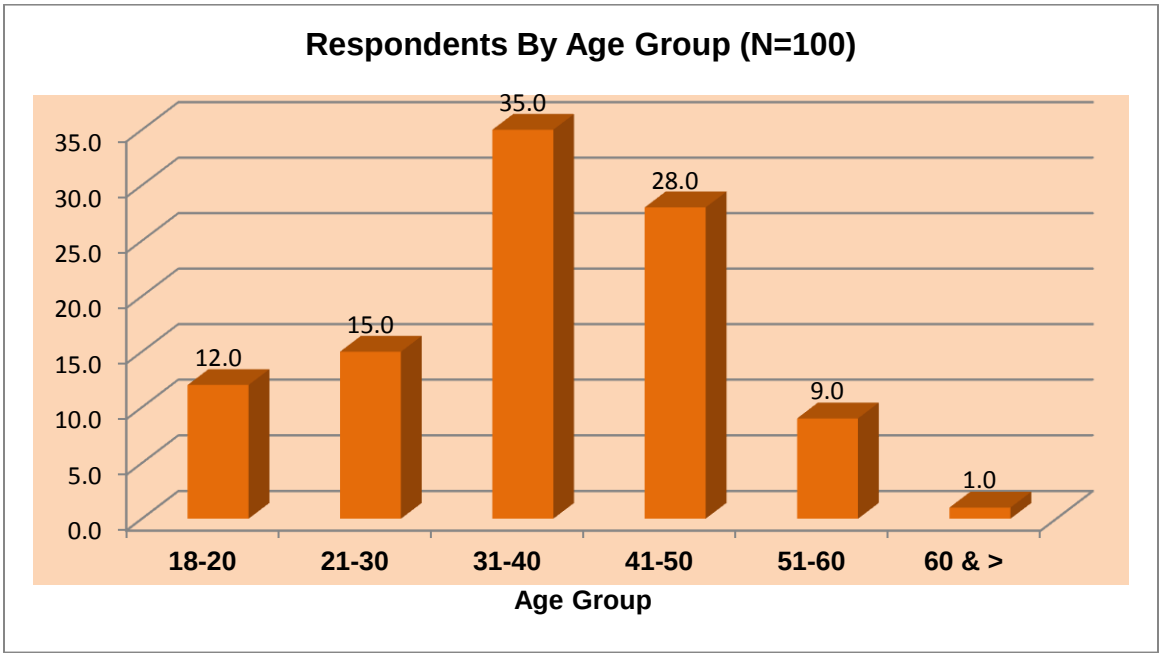
The needs assessment was conducted in English and the survey form was also available only in English. The survey sample may have been limited by the language ability of the experiential researchers. The survey respondents could also be limited to the social network of the experiential researchers. The survey was limited to female and transgender street based sex workers.

[2] The term experiential researcher has been borrowed from Philips R and Benoit C.

Survey Findings

1. Demographic Profile

1.1 Age



The survey has covered sex workers across a wide age group. The median age of the sex workers is 38 years. The data shows that the majority of the sex workers (63%) are in the age group of 31-50 years. Over a tenth are in the age groups of 51 and over.

