

Final Report
on Establishing the
Prostitutes' Safe Sex Project (PSSP)
Resource Centre

From Maggie's/the Toronto Prostitutes' Community Service Project
To Health and Welfare Canada, Health Promotion Directorate,
AIDS Community Action Plan

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Establishing the Prostitutes' Safe Sex Project (PSSP)

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1. Name and address of the project

Prostitutes' Safe Sex Project (PSSP) Resource Centre
(Project # 6552-2-283)
298 Gerrard St. E., 2nd Floor, Toronto, Ontario
(Mailing address: Box 1143, Stn F, Toronto, Ontario M4Y 2T8).

2. Problems addressed by the project

A. Health promotion to prevent the spread of AIDS and other STDs among sex workers

"Prevention is the key to curtailing the ultimate impact of AIDS. ...Sexual behaviour change is an achievable goal. ... As with education for safer sex, STD awareness campaigns need to be aimed at specifically vulnerable groups as well as, more generally, the whole population."

- Michael H. Merson, Director of World Health Organization's Global Program on AIDS in "Slowing the Spread of HIV: Agenda for the 1990s" (Science, May 28, 1993)

Studies in the US and Canada have found that a majority of street prostitutes say they use condoms with their clients -- 80% in a 1985 western Canadian study. But a US Centres for Disease Control study found that only a minority of prostitutes used condoms with their steady partners. US studies have also found that those prostitutes who have been infected with HIV were infected either by sharing needles or by having unsafe sex with their steady partners. In 1991 in Toronto, according to the Department of Public Health, of 90 HIV-positive women in the city, 10 were sex workers; of those 10, nine had been infected by sharing injection equipment.

There is evidence that many clients of female prostitutes, do not see themselves as being at risk for HIV and therefore use condoms reluctantly. Some customers believe that, if they pay more money for a "high-class" prostitute, they do not need to worry about using condoms. And some indoor prostitutes, who have regular customers, tend to see themselves as not being at risk with those clients.

Epidemiology seems to bear out the women's clients' belief about their relatively low risk for HIV infection. But it does not follow that they do not need to use condoms. Epidemiology also makes clear that people with multiple partners who do not use condoms can and do become infected with other sexually transmitted infections which they then spread to others at an

alarming rate. (It is prostitutes' long-standing desire to avoid contracting such infections which has created some resistance to condom-use among people who have sex for free who associate condoms with prostitution.) And a number of these other STDs are seriously implicated in making people, especially women, more vulnerable to HIV infection.

Most prostitutes see hundreds of clients a year and many clients also have multiple (paid and unpaid) partners. Given these numbers, prostitutes are a logical point of contact for educating many people who may be at relatively high risk for STDs, including HIV, and who may not otherwise receive such specific information and training in STD/AIDS prevention.

"The behaviour interventions that have been successful in helping people move through [the] steps [to change] tend to have several components 1) repeated messages about AIDS through the mass and other media 2) person-to-person contacts in which individuals are educated about risks and messages about risk reduction are reinforced usually by a trusted member of their community or a peer 3) good condom promotion and availability 4) a favourable policy climate characterized by a willingness to confront the problem of AIDS, frankness about sexuality and a non-stigmatizing approach to groups who often face discrimination (such as homosexual and bi-sexual men). It is useful, particularly when an HIV epidemic is at an early stage, to aim educational interventions at specially vulnerable groups such as young people, homosexual and bisexual men and prostitutes and their clients."

- Michael H. Merson, Director of World Health Organization's Global Program on AIDS in "Slowing the Spread of HIV: Agenda for the 1990s" (Science, May 28, 1993)

B. The context of the sex industry today

As a consequence of the failing economy over the past several years, there has been a large influx of new people into the sex trade -- working on the streets, in bars and as escorts. We have observed the increasing size of strolls (areas where street prostitution occurs) in Toronto and the development of new strolls, particularly in poorer suburban areas of the city. We have also had reports of increases in street prostitution in other communities throughout Ontario.

In the greater Toronto area, an increasing number of ads are being placed in all publications that print escorts' ads in their "classifieds" sections. In one publication the number of pages of such ads has increased from two pages to five full pages over a three-year period.

