

# SEX WORKERS IN CANADA FACE UNEQUAL ACCESS TO HEALTHCARE



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## THE ISSUE

Despite Canada's universal health system, sex workers across the country face an alarmingly high prevalence of barriers to healthcare. Access to care is a key determinant of health for all humans and sex workers

are almost **three times more likely** than the general Canadian population to not have access to the healthcare services that they require.<sup>1</sup> This **results in unmet healthcare needs and worse health outcomes.**

### What is a sex worker?

Sex work is an umbrella term that defines those involved as **adults who exchange sexual services for money or material benefit.**

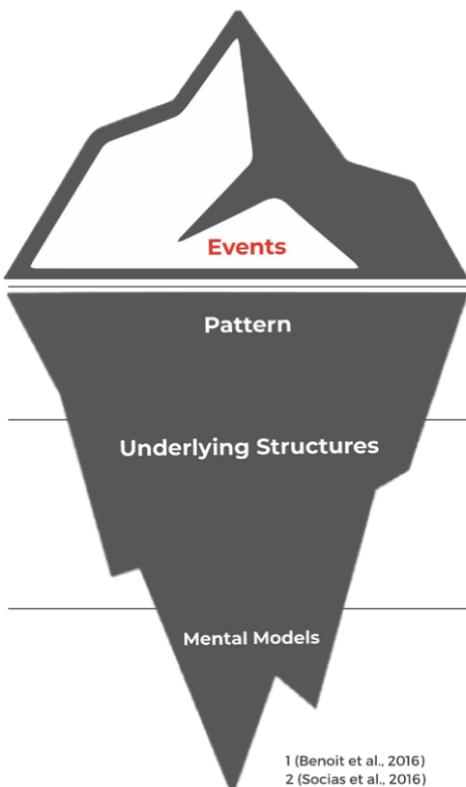
This systems analysis focuses on **sex workers who engage in direct physical contact with clients** as they are the sex worker population most susceptible to stigma and barriers to accessing services.

Demographics:

- Overwhelming majority **identify as female (around 75%)**
- Disproportionate representation of **Indigenous women (estimated 15-20%) in street-level sex work**<sup>3</sup>

1 (Benoit et al., 2016)  
2 (Benoit & Millar., 2001)  
3 (Phillips et al., 2011)

## PROBLEM LANDSCAPE



### WHY DO SEX WORKERS FACE UNEQUAL ACCESS TO HEALTHCARE?

**40%** of sex workers reported having **unmet healthcare needs**<sup>1</sup>

**70%** of sex workers reported experiencing **barriers to healthcare**;<sup>2</sup> Experiences of **judgement & inadequate care** in healthcare settings

