

Peel HIV/AIDS Network

serving Mississauga, Brampton and Caledon

Peel Sex Worker Needs

Assessment:

Know More

Not for Distribution

In Editing Process

Published: May 14, 2017

Acknowledgements:

The Needs Assessment project could not have been carried out without the hard work and dedication of our Peer Team. Many thanks for all of your time, effort and commitment towards creating a better future for Sex Workers in Peel. We would also like to thank the many community partners that supported the creation and implementation of this project.



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Peel Sex Worker Needs Assessment: Know More

Project

In May 2016 the Peel HIV/AIDS Network received monies from the Trillium Seed Grant to undertake a project in the Region of Peel with Female identified Sex Workers. The project aimed to develop a vibrant and sustainable program to meet the needs of sex workers, identify their needs through a needs assessment, recruit and support a team of peers and a project team, create a network of sex workers and increase the capacity of services in the region to include sex workers and Trans women through educational trainings, communications, resource distribution and participation in networks, coalitions and tables.

The Needs Assessment Development

In developing the needs assessment, PHAN looked at various needs assessments conducted with and by sex work communities and chose to model their own based on a tool kit from the Global Network of Sex Work Projects website (<http://www.nswp.org/resource/street-based-sex-workers-needs-assessment>). Community stakeholders (Public Health, Salvation Army, John Howard Society, Peel Committee Against Woman Abuse, Interim Place, Elizabeth Fry Society, Peel Harm Reduction Committee, YMCA, Wellfort-Bloom Clinic, Peel Aboriginal Network, Women's HIV/AIDS Initiative, Peel Poverty Action Group, anti-trafficking networks and sex workers) were invited to participate in a table discussion with the project team of peers to determine the types of questions to include, how to conduct the needs assessment and areas in which the agencies and organizations were lacking data to direct services.

Method

The needs assessment was conducted using a community-based research approach in order to be a reflection of sex work in Peel Region. The research team consisted of staff members from Peel HIV/AIDS Network and community members/peers from the Region of Peel with sex work experience. The survey tool was developed and approved by sex workers from the region and a standardized set of questions including both open and close-ended questions were included in the final survey. The survey was made available online using Survey Monkey and promoted through social media and the PHAN website. Outreach was conducted throughout Peel Region using print media and in person by the project team to sex work specific drop in's, massage establishments, adult entertainment facilities and local hotels and motels.

1. Demographics

1.1. Age

Table 1. Pie Graph of Age

Age Range	Number (N=48)
41-50	12 (25%)
26-32	11(22.92%)
50-64	9(18.75%)
18-25	7(14.58%)
33-40	7(14.58%)
Under 18	1(2.08%)
65+	1(2.08%)

- Median Age Range= 33-40 yrs.

Table 2. Bar Graph of Age Marginalized Populations

Marginalized Populations				
Age Ranges	Trans Women (N=16)	ACB Women (N=7)	Aboriginal Women (N=11)	South Asian Women (N= 2)
18-25	0	0	1/11= 9.09%	0
26-32	2(12.5%)	2(28.6%)	4/11 =36.36%	0
33-40	0	2(28.57%)	0	0
41-50	8(50%)	1(14.3%)	3(27.27%)	2(100%)
50-64	6(37.5%)	2/7= 28.6%	2/11= 18.18%	0
65+	0	0	1/11= 9.09%	0

The age range of the respondents closely resembles the data from similar needs assessments in Ontario. The majority of respondents fell within the 33-40 year old age range. The majority of current funding and programming is directed at younger sex workers with regards to human sex trafficking. Little to no funded programs are geared to the needs of an aging sex work population. Our data clearly shows a need for such programming to be developed and implemented to address this population’s needs.