Bars that are licensed to employ strippers are also feeling the economic crunch; many are no longer paying performers but expect them to work for tips from the customers

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only. The resulting increase in competition means more women are faced to engage in more explicit and even riskier behaviour -- in this case risking arrest as well as possibly contracting a sexually transmitted disease (STD).

Sharp yearly increases in the number of contacts and in the number of condoms and pieces of information distributed by PSSP demonstrates a demand for ongoing STD/AIDS prevention education within the entire sex industry.

C. Why a resource centre

Information-sharing and discussion with street prostitutes, especially on the downtown strolls, is often thwarted by the working conditions. There is competition among the workers and pressure to take work whenever it arises so there are only infrequent opportunities to engage in longer, more in-depth discussions necessary to develop rapport, identify gaps in knowledge and resource needs and to interest potential volunteers in working with the project. The resource centre has provided a place to talk which is conducive to the development of such a rapport and away from the immediate demands of the work environment.

The PSSP resource centre facilitates the involvement of both street and indoor prostitutes in the project's peer-education efforts. The participation of these volunteers not only contributes to containing the spread of AIDS, but is also rewarding for the individual volunteer in terms of skills development and confidence building. It contributes to the sense of pride and responsibility that prostitutes are developing in their attempts to control their working conditions and establish safety and other professional standards. The more extensive contacts that the centre permits us to have with potential participants also increases the project's ability to penetrate further into existing informal networks of prostitutes and their partners -- whether they work on the street, in bars or in escort services.

3. Background information about the grant recipient

A. Maggie's/The Toronto Prostitutes' Community Service Project

Maggie's mission is to provide education and support to assist sex workers in our efforts to live and work with safety and dignity.

The Toronto Prostitutes' Community Service Project, as we are legally known, was established as a non-profit, mutual aid project for sex workers by Toronto prostitutes and our supporters in late 1985. We began conducting AIDS-prevention education as a voluntary organization in 1987. We received

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movement, from churches and youth service agencies, from drug-abuse and STD treatment services and other AIDS-prevention or support organizations. These people have generously given their time and have helped us raise both awareness and funds in the broader community. A few of them still serve on the board, most are still associate members of Maggie's and continue to be available to our staff members for advice.

Perhaps even more important to our success so far has been the extent to which we have been able to become known and respected by so many people in the many different branches and manifestations of the sex industry. We have extensive contact with male, female, and transsexual or transgendered prostitutes and strippers who work on the streets, in bars, on their own or through agents or brothels. We also regularly see or speak with many of their lovers, spouses, children and friends. Other supporters include regular customers, agents and madams, strip club managers, brothel owners, biker clubs, drug dealers and crack house operators.

4. Outline of the project

A. Size and scope

Expansion of outreach team and territory

The geographic area covered, the size of the staff and the number sex workers reached has increased steadily throughout the duration of this project.

Initially the project was to provide a resource centre to an AIDS-prevention education team of four people (2.5 full time positions) and those who used their services -- indoor and street prostitutes in the City of Toronto. We opened the resource centre at the beginning of 1991. The previous year (calendar year 1990), we had 1,803 contacts and distributed 10,906 condoms. That year (1991), we had 3,599 contacts and distributed 20,680 condoms.

In the final full (calendar) year of the project (1992), Maggie's expanded outreach to include the greater Metropolitan Toronto area in order to reach growing suburban strolls. Our AIDS-prevention education team consisted of six people (3.5 full time positions) and made 8,248 contacts and distributed 39,414 condoms.

Industry trends

The sex industry undergoes seasonal variations. Winter tends to discourage street prostitution. Although there are many women with family ties and commitments who cannot do so, some street pros simply pick up and move to a warmer climate in the fall. Those who stay may be obliged to support their children by collecting social assistance. Others, male and female, are

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students for whom sex work is full-time summer employment; they may not work at all during the school year or they may only work part time. Some of the streetwalkers who are based here year round work in bars in inclement weather or sign on with escort agencies. Others are out year round, regardless of the weather. Some of them may be in relatively desperate circumstances; while others are dedicated sex professionals who don't let a little bad weather get in the way of their preferred means of working.

