

To The POINT

**A summary guide for HIV prevention peer programming
for street based sex workers**

StreetHealth



Why consider peer based programming for working with street based sex workers?

It is well documented that street based sex workers are frequently faced with difficult circumstances brought by social marginalization, criminalized work environments, homelessness, unemployment, poverty, violence, mental health issues and problematic substance use or dependency. These circumstances can lead to high risk behaviours involving sex acts and substance use. This summary guide was developed to compliment a project evaluation of a peer based HIV prevention project for street based sex workers, facilitated by the Regent Park Community Health Centre: The Healthy Initiatives for Prevention and Safety (HIPS) project. This project was initiated to mitigate risk and prevent HIV in a population of high-risk marginalized women involved in sex work and/or substance use and also women living with HIV in downtown Toronto.

The delivery of HIPS proved to be incredibly successful for enhancing the knowledge of HIV/AIDS prevention methods among street based sex workers. Findings from the evaluation demonstrate that 80% of the sex workers accessing Point of Care testing did so because of their interaction with a peer worker.

Service users identified the following key outcomes as a result of accessing the HIPS program.

- Enhanced access to POC testing
- Enhanced knowledge of HIV, safer sex practices, and window period for testing
- Enhanced knowledge of harm reduction strategies
- Enhanced awareness of high risk behaviours

Peer workers identified the following key outcomes as a result of participating in the HIPS program.

- Increase in HIV knowledge
- Increase in safer sex knowledge
- Increase in safer drug use information

How do we start?

Organizations should conduct an assessment of both their capacity to build a peer program and their ability to sustain the program beyond development. Establish why is peer programming important for your service delivery.

Peer education programs can take different shapes for different communities, different issues, and different needs.

HIPS programming developed a formal structure:

- Screening of peer workers through an interviewing process
- Structured training, support and coordination, and ongoing education
- Program policies and procedures in place
- The program has a defined mandate and mission statement
- Provides financial incentive

In order to determine a structure for your peer program it may be helpful to consider the following:

- Establish the purpose of the program
- Define Roles and Responsibilities
- Establish what the financial resources are
- Assess all resources the program will require: Financial, human resources, and community resources
- Develop a mandate of the program
- Establish what the criteria is for a sex worker to be accepted into the program
- Assess what policies and procedures are needed
- Develop a job description
- Develop a process for selecting peer workers
- Develop a training program based on the responsibilities of the position
- Evaluate the program on an ongoing basis

Remember that sex workers are the experts in their own lives and that this expertise should be sought after. Current or former sex workers should be employed to work on the project as facilitators, co-ordinators, and presenters. Sex workers should be at the forefront of project development. Talk with sex workers who already receive services from your agency or with whom you conduct outreach activities. Ask them about what they need to feel safe, what training they would like, or what they see as necessary components of the program.

Things to think about when working with street based sex workers in peer programs:

- They may be at high risk for arrest and therefore legal support and flexibility may be required
- May have their sex work experience confused with their sexuality
- Involvement in the program may change the relationship/s they've had with your organization; they are now both "peer workers" in the agency while simultaneously accessing services
- May be at risk of unwanted encounters with johns at any given time
- May be known to the police for being involved (or having been involved) in sex work and/or substance use

- May feel ashamed if they are not allowed to talk about their sex work experiences in agency settings
- May feel that they cannot make career changes due to the stigma associated with sex work
- May experience stigma or discrimination from clients and /or staff
- May be challenged by time requirements of early work times; *that is, 9AM start times may be difficult if they were working late the night before*
- May find that an agency pays much less than what they are used to making in sex work
- May find it difficult if they are identified as “sex workers” in an agency setting if they wanted to keep their experience in sex work private

Additional issues for consideration:

- Possible loss or decrease in income benefits for peer workers
- Pay Scales
- Peer workers providing support from the organization where they receive, or once received Services
- Characteristics of professionals working with peer support programs
- Professionals (internally and externally) working with peer support programs need to create a culture that is positive towards the program and understands the value and purpose of peer programming. Organizational clarity should be created and sustained in this regard.
- Have transitional supports in place that will encourage and guide the next steps for peer workers: additional training/education, future goal setting, etc...
- Funding: what is reasonable to achieve given the program or project funding?
- How is harm reduction understood and practiced in your agency?
- What organizations should we link with? (To enhance support, training, referral sources, etc...)
- Effective peer supervision calls for supervisors to develop a highly supportive supervisory style that provides structure, flexibility, and supervision that responds to the unique challenges of their jobs and their particular life circumstances as peers.

Further considerations for street based sex worker peer programs:

When investigating sex workers and drug users’ access to health services, researchers have found that stigma is one of the key barriers experienced by this extremely vulnerable population.

What is sex work?

