

# *“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](http://www.understandingsexwork.com)),  
CARBC and to the CIHR Institute of Gender & Health



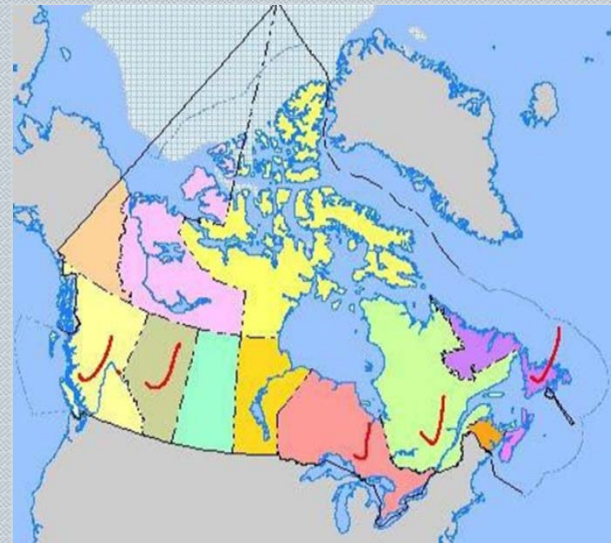
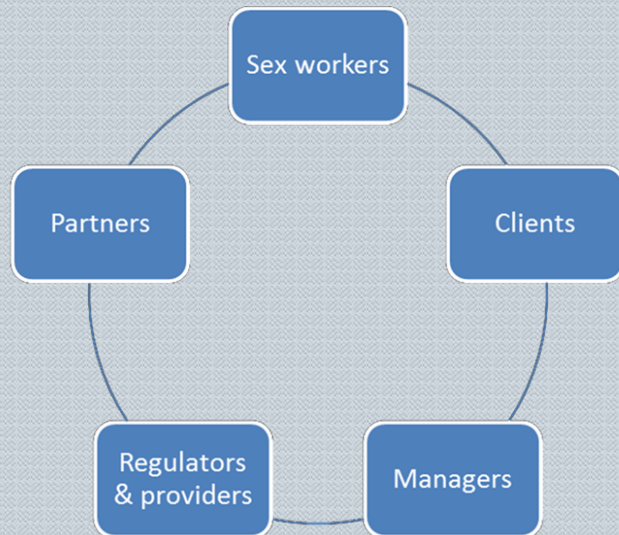
# Webinar Learning Goals



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

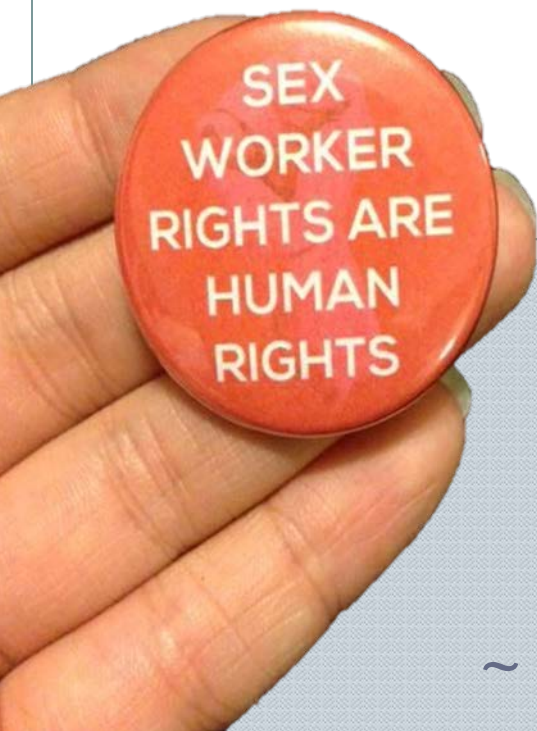


- ✓ **Clear operational definitions** (e.g., sex worker, client, intimate partner/spouse, etc.)
- ✓ **Standardized questions** allowing comparison to other populations
- ✓ **360 degree look** using common variables and questions allowing intra-industry comparisons
- ✓ **Multi-city** research sites allowing 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**