While fall is the time for departure of workers from the streets, the spring is the traditional time for an influx of new faces into all areas of the sex industry. Some are transients returning from warmer climates, some are students returning to work, but inevitably many are new to the trade. In recent years this seems to have been in response to high levels of unemployment. The "spring rush" means outreach workers seeing many workers for the first time and experiencing the slow process of building rapport and trust. Many transient pros from other Canadian and US cities have never encountered peer AIDS-prevention educators before and are generally very impressed with our project and grateful for its services.

New escort agencies often appear in the spring and established ones tend to advertise for new workers; the number of ads in entertainment publications for independent escorts also tends to increase, sometimes substantially. As noted above, our sagging economy has given rise to the development of new strolls and the expansion of others, in poorer suburban areas and in outlying communities. It has increased the number of workers and thus increased competition among them and brought prices down; this creates a great deal of tension.

The same economic circumstances that bring people into the sex trade also contribute to drug dependencies for many people. In recent years this has been reflected in the growth in use of crack cocaine which, when it intersects with the sex trade on the streets, makes a bad situation even worse. (See Drug issues, page 45.)

B. Selection of area of operation and clientele

Area of operation

As indicated above, the geographic focus of our AIDS-prevention outreach shifted from the City of Toronto to the greater metropolitan Toronto area. This change reflected several things: a maturation of our staff and organization, an expansion of our base of funding -- including receiving a grant from City of Etobicoke and in particular one from the Trillium Foundation for the acquisition of a van -- and the increase in visible prostitution in suburban and nearby communities. As we move into 1993 we will shift our geographic focus even further as we participate in the Ontario Ministry of Health's one-year

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accessibility project which will take PSSP AIDS educators to communities throughout the province to meet with AIDS and other service organizations and local sex workers.

As stated above, we had a great deal of difficulty leasing a site for the resource centre due to the reluctance of landlords to rent to a group of prostitutes -- even in economically depressed areas where prostitutes work the streets and there are high vacancy rates. These are, of course, areas where a centre like ours should ideally be situated. Unfortunately these are also areas where pros often suffer extreme hostility from residents.

Who is a sex worker

For the purpose of Maggie's membership, a sex worker is anyone who has agreed to the direct exchange of sexual stimulation for financial compensation within the last six months, intends to continue sex work, considers him or herself to be a sex worker and has sufficient experience in the sex industry. While sexual stimulation may or may not involve physical contact -- sex workers include prostitutes, strippers, phone sex workers, and pornography performers -- PSSP's AIDS-prevention efforts have concentrated on those sex workers who do engage in physical contact.

We have sought out male, female and transsexual or transgendered sex workers in their workplaces -- on the street, through agencies, in bars, in brothels, and in places where independent escorts advertise. Through them we have also made contact with the lovers/spouses, friends and customers of prostitutes.

Different levels of need and risk

Not all pros are equally at risk and not all are in equal need of AIDS-prevention information, supplies, and opportunities for community involvement. However, a resource centre that aims at all pros is easily accessible to those who need it most. And everyone has the right to up-to-date information. Workplace health and safety needs of pros include fast access to the most current STD-prevention information possible.

It has taken a lot longer to develop our networking with those who work over the phone than it has to get established on the street. It would seem from the studies that AIDS-prevention education is not as urgent for escorts. On the other hand, the pros who are most at risk (homeless, drug-addicted) and most in need (single mothers) are also those least able to get involved with Maggie's and PSSP. Those in less need -- street professionals and escorts -- may have more time and skills to contribute. Escorts may also feel a greater need to become involved in community service work to overcome the relatively isolated way they work.

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C. Administrative structures and procedures

Membership

The membership of Maggie's has ultimate authority over Maggie's through its power to elect and direct the board of directors at annual general meetings or other specially called meetings.

To ensure sex worker control of Maggie's there are three categories of membership, voting members, honorary members, who may also vote, and associate members, who may not vote.

Recruiting new applicants to insure a strong membership is the responsibility of all members of Maggie's, but particularly of the membership committee and the staff collective.

Details of the rights and responsibilities of Maggie's membership are set out in the Maggie's Policy and Procedures Manual; and in the By-law of the Toronto Prostitutes' Community Service Project.

