



Sex Work, Stigma & Barriers to Health Access

Background

Understanding the barriers that keep women in sex work from accessing healthcare is a public health priority. Research suggests that 'occupational stigma', or being judged based on your job, may be a key barrier, as many women hide the fact that they are a sex worker because of past bad experiences, fear of disapproval, embarrassment or believing it doesn't impact their health needs.

The Question

What are some of the barriers to accessing health care for women in sex work, and how much does sex work stigma relate to those barriers?

The Study

The Gender & Sexual Health Initiative (GSHI) research team **gave questionnaires and interviewed 252 women in street-based sex work in Vancouver, BC, between 2006-2008** about occupational stigma and barriers to health access in the past 6 months. They considered other potential barriers including poverty, homelessness, drug use, gender and sexual violence, and demographics like age, education and ethnicity. This project is part of AESHA (An Evaluation of Sex Workers Health Access), an ongoing study of working conditions, health and safety in the sex industry led by GSHI/BCCfE and UBC, in collaboration with a range of community partners, with outreach to street and indoor sex work venues (by both experiential and non-experiential team).

The Results

The women reported barriers to health access including:

- 1) Limited hours of operation;
- 2) Long wait times;
- 3) Not knowing where to go to access services;
- 4) Language barriers;
- 5) Not being able to get a doctor of preferred gender;
- 6) Past poor treatment by a health professional.

A link between sex work stigma and barriers to health access:

Over half of the women in the study said they hid sex work from others, and nearly half faced barriers in accessing health care in the past 6 months.

The Policy Implications

- This study shows a need for policy-makers and society to view sex work as a real job and increase access to sex worker-led, innovative, accessible and non-judgmental health care.
- Organizing and empowering of sex work communities has been shown to reduce stigma and promote access to health care in other countries and should be studied in Canada.
- Better addiction treatment for women in sex work who use drugs could reduce their reliance on sex work earnings to support their drug use; programs need to be created that include training, employment, and financial support for those who want to transition out of sex work.

Lazarus L, Deering KN, Nabess R, Gibson K, Tyndall MW, Shannon K. Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. *Cult Health Sex.* 2012; 14(2):139-50.