



Factors influencing male and transgender sex worker access to sexual health care, HIV testing and support

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Aim



To explore the experiences of male and transgender sex workers in Queensland to understand personal, social, and structural factors influencing sexual health and wellbeing, including access to sexual healthcare provision and support.

Specific research questions



1. What is the profile of trans and/or male sex workers (TMSW) in Queensland, including characteristics of international workers in Queensland?
2. What do male and trans peer workers understand as the sexual health provision experiences and needs of TMSW?
3. What are TMSW experiences of accessing healthcare and support, including HIV testing, within (changing) sexual health service provision in Queensland?
4. How does stigma influence TMSW access to LGBTI and/or HIV services?
5. What are the drivers of non-access to health services and support?
6. What do TMSW think of changes in HIV treatment and prevention, including the introduction of PrEP?

Methods

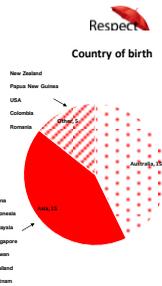


- Collaboration between UQ and Respect Inc
- Community-based participatory research approach
 - Recognised as best practice for sex worker research
 - SW peers involved at all stages
 - Overseen by research steering committee of male and trans SWs
- Sex workers recruited via Respect Inc contacts, advertising
- 35 TMSW participated in semi-structured interviews with peer researchers

Age and country of birth

- Age range 19-69 years
- Mean age 32.66 years

- 20 overseas-born
- 15 Australian-born



	Frequency (N)	Percent (%)
No	34	97.1
Aboriginal	1	2.9
Total	35	100.0

Gender and sexuality



- 20 cis men: mostly gay, some bisexual or straight
- 10 trans women: mostly straight or bisexual
- 5 others were trans men, non-binary, or intersex

Gender	Sexuality						Total
	Gay	Lesbian	Bisexual	Queer	Hetero sexual	Other: ^{†‡}	
Cis male	14	0	4	0	2	0	20
Intersex	0	0	0	0	0	1	1
Trans woman	0	0	3	1	6	0	10
Trans man	0	0	0	1	0	0	1
Other: [#]	0	1	0	0	1	1	3
Total	14	1	7	2	9	2	35

[#] Trans person; female, intersex, trans woman/androgynous; two spirits, genderqueer trans man.
[‡] Pansexual, two spirits, gay, queer.

Type of work



- Mostly private workers
- Four brothel workers
- Many private workers also did other types of work e.g. brothel or street

Type of sex work	Private by self	Private with other sex workers	Licensed brothel	Unlicensed brothel/agency	Street based, bar	Casual or opportunistic	Gifts	Sauna
Yes	31	14	9	10	8	11	1	1
No	4	21	26	25	27	24	0	0
Total	35	35	35	35	8	11	1	1

Sexual health: condom use



- Many interviewees talked about the importance of condoms at work and having to fight clients who want condomless sex.
- A few said or suggested that they do offer services without a condom.
 - *"That's why I have to protect also – use a condom if having sex, because I know oral, it not going to cause HIV."*
 - *"I've done some naughty things like sometimes clients want [a condomless] blowjob and – but I say subject to an – to a health inspection. Sometimes they won't come or mightn't want to go through it unless you bend the rules. So you can't always dictate your terms and conditions to a client... But the only thing that I will never ever do is barebacking."*
 - *"I don't like dirty sex... They ask for natural. I don't like."*

Sexual health: condom use



- While both cis men and trans women talked about providing condomless oral sex, only cis men said they would provide intercourse without using a condom.
- One interviewee, who was on PrEP, was very open about providing condomless services most of the time.
 - *"I think in the last two years I might have used [condoms] once. Most of my clients aren't interested... I get a lot of my clients off a bareback site. So that's a given you know about not having protected sex. But I always offer it, I always have them handy."*

Sexual health: testing



- Most interviewees talked about attending sexual health clinics, including Biala and Clinic 30.
- All who had attended sexual health clinics spoke highly of the facilities and staff.
- Other positives mentioned were ease of access and free testing.
- Many interviewees were not out as sex workers to clinic staff, but those who were all said they had been treated well.
 - *"They're like totally cool about [sex work]. They're – no judgement, it's purely like a doctor, really open minded sort of funky doctor sort of thing."*
 - *"They're all so warm and friendly."*

Sexual health: testing



- Most interviewees had heard of rapid testing and about a third of the group said they had attended a rapid testing clinic.
- Rapid testing was particularly popular with migrant workers, who can access it without a Medicare card. Some reported this as their only STI testing.
- A few interviewees were concerned about false positives or false negatives with rapid testing.