The Board of Directors

In keeping with the first of Maggie's principles and beliefs, that Maggie's is an organization for sex workers that is controlled by sex workers, a majority of members of the board directors consists of sex workers (voting members).

The board of director's of Maggie's represents and is accountable to the voting members of Maggie's.

The functions of the board include but are not limited to:

- a. promoting the Mission, Aims and Principles;
- b. establishing policies;
- c. short and long term planning;
- d. fund raising, financial management, authorizing expenditures and budget planning;
- e. fulfilling the legal responsibilities of Maggie's;
- f. monitoring progress of staff towards meeting aims of Maggie's;
- g. providing the staff with guidance in policy, legal, medical, financial and other matters;
- h. reporting to the membership at annual general meetings.

Staff Collective

The staff collective consists of project administrators and AIDS educators. All staff members record hours and activities daily on time sheets and file outreach reports monthly; meet weekly to report on and evaluate outreach, educational materials, the resource centre and other programs; provide support to Maggie's committees and represented the project to the community, as opportunities permit.

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Project administrator

The project administrator coordinates the staff collective (team of AIDS educators); guides planning and evaluation of program and staff; maintains the centre's resources and supplies; reports to and administers the work of the board of directors; synthesizes written and verbal reports into reports to funders and the board; seeks funding opportunities, submits funding applications and reports to funders, as possible and necessary.

AIDS educators

AIDS educators conduct outreach; record outreach weekly, according to location; attend weekly planning and evaluation sessions with volunteers; staff the resource centre; recruit, train and involve volunteers on an "as possible" basis.

D. Program and/or policy changes promoted

Barriers to AIDS education

The two most alarming things that PSSP AIDS educators have documented over the years are:

- the effect of the criminalization of activities surrounding prostitution on both the workers and on our ability to do effective STD/AIDS-prevention education and
- the extent of violence and unsafe sex that occurs in the context of assaults on prostitutes which seem to be facilitated by criminalizing prostitution-related activities

Effects of the criminalization of prostitution

In 1992 alone Metro police laid 4,000 prostitution-related charges. The effects of these charges include the destabilization of people's lives by incarceration (which often results in loss of homes and even children), harassment on the street and by neighbours, violence by men posing as customers, abusive treatment by individual police officers, discrimination in housing and access to services and stigmatization.

The laws surrounding sex work

Exchanging a sexual service for money is not illegal per se, but many of the activities surrounding such transactions have been made illegal, including:

- negotiating such an exchange in public, including some-

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- one's car (communicating for the purpose of prostitution) going to a place where such a service is offered to seek it out (found in a common bawdy house)
- running a place where such activity could go on (keeping a common bawdy house),
- working for someone who runs a place where prostitution goes on (inmate of a common bawdy house),
- dancing "too suggestively" in a strip club (indecent theatrical performance or indecent act in a public place)
- using your own or someone else's place (keeping a common bawdy house) to regularly perform sexual services for money,
- knowingly allowing a space that you own to be rented by someone else to use to engage in prostitution (permitting premises to be used as a common bawdy house),
- living with or being habitually in the company of someone while you work as a prostitute makes them vulnerable to charges of pimping (living off the avails of prostitution)

Working the phones (In/out call workers)

In the 1970s, escort services and brothels, dungeons and party girls were confined by their ability to advertise -- TeleDirect (Yellow Pages) and newspapers allow only very discreet language and imagery and discreet networks built by referrals. Then independent local periodicals that sell business classified advertising provided opportunities for independently-run business in the sex trade. This alternative to the street expanded to reach its economic limit through the late 1980s and continues at that level today. Telephone personal ads are the latest generation of sex advertising to include commercial sex.

While the vast majority of prostitution-related arrests are made on the street, police have also laid charges against independent call girls, escort agencies and NOW (one of the local entertainment magazines which is an effective advertising medium for prostitutes who work through phone ads). "Communicating" charges against the magazine were thrown out of court. The number of advertisers increased, as people took the dropping of charges as an indication that this was a safe way to work, and the cost of advertising in NOW increased, justified in the magazine's eyes by the possible cost of further court action. Meanwhile, prostitutes who advertised their "in-call" services in NOW continued to be harassed and entrapped.