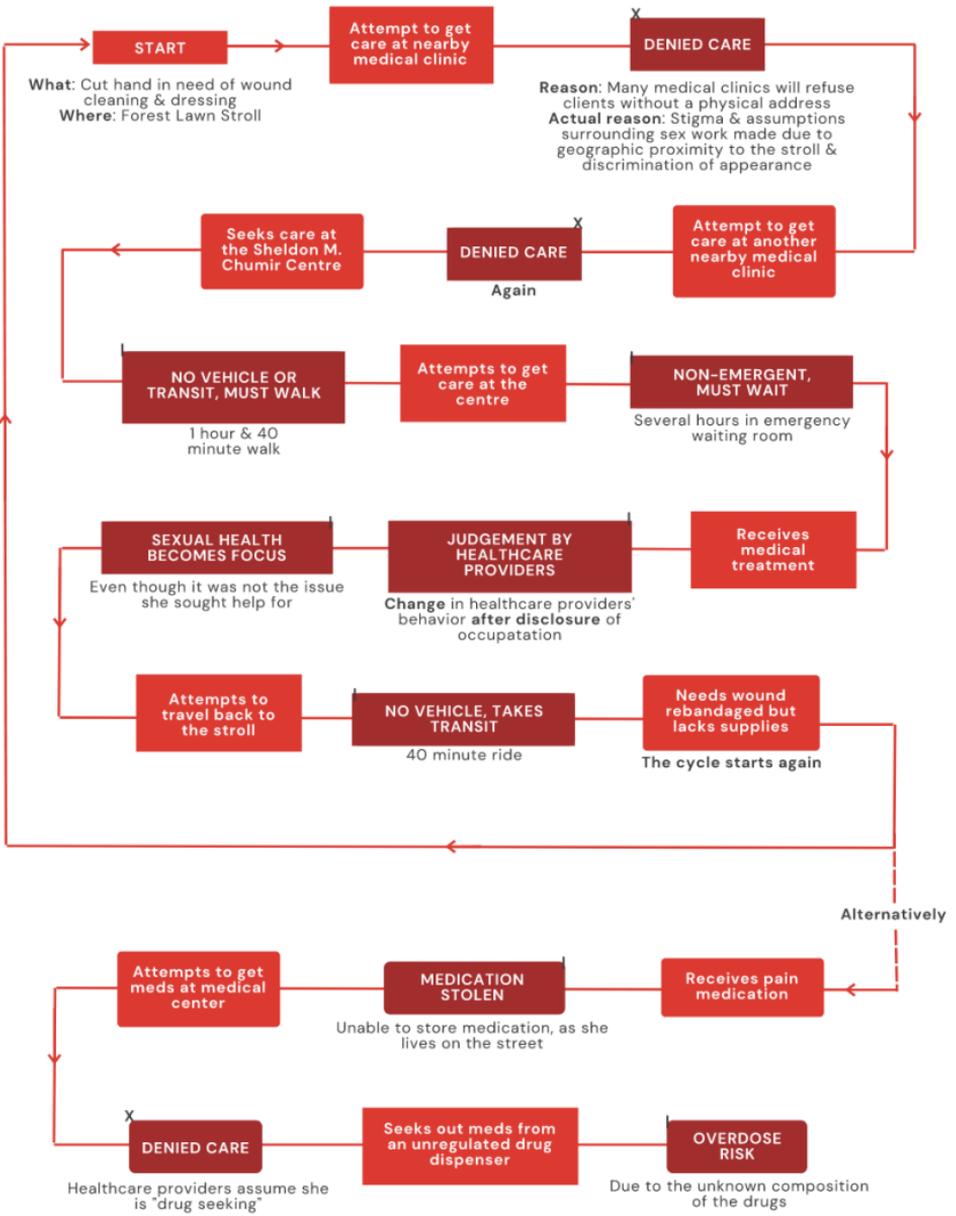
**Federal policies** that criminalize sex work, **Lack of funding** for support services, **Accessibility & cost** of healthcare, **Institutional exclusion & Structural violence** (Capitalism, Patriarchy, Colonialism, Oppression)

**Stigma** surrounding sex workers derived from various deep-rooted mental models: **Paternalism, Otherization, Moralism/ faith-based