1.2. Gender

Table 3. Gender of Respondents

Gender	Number of Respondents (N=38)
Female	32 (66.67%)
Trans Women	16 (33.33%)

Table 4. How Trans Respondents Identified

Trans Women Identified As.	Number of Respondents (N=16)
Trans Woman	4 (25%)
Woman	12 (75%)

The Needs Assessment was specifically targeted to capture data from female-identified and Trans Women sex workers both in design and outreach. In the data analysis it was discovered that surveys were completed by individuals that identified as gender-queer, trans-male and male. For the purposes of this assessment, the data from these surveys was not included in the overall analysis but is noted in the recommendations section of this report.

Outreach was conducted in a Trans-specific drop-in over a two-day period. The participants were pre-screened by the program facilitator to ensure they met the criteria for the needs assessment. A large number of those participants identified as women on the survey. Previous research shows that the Trans Community experiences significant Trans phobic violence around the issue of gender disclosure which may be a motivator for how they choose to disclose (Lyons, 2015). It is interesting to note that the safe environment provided by the drop-in space and staff may have encouraged a response not pressured by potential violence and participants were comfortable identifying as their authentic self.

1.3. City of Residence

Table 5. Bar Graph City of Residence

City of Residence	Number of Respondents (n-48)
Toronto	19 (39.58%)
Brampton	15 (31.25%)
Mississauga	10 (20.83%)
Georgetown	2 (4.17%)
Goderich	1 (2.08%)
Vancouver	1 (2.08%)

Although a relatively large percentage of respondents identified as living in Toronto, more than 50% did identify as living within Peel Region. As will be shown in later data, those who reside in Toronto do often travel within Peel Region for work.

1.4. Ethnicity, Citizenship & Language

Table 6. Ethnic & Cultural Data Pie Chart

Ethnicity	Number of Respondents (N=48)
Western European	13 (27.08%)

Indigenous, Aboriginal, First Nations, etc.	11 (22.92%)
Eastern European	10 (20.83%)
ACB	6 (12.5%)
Other	6 (12.5%)
South Asian	2 (4.17%)

Table 7. Citizenship of Respondents

Citizenship Status	Number of Respondents (N=47)
Canadian Citizen	46/47 (97.87%)
Permanent Resident	1/47 (2.13%)

The data reflects the cultural diversity within Peel Region. In terms of the sex work population, the data may not be representative due to the outreach methods used including not being connected to those not accessing services; the survey only being available in English; and the lack of connections with the African, Caribbean and Black, and newcomer populations in the Region. All respondents identified as being either Canadian Citizens or Permanent Residents.

There were a large number of respondents, which identified as being First Nations and Aboriginal. It is interesting to note that Aboriginal females make up only 4% of the female population within Canada but are significantly overrepresented in this survey. (Statistics Canada, 2016)

1.5. Education & Income

Table 5. Education Pie Chart

Level of Education	Number of Respondents (n=47)
High School	19 (40.43%)

Some College, Trade School, or University	10 (21.28%)
College	5 (10.64%)
Some School	5 (10.64%)
University	5 (10.64%)
Trade/tech school	3 (6.38%)

The data shows that 40% of the respondents have completed High School and 42.5% have either completed or have some College or University education. The high numbers may be due to residency within suburban areas and/or higher familial income brackets.

Table 8. Income Data Graph

Income Range	Number of Respondents (N=48)
\$701- \$1000	19 (39.58%)
\$2001- 5000	13 (27.08%)
\$1001- 2000	6 (12.5%)
Under \$700	5 (10.42%)
\$5000+	5 (10.42%)

Table 9. Sources of Income Graph

Sources of Incomes	Number of Respondents (N=43)
ODSP	16 (37.21%)
OW	15 (34.88%)
Part-time Employment	7 (16.28%)

Family/ Friends/ Partner	7 (16.28%)
Other	5 (11.63%)
Full-time Employment	2 (4.65%)

Table 10. Supplement of Income Graph

How Respondents Supplement Their Income	Number of Respondents (N=48)
Exchanging Sex for money, goods, services	38 (79.17)
Meal Programs	28 (58.33%)
Food Banks	27 (56.25%)
Clothing Banks	24 (50%)
Family/ Friends	21 (43.75%)
Partner	15 (31.25%)
Other (stealing, promoting events, Trillium, street)	7 (14.58%)
None of the Above	3 (6.25%)

Contrary to media reporting and misconception, the average income of sex workers in Peel is less than \$1000 per day. It is important to note that this represents gross pay and does not take into account work expenses such as travel costs, advertising and motel/hotel rentals. It is also interesting to note that 72% reported the Ontario Disability Support Program or Ontario Works as additional sources of income. This suggests that the income received from social assistance is not enough to meet their needs. Thus, sex work can be a viable option for women to earn income at levels that meet immediate needs by means which may not otherwise be available.