In February 1992 Toronto police arrested a dozen women after extensive investigation of NOW magazine massage ads. In one case three different officers, on three separate occasions, made an appointment with a woman who advertised in NOW; all paid for and received her services. The woman returned home several days later to find her door ajar and several police officers searching her apartment for marked money she had

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supposedly received from them. Police have to prove habitual use for the purposes of prostitution for a "keeping a common bawdy house" charge, hence the multiple visits.

Keeping a common bawdy house is an indictable offence. If someone is convicted, their landlord can be forced to evict him or her; most landlords don't require that much incentive. Most prostitutes would lose their place as soon as they were charged. Prostitutes charged with keeping a common bawdy house, even those working alone in their own homes, can also be charged under the "proceeds of crime" legislation which allows the courts to seize and freeze all of a person's assets. If a mother was charged with keeping a common bawdy house, Children's Aid would most likely investigate to determine if the children should be removed from the home and if charges of "corrupting morals" should be laid.

Escorts who restrict themselves to out-calls are not vulnerable to bawdy house charges but the market demands in-call service. On several occasions pros advertising out calls have been entrapped by being invited to a bar (a public place) where they negotiated the terms of a date and then found themselves facing a "communicating for the purpose" charge.

Working the bars

Over the past decade in Toronto, table dancing slowly developed different forms of "dirty dancing": lap dancing, couch dancing, jerk dancing (in booths).

Work place health issues became most acute following several recent court rulings. In the case of the Pussy Cat club in Montreal the Supreme Court ruled that the bawdy-house (for the purpose of acts of indecency) did not apply if the parties were hidden from view and didn't touch each other. In the Cheaters case in Ontario the court ruled that lap dancing was not an "indecent theatrical performance," and in a Hamilton street prostitution case that "indecent act in a public place" did not apply if the parties had gone to some lengths to ensure that a condition of privacy existed. As usual, such changes introduce ambiguities which make dancers and clubs vulnerable to prosecution under other sections of the Criminal Code: bawdy house (for the purpose of prostitution) as well as possibly "communicating for the purpose."

Both dancers and strip clubs are licensed in Metro Toronto. Individual dancers are charged a first time fee and must renew their license every September. Clubs also pay a yearly fee but new licenses are not granted so the total number of licensed venues has been declining. Both dancers and clubs stand to lose their licenses if convicted of a criminal offence.

Once a stripper has been convicted for committing an indecent act and no longer qualifies for a dancer's license she

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or he (but most likely she) may move to working in some other part of the sex business. There she or he may be vulnerable to further criminal charges, and if charged his or her situation will be further complicated by having had a prior conviction.

Working the street

In 1992 Metro police laid 4,000 prostitution-related charges. Most of those involved street prostitution -- the summary offence of "communicating for the purpose of prostitution." Someone charged with a first "communicating" offence will probably get a light sentence, maybe not even a fine the first time, but they will end up with a record. A certain number of clients of street prostitutes are charged every year. Since there are many more clients than pros, the customer rarely gets charged a second time but the street walker almost always does.

A second offence will get the prostitute a fine for sure. And either time a sex worker could get bail conditions that make it hard for him or her to work or lead a normal life. Prostitutes, especially women, are routinely given curfews (only allowed out at certain hours of the day) and boundaries (they must stay off certain streets or out of certain neighbourhoods).

The more times they are charged, the more likely they are to get such conditions; if they are caught breaking one, they automatically receive increased penalties (which vary, depending on the circumstances in which the conditions were imposed). Prostitutes with multiple convictions end up in jail, eventually, while their customers almost never get multiple convictions and therefore never do jail time for being customers.

A smaller number of male prostitutes seem to get convicted over and over again and do jail time for "communicating," possibly because there is a larger number of female career pros working the streets. (Among the women who prefer to work on the street are many who have custody of their children and who are unwilling to do in-calls and thus are unable to make enough money working as escorts.)

Serving time in jail

It always seems that as soon as we develop a rapport with a particularly needy person, he or she disappears off to jail. Often, if the person is using drugs, his or her health and appearance may improve behind bars while they are forced to stop using and to eat and sleep regularly. But once out again, chances are his or her situation will be worse than ever.