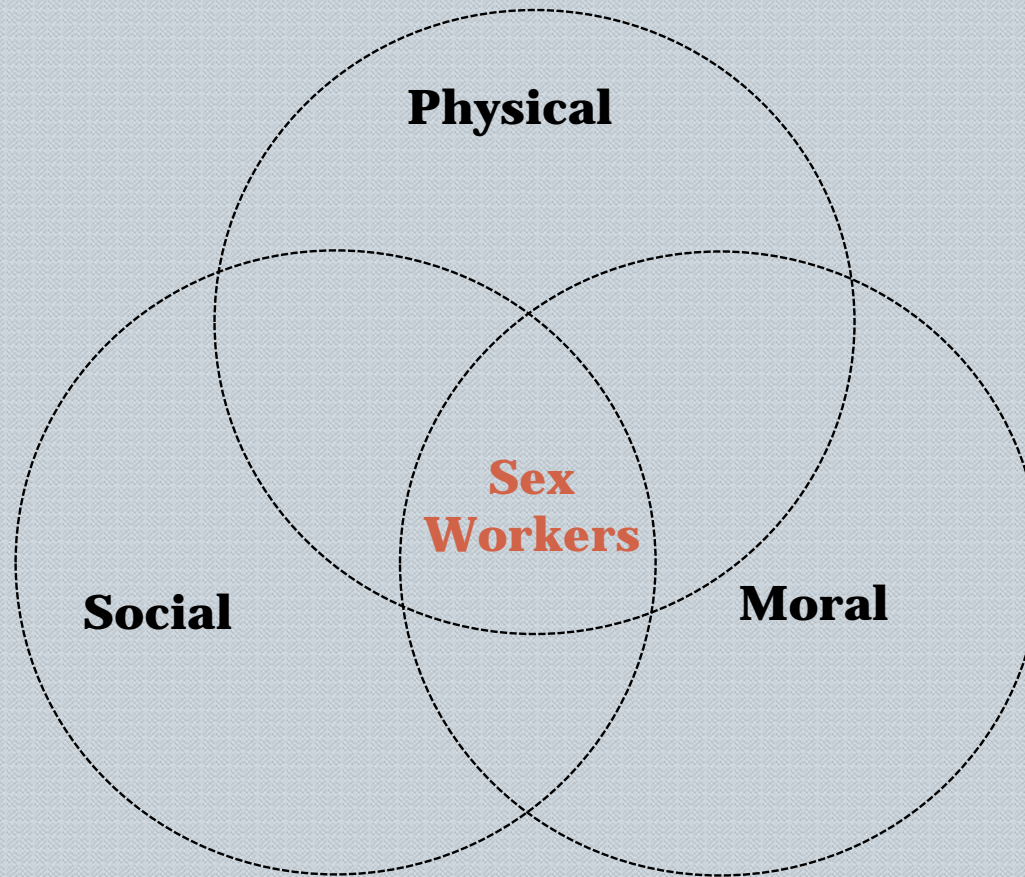


# PART ONE



~ **UNPACKING SEX WORK**  
**STIGMA** ~

# Conceptualizing Sex Work Stigma: 3 Types of Taint





# Public Health & Physical Taint



# Social Taint from Link with Tainted Others

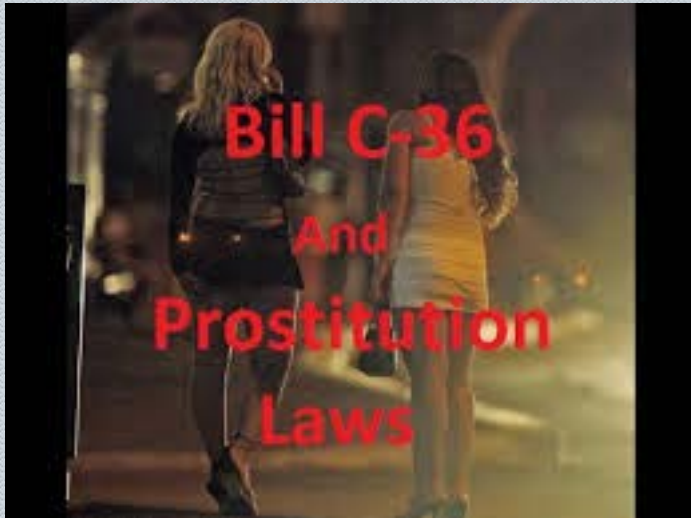
Public Shaming Of Prostitution Clients: A Growing Trend, Can Harm Families



# Public Values & Moral Taint



- 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?