1.6. Housing

Table 11. Current Housing Situation Bar Graph

Descriptions of Housing Situations	Number of Respondents (N= 48)
Own Apartment	14 (29.17%)
With Friends	7 (14.58%)
Rooming House	6 (12.5%)
W/ partner	5 (10.42%)
Other (seniors building, in subsidy)	4 (8.33%)
Homeless/ Streets	4 (8.33%)
Shelter	2 (4.17%)
W/ Client	1 (2.08%)
W/ Family	1 (2.08%)

The data suggests that despite education levels and income, a large number of sex workers are precariously housed. The high cost of rental units and a lack of affordable housing options within Peel Region leaves little if any disposable income and typically much less for basic necessities. According to previous research, homelessness is a factor for involvement in sex work. Those who have stable housing have risk factors, which may affect their ability to maintain it. Many live under threat of eviction if they use their primary residence for work and are discovered doing so. Drug use within their residence can also be cause for landlords to evict forcing sex workers who use drugs into unsafe environments.

2. Sex Work Demographics

Table 12. Age Started In Sex Work

Overall Data For Age of Entry into Sex Work
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Age Range of Entry	Number of Respondents (N=45)
13-17 yrs.	20 (44.44%)
18-29 yrs.	21 (46.67%)
30+	4 (8.89%)

Table 13. Graph of Priority Populations Ages of Entry into Sex Work

Priority Populations Ages of Entry into Sex Work				
	Trans Women (N=17)	ACB Population (N=7)	Aboriginal Peoples (N=9)	South Asian Population (N=2)
13-17 yrs.	7 (41.18%)	5 (71.43%)	6 (66.67%)	0
18-29 yrs.	6 (35.29%)	2 (28.57%)	2 (22.22%)	0
30+	4 (23.53)	0	1 (11.11%)	2 (100%)

According to the data, a slight majority of respondents started sex work at age 18 or under. No data was gathered on how the respondents started in sex work as the focus of this study was on those who choose to do sex work. It is interesting to note that 71% of respondents from the African, Caribbean and Black community and 66% of those from the Aboriginal community started sex work before the age of 17. Issues such as systemic racism, access to resources, poverty, and the effects of colonization may all be causal factors for early entry into the sex industry for these populations.

Table 14. What Cities Do You Work In?

What Cities Respondents Work In	Number of Respondents (N=48)
Brampton	27 (56.25%)
Mississauga	23 (47.92%)

Toronto	13 (27.08%)
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Trans Women

- Mississauga, Toronto (GTA), Brampton, Peel, Kitchener, Etobicoke, Niagara, Oakville, New York, Detroit MI

ACB Folk

- Brampton, Mississauga, Toronto (GTA), London, New York, Nova Scotia, Detroit MI