A person who is forced to spend more than 30 days in jail is likely to experience serious disruption in his or her life. Most people cannot afford to pay rent on a place while they are

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not occupying it and are unable to earn money, so most people lose their housing and sometimes all of their possessions.

Women with custody of their children are likely to be in a particularly difficult situation. Many lose custody of a child or children temporarily or even permanently while doing time. The stress of jail, homelessness and loss of child custody are personal crises often cited by sex workers who develop or resume drug or alcohol problems.

One place where we failed to make headway in outreach was in getting into the Metro West Detention Centre which is located in Etobicoke and is where many of the women who we see throughout the Metro area go to jail for prostitution-related offenses. Despite the regulation forbidding prostitutes from visiting others in jail, we had some initial success conducting a couple of STD/AIDS-prevention seminars under the auspices of another agency. Unfortunately, after the educator conducting the seminar made inquiries about why an HIV-positive pro was being held beyond the end of her sentence, we were never invited back. Efforts to get back in, through other avenues, have so far proved fruitless.

Sometimes serving prolonged jail time forces prostitutes to reveal the nature of their work to family members and friends. These revelations may produce either a hurt or confused reaction resulting in withdrawal of support or an angry rejection that can include active hostility.

Many people work in the sex trade while completing post-secondary training. Some of them are particularly fearful of the effect of acquiring a criminal record on their ability to work in their chosen field, those studying law, for instance.

One of the most serious consequences of the criminalization of prostitution-related activities is that sex workers cannot expect the criminal justice system to act to protect them.

Bad dates

Residents on the strolls are not the only assailants to take their cue from the law's attitude toward prostitution. One man posing as a customer in order to assault prostitutes told his female victim that her kind wasn't "wanted around here" so he could do "whatever he wanted to" to her. Our first report to the funders of this project described alarming reports received by AIDS educators of abuse from "bad dates."

As our rapport with our constituency grew so did the flood of reports, especially from female street prostitutes. We felt the need to respond to the information about "bad dates" by proposing a Bad Trick Sheet to the women on the street. Their response was positive and so we devised a method for collecting and distributing this information. The BTS has been very well-received ever since -- with many expressions of appreciation

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from women on the street and many offers of to contribute to and distribute it.

Periodically, when we have received reports, we have also issued a "boystown" version of the BTS.

Also from our first experiences with the BTS we began to document the demand for prostitute-positive support for sex workers who have been victims of violence.

We received \$1,500 for printing costs from the City of Toronto, Planning and Development Department's "Breaking the Cycle of Violence" grants. With all the media attention on violence against women and with various levels of government officially committed to investing in preventing violence we are disappointed to report that we have not yet found other funders to support expanding our violence prevention initiatives.

Abuse by police

The other series of alarming reports that we received and passed on after the resource centre was in operation was a barrage of prostitutes' complaints about abuse and harassment by the police.

It wasn't long after we were in operation before some PSSP educators were experiencing abusive behaviour from police officers themselves. Two AIDS educators were followed around doing street outreach one night, a volunteer was told to remove her "safe sex ho" button or she'd be charged with "communicating." We were able to document some of these experiences and to begin to address the issue of police abuse of prostitutes in a 12-minute film, Prowling By Night, which was funded by the National Film Board. The film has been well-received inside and outside the sex industry. One of the most positive impacts it had on our day-to-day work was that it brought in enthusiastic volunteers.

In another incident of police harassment that hit close to home police arrested a woman moments after she had received condoms and information from a PSSP educator. The officers were insulting and verbally abusive to the woman and told her they knew she was working because she had been talking to a girl from Maggie's. The woman was homeless, handicapped and had been denied welfare because she was a recent arrival in Toronto. We first had to reassure her that we had not deliberately set her up to get arrested before we could put her in touch with appropriate legal and social services. We could not draw attention to this incident when it occurred because the woman feared further police harassment.