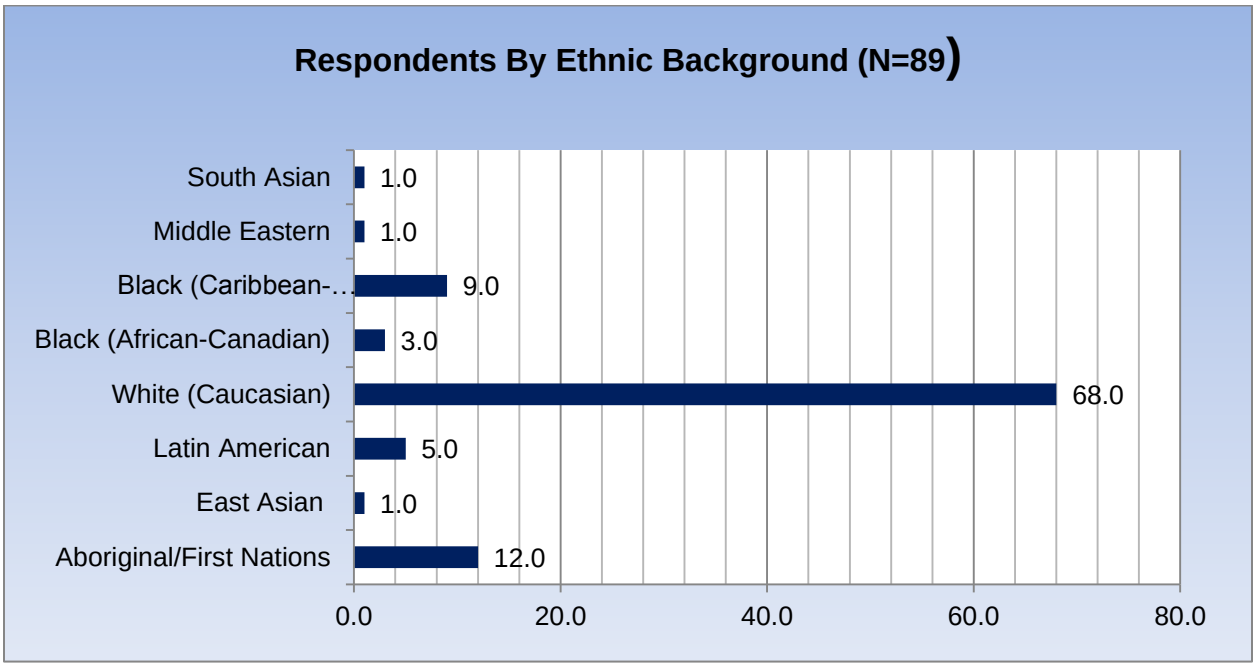
A sizeable proportion of the sex workers are in the 18-20 years age group. According to a study conducted on sex workers in Canada (Philips & Benoit, 2005) the median age of entry into the sex industry was 17 years whereas for aboriginal individuals it was 15 years of age. Sex workers in this age group are particularly vulnerable and marginalized and it requires specific outreach measures to engage and work with this population.

1.2 Gender

The survey did not cover male sex workers. Respondents were asked about their gender in order to include transgender sex workers. Among the total respondents only a few (3%) self-identified as transgender.

1.3 Ethnicity

Respondents were given a range of ethnic groups to choose from and asked to self-identify themselves in terms of their ethnicity.



The majority 68% of the participants identified themselves as Caucasian. Almost a third of the respondents are racialized persons among whom 12% were First Nation/Aboriginals though they constitute only 4.3 per cent of the total Canadian population (Stats Canada, Census 2011) The disproportionate number of Aboriginals in the sex industry mirrors the pattern of inequality in the Canadian society.

The other major groups identified are Caribbean-Canadian and African and Latin American women.

The majority (83%) mentioned their birthplace as Canada.

Table.1
Language Spoken at Home (N=97)

Response	Percentage
English	81.4
French	4.1
French & English	5.2
Spanish & English	4.1
Italian & English	2.1
Hungarian	1.0
Patwah	1.0
Inuit	1.0
Total	**100.0**

The vast majority of the respondents (92%) mentioned that they spoke English at home. It is possible that non-English speaking respondents could have been inadvertently discriminated in the needs assessment because of lack of many non-English speaking experiential researchers.

Table.2
Educational Level (N=100)

Response	Percentage	Toronto	Ontario
Some School	50.0	21.0	22.1
High School	25.0	25.0	28.0
Community College	18.0		
Trade/Tech School	2.0		
University	5.0		
Total	**100.0**		

The educational level of respondents ranges from the elementary school to the University level. Half of the respondents have not completed high school education with no certificate or diploma. This is far lower than the Toronto rate where 20% of the females have no high school certificate and the rate for Ontario is 22%. Only one out of four sex workers have post-secondary education while 54% of the Toronto females and 50% of Ontario have post-secondary education (Stats Canada, 2007). 5% per cent of the sex workers have University education.

2.1 Income

The survey collected information about the income of sex workers. The findings reveal that many of the sex workers are on social assistance and/or are living with assistance from food banks/meal programs. Some of the sex workers also supplement their income by doing part time work.

2. 2.Housing Situation

Table.3
Current Housing Situation (n=99)

Response	Percentage
Housed	42.2
Precariously Housed	15.2
Rooming House	15.2
Homeless	13.1
Shelter	8.1
Street/Parks	6.1
Total	**100.0**

The survey findings show that the housing situation of a substantial proportion (58%) of the respondents is unstable. Less than half (42%) mentioned that they were housed. Many of the respondents are living in precarious housing conditions such as shelters, rooming houses, streets and parks. It is not uncommon for sex workers to be homeless or living in overcrowded conditions or couch surfing or living in places which may be detrimental to their health.