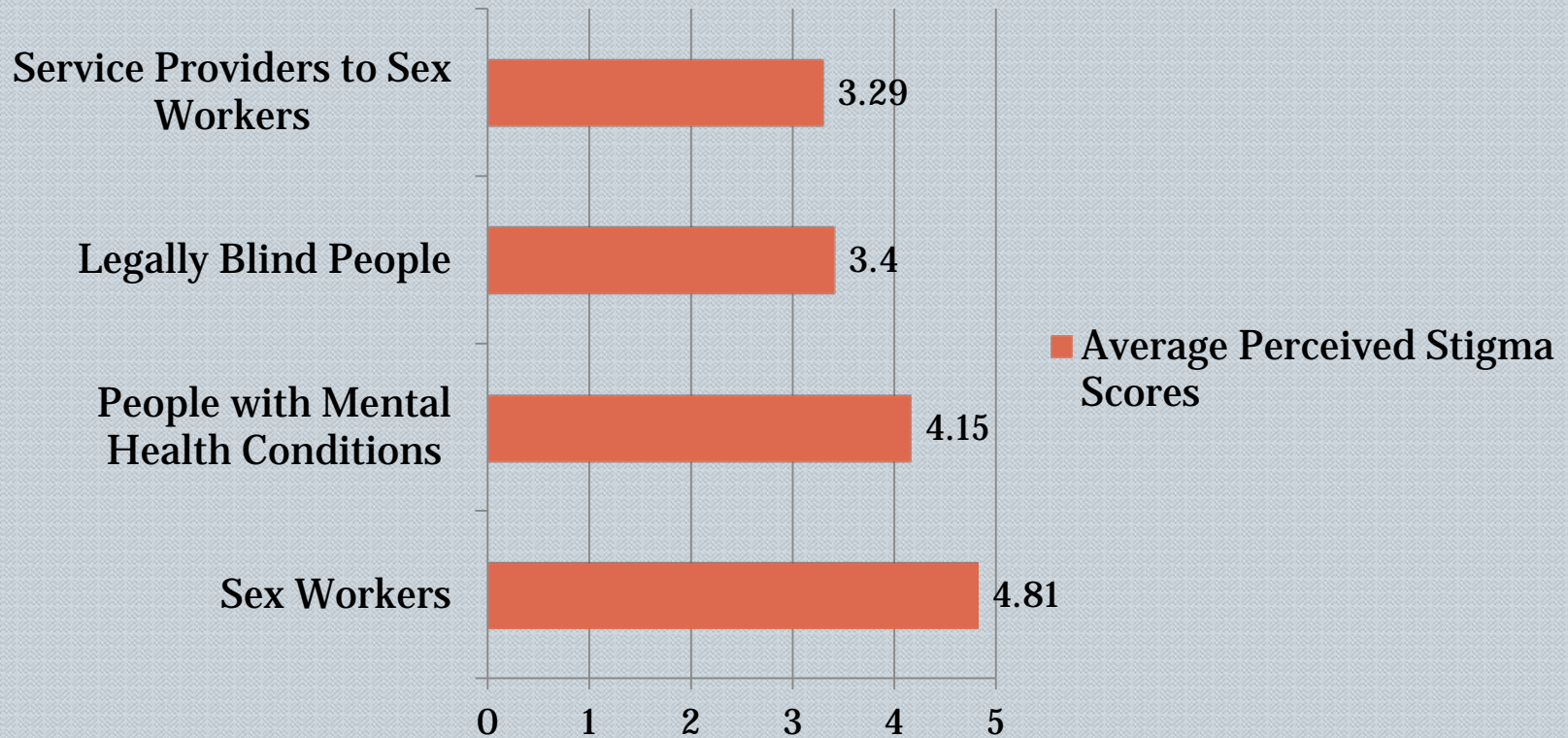


**Perceived devaluation-discrimination scale**

# Perceived Stigma of Sex Work Compared to other Stigmatizing Identities?



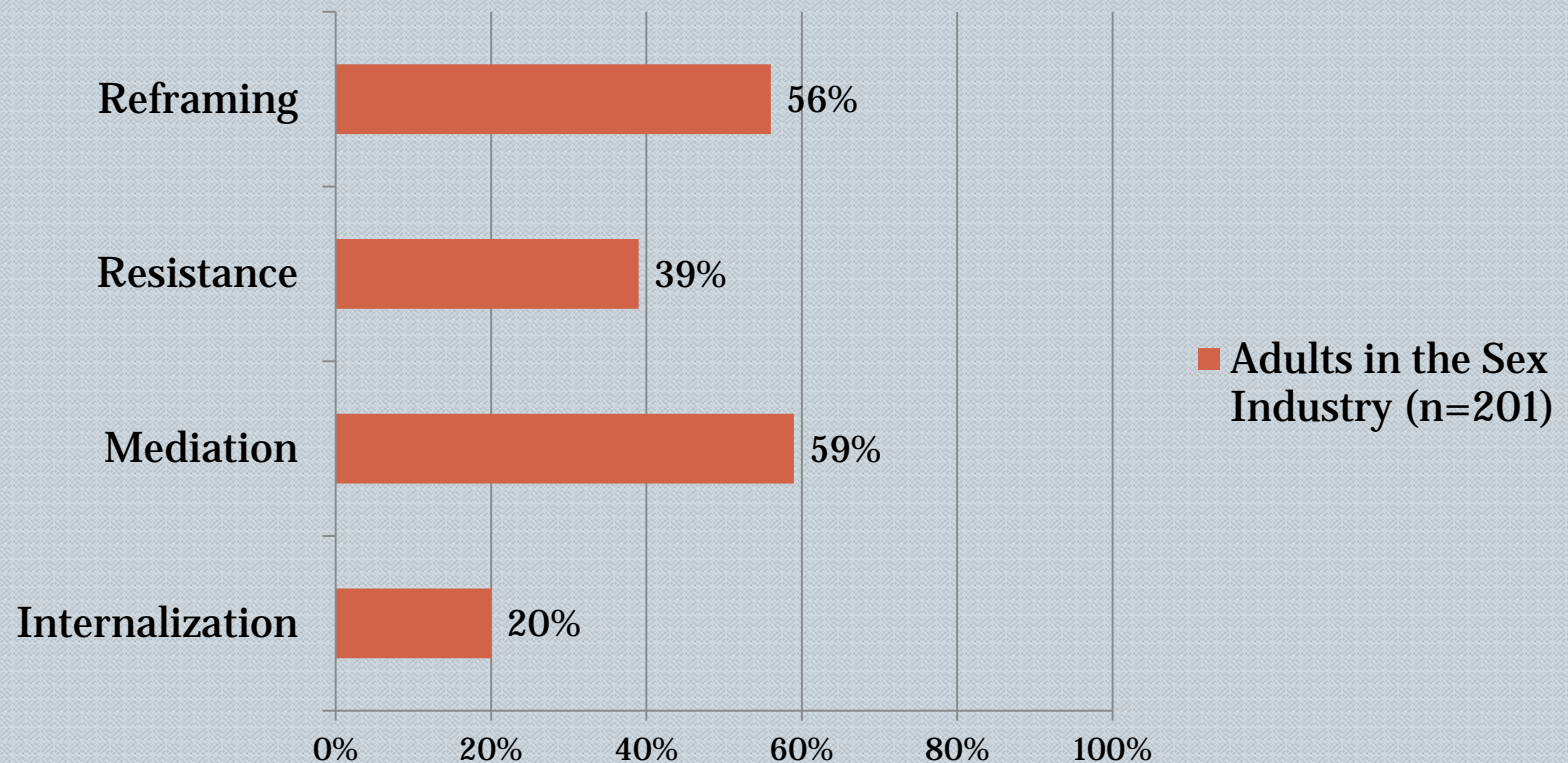
