

Sex Work City Hall

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Learning Objectives

1. Identify how stigma, criminalization, and surveillance impact HIV prevention, care engagement, and safety for people who trade sex.
2. Demonstrate three harm reduction language shifts that support consent, confidentiality, and trust when working with sex workers in social work settings.
3. Apply harm reduction and trauma informed strategies to a case vignette and identify three actionable practice or agency steps that improve retention and reduce harm.

Stigma & Health Care



Societal stigma shapes our world views.

Those biases impact how we respond to others.

Providers take those biases to work, compromising the services they provide.

The impact is decreased medical adherence, lack of transparency of symptoms, refusal to seek medical care due to trauma, and increased negative health outcomes.

End
the
Stigma
Stop
the
Shaming

Eventually,
individuals
fall
completely
out of care

Increased
risks of HIV,
STIs, skin
and tissue
infections,
and wounds.

Lack of medical
intervention, rooted in
stigma, increases death
rates among PWUD and
survival sex workers.

**How do I, as a provider,
combat my own biases
and destigmatize drug
use, sex work, and
homelessness?**

**What stigmatizing
things do people say
about sex workers and
how do those
statements impact
their healthcare?**

Harm Reduction & HIV Prevention

Reduces Needle Sharing

- Sharing used needles is one of the main ways HIV spreads among PWID.
- SSPs provide sterile syringes, reducing reliance on contaminated ones.



Lowers HIV Rates in Communities

- Studies show that HIV rates drop by up to 50% in areas with SSPs.
- The CDC states that SSPs reduce HIV and hepatitis C transmission without increasing drug use.

HIV Testing & Linkage to Care

- Many SSPs offer free or low-cost HIV testing, leading to early diagnosis .
- They connect clients to antiretroviral therapy (ART), which lowers viral load and prevents transmission.

Harm Reduction & HIV Prevention

Safer Sex Resources

- SSPs distribute condoms, lubricants, and sexual health education to reduce sexual transmission of HIV.



Overdose Prevention & Harm Reduction Education

- SSPs distribute naloxone (Narcan) to prevent opioid overdose deaths.
- Offer education on safer drug use, reducing risky behaviors that contribute to HIV spread.

Safe Disposal Reduces Community Risk

- Providing sharps containers and disposal sites prevents needle litter.
- Protects the public, including children, sanitation workers, and first responders, from accidental HIV exposure.



Sex worker focused harm reduction interventions:

violence prevention



- Free or low-cost inclusive safe sex supplies: Condoms, lube, dental dams
- Free HIV and STI testing
- Access to reproductive healthcare: Plan B, pregnancy tests
- Trauma informed providers

health and safety



- Bad date lists:
 - Anonymous reporting systems where sex workers share information about violent or dangerous clients.
- Referrals to free legal aid
- Safe space drop in centers
- Offer "Know your rights"
- training

drug use related



- Safe injection and safe smoke equipment (Reduces risk of HCV, HIV and other viral diseases)
- MOUD
- Overdose prevention: Naloxone distribution, fentanyl testing strips
- Host a sex worker led Narcan training

social support



- Peer led outreach efforts
- Community advocacy
- Housing first initiatives
- Skill building workshops: resume building, computer literacy

- Training on screening clients, avoiding scams, and protecting identity online.

digital safety



The Criminalization of the Sex Trades

Criminalization of Selling and Buying Sex

- In most states, it is illegal to sell sex, buy sex, or both.
- Charges are usually misdemeanors but can escalate to felonies with:
 - Repeat offenses
 - Allegations of involvement with a third party
 - HIV-related statutes in some states
- Penalties include arrest, jail time, fines, probation, and mandatory “rehabilitation” programs.

Even when framed as anti-trafficking, many laws criminalize people who support sex workers, such as:

- Managers, drivers, security, or receptionists
- Roommates or partners who share income
- Website hosts or advertisers

Common charges include:

- Pimping
- Pandering
- Facilitation of prostitution

These laws often prevent sex workers from working **safely or collectively**.

