



HIPS

Reducing harm in the nation's capital since 1993



Georgetown
University



WHITMAN-WALKER HEALTH

Transgender Women Engaging in Sex Work in DC *Criminal Laws & Healthcare Access Barriers*

September 14, 2017

Presenters



Jennifer Bouey
Associate Professor
Georgetown University



David A. Sternberg
Clinical Services Manager
HIPS



Guillaume R. Bagal III
Policy Associate
Whitman-Walker Health



Four Major Goals of Session

1 DC Laws & Police Practices Affecting Sex Workers

2 Findings from Community-Based Research

3 Health & Legal Challenges Identified by Sex Workers

4 Efforts to Support Sex Workers & Reform Sex Work Laws



DC Prostitution-related Offenses and Practices

“A sexual act or contact with another person in return for giving or receiving anything of value.”

Current Laws

Engaging or Soliciting

- First offense (90 days, \$300 fine, or both)
- Second offense (180 days, \$1,000 fine, or both)
- More than two prior offenses (2 years imprisonment, \$1,000 fine, or both)

Arranging for Prostitution

- Mere attempt to procure or arrange for sex work is unlawful
- Nothing of value needs to be given or received to meet this standard

Anti-Trafficking Laws

- Contained in the same section as the DC Code. The language in these statutes may also be applied to managers
 - *Pandering; Inducing or Compelling an Individual to Engage in Prostitution*
 - *Abducting or enticing child from their home for prostitution; harboring such child*

Anti-Manager Laws

- Procuring; Receiving Money or Other Valuable Thing for Arranging Assignment
- Procuring for House of Prostitution
- Procuring for Third Persons
- Operating a House of Prostitution

Brothel-Related Laws

- Premises Occupied for Lewdness, Assignment, or Prostitution Declared Nuisance



Current & Previous Prostitution-related Practices

Current Police Practices:

- *Prostitution Stings*
- *Targeting online platforms*

Previous laws:

- *Prostitution free zones*

Reported Police Practices:

- *Confiscation of condoms by the police*
- *Using condoms as evidence of prostitution*
- *Walking while Trans*



Transgender Women Engaging in Sex Work in DC

Trans women, especially of color, are more likely to work in the underground economy

Many transgender individuals participate in sex trade for survival due to:

- High levels of discrimination
- Poverty - Nearly half of all trans persons in D.C. earn < \$10k a year, compared to approximately 11 percent of the District's general population
- Unemployment
- Homelessness

The National Transgender Discrimination Survey reported in 2015 that **one in five** of respondents had engaged in sex work for money, food, a place to sleep, or other goods

- In DC, **over a third** of transgender respondents report having engaged in sex work, or the exchange of sexual acts for money, housing and/or drugs, either currently or in the past
- While nearly one third of transgender women in DC reported having HIV, 73 percent of transgender individuals who had a history of sex work reported being HIV positive



How Does Criminalization Threatens the Health & Wellness of Sex Workers?



Impact on Health & Wellness of Sex Workers

Criminalization sex work...

- Fuels stigma and discrimination toward sex workers
- Increases violence against sex workers
- Undermines prevention and treatment efforts targeting sex workers
 - Including primary care, mental health, and behavioral health
- Subjects sex workers to arrests and confinement, leading to medical adherence barriers

Criminalizing clients of sex workers (the “Nordic Model”)...

- Drives sex work deeper underground
- Exacerbates HIV risk
- Reduces likelihood of people reporting illegal activities