beliefs, Objectification, Victimization, Racism, White supremacy, Criminality, Sexism, Patriarchal beliefs, Misogyny**

1 (Benoit et al., 2016)  
2 (Socias et al., 2016)

# A SYSTEMS STORY:

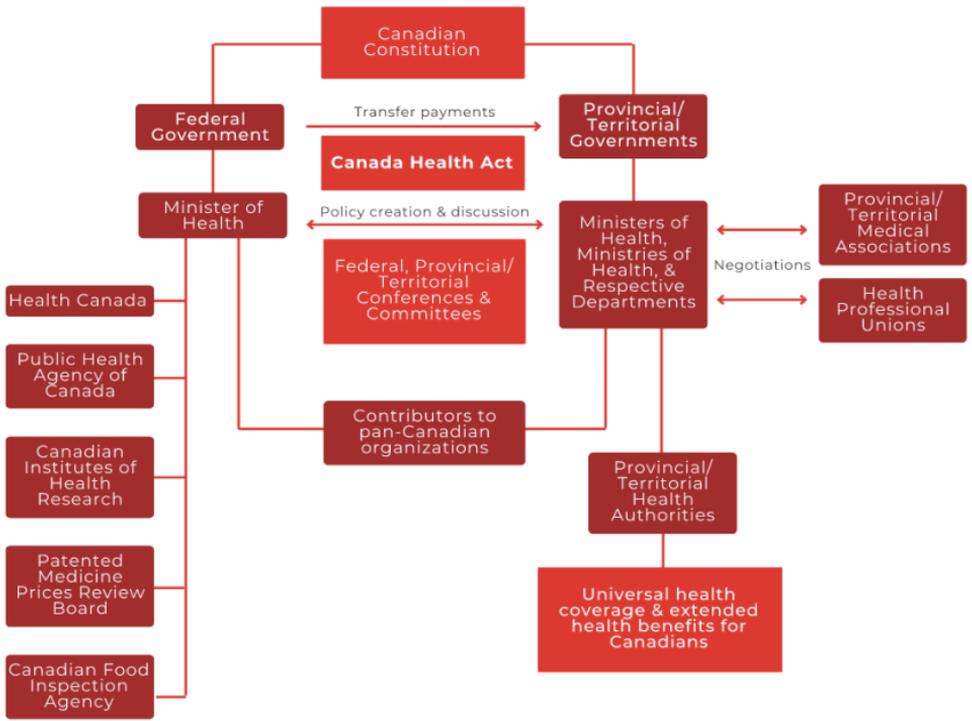
Follow the path of a female street-level sex worker, who is vulnerably housed, trying to access care in Calgary, AB. Derived from a street nurse's professional experience.