While discussing housing situation one of the respondents commented "*Rent is killing me, I have to engage in sex work to have a roof over my head".*

Spending a major proportion of their income on housing reduces the money they may have for other necessities of life.

2.3. Drug Use

Table.4
Do You Use Drugs (N=99)

Response	Percentage
Yes	71.0
No	6.0
Occasionally	23.0
Total	**100.0**

The survey findings show that vast majority (94%) use drugs and only 6 per cent mentioned that they do not use drugs. Drug users may engage in sex work as way to either purchase their drugs or exchange a service for drugs. Some sex workers may engage in drug use as a means to cope with their problems.

One of the sex workers' comments illustrates this point "s*ex work and drug addiction go hand in hand, I would never be able to sell my body when I'm straight*."

Another sex worker commented "*You need that buffer between you and the john to do sex work drugs give you that buffer".*

Table.5
Awareness of Harm Reduction (N=99)

Response	Percentage
Yes	77.0
No	10.0
To some extent	13.0
Total	**100.0**

Respondents were asked if they were aware of harm reduction services to assess the need for education and promotion of harm reduction services for sex workers. The responses show that the vast majority (90%) of respondents are aware of harm reduction services. However it is not known if they have regular access to harm reduction services and if they use harm reduction kits on a consistent basis.

2.4 Health

Table.6
Self Rated Current Health Condition (N=100)

Response	(Survey) Percentage	Toronto CMA* Percentage
Very Good	7.0	61.0
Good	28.0	
Fair	42.0	
Poor	19.0	
Very Poor	4.0	
Total	**100.0**	

*Toronto CMA refers to Census Metropolitan Area

The above table shows the self-rated health condition of street based sex workers who responded to the survey. Only 7 per cent rated their health condition as very good and 65% of the respondents have rated their health condition as fair to very poor. The corresponding figures for the Toronto population is 61 per cent who claimed they have excellent to very good health condition and only 9.5 per cent claimed fair to poor health condition (Statistics Canada, 2012)

It is significant to note that the majority of the sex workers rated their health as poor especially in the light of the fact that their median age is only 38 years.

Table.7
Do You Have Health Issues (N=99)

Response	Percentage
Yes	68.0
No	32.0
Total	**100.0**

In addition to asking about their health condition respondents were asked if they had any health issues or concerns. The survey findings show that an overwhelming percentage (68%) of sex

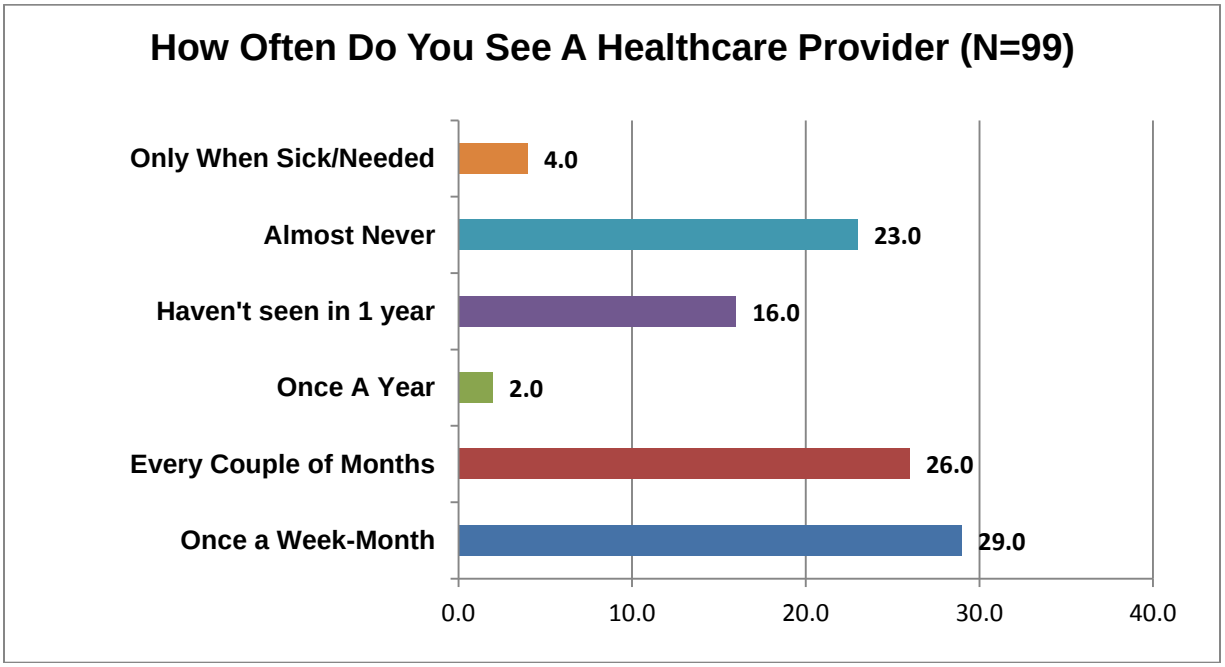
workers have health issues. Street based sex workers are vulnerable to contracting infections and diseases by the nature of their work, they need regular health care. A study conducted in two Canadian urban centres found a HIV prevalence of 29% for women involved in sex work (Spittal *et al*., 2003). The use of intravenous drugs by sex workers poses additional health risks.