Targeting internet-based sex work further endangers sex workers

- Forces sex workers back on the streets
- Increases risky behavior

Third party laws negatively impact sex workers and people close to them



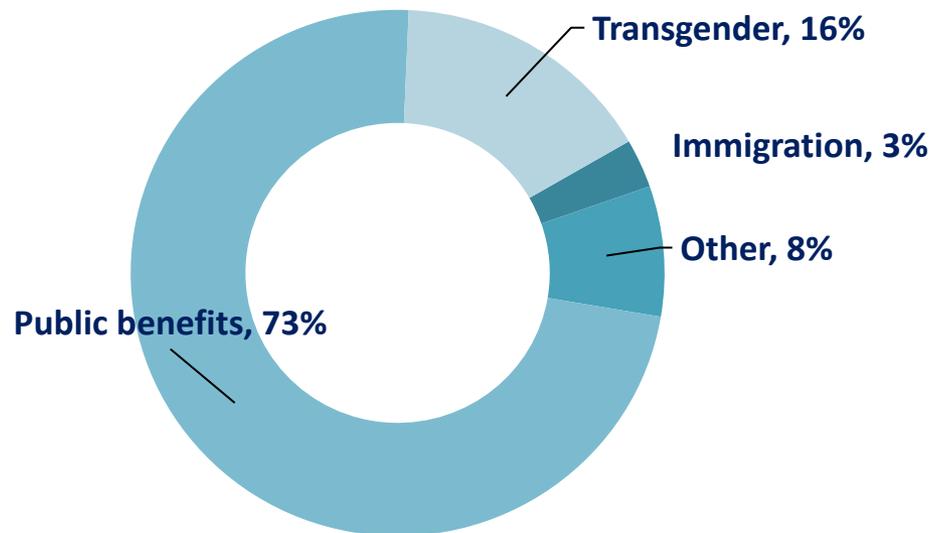
A Holistic Approach to Health Care

Whitman-Walker Health's Medical Legal Partnership

Legal service providers working alongside or as integrated members of health care teams to screen for health harming legal problems and address social determinants and institutional barriers to health

Top Practice Areas

Public Benefits
Transgender/Identity Docs
Immigration
Insurance (non-public)
Discrimination/Workplace Rights
Future Planning
Privacy/Confidentiality