By mid-1992 Maggie's staff collective could say wholeheartedly that it supported all the recommendations of the Report of an Inquiry into the administration of internal investigations by the Metropolitan Toronto Police Force -- the report of the "Junger Inquiry." This inquiry was set up after

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reports in the press that the Toronto police force was making "sweet-heart" deals with cops who were caught in dubious circumstances with prostitutes. In the case of Gordon Junger, he was caught running an escort agency with his girl friend, Roma Langford, and was given a letter of reference and had all charges dropped when he agreed to resign. In the case of Brian Whitehead, he was prosecuted under the police act and demoted after he was caught sexually assaulting and extorting sex from a prostitute who was known at the inquiry as Jane Doe.

In a submission to the Police Services Board Maggie's staff expressed admiration and respect for Roma Langford and Jane Doe, "who at great personal loss and fear for their lives came forward in the name of justice. Without either of them as witnesses the Report of the Inquiry would never have surfaced."

The submission continued:

The justice system totally disregarded the safety of Langford. Junger was told that Langford had reported him, and was then released; no criminal charge was pressed for his breach of the conditions of his undertaking to stay away from Langford. The fact that Jane Doe had to obtain an injunction to protect her anonymity further demonstrates total disregard for the concerns of the victim. We believe that these occurrences were due in part because the witnesses were prostitutes.

The Report explicitly states that both Langford and Jane Doe were not considered credible witnesses. When Jane Doe indicated that she was ready and willing to testify in a criminal trial, no criminal charges were pressed. The fact that the defense and prosecutor negotiated a penalty of days off in the Whitehead case and that Jane Doe was not informed and had no representation at the hearing suggests collusion in disregard for the concerns of the victim and the seriousness of the offence. The treatment of Jane Doe by the Internal Affairs investigators demonstrates the obvious need for investigators and officers in general to be sensitized to the traumatizing effects of surviving violent and sexual assaults.

The submission goes on to cite two examples of how police respond to incidents of violence against prostitutes taken from information given to Maggie's outreach workers for the Bad Trick Sheet:

A street prostitute was beaten, choked with a rope and left unconscious in an alley. She had severe bruising on her neck and face the next day when she approached two female police officers to report the incident. They asked her what she expected in her line of work and refused to

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take a report.

A homeless street prostitute was beaten and raped so badly that she ended up in hospital for several days and several months later still required surgery. The hospital called police. The officer who responded to the call had arrested the woman in the past and during the arrest was violent toward her. He told her, in front of hospital staff, that she had it coming and left.

Assaults on prostitutes are no different than assaults on anyone else.

Every assault that happens on a prostitute that doesn't get reported or where eventual charges are not laid leaves a violent person who will assault women free on the street, believing that there will be no consequences for their actions. There needs to be full support for victims of serious and sexual assault so that victims will be encouraged to stand witness. Because of the criminality of prostitution, prostitutes are seen as expendable by the justice system. Because prostitutes are seen as criminals, often with prior offenses (because they have been targeted and entrapped by police), their reports of assaults are disregarded and trivialized.

Reports of assaults from prostitutes to the police have often resulted in the prostitute being charged with a prostitution-related offence or being arrested for an outstanding warrant. Prostitutes are also discouraged from reporting incidents of domestic violence to the police for fear of being harassed to testify for living on the avails charges rather than an assault charge. A woman's partner should be charged for assaulting her -- not for being her partner.

Prostitutes need to be able to report assaults to the police without fear of being prosecuted for current or outstanding prostitution-related and other minor charges. (Although drug possession is an indictable offence, immunity from drug charges would also be favourable.) Prostitutes experience the justice system from a position of distrust. Emotional trauma does not seem to be a consideration for a prostitute reporting sexual assault. Their charges are most often plea-bargained down giving priority to the concerns of the assailant. This all makes it even more difficult for a prostitute to press charges to the fullest extent of the law.

Police Violence Against Prostitutes

The report of the Junger inquiry states that, "The public must be assured that when wrongdoing by an officer is sus-

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pected, the case will be investigated swiftly, and if there is evidence to lay a charge, prosecuted vigorously. There must be no special treatment because the person under investigation wears a badge."