Table.8
Do You Have a Regular Doctor (N=100)

	Needs Assessment Survey	Toronto CMA
Response	**Percentage**	**Percentage**
Yes	56.0	93.0
No	44.0	9.0
Total	**100.0**	**100.0**

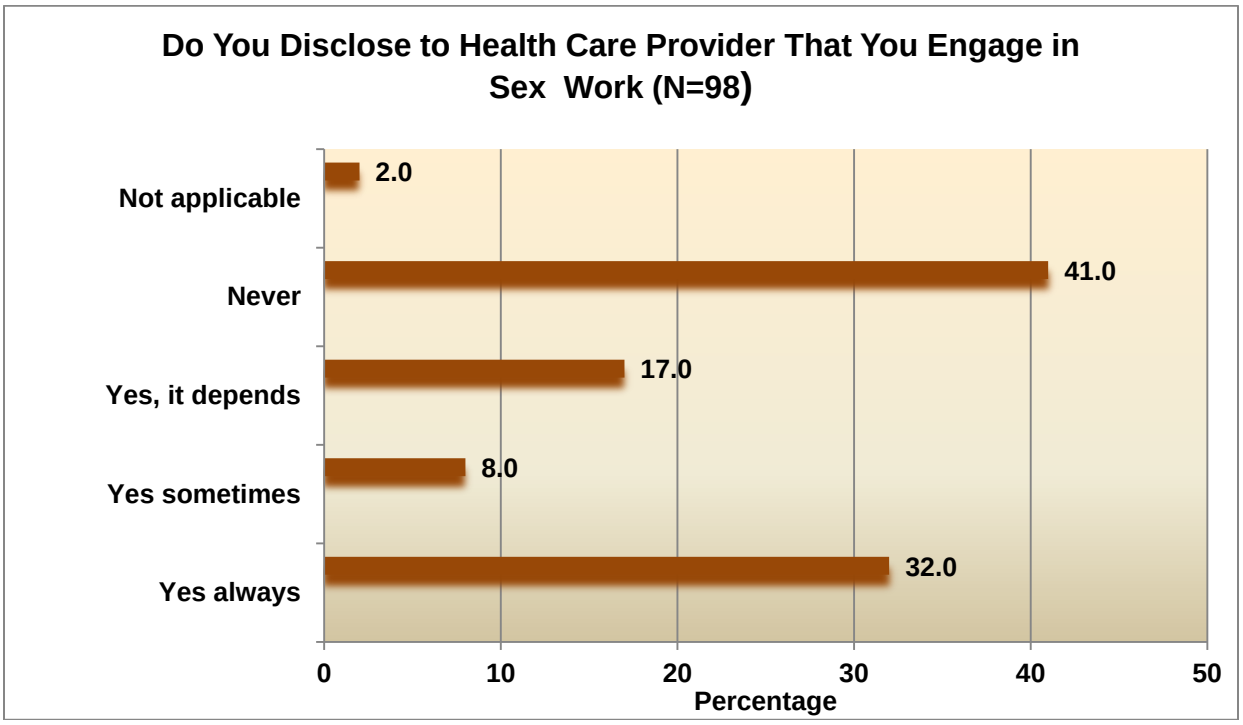
Many of the respondents (44%) do not have access to a regular medical doctor. Conversely access to a regular doctor is very high (93%) among the general Toronto population (Stats Canada, 2013).