Aboriginal Folk

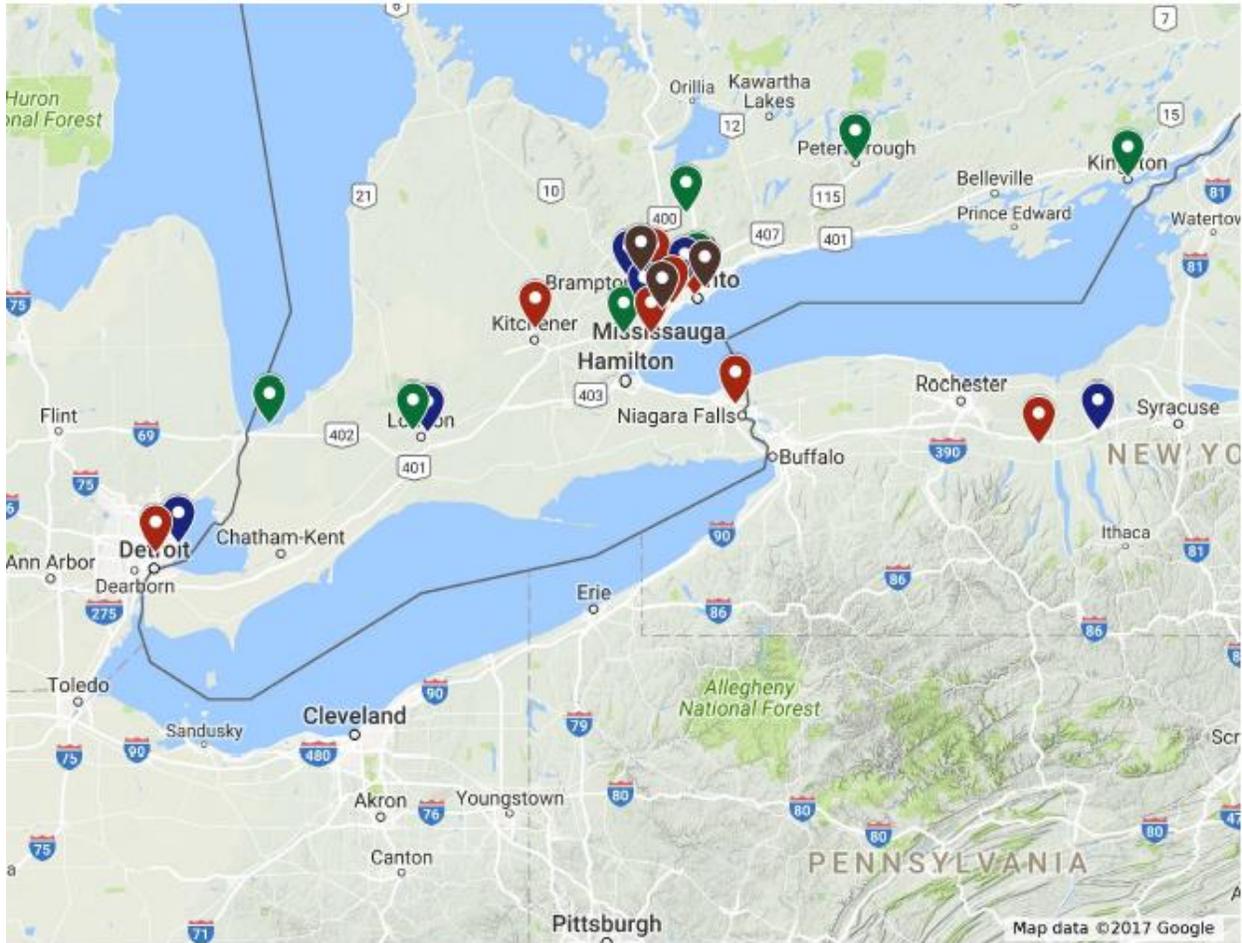
- Brampton, Mississauga, Toronto

South Asian Folk

- Mississauga, Toronto, Oakville, New Market, Peterborough, Ottawa, Kingston, London, Windsor, Sarnia

Table 15. Map of Cities Priority Populations Work In

Legend
Red= Trans
Blue= ACB
Brown= Aboriginal
Green= South Asian



The data illustrates the mobility of sex workers throughout Peel Region and beyond. This is reflective of regional considerations as Peel is a combination of pocketed suburban areas and rural areas within its boundaries. Mobility allows access to more clients and is used as a means to separate their work from their personal lives. The data also shows that further marginalized groups travel further distances. Some Trans Women recruited for this assessment reported that travelling helped them stay safe by allowing them to stay for short periods and helped maintain anonymity. This does not come without a price in terms of social isolation, exposure to violence and increased barriers to healthcare while out of their home area.

