



Introduction

- Street level sex workers represent a vulnerable population exposed to numerous health and safety risks including high rates of infectious diseases, addiction, mental health issues and higher risk of physical and sexual assault¹
- This is compounded by higher levels of interpersonal violence, homelessness, poverty, and risk of incarceration²
- Fear of stigmatization has repeatedly been shown to act as a key barrier to accessing appropriate and much needed health services^{3,4,5,6}
- Because sex work exists in a legal grey area in Canada, street level sex workers have frequent contact with police officers
- If interactions with police and healthcare workers are negative and confrontational, it may have negative implications for the health and safety of sex workers
- In 2005, the London Police Service (LPS) developed the novel 'Persons at Risks' (PAR) program in response to the Robert Pickton case to make contact with street level sex workers in London, Ontario
- In 2011, London Intercommunity Health Centre (LIHC) and the LPS initiated a novel collaboration in order to respond to the specific health needs of street level sex workers
- To date, Dr. Anne Bodkin, a family physician, and Lorna Bruce, a Sergeant with the London Police Service, have made contact with over 218 street level sex workers on the streets and in jail
- The goal of this project was to assess the collaboration and identify essential components in order to aid other communities in implementing a similar model of care

Objectives

- Identify and characterize the specific health needs of street level sex workers in London, Ontario
- Explore the relationship that sex workers have had in the past with healthcare services and the police
- Evaluate this novel model of care in terms of improving access to and the relationship between healthcare workers, the London Police Service and street level sex workers

Methods

- Design:** qualitative study comprising of 15-60 minute semi-structured interviews
- Inclusion Criteria:** women over 18 who have engaged in sex work and are enrolled in the PAR program. Dr. Bodkin, Sgt. Bruce and the London Police Chief were also interviewed
- Consent Process:** voluntary informed consent approved by the Hamilton Integrated Research Ethics Board (HIRESB)
- Interview Topics:** healthcare and safety issues for street level sex workers, experiences with the healthcare system and the police service, experiences with the PAR program and recommendations for implementation of this model of care across other cities in Canada
- Analysis:** qualitative interviews were examined through coding and an inductive-iterative approach to identify key themes

Acknowledgements

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Results

1) Street level sex workers in London, Ontario represent a vulnerable population

- All participants reported current or past struggles with drug addiction
- The majority reported issues with infectious diseases related to sex work or drug abuse including: HIV, hepatitis B&C, recurrent endocarditis and MRSA bacteremia
- Many discussed fear of sexual and physical abuse as being part of their everyday lives

Top 10 Issues Addressed by Dr. Bodkin (from 96 different issues)	Frequency (%)
Drug Abuse	20
Viral Hepatitis	9.5
Housing Issues	6.8
HIV/AIDS	6.5
Affective Psychosis	5.4
Health Maintenance/Preventative Medicine	4.5
Post-traumatic Stress Disorder	4.5
STI counselling/healing	4.2
Medication Renewal/Change	3.2
Assault/harmful event	2.1

Figure 1: Data provided by LIHC statistician, included 755 visits to Dr. Bodkin over 10 months.

"...I'm lucky I made it this far, I don't want to push it anymore, you know. Like I've almost been murdered a few times, I've had guns pulled on me, I've been strangled, I've been beaten with fists, just, you wouldn't believe what I've been through and I'm still here, you know."

2) Street level sex workers report negative experiences with the healthcare system and distrust/avoidance of police

- All participants reported negative experiences within the healthcare system with consistent themes of judgment and stigmatization
- Participants reported feeling judged or unfairly targeted by some police. Thus, many actively avoided police contact before meeting Sgt. Bruce

"...I've been to hospitals where I've felt dirty and I've felt these people just look at me like, just like I'm a stupid prostitute drug addict like get out of my hospital almost you know and lots of times I wouldn't go, I'd pick out my own abscess and they'd get re-infected and like I have scars because I picked them myself because of reasons like being that I didn't want to go to the hospital because of the judgement. And the, you know, the stigma behind the addiction part of it."

3) Collaboration between a dedicated physician and police officer providing a harm-reduction approach can address these barriers while providing essential services for this vulnerable population

- Positive attributes of the program identified by participants included: no judgment, feeling 'believed in' or 'worthy' of help, flexible hours, streamlined access to addictions and mental health treatment, and feeling safer because they had direct contact with a police officer that they felt was 'for them'

"...it puts strength, it puts power, it puts support it's, it's, gives you a little bit of safety. It's like, you know if I'm sick I know if I had to I could go to Dr. Bodkin. If I need this and that John beat me up and raped me I know I could go to you know, I know I could go to Lorna."

Discussion

- A recent string of violent attacks by a John on sex workers resulted in an arrest made in 10 days due to immediate direct contact of Sgt. Bruce by women involved
- Limitations: small number of participants - however, themes were strikingly consistent between interviews
- Strong links between street level sex work and street drug addiction - possible avenue for further research
- We feel a similar model of care would be applicable to many North American cities. See figure below for essential components of the program

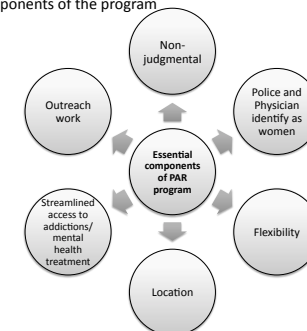


Figure 2: Diagram of recurring essential components of the program as identified by street level sex workers and service providers

Conclusions

- This study indicates that street level sex workers in London, Ontario represent a very vulnerable population
- Increased healthcare needs relate specifically to addictions, sexual health, mental health and infectious disease
- Furthermore, street level sex workers are exposed to frequent sexual and physical abuse, both at work and in their interpersonal relationships
- Historically, street level sex workers in London report a negative relationship with healthcare workers and the police, resulting in avoidance of police interaction and healthcare
- The Persons at Risk program allows sex workers to access much needed primary and preventative healthcare that is flexible and without judgment from a healthcare provider aware of their line of work
- In addition, sex workers are provided with an avenue to access law enforcement, if required
- Collaboration with law enforcement ensures the safety of healthcare providers in their outreach work

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