Accessing emergency care or using walk in clinics will not enable sex workers to benefit from the comprehensive care provided by community based, integrated models of care.. Additionally, walk-in clinics and emergency care cannot provide preventative care or provide continuity of care for the client. Additionally, clients using a walk-in clinic may not be able to access other health resources such as health promotion information, periodical health check-ups and supports such as access to housing and income. Access to a family doctor is one of the main issues affecting street sex workers.



In order to assess the frequency of accessing health services, respondents were asked how often they see a healthcare provider. Nearly a quarter of the respondents mentioned that they almost never see a health care provider, 16% mentioned that they haven't seen a doctor in a year while 55 per cent of the respondents are able to see their health care provider on a regular basis i.e. once week to every couple of months.

Sex workers need to have regular access to health care to meet all their health needs. Access to health care provider in addition to getting treated during illness; also helps to get referrals to specialists and getting connected to other health resources such as health prevention/promotion services, besides other supports such as housing, harm reduction services and access to income supports which are determinants of health.



Survey respondents were asked if they disclose their involvement in sex work to their healthcare provider. Less than a third (32%) mentioned that they always disclose that they engage in sex work to their health care provider. Conversely, 41% mentioned that they never disclose their involvement in sex work to their health care provider.

Sex workers should feel free to disclose their involvement in sex work to their healthcare providers thereby they will be able to get the required health care and supports to enhance their health.

When asked if they disclose their involvement in sex work to the health care provider one of the sex workers commented,

"We need doctors to treat us like human beings, social services that treat us with respect. When we go to access social services and when we answer genuinely we are judged. You can see the attitude change when you disclose and be honest"

Another sex worker commented,

"Once they (the doctors) find out our stories, they do not give their full attention it's like a bother to them. It makes me feel very small when that happens"

The above comments reveal that stigma and discrimination attached to sex work is a significant barrier to disclosing their involvement in sex work to the care providers. Sex workers are often unable to get the required health care because they may be discriminated by some health care providers and in some instances the sex workers may themselves feel ashamed to reveal their involvement in sex work because of the internalization of the stigma and oppression.

2.5 Access to Social Services

Table.10
Access to Social Services (N=98)

Response	**Percentage**
Yes	64.0
No	24.0
Don't need	12.0
Total	**100.0**

Nearly a fourth of the respondents (24%) mentioned that they could not access social services, while 12% stated that they don't need the services. In addition to healthcare sex workers often need access to social services e.g. access to housing, social workers, OW /ODSP, childcare, counselling, legal aid, language interpretation, referral services and information.

Among the persons who mentioned that they don't need the services and don't use social services it may be worthwhile to assess how many actually know about the different type of services and social supports that may be available to them.

Barriers to Accessing Health Care and Social Services

The street based sex workers who participated in this needs assessment were asked to mention specifically what stopped them from accessing the services of a health care provider or a social service provider.

Among the several issues mentioned for not accessing healthcare or social services; judgmental health care & social service providers was the most prominent concern mentioned by the majority of respondents.

One of the respondents mentioned, **"*I feel unworthy from the doctor who doesn't take the time to understand what I need and not give me the right amount of time*"**

Another sex worker claimed **"*I am afraid of being centered out and feeling helpless and worthless, or another social degenerate*".**

Another respondent explains ***"more than anything is my homeless situation as well as my drug addiction. I can't seem to manage anything except what is presently in my way (i.e. food). But I can say that I do fear being judged when I do use services***.

The feeling of being judged is a recurrent theme among the sex workers for not using the health care and social services.

Many appear to be terrified because of the criminalized nature of sex work in Canada and fear the repercussions that may follow them when they go to a service provider. The sex workers responses also reveal their inherent lack of trust and fear about the system. Many were afraid to disclose their involvement in sex work, since they feared that they may be reported and fear of being treated badly.

The following responses from the sex workers illustrate their fear.