Sex work can broadly be described as the exchange of sexual services for payment.

Sexual services include but are not limited to oral sex, hand jobs, vaginal intercourse, anal intercourse, body rub (for example nude massage), erotic dancing (lap dancing, table dancing), and dirty talk(phone sex, text sex). Payment can include money, payment of bills, a place to sleep, and drugs or alcohol or many other services or items of value.

Street based sex work:

Street based sex work is initiated mostly on the street or other public places. There are a great deal of possible risk factors and significant challenges associated with this type of work.

Stigma

Stigma is different from discrimination. Someone is stigmatized when they are labelled as inferior because of an attribute they have. Stigma can lead to discriminatory and oppressive actions, words and attitudes. Sex workers face significant stigma and oppression in the communities in which they live, from the general population and sometimes from their family. For this reason, it is important to understand stigma and to minimize or eliminate it in your agency setting.

Internalized stigma: self-hatred, shame, and self-blaming in which people feel they are being judged by others and therefore isolate themselves externalized stigma: also known as ENACTED STIGMA which results in DISCRIMINATION, this type of stigma is the stigma that people, the community and society have for sex work. This stigma is manifested in perceptions, feelings, or actions towards sex work and sex workers.

Peer Programming helps to break the cycle of stigma

The HIPS Project

Goal and objectives of the project:

HIPS aimed to mitigate risk and prevent HIV and violence in this high-risk population of women and transgendered women through peer-based outreach and support and through the following key objectives.

HIPS Program Objectives

1. Provide a safe, women only drop-in space for street sex workers organized by peer workers to help them meet other street involved women and to develop their own support networks
2. Train and develop peer sex workers to outreach to street involved women in the East Downtown Toronto area on a regular basis and provide safe drug use kits and condoms and other Harm reduction materials to mitigate and prevent HIV
3. Provide HIV education and safe drug use education to street sex workers and equip street involved women with skills to practice safer sex and safer drug use.
4. Peer workers connect sex workers to voluntary HIV testing and counselling and a variety of programs, support services and facilitate access health care to improve their health and prevent HIV
5. Peers train frontline workers in other agencies to work with street sex workers and or women engaged in drug use, and living with HIV to increase their access to services and programs

The HIPS project office was located at Regent Park CHC. In order to effectively outreach to the larger population of street based sex workers and women drug users the HIPS project developed some key partnership with the following agencies.

Partnerships:

- The Works, an agency (of Toronto Public Health), which provides point of care testing for clients and counselling services in different locations, besides providing services to individuals who use drugs.
- Sistering, a not for profit agency serving homeless, low-income and marginalized women in the west end of Toronto
- All Saints Church Community Centre located in East Downtown Toronto neighbourhood provides a drop-in program for women and transgendered engaged in sex work
- Sherbourne Health Centre works with a diverse population and provides primary health care services, a health bus outreach program which provides health services to

- homeless and under-housed clients in the downtown area, and a weekly drop-in program for women engaged in sex work.
- Street Health, a not for profit agency serving homeless, low-income and marginalized populations in the east end of Toronto.

HIPS project peer workers provided a multifaceted approach that engaged the key population, provided support and education and linked them to relevant support and health services. Project activities focused on providing outreach to street based sex workers and women who use substances, the provision of HIV and prevention information, enhancement of health practices and the reduction of HIV risks. Harm reduction supplies such as needle exchange, crack use kits, and condoms were distributed. The project aimed to increase access to voluntary HIV testing and counselling besides connecting the sex workers to the different agencies, programs and services such as drop-ins and health care providers. The HIPS project offers an interesting model as it engages partnering agencies in its service delivery. This adds a layer of complexity and additional resources at the same time. Enablers of effective programming apply to partnering agencies and therefore strong coordination efforts are required to ensure an effectual network of partnering agencies.

Sex worker participation was key to the success of HIPS. Input was sought from the local sex working community to establish what the needs are and how those needs can be effectively addressed. Consistent feedback was sought from peer teams and local sex working communities to inform program planning and best practices on an ongoing basis. Feedback must be incorporated into programming or utilized for educational purposes if peer teams are to have a sense of being valued. HIPS offered a sound infrastructure for training, supervision and support. The peer team was also supported in developing links with a range of appropriate networks and service providers. Opportunities to engage in ongoing capacity building are an integral component of HIPS.

A key enabler for peer programming are the peers themselves who offer personal attributes in combination with a knowledge base and skill set. HIPS project Peers were mature women with lived experience in sex work, and may have experienced drug use or dependency, homelessness, violence, stigma, and service user experience. They embodied the ability to survive and bring wisdom, self awareness, dedication, and personal and profession integrity to the job. They are responsible, resilient, empathetic, open minded and assertive. They are supportive of one another and staff members. The HIPS women believed in the project and most importantly in the community they were responsible to serve.