**Average Perceived Stigma Scores**



# Agency, Sex Work and Stigma

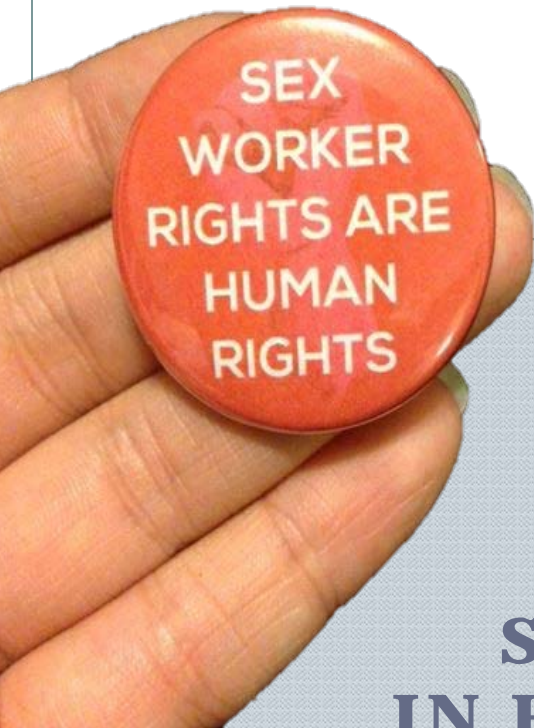


## Defensive Tactics Against Stigma



\*Participants could utilize more than one tactic





