

Barriers to HIV health inclusion for sex workers in London



Spectra

Peer services, improved lives

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“The knowledge that I acquired through my community is what I brought to health professionals in the sense that [I] was like, OK, I heard about this. Can you explain [it to] me more?”

Background

This research details the experience of sex workers (SWers) in London when accessing HIV support from sexual health services (SHS), with the goal of improving understandings of barriers to HIV services experienced by SWers and formulating recommendations for practitioners.

Method

Two focus groups were conducted by Spectra to collate the experiences of SWers in health inclusion, including HIV outreach and services. All participants in the focus groups were current in-person SWers. Participants were chosen from a pool of applicants to balance genders, ages, type of sex work, and venue of sex work. There were 21 participants across the two focus groups: 14 online and 7 in-person.

Results

- 81% of focus group participants felt confident of their HIV knowledge on prevention, testing and medication.
- Limited opening hours and a lack of drop-in sessions are key barriers to SWers accessing SHS.
- Lack of menstrual sponges and condoms in varied skin tones, materials and sizes poses an inclusion barrier.
- Participants experienced receiving ‘whorephobia’ and discrimination rather than medical care on multiple occasions.
- SWers experienced multiple stigmas, including transphobia, racism, ableism, and xenophobia. This included being patronised or dismissed at an SHS because of their identity.
- SHS workers’ stigma towards SWers means PrEP and PEP knowledge was largely sourced from within the community instead of through SHS.
- SWers who appear to be women, older, or transmasculine struggled to access PrEP, PEP and HIV vaccination trials from SHS due to automatic and incorrect profiling as ‘not high-risk’.
- Due to frequent negative community experiences, SWers are hesitant to disclose their sex work with SHS and instead go without testing or medication.

Best practice

Positive approaches taken by Spectra and other SWer wellbeing organisations include:

- Providing varied resources including non-latex condoms and menstrual sponges.
- Encouraging SWers to take extra resources for their co-workers or social circles.
- Reliable drop-in services with no booking required.
- Outreach near where SWers will already be working, but not directly in their workplace.
- Collaborations with existing SWer only safe spaces.

For links and recommendations to SWer friendly healthcare services please consult our full report.

“[I] just want medical professionals who don’t get scared by the realities of my life. Even when they’re normal. [...] Just people who are not easily surprised would be really nice. Or if they’re surprised then keep your poker face.”

Recommendations

- SWer inclusion should focus on barriers to testing, resources and treatment, rather than on improving SWer knowledge of HIV.
- There is a need for SHS with SWer-only spaces, with flexible drop-ins, and without stigma from healthcare professionals preventing access.
- Availability of varied and quality resources is also essential to meet the needs of the SWer community.
- Notably, peer-led SHS was a priority for all SWers participating. Collaboration with SWers and provision of educated and non-judgemental SHS is essential.

“So I particularly use peer-to-peer groups. [...] There’s no, you know, shame. And I think that we have some kind of connection together [...] so it’s easier to access those services.”



Scan for the full report