The use of PrEP as an entry way to primary care



Findings from Community-Based Research



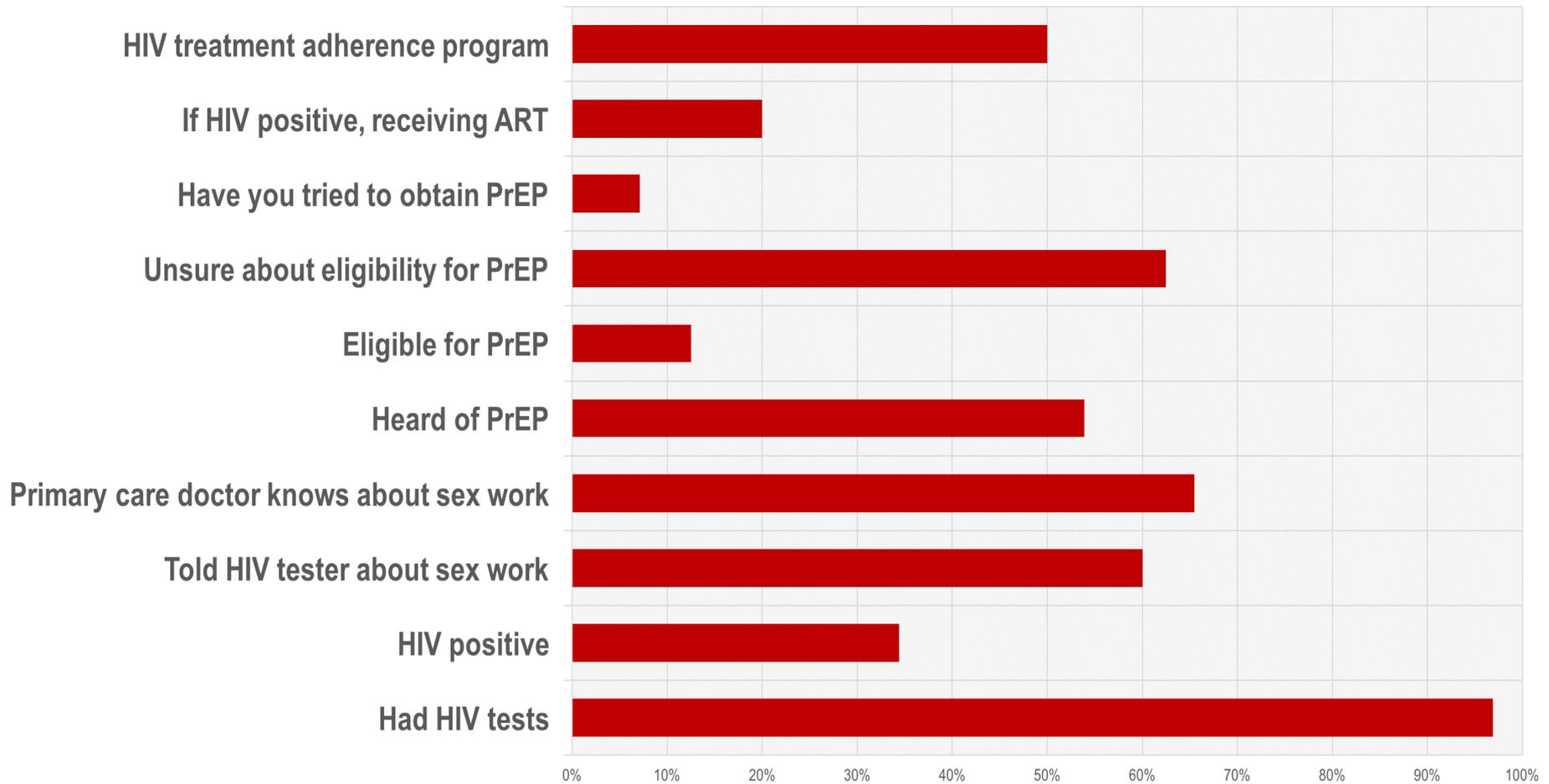
Methods: Data Collection

Data collection: “DCFAR project HIV risks among female commercial sex workers in DC”

	Total	Focus groups	In-depth Interviews	Voluntary rapid STI testing
Female Sex Workers	27	3 (10)	17	X
Trans Sex Workers	25	3(10)	15	X
Community direct services providers	8	3(8)		
TOTAL	60	6(28)	32	



Results: HIV, STD, and Risk Behaviors



Results: HIV Health Services Barriers

- Good coverage of HIV testing (96%) and high HIV rate (34.4%)
- ART (20%) and ART adherence(50%) are low
- Misconceptions about PrEP
- Difficult communications with primary care providers about sexual health
- Re-entering problems (82% use some forms of drugs)
- Housing problem



Results: Health Services Barriers to TGSWs

- Sex work as a passage of rite for Trans SW
- Impact of Transphobia on mental and physical health
- Lack of trans-specific knowledge among primary care physicians
- Lack of PrEP advocacy **among** primary care physicians



HIPS

Supports Sex Workers in DC

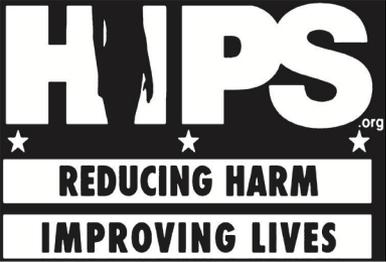




Vision

We believe that those engaged in sex work, sex trade, and drug use should be able to live healthy, self-determined, and self-sufficient lives free from stigma, violence, criminalization or oppression.

We will achieve this through engaging sex workers, drug users and our communities in challenging structural barriers to health, safety, and prosperity.



Mission

HIPS promotes the health, rights, and dignity of individuals and communities impacted by sexual exchange and/or drug use due to choice, coercion, or circumstance.

HIPS provides compassionate harm reduction services, advocacy, and community engagement that is respectful, non-judgmental, and affirms and honors individual power and agency.



Beginnings: Fun Facts

- Originally formed in 1993 by community , judicial, religious and law enforcement representatives in response to the recognized need for specialized services for youth 1n 1993 as a cooperative extension service of the University of the District of Columbia.
- HIPS has grown into a internationally recognized program that assists individuals in ‘street economies’, regardless of gender or age, to live healthier lives.
- HIPS was formed as an abolitionist organization in 1993 to ‘save children on the streets’. Our experience providing direct services and feedback from sex workers led us to adopt harm reduction as a philosophy in 1997.



Harm Reduction at HIPS

- Not just about drug use
- Philosophy towards service provision
- Acknowledges spectrum
- Most marginalized, at risk for harm
- Client-directed and low barrier

Efforts to Reform Sex Work Laws & Address Needs

Sex Worker
Advocates Coalition

Elton John AIDS
Foundation Project

Other Local Advocacy
related to Sex Work