# PART TWO

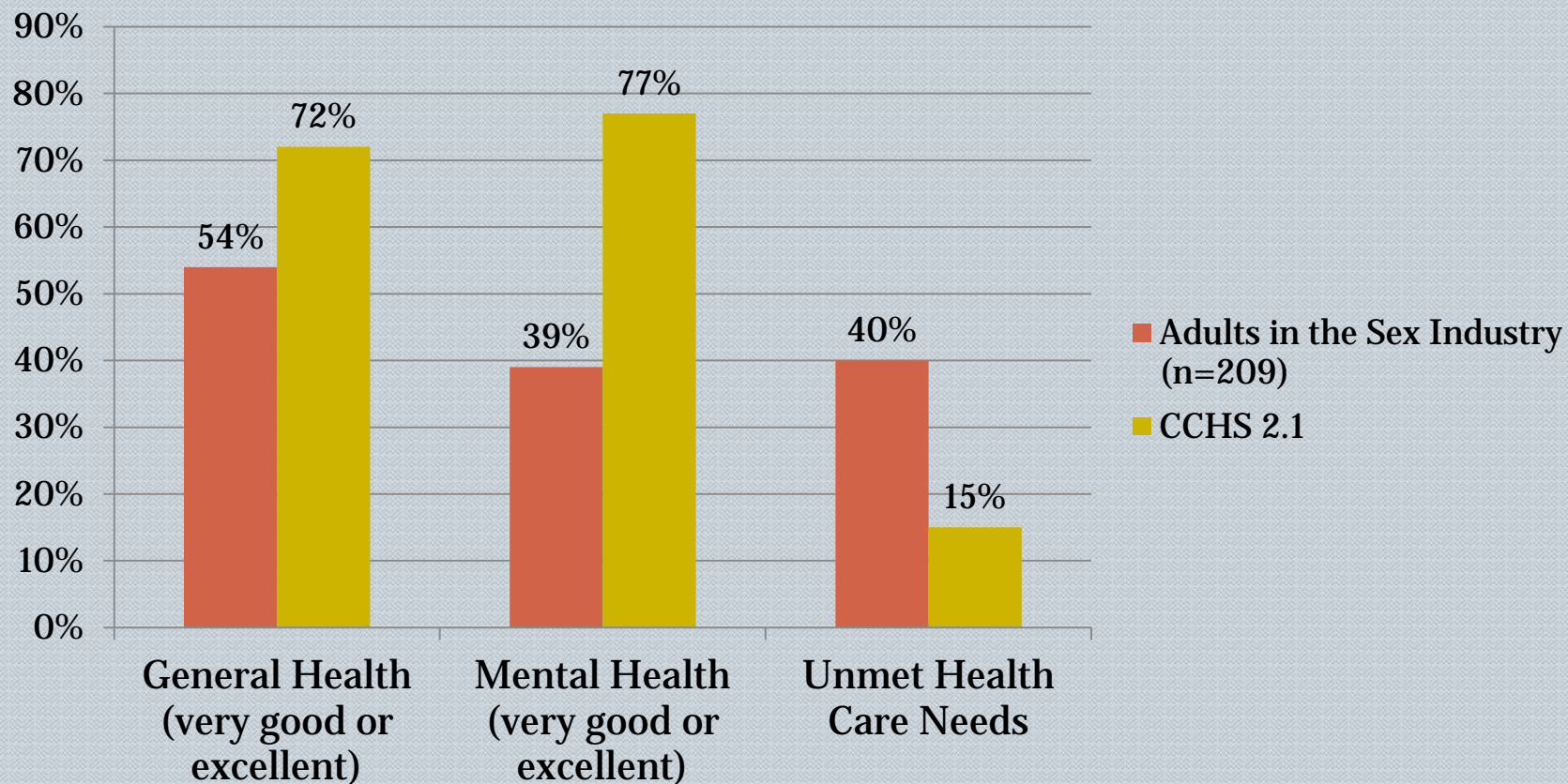


**~ DILEMMAS OF  
SEX WORK DISCLOSURE  
IN HEALTH CARE SETTINGS ~**

# Self-Rated Health Compared to CCHS\*




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