***"I was raped and was afraid to be judged by the hospital and that they'd call the police. I wanted process time I knew I'd have to go to the police station*"**

Another woman speaks of the fear of being reported **"*they treat you like you have a disease. They don't know us - they call police and CAS - they don't care if it hurts your family".***

A respondent summed up the reason for not using the services as "*Police, jail, judgment, bullshit like always"*

Besides these barriers they also mentioned that they were unable to access services because of their lifestyle i.e. working at night, lack of transportation, unable to get appointments, long waiting lists. Sex workers also identified that seeking health care only when needed stops them from developing long term relationships with health care providers. Sex workers in such cases also may have to repeat their story to several healthcare practitioners in order to get appropriate medical care.

Furthermore, they also mentioned personal barriers which hinder them from accessing services, i.e., chaotic drug use, addictions, other urgent priorities acquiring necessities such as food & shelter, besides other issues such as lack of transportation, bad experiences, police warrant.

Table.11
Gaps in Services to Sex Workers (N=95)

Response	**Percentage**
Yes	66.0
Sometimes	16.0
No	14.0
Don't Know	4.0
Total	**100.0**

Sex workers were asked if there were any gaps in the services provided by the agencies such as the Community Health Centres and/or the social service agencies providing services to street sex workers. The majority 66% mentioned that there were gaps in the services provided by the agencies.

Many respondents mentioned the need to have services during the night time. This comment from a sex worker shows the need for services in downtown Toronto.

"*At night women need to access shower, laundry, supper and clothes after centers close. Some agencies used to be open until 10 at night, they no longer do that. Women need an evening meal, take a shower, laundry. Something needs to open up that late. Agencies that are there to help are not accessible for women"*

Many sex workers felt that there was a lack of information about the different types of services and supports that they could use. Respondents expressed the need to have services that are non-judgmental and also serve them in the night like a Health Bus Service. Other gaps mentioned are the need for Peer workers, lack of transitional housing, detox services, education on issues like sexual health and harm reduction agencies providing services for sex workers.

Safety Issues

One of the major issues discussed by sex workers was the lack of safety while working in the night. Sex workers usually work in isolated environments that make them vulnerable to physical and sexual violence perpetrated by their clients.

A sex worker mentioned **"*I would like someone to talk too at night when I am scared; it would be good to have people out there in specific spots where we could go and run too*"**

It was observed that sexual and physical assaults on sex workers are a regular occurrence, especially in the Toronto downtown area. Unfortunately such events are only reported in the media when they result in the death of the sex worker. Safety remains one of the main concerns of street sex workers.

2.6 Length of Time in Sex Work

Table.12
Length of Time Engaged in Sex Work (N=96)

No Of Years	**Percentage**
0 < 3	13.5
3 < 6	18.0
6 < 9	12.5
9 < 12	12.5
12< 15	9.0
15 &>	34.0
Total	**100.0**

The survey respondent's length of involvement in sex work spans a wide range from less than 3 years to over 15 years. More than a third of the respondents have been involved in sex trade

for15 years and more. The table shows that only 13% have been involved in sex work for less than 3 years. While more than half (55%) of the sex workers have been involved for 9 years and above.

Table.13
Services Offered to Support Exiting Sex Trade (N=95)

Response	Percentage
Yes	37.0
No	59.0
Don't Know	4.0
Total	**100.0**

The needs assessment survey asked sex workers if there were services available to help them (if they were thinking)to exit sex work. 37% mentioned that they were offered supports and services, while 57% mentioned that they were not offered any such support to exit sex trade.

When asked about support for exiting sex work one of the respondents mentioned, "*No. I have tried in the past to get help and support but had no success in doing so, therefore I had to return to the sex trade work because I had no other work experience"*.

Survey participants were also asked to specify what type of services they would like to help them exit the sex trade. Several mentioned that they did not know what else they could do other than sex work (i.e. they felt they lacked skills to get employed, don't have any information on how to exit sex work).

Many respondents mentioned that they would like to have adequate resources and supports to help them exit the trade but could not specify the nature or type of service**.** A few mentioned that addiction issues and lack of status in Canada as reasons for not being able to exit the sex trade while a few others did not want to exit the sex trade.