Table 16. Chart of Areas Of Sex Work

Areas of Sex Work	Number of Respondents (N=47)
Outcall	29 (61.7%)
Street Sex Work	27 (57.45%)
In-Call	25 (53.19%)
Sugar Baby	24 (51.06%)
Trade and Barter	20 (42.55%)
Dancing/Stripping	19 (40.43%)
Massage	18 (38.3%)
Other	2 (4.26%)

As with the above section, mobility is also high within areas of sex work. Respondents reported working in multiple areas of sex work simultaneously. This may be in an attempt to increase possible income. Many also report doing in-calls and out-call as opposed to street-based work. This may be a result of regional considerations already mentioned or as a result of the outreach to licensed establishments.

2.1. I Describe Sex Work As?

Respondents were asked to describe what sex work was to them from list of multiple options. 40.43% stated that sex work was their primary occupation while a combined 53.19% stated that they used sex work to either supplement their needs or as an option in a crisis situation. Again this emphasizes that sex work provides women with access to income that may not otherwise be available at a time of need.

2.2. Safety While Working

Table 17. Safety Data

Respondents Quotes on How They Keep Safe While Working

“Work with other girls” - approximately 14 out of 44 who answered (31.8%) said this
“Using Condoms”- only 1 person said they use condoms to keep safe
“Hope for the best”
“I get the clients names and search them”
“Text friends location I’m at”
“Self Defence”
“Try to use my best judgment when booking dates”
“Never work alone”
“Call when tricks are in and out”
“Weapons”
“My managers”
“Work for agents”
“Drivers”
“Safe calls”
“Hiding in places”

It is well known that violence is a concern for sex workers, especially those that are street-based. Sex workers are exposed to multiple forms of violence such as physical, verbal and sexual abuse as well as robbery, confinement and sadly, murder. Due to the inherently isolated nature of sex work as well as being considered an invisible population, women in the industry have developed informal strategies to combat these risks such as those noted in the above data.

Table 18. Greatest Safety Concerns While Working

Greatest Safety Concerns While Working	Number of Respondents (N=46)
Being physically assaulted by a	32 (69.57%)

date	
Being harassed or arrested by police	32 (69.57%)
Being ripped off/ robbed	28 (60.87%)
Being evicted	20 (43.48%)
Having loved ones find out	20 (43.48%)
Overdose	11 (23.91%)
Other*	3 (6.52%)
<p>*Other includes quotes such as:</p> <ul style="list-style-type: none"> ● “Having a slow day/night” ● “Murdered” ● “Being raped (no condom)” 	

In addition to concerns of violence, sex workers equally reported harassment or arrest by the police as an issue in their safety. There has always been a strained relationship between sex workers and law enforcement. The recent changes to the laws around sex work in Canada, which decriminalized the selling of sex by an individual, have seemingly done very little in repairing this relationship. As mentioned in the section on Housing, another major concern listed by respondents is the fear of eviction from stable housing. Equally the data shows that being discovered as doing sex work by their loved ones is another major concern. This underscores sex workers’ need for anonymity.

2.3. Bad Date Lists

Table 19. Double Bar Graph of Data Around Bad Date List Knowledge

Bad Date List Data		
	Yes	No
Respondents Familiar with Bad Date Lists (N= 46)	30 (65.22%)	16 (34.78%)
Respondents Have Used Bad Date Lists (N=44)	11 (25%)	33 (75%)

Table 20. Bad Date Disclosure Graph

Peel Sex Workers Feel Most Comfortable Reporting a Bad Date To...	
Who Respondents Would Report Bad Date To	Number of Respondents (N= 46)
Peers	26 (56.52%)
Friends	22 (47.83%)
Anonymous Drop Box	21 (45.65%)
Dealer	15 (32.6%)
Online	11 (23.9%)
Social Worker	8 (17.39%)
Other*	7 (15.22%)
Employer/Manager	6 (13.04%)
Police	2 (4.35%)
Family	0 (0%)
*Other answers include: - "Don't know what it is" - "Bad date lists"	