\*Canadian Community Health Survey, Statistics Canada, 2003





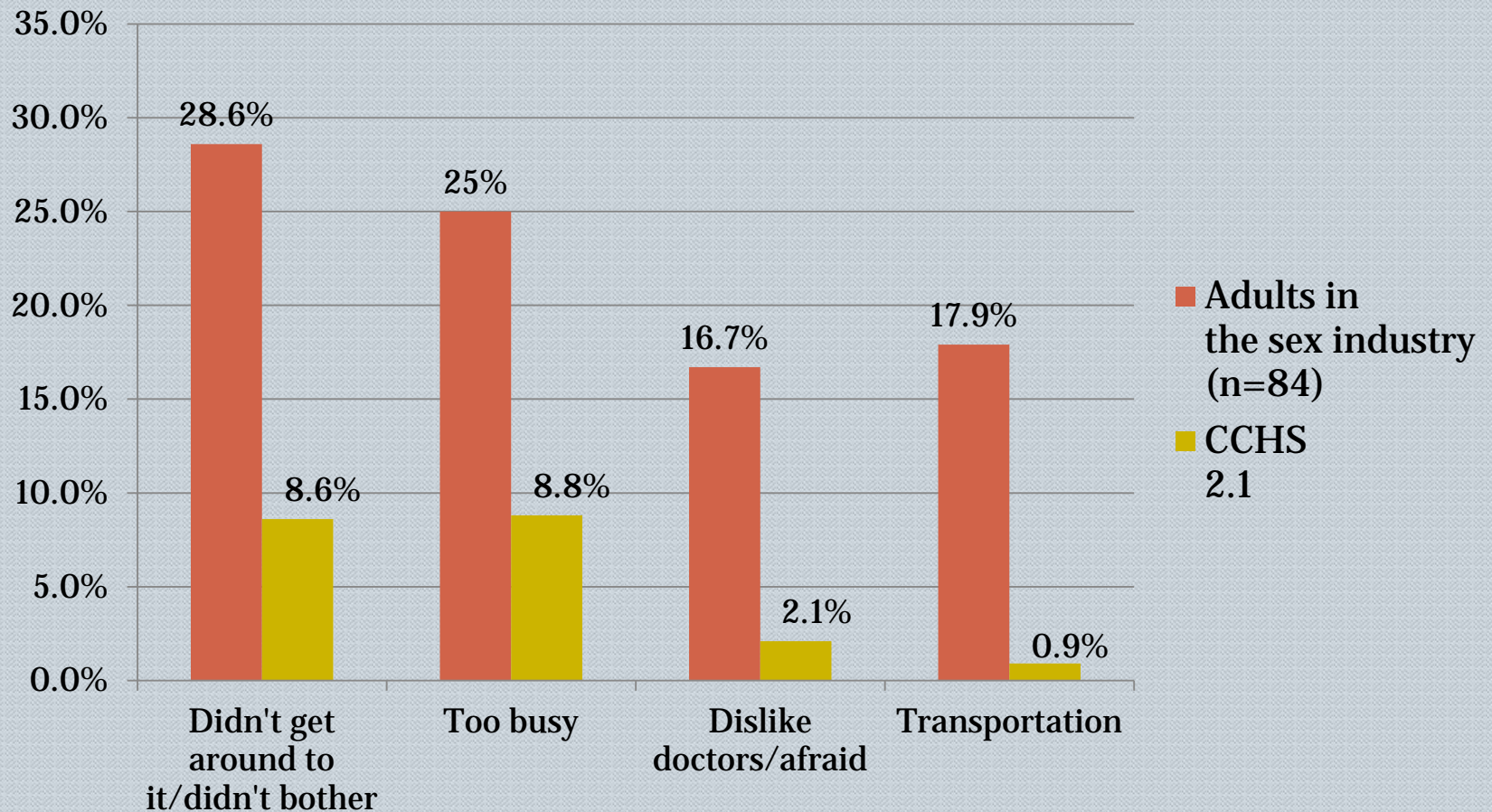
If you were a sex worker, what do you think would be some of the factors contributing to your unmet health care needs?



# Reasons for Unmet Health Need



## Reasons for unmet health care need compared to CCHS\* respondents



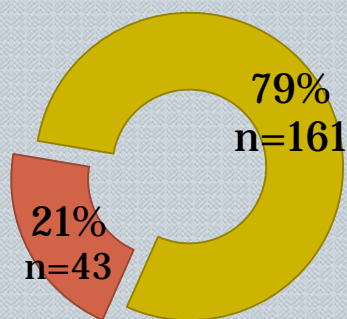
\*Canadian Community Health Survey, Statistics Canada, 2003