Sexual health: testing



- Almost all participants said they tested monthly to six-monthly.
- Some described a sense of responsibility to have checks.
 - *"I do regular check-ups... before in Malaysia every month... in Australia not yet, because I'm scared, but if start like full time sex worker... I would definitely get monthly check up to just keep myself safe... it's very unfair to not check. Because if you are doing a service for normal people then that's not right."*
- Poor knowledge particularly among migrant SW
 - Fear of disclosing
 - Not knowing where to go
 - Stigma in health systems
- Few spoke explicitly about discrimination as a barrier
 - Often didn't disclose to GPs
 - Some disclosed number of partners, just not that they get paid!

Sexual health: STI history



- 15 interviewees said they had ever had an STI, including chlamydia, gonorrhoea, syphilis, herpes, NSU, and HPV.
- Most mentioned only one positive result, but a couple of interviewees reported having had several.
- Most of those who with a history of an STI were unworried and said they hadn't needed support beyond medical treatment.
- All described being tested and treated for their STIs.
 - "I got HPV even though I am always using condoms."
 - "[Treatment was] fine for me. Chlamydia just a couple of pills and you're right as rain, don't have sex unprotected for a week yeah and then go get retested."
 - "They call herpes. Got no idea where it coming from. I test, I wash myself, I do how much, doesn't matter how much I care. But I get it one time already. I got a treatment and yeah, they doing very well. So lucky."

HIV: fear and stigma



- A number of interviewees specifically raised HIV as a health concern with work.
 - "It's just, kind of, diseases that I think – that's all. Like, HIV probably."
 - "Yeah, I really worry of HIV."
 - "[If my family knew about my work] they would ask [me] why you do this, and what happened if you got HIV."
- One person described a deep paranoid fear of HIV, either triggered or worsened after discovering a client had been positive, despite use of both condoms and TasP.
 - "I'm still not 100% comfortable with pos clients. I am really really careful... It's just getting it through my thick head. It's totally my fault, not theirs."
- Another had recently had a condom breakage at work and had avoided getting tested out of fear.
 - "Condom broke a while back and ever since I was like, fuck, scared... Like if I got ... my god I'd hate to think about that."

HIV: PrEP



- About two thirds of interviewees knew about PrEP.
- Around half expressed interest in taking PrEP, and at least 3 were on it already through the QPrEPD trial.
- Many said they had concerns or things they would want to know more about before considering PrEP, including:
 - side effects
 - concerns with "toxins" or similar
 - unsure about taking what they perceived as a new or 'experimental' drug
 - risk of other STIs if they had condomless sex while on PrEP.

HIV: PrEP



- "It's great that they're making it accessible even though it's in testing. It's the best way, just a little bit spooky. But mostly I think it's good that it's so accessible."
- "I have mixed emotions about PrEP mainly because some of my peers and really good friends... that aren't workers but they're meth addicts, they're going and constantly practising unsafe sex with complete strangers in multiple groups and they think PrEP's just... this wonderful pill that's just going to make sure I don't get anything, and it's like: you're a fucking idiot."
- "What really concerns me, a lot of these young ones are going around having unprotected sex without condoms at all."
- "Yeah, and you can still get other things, like, there's still hepatitis."