Bad date lists are a tool developed by sex workers for sex workers to distribute information about assaults, robberies and abuses experienced while working. Without formal supports like the police to report to due to trust, stigma and discrimination issues, again sex workers created a way in which they could identify clients, their vehicles, etc., and then distribute the information amongst themselves. Although a large number of respondents reported having knowledge of bad date lists, the majority reported never using one. Currently the Bad Date Coalition in Toronto distributes a monthly list of information, which is reported within that area. Having access a list in based in Peel Region may increase usage and thereby

enhance the safety of sex workers who work here. Respondents were also asked whom they would be most comfortable reporting a bad date to; the top four answers were peers, friends, an anonymous drop box, and surprisingly their dealer. This point again illustrates how sex workers have learned to develop strategies involving informal and unlikely supports to meet their needs.

3. Substance Use & Harm Reduction

Table 21. What Substances Do You Use?

What Substances Respondents Use While Working	
Substances Used	Number of Respondents (N= 46)
Marijuana	26 (56.52%)
Alcohol	25 (54.35%)
Crack/ Cocaine	23 (50%)
Heroin	11 (23.91%)
Methamphetamines	10 (21.74%)
Don't Use Drugs	4 (8.7%)
Hallucinogens	1 (2.17%)

The intersection between sex work and drug use is well known. The respondents in this survey were asked to identify what substances they used and if they did so while working. 76% reported that they did use while working and only 8% reported not using any substances at all. The data shows that multiple substances are being used simultaneously with alcohol, marijuana and crack/cocaine reported as being used the most. Use of non-injection and injection drugs while doing sex work puts workers at significant risk both in terms of personal safety and health. Use while working can lead to poor judgement in terms of the monitoring of clients, unsafe sex, increased risk of violence, and increased risk of HIV and Hep C infections.

3.1. Harm Reduction

In terms of harm reduction services, only 42% of respondents stated they access these services. Although not required to give their reasoning behind not accessing, many chose to do so citing trust issues, and inappropriate services for their needs. Concerns such as being reported to the police or the Children’s Aid Society; lack of items such as pipes specifically for methamphetamine use or services not being LGBTQ+ friendly; hours of availability and fear of being outed as a drug user were mentioned. Harm reduction services are essential to sex workers, providing them with the services they need in a non-judgemental, non-discriminatory way. This data suggests more work is needed in building trust with and access for the sex work community to provide these services.

4. Health

Table 22. Pie Chart Of Self Reported Health Data

Self Reported Health Status	Number of Respondents (N=45)
Poor	14 (31.11%)
Fair	14 (31.11%)
Good	12 (26.67%)
Excellent	5 (11.11%)

4.1. Overall Health (Self-Reported)

According to the data above, almost 58% of respondents reported their health as being good to fair. This is contrary to the thought of sex workers being “dirty” or unhealthy in general. 57% stated that they have access to a regular family doctor, which could be linked to those reporting better health than those without access. Another factor could be that the outreach included establishments requiring regular testing for employment.

4.2. Sexual Health

Table 23. Bareback Service Data

Overall Bareback Service Data Of Those Who Offer Bareback Services	
Respondents Bareback Services	Number of Respondents Who Offer These Services (N=36)
Respondent receives oral bareback	29 (80.56%)
Respondent gives oral bareback	28 (77.78%)
Anal Bareback Intercourse	3 (8.33%)
Vaginal Bareback Intercourse	3 (8.33%)

Table 24. Comparing Bareback Services of Different Populations of Sex Workers

Comparing Bareback Services of Different Populations of Sex Workers					
	Non-Priority Population Sex Workers (N=14)	Trans Sex Workers (N=9)	ACB Sex Workers (N=5)	Aboriginal Sex Workers (N=6)	South Asian Sex Workers (N=2)
Receives Oral Bareback	13 (92.86%)	7 (77.77%)	4 (80%)	3 (50%)	2 (100%)
Gives Oral Bareback	12 (85.71%)	6 (66.67%)	3 (60%)	5 (83.33%)	2 (100%)
Anal Bareback	3 (21.43%)	0	0	0	0
Vaginal Bareback	3 (21.43%)	0	0	1 (16.67%)	0