# Sex Work Disclosure a Key Topic

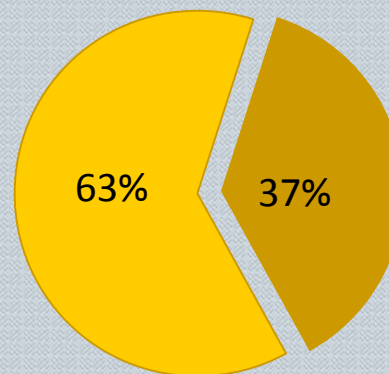


**Among those who talked about disclosure during health-care experience**

**Sex workers' talk of disclosure in their health care experience**



■ Disclosure not stated or unclear  
■ Disclosure mentioned



■ Has disclosed at least once ■ Did not disclose

# 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.”*

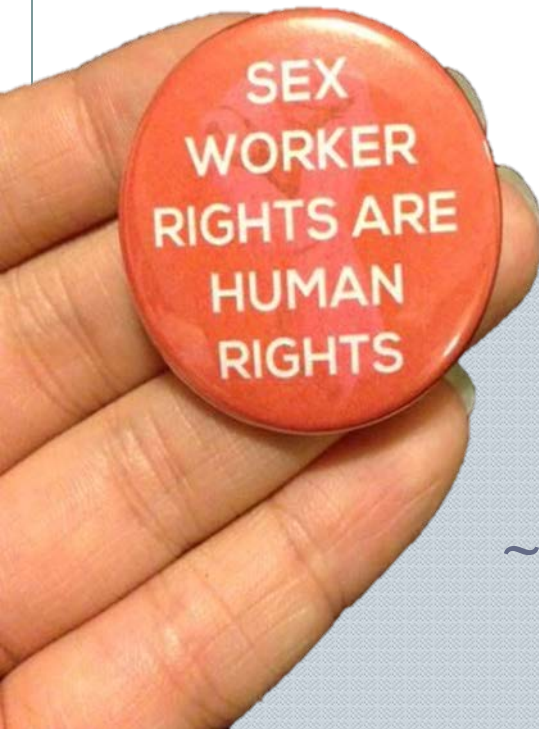
- **Targeted Care**

- *“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.”*





# 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?

"St. James Infirmary changed my life. It's the only place I receive care where I can really be myself and not be judged or censored."



Sex workers' rights are human rights.



A free, peer-based clinic for sex workers, their partners, and their adolescent children.  
[www.stjamesinfirmary.org](http://www.stjamesinfirmary.org)

"In a just society the most deserving people with the greatest needs have access to the best care. This is what St. James Infirmary provides."



Sex workers' rights are human rights.



A free, peer-based clinic for sex workers, their partners, and their adolescent children.  
[www.stjamesinfirmary.org](http://www.stjamesinfirmary.org)



## **What do sex workers want from health care providers?**

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

*“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*

# Availability & Accessibility: System & Patient-based



- 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:



Benoit, C., Ouellet, N., Jansson, M., Magnus, S., Smith, M. (2017). 'Would you think about doing sex for money?' Structure and agency in deciding to sell sex in Canada. *Work, Employment & Society*.

Benoit, C., Ouellet, N., & Jansson, M. (2016). Unmet health care needs among sex workers in five census metropolitan areas of Canada. *Canadian Journal of Public Health*. 107 (3).

Benoit, C., Smith, M., Jansson, M., Magnus, S., Ouellet, N., Atchison, C., Casey, L., Phillips, R., Reimer, B., Reist, D., Shaver, F. (2016). Lack of confidence in police creates a 'blue' ceiling for sex workers' safety. *Canadian Public Policy/Analyse de politiques*. 42 (4).

Contact: [cbenoit@uvic.ca](mailto:cbenoit@uvic.ca)  
[www.understandingsexwork.com](http://www.understandingsexwork.com)



# Thank you for your participation!



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

<http://fluidsurveys.com/surveys/cpha-k/evaluation-webinar-january-24-2017/>

**Contact:**

Cecilia Benoit, [cbenoit@uvic.ca](mailto:cbenoit@uvic.ca)  
[www.understandingsexwork.com](http://www.understandingsexwork.com)

Rachel MacLean, [rmaclean@cpha.ca](mailto:rmaclean@cpha.ca)  
[www.cpha.ca](http://www.cpha.ca)