HIV: PrEP



- Poor knowledge, particularly among migrant workers
 - Participants generally thought it's a good thing
- Access
 - Cost, where to get it
- Mixed thoughts about mentioning PrEP in SW advertising
 - Good to keep safe
 - Implies availability of condomless services
 - Concern that clients will push for condomless services

PrEP concerns



- Some discussion of fears around mandatory PrEP in the same vein as mandatory STI testing.
 - "I think that we're too **early down the road to be advocating** that people summarily take a drug just to minimise risk to the broader community. I think **we should be promoting responsibility**. And again, its existence and **lack of firm policy on sex work in Australia** – again – scares me, that sex workers – or anybody – could ever have a **judgment pass that they must take that medication**. That is the most concerning part of its existence. Other than that... if people want to take something, that's fine; but I think there'd be pretty conclusive data that the damage to your kidneys at least is significant, and that if you're taking PrEP on top of a party lifestyle, it's probably not a very good idea. If you're taking PrEP and you're clean living, probably not much of an impact – but yeah, the people it's targeted at... you know. I hope **they're fully informed**."

PrEP: healthcare barriers



- A few participants described trouble at the healthcare worker level with accessing PrEP when they had wanted it.
 - *"I tried, I went to the doctor's and it was like getting blood out of a stone. I went to the gay doctor. And she kind of went, 'Here we go again'. She goes, 'You're going to have to book another appointment just for that.' So she wasn't very encouraging... She gave me a few pieces of paper, told me to read it, and should I wish to do it, then – and it's expensive if you don't go on the trial and this and that, and she really is an old-fashioned girl who says 'condoms and abstinence is key.'"*
 - *"Why does my drug dealer have PrEP and not my doctor?" [Germany]*

Sex work stigma



- Most interviewees said they were not out as sex workers in at least some part of their lives, usually in relation to family.
- Many described not being out to healthcare workers.
- A few were proudly out in all elements of their lives.
- 4, all migrant workers, spoke explicitly about fearing shame if they were outed.
- 2 trans interviewees said that people assume trans women are sex workers regardless.
- Participants described various experiences of stigma.
 - One example of explicit discrimination was a cis male worker who had been denied a home loan after disclosing his work to the bank.
 - *"75% deposit and they backed out and left me with no loan... It was horrible. I lost a couple of grand."*

Sex work stigma



- *"If [my family] did find out, it wouldn't be terribly drastic I don't think, but you know, I wouldn't lose my house or anything. I wouldn't be thrown out or anything but it would be fairly awkward."*
- *"I'm just worrying about my parents because one day if they get to know everyone will get hurt... Even this Australia, if your parents get to know that you are sex worker of course they're going to get hurt because nobody's sons or daughter they wants to be a sex worker. Nobody imagine that. Never. Yeah."*
- *"I don't care. My family obviously don't know, but if they asked I'd go: hey, I'm 62 and I'm a hooker. What's your problem?"*
- *"I just don't want my friends to think differently about me."*
- *"My family are quite open-minded and understanding."*

Sex work stigma



- *"Stigma follows this job! I don't like... that they think that sex work is actually something bad or wrong. You know it's always been there, it's one of the oldest jobs in the world, so I don't know why it is wrong, to actually think that sex workers is so bad. If you're a sex worker you're definitely a drug addict, that's always together. A sex worker, you're a drug addict, you beat people, you're not nice, you are stuck up, you're aggressive. But that's not the truth..."*
- *"She'd be thinking I'm just a random girl coming here to do a checkup, but then she knows that I'm a sex worker... I would think that now she's thinking of me differently. I would not get the respect."*
- *"Fear of being seen as different."*
- *"Can't tell GP as my image will fall... I'm a student... I just don't tell people, then I'm not exposed."*

Trans and gay stigma



- 8 interviewees talked about stigma associated with being trans.
- 6 discussed stigma around being gay.
 - *"Being in the minority and being transgender, I don't want to give a bad experience to someone, so that they next go and maybe take it out on the next transgender person, or they say they're all the same or something like that."*
 - *"If you told people that you are gay, in China, they would never see you the same way they see you before."*