FOSTA-SESTA

- Makes online platforms liable for “facilitating prostitution”
- Led to shutdowns of advertising and harm-reduction forums
- Forced many sex workers into riskier street-based work
- Widely criticized for **increasing violence and instability**

Immigration and Federal Enforcement

- Undocumented sex workers face detention and deportation
- Even legal residents can face immigration consequences from sex work-related charges
- Federal agencies may conflate consensual sex work with trafficking

Consequences of Criminalization



Criminalization creates long-term harm beyond arrest:

- Criminal records that block housing, jobs, and education
- Loss of child custody
- Increased exposure to violence (due to fear of reporting abuse)
- Barriers to healthcare and harm reduction services

Disproportionate Impact

Criminalization does not affect everyone equally. Those most targeted include:

- Black and Brown people
- Trans women (especially trans women of color)
- Poor and unhoused people
- People who use drugs
- Migrants

Criminalization and HIV

Reduced Access to Prevention and Care

Criminalization discourages people from accessing:

- HIV testing
- PrEP and PEP
- Condoms and lubricants
- Regular medical care

People avoid clinics or outreach services out of fear of:

- Arrest
- Police surveillance
- Mandatory reporting
- Immigration consequences

This leads to later diagnoses and higher community viral load.

Criminalization is strongly associated with higher HIV diagnoses and worse HIV outcomes, especially among sex workers, people who use drugs, and LGBTQ+ communities. The relationship isn't about individual behavior—it's about how laws shape risk, access, and safety.

Safer Sex Is Actively Undermined

In criminalized settings:

- Condoms have been used as evidence of “prostitution”
- Carrying prevention supplies can trigger police attention
- Clients may rush negotiations due to fear of police

Result:

- Less condom use
- Reduced ability to refuse unsafe sex
- Increased exposure to violence and coercion

**How have you been harmed
by criminalization?**

Language Check

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies

Principles of Harm Reduction

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

Principles of Harm Reduction

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

Trauma Informed Strategies

All strategies should center:

- Safety (physical, emotional, legal)
- Choice and control
- Trust and transparency
- Collaboration, not compliance
- Cultural humility and anti-stigma practice

Low-Barrier, Nonjudgmental Care

Why it matters: Fear of surveillance and punishment keeps many sex workers out of care.

Strategies:

- No requirement to disclose sex work status
- Walk-in or drop-in services
- Flexible scheduling
- Minimal paperwork and ID requirements
- Clear statements that care is not linked to law enforcement

Health impact:

↑ testing, ↑ continuity of care, ↓ late HIV/STI diagnoses

Trauma Informed Strategies

Peer-Led and Peer-Informed Services

Why it matters: Peers reduce power imbalance and re-traumatization.

Strategies:

- Employ sex workers as outreach workers, navigators, and advisors
- Compensate peer labor fairly
- Integrate peer accompaniment to clinics, court, or housing appointments

Health impact:

↑ retention in HIV care, ↑ PrEP uptake, ↓ emergency-only care use

Explicit Decriminalization-Aligned Practices

Why it matters: Clinical spaces can feel like extensions of policing.

Strategies:

- Never ask questions “for documentation” that don’t benefit the patient
- Do not record sex work details unless clinically necessary
- Avoid language like “prostitute,” “high-risk behavior,” or “noncompliant”
- Make confidentiality policies visible and clear

Health impact:

↑ trust, ↑ disclosure when relevant, ↑ engagement in care

Outreach



On the Ground

Bringing services directly to the people.



Street Medicine

Reduces health consequences of drug use.



Testing Events

Increases testing and referrals to care.

Action Steps

Agencies that successfully increase retention and reduce harm for sex workers and people who use drugs focus less on compliance and more on **safety, trust, and continuity**. Here are agency-level steps that are evidence-based and implementable across clinics, outreach programs, shelters, and harm reduction organizations.

Lower Barriers to Entry and Re-Entry

Why: People disengage when services feel punitive or rigid.

Actions:

- No discharge for missed appointments or relapse
- Walk-in hours and same-day services
- Flexible documentation (no ID requirements when possible)
- Easy re-enrollment after gaps in care

Impact:

↑ retention, ↓ emergency-only care, ↓ service avoidance

Employ and Empower Peer Workers

Why: Peer trust reduces dropout and increases follow-up.

Actions:

- Hire peers with lived experience
- Pay peers equitably and provide benefits
- Give peers real decision-making power (not just outreach roles)
- Use peers for follow-up after missed visits

Impact:

↑ retention in HIV and substance use care, ↑ safety engagement

Offer Services Where People Already Are

Why: Transportation and stigma are major barriers.

Actions:

- Mobile clinics and street outreach
- Drop-ins at encampments, hotels, clubs, and strolls
- Extended hours (nights/weekends)

Impact:

↑ retention among most marginalized, ↓ missed follow-ups

What are some individual and agency wide action steps we can take to reduce harm and engage sex workers into care?

Thank you!

Citations

<https://iusw.org/sex-worker-statistics/>

<https://harmreduction.org/about-us/principles-of-harm-reduction/>

<https://ldi.upenn.edu/our-work/research-updates/hiv-is-not-a-crime-the-case-for-ending-hiv-criminalization/>