# KEY STAKEHOLDERS

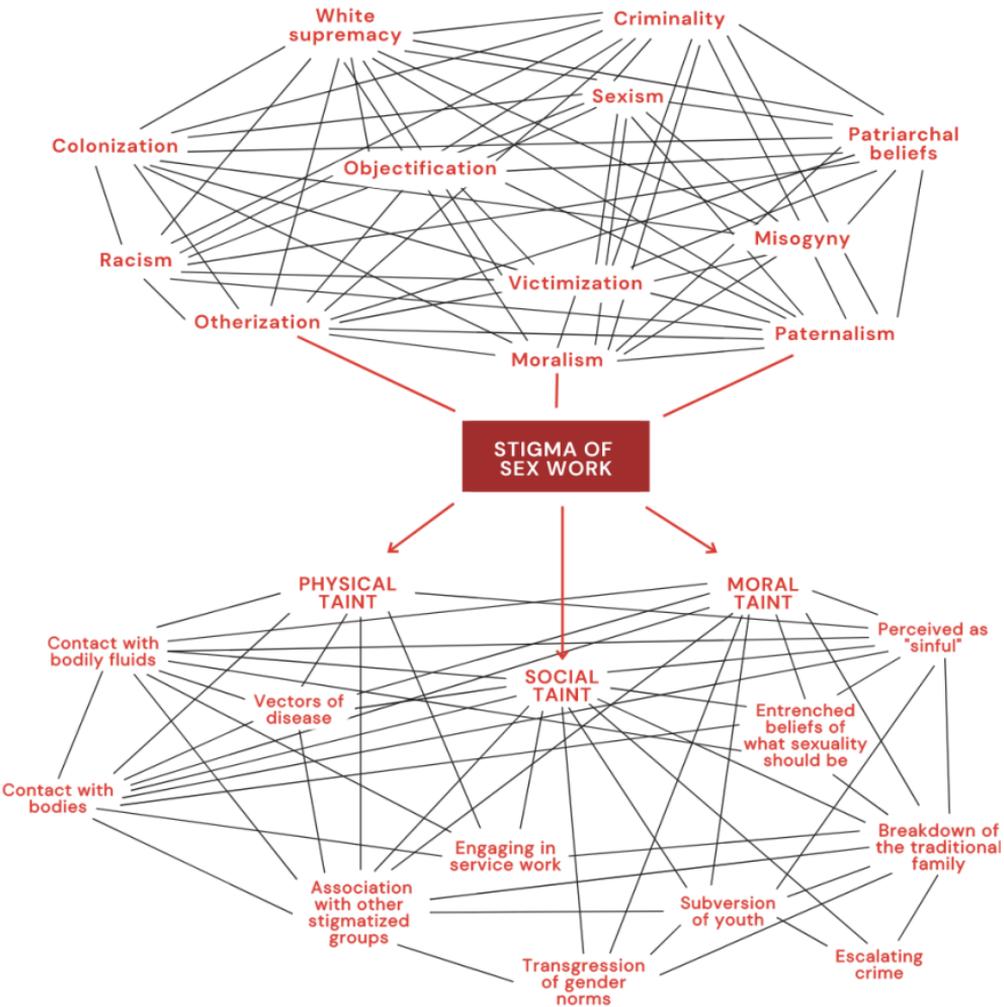


# Organization of the Canadian Healthcare System

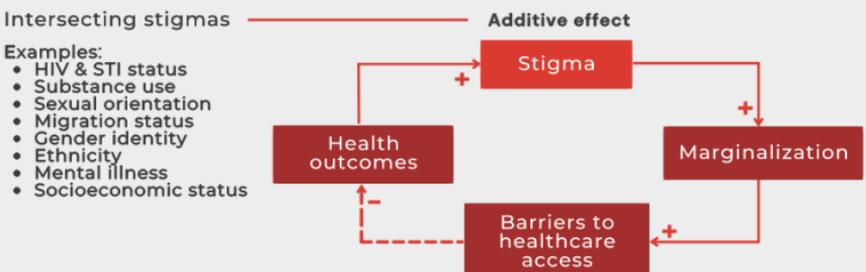


## MENTAL MODELS: STIGMA

The stigma of sex work is derived from various deeply rooted mental models & surfaces as three taints: physical, social, & moral, & often harmful assumptions.



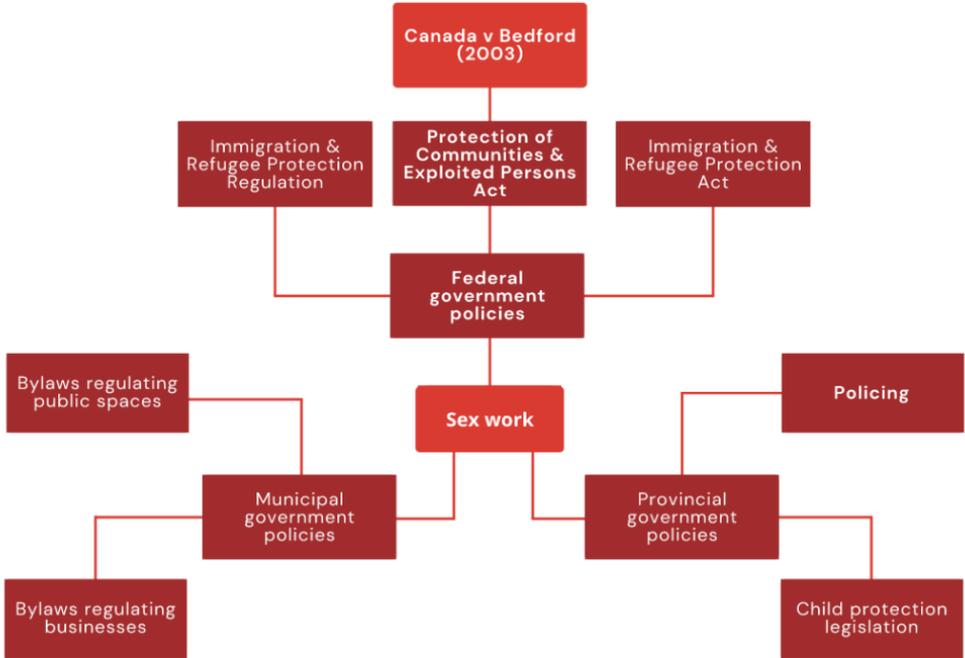
### Sex workers often have multiple stigmas:



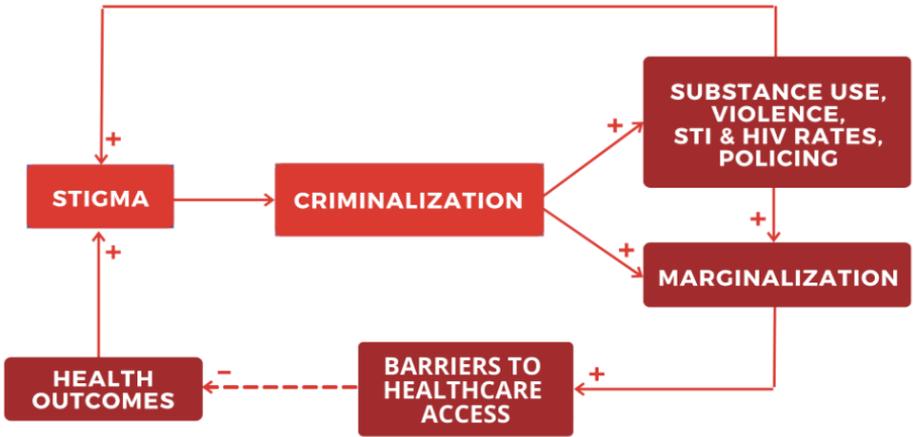
# UNDERLYING STRUCTURE: FEDERAL GOVERNMENT POLICIES

The legislation regarding sex work in Canada is the *Protection of Communities & Exploited Persons Act* (PCEPA). The PCEPA partially criminalizes sex work, which undermines the health & human rights of sex workers.

## Interactions between sex work & levels of governance

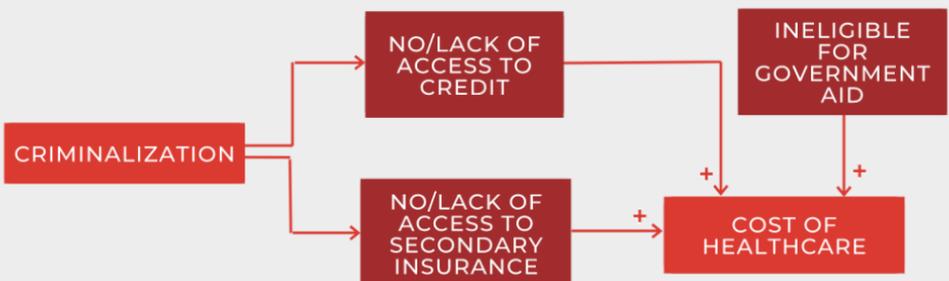


## Effects of criminalization on sex workers' health

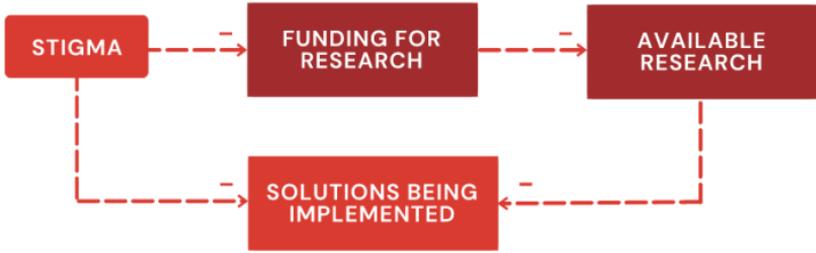


## UNDERLYING STRUCTURE: COST OF HEALTHCARE

On average, sex workers are more likely to identify cost as a barrier to healthcare than the general Canadian population.



# SOLUTIONS LANDSCAPE



## SOLUTION EXAMPLES:

Current solutions in place successfully working to lessen the issue on local, national, & international scales.

- Brings care directly to vulnerable communities
- Trauma-informed healthcare professionals, social & outreach workers
- Fosters collaboration & data sharing between sex worker-led organizations



- Community-based, sex worker-led research & support
- Fosters collaboration between support organizations & sex workers

- Provides support services on all levels for sex workers
- Most large cities in Canada have a similar organization for sex worker support

- Prostitution Reform Act (2003)
- Created a framework to safeguard human rights & promote occupational health & safety

## GAPS & LEVERS OF CHANGE

### Gap

### Lever(s) of change

Stigma surrounding sex work



- Collectivization of sex workers
- Collaboration between stakeholders

As stigma is the largest barrier that sex workers face, its removal will have a ripple effect to reduce all other barriers.

Criminal status of sex work



- Federal policy changes

Decriminalization ensures the stigma surrounding sex work will no longer be written into the Criminal Code of Canada & legitimizes the profession.

Lack of adequate education



- Improved training for healthcare professionals
- Anti-discriminatory health policies

Education & training should include trauma-informed care & how to treat patients without stereotyping, but instead providing individualized, adequate care.

Lack of support



- Community-based healthcare
- Increased funding for support services

Establishing community-based healthcare services in easily accessible areas or closer to vulnerable populations (e.g., mobile medical clinics).