A large number of respondents skipped this question, as was their option. From those who chose to respond, the majority do not participate in bareback intercourse, either vaginal or anal. There is however, a large number who perform and receive oral without any form of protection. This can still be a cause for concern in terms of contracting the HPV virus in the throat, which recently has been shown to cause cancer in the MSM population.

Table 25. Do You Work On Your Period?

Do You Work On Your Period	Number of Respondents (N=45)
Yes	17 (37.78%)
No	12 (26.67%)
Only If I Have To	16 (35.56%)

Almost 38% of respondents reported working while on their period and just over 35% reported doing so only when they had to. Sex workers have to be creative in finding ways to hide their cycle from clients or risk losing income. Items such as natural sponges, cups and contraceptive sponges containing Nonoxynol 9 have been used for this task. These items can cause irritation, infection and increase the risk of transmitting HIV by changing the Ph levels in the vagina. Having access to more suitable devices and including them in sex work-specific harm reduction kits would help reduce these risks.

Table 26. STI Testing Data (Within Last 12 Months) Graph

Respondents Have Been Tested For the Following in the Past 12 Months	Number of Respondents Who Have been Tested in Past 12 Months (N=45)
STI's	33 (73.33%)
HEP C	32 (71.11%)
HIV	30 (66.67%)
HPV/PAP	20 (44.44%)
Fertility Issues	4 (8.89%)

As shown in the data and mentioned earlier, a large number of the respondents reported regular testing for STI's, HIV and other sexual and reproductive issues. This again could be due to regular access to healthcare and the outreach to establishments requiring regular

testing. There are still those who did not report being tested which may be due to lack of access or fear of discrimination when asking for such testing.

5. Disclosure

Table 27. Who Are You Most Comfortable Disclosing You Are a Sex Worker To?

The People Who Respondents Feel Comfortable Disclosing Their Sex Work To	Number of Respondents (N=45)
Other Sex Worker	41 (91.11%)
Friend	28 (62.22%)
A Sexual Health Nurse	23 (51.11%)
Social Worker	17 (37.78%)
Doctor	17 (37.78%)
Partner	11 (24.44%)
Other*	5 (11.11%)
Family Member	4 (8.89%)
*Other Choices Included: Dealer, Harm Reduction Outreach Worker, No one	

Table 28. What Are Your Primary Considerations When Deciding To Disclose?

Why Respondents Might Choose Not To Disclose Their Sex Work	Number of Respondents (N=46)
Being Labelled or Stereotyped	39 (84.78%)
Fear of Criminalization	33 (71.74%)
Fear of Judgements	31 (67.39%)
Rejection/Isolation	31 (67.39%)

As illustrated in the above tables, disclosure is an issue for sex workers when it comes to those outside their informal community. This is understandable when the issues around disclosure are examined. Sex workers are subjected to the effects of stigma and discrimination regularly and in a number of different ways. Sex workers are often devalued and viewed as a public nuisance or blamed for increased crime rates and various other issues. This stigmatization increases risk factors by creating barriers to health care, denial of services, and internalized shame. Interactions with judgemental service providers and an inherent lack of trust in the system create an environment of hostility for sex workers and make building trusting relationships with these providers extremely difficult.

6. Community Building & Inclusion

Table 29. How Would You Like to be Connected to Other Sex Workers in the Community?