Trans and gay stigma



- Trans people described stigma associated with being trans that seems stronger than experiences of SW stigma.
 - *"I've got a bit of shit from Grindr. Usually the issue is being trans."*
- People assume being transgender implies SW.
 - *"You know, when they see transgender people, they always see sex worker. In their mind. Just fucking their mind, that's all we do."*
- One cis male worker reflected on the stigma of seeing or being a gay escort in particular.
 - *"I reckon it's more frowned upon guys going to guys than what it is for guys going to [female escorts]."*

Improvements for sex workers: stigma

- 7 interviewees spoke explicitly about reducing stigma to improve wellbeing for sex workers.
- Of these, 5 discussed the importance of recognising sex work as legitimate work.
 - *"I feel like there needs to be, like, kind of less stigma and a genuine want and need to actually help people regardless of what situation they're in. To not actually fucking belittle them and call them prostitutes, because the word prostitute is not a positive word to use. So why fucking use it?"*
 - *"To accept them. To don't judge them. To make them to feel like that it's a normal job... Otherwise the government and everybody they should say sex worker they are human. They pay tax as well."*

Improvements for sex workers: legal

- Most interviewees talked about legal changes to improve wellbeing for sex workers.
- 13 discussed decriminalisation or legal reform.
- Others suggested better anti-discrimination laws or better protection by police.
 - *"I think probably decriminalisation would be the biggest thing because then we can work on any other issue knowing that we have support from I guess the law... I think we've seen that decriminalisation is the best model... The research here in Australia and internationally has shown that it is the best way to making sure that the levels of STIs within the sex worker community are kept low, the level of transmissions are kept low."*

Improvements for sex workers: legal

- Many participants spoke about the need to reform particular aspects of the law, especially relating to restrictions on conducting private SW business.
 - *"Yeah, the threesome thing should be fine. What's wrong with that?"*
 - *"Probably, I mean, doesn't the law say two people can't work together or something like that. Is that right? I mean, that's silly. Two girls working together are going to be safer than one by themselves. You know what I mean?"*
 - *"I was concerned about when that sex worker [who was evicted from a hotel for working] brought her case for discrimination."*

Improvements for sex workers: legal

- Poor understanding and literacy around laws
 - Particularly among migrant workers
 - Confusion and complexity of working across the different laws in different jurisdictions and countries
- One person said they perceived more protection under anti-discrimination laws being trans than as a sex worker.
 - *"Because I'm transgender there's more protections in regards to that particular part of the law if I was asked to leave a hotel because I'm a sex worker. But because I'm trans it could come under my gender status as a trans person."*

Improvements for sex workers: medical and support

- About two thirds of interviewees suggested changes for the medical system to improve wellbeing for sex workers.
- Clinics
 - Most wanted to see more sex worker friendly clinics
 - Cost: more free or bulk-billed clinics
 - *"PrEP being government funded would be nice."*
 - *"If they could treat us equally, like anybody else... Less judgment. Less attitude."*
- Most had heard of Respect but there was overall poor knowledge of support services, particularly among migrant workers.
 - 7 workers had never heard of Respect when they were contacted about participating in the research

Recommendations

1. Full decriminalisation of sex work in Queensland
2. Effective marketing and appropriate funding for Respect Inc to ensure workers are aware of the organisation
3. Availability of multilingual information resources for migrant sex workers
4. Training for non-peer health care workers on working appropriately with trans and sex worker patients to ensure these patients receive suitable care without encountering stigma
5. Listings of trans-friendly and sex worker-friendly health care facilities available for workers to better choose where they receive care
6. More health care facilities offering full STI checks for sex workers without Medicare cards, and listings of these facilities easily available
7. Peer education targeting sex workers to increase their health literacy and inform them of the pros and cons of PrEP and PEP
8. Peer education for sex workers, especially overseas-born workers, about the importance of regular testing for all STIs, not just HIV
9. Training for Queensland Police officers to work appropriately with sex workers, possibly incorporated into the LGBTI Liaison Program

Some future research areas



- Healthcare literacy and needs of groups underrepresented in this study, including Aboriginal and Torres Strait Islander people, transmasculine workers, and those in regional and remote areas
- The experiences and needs of sex workers who are living with HIV
- The needs of sex workers from culturally and linguistically diverse backgrounds, and development of multilingual resources for these workers