Supervision

HIPS supervisors provided a highly supportive supervisory style. Everyone requires supportive work conditions that provide structure, and flexibility at the same time, and peer workers are not different in this respect. However supervisors must be skilled and able to provide effective practice that responds to the unique challenges of their work and their particular life circumstances as peers.

Challenges revealed from HIPS project evaluation

All of the peers indicted that the instability of peer work is one of the major challenges that they face. They noted that because of funding limitations, projects only run for short periods of time and so not only is it unstable for them but also for clients because there is no consistency. One peer explained that there are many of her clients and friends that look up to her and would like to become peer workers themselves but because of the instability of peer work and the lack of consistency with funding for programs, she is not able to advise them on where to go to get involved.

One peer worker explained that sometimes, hierarchy presents itself between the peers themselves where one peer may feel that they have “seniority” over other peers making interactions difficult.

A project staff person identified the separation of her own roles as a supervisor and providing clinical support to the peers was a challenge.

The data revealed that there was very little separation of life and work for the peers. The peers all explained that the sex worker community is like a family and their clients are their “sisters”.

Suggested training topics:

A Welcome session: discuss project goals, expectations for training and work, establish group norms

Effective communication

Managing Triggers

Self care

Conflict resolution, crisis prevention and intervention

HIV/AIDS 101

HCV and co-infection

STIs and women’s wellness

How to make referrals and community resources

Harm reduction 101

Boundaries

Ethical issues

Street outreach 101

Supportive counselling 101

Mental health and co-occurring factors

Sex worker safety

Stigma associated with trans-populations, mental health, substance use and dependency, sex work, HIV+, sexual orientation, race, gender, age, social status, etc...

Remember people have different learning styles and may have challenges with regard to literacy, health conditions, etc..

Suggested readings:

Needle, Burrows, Friedman, et al. (2005) Effectiveness of community-based outreach in preventing HIV/AIDS among Injection drug users. International Journal of Drug Policy 16S S45-S57

This research article demonstrates that individuals who use drugs by injection, (IDU) are often hidden, marginalized and underrepresented within a service using population. The article identifies successful interventions that reduce the risk involved in both injection drug use and sexual practices within an IDU population. Evidenced by 40 published studies, community-based outreach interventions that provide access to risk reduction services report reducing HIV risk behaviours. Reaching as many people as possible is critical to having an impact on HIV epidemics. Accessibility was proven to be a key factor for effective HIV testing outcomes as onsite delivery of HIV testing was 21 times more likely to be utilized by high risk populations. The article promotes peer involvement as critical to the success of HIV prevention programming terming this an *Indigenous Leader* model that engages hard to reach populations. The authors determined community-based outreach to be an efficient tool for engagement and HIV prevention within marginalized IDU populations.

Aggleton, Jenkins, Malcolm. (2005) HIV/AIDS and injecting drug use: Information, education and communication. International Journal of Drug Policy 16S S21-S30

This article proposes that information, education and communication, (IEC) have an important role in HIV prevention. This 'packaged" approach should present clear realistic goals. Strategies must challenge structured vulnerabilities by promoting community mobilization, safer environments and risk reduction. Outreach was cited as important and effective in the delivery of IEC and provided interpersonal triggers for the adoption of new behaviours. Peer interventions were determined to engage large and diverse populations that had not previously used services. Efforts to shape group norms were found to be effective in risk reduction as well as the employment of counselling with active decision making. Voluntary HIV testing revealed greater affects in terms of behavioural changes over time. The article identified twin stigmas for sex working women who used drugs by injection, and found

his group harder to reach. Activities that brought women together to discuss HIV prevention strategies were found to be effective. IEC must address factors such as poverty, race and gender and how they intersect. When IEC methods employ critical reflection and promote self-determination combined with measures such as community involvement and outreach, outcomes for HIV prevention can be greatly enhanced.

INFORMATION GUIDE: for peer workers and agencies

Toronto Harm Reduction Task Force, 2013. Available on the Toronto Drop-In Network web site: <http://www.tdin.ca>

This guide is for drug users, peer workers and the agencies that serve and/or employ them. It was developed to serve in a range of roles but particularly those services which have a harm reduction philosophy and have traditionally served people who use substances. Peer workers are employed of course in a range of settings including housing services, youth, and senior programs, and mental health settings. This guide will be beneficial to not only peer workers in all of these settings and roles, but also to others who are developing their own peer worker programs that may include drug users, former drug users, sex workers, former sex workers, front line workers, grassroots community activists, and harm reduction activists and advocates. Because new concepts and experiences are emerging constantly this guide cannot be considered exhaustive. However it will challenge current conceptions, clarify ideas about peer work, and encourage the further development of harm reduction peer programs.

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