Ways Respondents Would Like to be Connected to Other Sex Workers in the Community	Number of Respondents (N=44)
Sex Worker Specific Programs	33 (75%)
Sex Worker Specific Events	30 (68.18%)
Outreach Services	25 (56.82%)
Drop-ins	24 (54.55%)
Outreach Peer Support Workers	24 (54.55%)
Online Outreach Supports	20 (45.45%)
Prefer to Stay Anonymous/Not Connected to Sex Work Community	8 (18.18%)
Other*	2 (4.55%)
*One Respondent said “Twitter has allowed me to meet many workers”	

Table 30. Sex Work Specific Programming

Types of Programming Sex Workers Would Like in the Region	Number of Respondents (N=45)
Training on Changes to the Sex Work Laws	37 (82.22%)
Training in Physical Safety Techniques	37 (82.22%)
Sexual and Reproductive Health Info.	27 (60%)
Mental Wellness Education	22 (48.89%)
Training on Harm Reduction and Substance Use	20 (44.44%)
Information on Reproductive Health Rights	17 (37.78%)
Other*	5 (11.11%)
*Answers included: "PTSD counselling" & "How to put a condom on with your mouth"	

Community is important to sex workers both in terms of safety and inclusion. Most respondents stated that sex work-specific events and programming would be a good way to stay connected to other sex workers. Outreach, drop-in's and peer workers were also selected as popular options. Respondents were also asked to identify specific programming they would like to see implemented in Peel Region. The above graph illustrates the types of programs and education selected. The majority report training in the changes to the laws around sex work and physical safety as desired options.

6.1. Peer Programming

A majority of respondents reported a desire for more peer support workers and an interest in becoming a peer within their community. Peer programming is essential to building bridges and trust between sex workers and community service providers. Peers with lived experience provide a non-judgemental and empathetic approach to accomplishing this task. Simple tasks such as applying for identification, attending appointments and accessing services

can be overwhelming and cause significant anxiety for sex workers. Providing peer services such as accompaniment, advocacy and system navigation can help to break down barriers sex workers face within their everyday lives.

6.2. Sharing of Sex Work Information

Respondents were asked to suggest ways of sharing relevant information to sex workers. Of the multiple options available, respondents chose a mix of both print and digital media. Posters, flyers, sex work specific websites as well as agency and social media sites were all suggested. Outreach to the sex work community must be as diverse as the population itself in order to be effective in educating and informing sex workers.

Recommendations

1. Develop and implement direct outreach strategies for Male, Transgender, gender non-conforming and LGB+ sex workers to assist with program development and harm reduction strategies for these groups.
2. Develop and support the aging sex work population with interventions designed to improve quality of life and possible exit strategies if desired.
3. Utilize a Women's Harm Reduction approach with Sex Work inclusion to help increase involvement of sex workers in accessing programming and to overcome disclosure issues.
4. Secure a location, funding and staff to implement a 24 hr Women's Harm Reduction drop in to allow sex workers access to harm reduction supplies, peer support and service access within a non-discriminatory and sex work safe environment.
5. Evaluate current sex work specific harm reduction supplies by consulting with sex workers regarding their specific needs such as soft tampons, soft cups and female condoms.
6. Design peer-based interventions and networks for highly mobile sex workers to improve access to health and social supports while traveling for work.
7. Develop and implement an independent online resource which would include a Bad Date List for sex workers in Peel Region using best practices from existing lists and organizations.
8. Secure funding for alternate outreach methods such as a mobile Harm Reduction vehicle to access hard to reach sex work populations in Peel Region specifically Mississauga where previous efforts to engage sex workers have been difficult as most are working indoors as opposed to street-based.
9. Assist sex workers in locating and securing affordable, safe and stable housing opportunities within Peel Region and provide supports for maintaining housing once acquired.
10. Enhance the safety capacity of sex workers by developing programming around physical, mental and emotional wellbeing.

11. Develop and implement programs to empower sex workers to exercise self-determination and autonomy, enhance self-esteem and improve life skills.
12. Continue to encourage community partners to participate in capacity building and network tables around sex workers and sex work issues creating barriers to services.
13. Advocate for sex work inclusion and de-stigmatization within the social landscape by developing strong peer programs and leadership opportunities within the Region of Peel while working towards repairing relationships between the sex work community, Law Enforcement and service providers.