2.7 Other Informal Supports

Table.14
Do You Have a Person to Turn To When You Need Help (N=99)

Response	Percentage
Yes	67.0
No	20.0
Maybe	13.0
Total	**100.0**

This question was asked to assess the social networks that sex workers have developed to help them in their daily life or in crisis situations. Most (67%) of the respondents mentioned that they have a person to whom they could turn to when in need of help. Some of the sex workers have built their own network of friends on the street or neighbours or a family member.

A comment from a sex worker shows the type of network they have developed **"*Yes, I have a street family*, *I have been living on the street for years*".**

Another sex worker commented **"*Yes now, I do, because I am involved in some services so I have a support group now. Thank God*".**

Many of the street based sex workers mentioned that by the nature of their work they were often isolated and unable to access services or resources. They mostly work at night and usually rest in the daytime this made it difficult for them to access health care, housing and other services. Sex workers are often isolated and cut off from mainstream society.

2.8. Suggestions By Respondents to Improve Services

Survey participants were asked for their suggestions to improve health care and social services agencies to serve them better. Their suggestions are mostly to improve existing services and also to introduce some new services that could serve their unmet needs.

Many of the respondents strongly highlighted the need for non-judgmental, compassionate and understanding service providers who see them as individuals deserving care. Survey participants also placed a strong emphasis on employing peer workers (persons currently/previously involved in sex work) because they knew first-hand the issues confronting sex workers. Moreover peer workers were also aware of the struggles of sex workers, hence having them work alongside healthcare and social workers could help sex workers navigate the health care system. Respondents felt peer sex workers were well suited to this task and knew how to reach out to them and provide appropriate supports as needed.

Sex workers mentioned that they required increased support from the health care and social services sector to enable them to access the different services. One of the other major suggestions included the need to keep the health and social services open for the afterhours when they could use the services. Many of the health service providers and agencies providing social services are currently inaccessible to most of the sex workers because of their operating hours.

The Sherbourne Health Bus currently operating in Toronto is an important health resource for many of the street based sex workers. Many respondents asked for more health buses especially at night to access health care supports.

Sex workers also suggested the need to have more social workers and case managers to provide services to them. Another significant suggestion was the need for increased access to housing. Similarly the need for more drop-ins for sex workers, safe spaces, and more harm reduction services was also expressed by many survey participants besides more educational programs and more involvement of sex workers in developing and facilitating programs.

Participants also suggested the need to improve services for sex workers that included child care for those who work at night. Many participants also suggested the need of more night services, such as a 24 hour drop-in or afterhour's services.

Conclusion

The survey findings clearly reveal that street based sex workers face significant challenges. The low educational attainment of the respondents and their reliance on food banks and meal programs indicate their poverty and low socio-economic status. Additionally, the high rate of housing instability among the street sex workers wherein many are forced to live rough, moving from parks and shelters and couch surfing often makes them invisible living in the margins of the society. Sex workers by the nature of their work are also significantly more likely to be isolated from the mainstream society. Their social isolation limits their ability to obtain the resources needed for their health and wellbeing. They experience dangerous working conditions and are often victims of physical and sexual assaults by clients and predators, and harassment from the law enforcement, all this places them under chronic stress. Research in other cities has shown that street based sex workers are at a higher risk of physical and sexual violence than those employed at sex venues (Lowman, 2000). Many of the street sex workers interviewed live in constant fear of violence. The high rate of drug use and dependency and their involvement in sex work places them on an elevated risk of HIV and other STIs.

The survey findings show that a significant proportion of the respondents rate their health condition as poor in fact many do not have access to a regular doctor and they also experience problems accessing health services. The findings reveal that stigma which pervades sex workers´ occupation often manifests in health care provider and sex worker relationships. Street based sex workers reported that they do not disclose their involvement in sex work to their health care providers because of the stigma related to sex work. Often times sex workers who feel discriminated and stigmatized delay or limit their interactions with health care providers to avoid judgmental situations and poor health care provision much to the detriment of their health. Stigma and discrimination is a recurrent theme articulated by many of the sex workers. Many street based sex workers invariably fall through the cracks despite a universal health care system that is meant to provide equal access to health care to everyone. Lazarus et al., (2012) in their research on street based sex workers in Vancouver suggest the need for policy and societal shift to legitimize sex work as a means to decrease stigmatization of sex work and to improve access to the health care system.