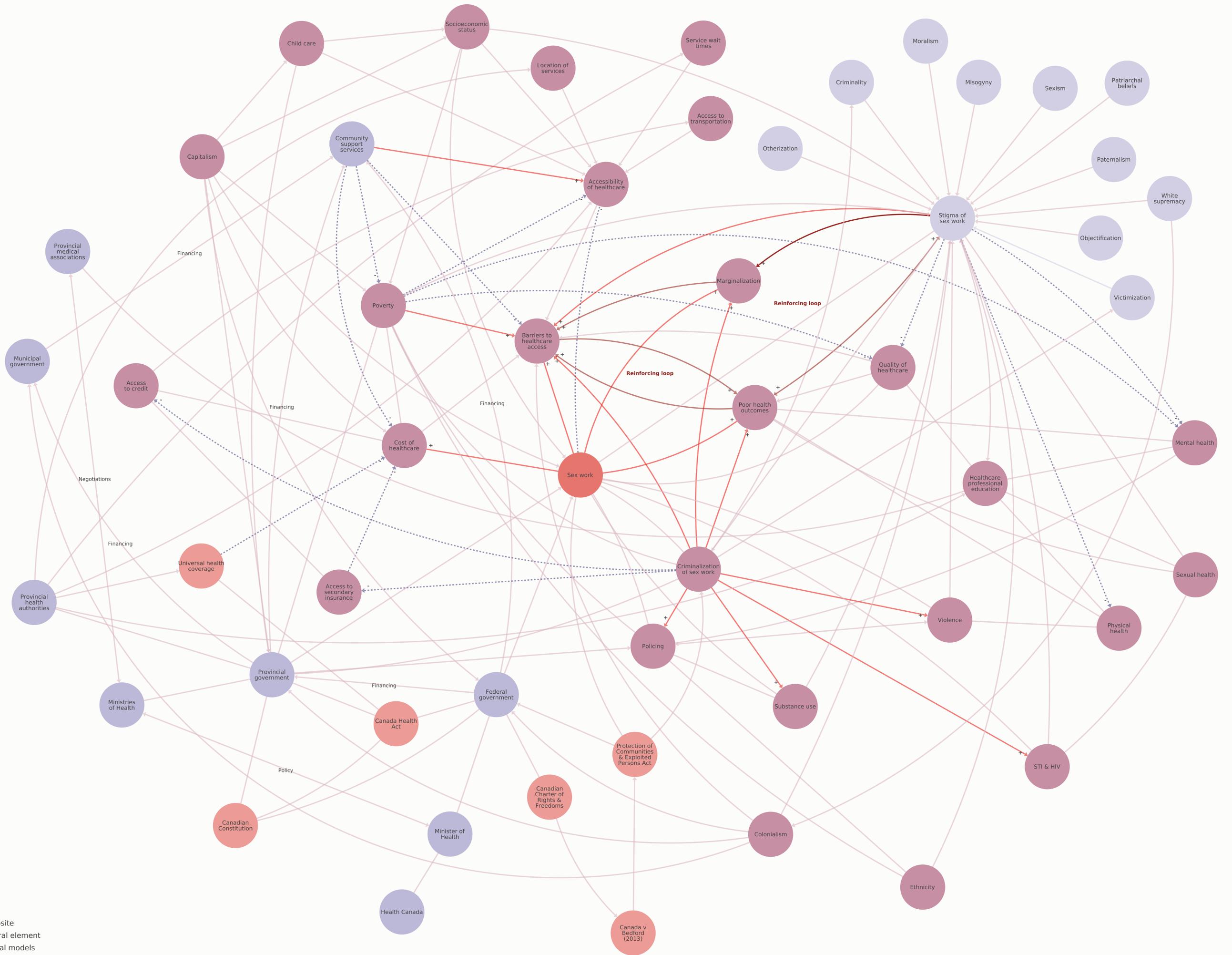
Cost of healthcare



- Universal coverage of "secondary" healthcare components

Incorporating more necessary services (e.g., prescriptions, dental, optometry) into Canada's universal healthcare system will allow access for those without secondary insurance.

# Causal dynamics in sex workers accessing healthcare



- Legend**
- Opposite
  - Central element
  - Mental models
  - Underlying structures & elements
  - Laws & policies
  - Governing bodies & organizations