Hay *et al.,* (2006) while discussing innovations in delivering services to vulnerable populations rightly point out that the lack of health care provision or barriers to accessing care is not the only problem. While access to health care is one determinant of health it is only one in a long list of other factors that affects the health of populations. It is now widely known that our health is largely shaped by the social determinants of health such as our housing conditions, income level and income distribution, availability of quality food, employment and working conditions, access to health care and social status, more than our life style and medical treatments. The low social position of sex workers coupled with other factors such as isolation, stress, discrimination and the social exclusion and alienation experienced by sex workers all enmesh and negatively impact their health. The fact that sex workers have limited control over their lives and experience social inequity in several facets of their life make them vulnerable and marginalized population.

Ensuring equity in health outcomes for this population with multiple disadvantages requires prioritizing them as marginalized group and increasing access to health care and social services. Finally, the organization of sex workers as a collective as demonstrated locally and in several countries could be an effective way to improve the socio-economic status of street based sex workers because ultimately the future of the street sex workers lies collectively with themselves.

3.1 Recommendations

i) **Increase access to health services for street based sex workers and provide non-judgmental /non- discriminatory services**
Sex workers need to be prioritized by health care providers and social agencies to help them increase their access to health care and social services. Agencies and hospitals providing health care should provide an environment wherein sex workers are not discriminated or feel judged on account of their sex work. There is a need to train frontline workers and care providers to work and engage sex workers in a non-judgmental and compassionate manner wherein sex workers are able to access the services.

The Health Bus currently operating in Toronto neighbourhoods is a vital source of support for many sex workers in the night and early mornings. Many women wait for the bus to get their harm reduction supplies, and to receive health care. There a need to increase funding to this important resource to expand the scope of services offered and to increase the hours of operation of the Health Bus.

ii) **Coalition to Advocate for street based sex workers**
Social service agencies and health care providers need to engage sex worker agencies/networks to strategize and to build a coalition to actively advocate among mainstream agencies, policy makers to reduce the discrimination of sex workers and to influence policy changes.

iii) **Employ more peer workers to help sex workers access services**
Some health care providers and social service agencies have employed sex workers as peers. This has significantly helped sex workers to navigate and access the services provides by these agencies. Employing more peer workers will help many more sex workers to access and navigate the health care system and social services thus leading to improved health outcomes for sex workers.

iv) **Increase awareness about harm reduction and provide harm reduction services to sex workers**
Harm reduction education should be provided to sex workers along with safe drug use and harm reduction supplies. Harm reduction education is helpful if sex workers need to build some skills to help negotiate condom use with clients. Peer workers could help to provide education and skill building supports to sex workers and also outreach to sex workers to distribute harm reduction supplies because many sex workers are currently unable to access the services because of the limited hours of operation. Street based sex workers also need to access detox services and a continuum of care.

v) **Strengthen & Expand Bad "Date" Coalition**
Unfortunately, violent crimes such as sexual assaults, robberies and murders are targeted at sex workers. Sex workers should have up to date information about bad "dates" to keep themselves safe from clients who may be violent and inflict physical injury. The bad date coalition which helps sex workers to be aware of such violent men in the GTA should be expanded and strengthened.

vi) **Improve access to affordable and supportive housing for street based sex workers**
Access to affordable, safe housing is a primary requirement for good health. Sex workers need affordable and safe housing which will provide stability and reduce stress in their lives.

vii) **Increase access to safe spaces**
There is a need to increase low threshold safe spaces which can be used by sex workers. Drop-ins may help build social networks and connect street based sex workers to health and social services. . Peer work is an essential component of drop-in programming, providing expertise, credibility and bridging women to other programs and services.

viii) **Develop services specifically for street based sex workers**
Sex workers need services that cater to their unique needs such as; a 24 hours safe space or a late night service that helps women in crisis. Sex workers need counsellors who will work with them to improve their health outcomes and or access services and supports.

ix) **Develop alternatives for sex workers planning to exit sex work**
Realistic alternatives should be provided to sex workers who want to exit the trade with the support, education and finances required to do so. These services need to be accessible and comprehensive. Sex workers need to have access to alternatives to sex work and be supported to make the change.

Finally, sex workers can only increase their health outcomes and enhance their well-being if they have increased opportunities. The staggering level of homelessness, poverty, discrimination and social inequity they experience in their day to day life only adds to their vulnerability to diseases and ill health.

This is by no means an exhaustive list of recommendations many more are welcome.

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