Perhaps we need a similar statement that guarantees that there will be no special treatment because the victim is a prostitute. Recently a Maggie's outreach worker heard three separate collaborating accounts of an incident which occurred within the previous month:

A native hustler near the downtown YMCA was assaulted by a police officer who had removed his badge number. The officer asked to see the hustler's ID and then threw it on the ground. When the hustler bent down to pick it up, the officer stepped on his hands. The officer hooked a night stick under the hustler's throat. The hustler asked, "Why are you doing this; I've been cooperative; I've done everything you've asked." He was told to shut up. One of his hands was broken.

This is just one more incident of police brutality against prostitutes that will go unreported. It is known on the street that any attempt to report a police officer will result in retaliation. The inquiry report states that, "Inadequate consideration has been given to victims of police wrong-doing." We believe that this is true in part in the cases of Jane Doe and Roma Langford because the victims were prostitutes. As long as prostitutes are vulnerable under the criminal justice system, they will rarely testify against an officer for misconduct, especially if that misconduct was assault. The bravery of these two women must be recognized.

The criminality of prostitution contributes heavily to the inability of the police force to prosecute officers when dealing with prostitution-related incidents. The report states that, "approximately 95 per cent of the complaints that are reviewed by the force's complaint review officer, based on documentary evidence, result in no action." It is our belief that, because prostitutes are expendable within the justice system, complaints brought forward by prostitutes will continue to result in no action.

-- excerpted from Maggie's submission to the Metro Toronto Police Services Board - August 1992

The most serious instances of police abuse of prostitutes -- sexual assault, robbery -- usually occur in actual or threatened arrest situations. But lesser forms of abuse are common in daily police work. Police regularly pull up to women working the streets and force them to squat on the side walk beside the

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police car while they run the woman's name through the computer. Police investigations in areas where pros work on the street often result in increased harassment for some workers as well as a declines in business, even in cases where prostitutes have been instrumental in providing information leading to the apprehension of suspects.

Police harassment on the street has an impact on the way business is conducted and thus on our ability to do outreach to those conducting business. PSSP educators who do outreach in a west-end Toronto neighbourhood have seen the traditional strolls expand deep into residential streets and off of commercial ones as prostitutes tried to avoid police harassment. The combination of obvious police contempt for prostitutes and this bullying of workers from one corner to another and into residential areas results in increased hostility on the part of neighbours which has sometimes escalated into assaults.

E. Methods and techniques used by the project

How the resource centre operates

The PSSP resource centre provides Maggie's users, researchers and members of the public with access to a collection of printed, audio and visual materials addressing sexually transmitted diseases (STDs) and other health and safety concerns of prostitutes. It is open to the public two days a week, and otherwise by appointment and is extensively used by staff and volunteers most days and nights.

The centre is integrated into a program of peer-based outreach to male, female and transsexual or transgendered sex workers and their families, friends and clients. Outreach is conducted by a team of AIDS educators (paid staff and volunteers) over the phone, on the street (on foot, on bicycle, and using a van) and in court; they distribute condoms, needle-cleaning kits, pamphlets, buttons and other STD-prevention information. The centre provides AIDS educators with a place to talk with Maggie's service-users in more depth than they can on the street, and a place to hold weekly planning and evaluation meetings. Evening coffee house (drop-in) events are held regularly and community groups sometimes meet in the resource centre.

The centre produces and develops educational materials based on needs assessed by the AIDS educators outreach teams. Drafts of materials are circulated to AIDS educators and various advisors and are evaluated by focus groups made up of resource centre users. In the case of printed materials, layout and design are done by Maggie's staff and/or volunteers.

The resource centre provides a locus for assessing the needs, concerns and interests of people in the sex industry.

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F. Data gathering

Constraints on data gathering

Our goal is not just to deliver a quick message and disappear but to win recruits to a campaign. People do not become involved in community service work with strangers. We started with staff from within the industry but that did not guarantee instant success. Those staff members knew their constituency well enough to know that they needed to demonstrate respect for both the privacy and the security of their colleagues in the sex industry if they were going to be trusted enough to win recruits.

Both medical and sexual matters are traditionally deemed private. As are, often, the details of one's earnings. Sex workers are as likely as anyone else to have conservative views about such matters.

Despite that, they are, as a group, subject to a disproportionate amount of research and public scrutiny. Social service workers, public health officials, criminal justice officials, social scientists, students, and the media all find prostitution a profitable subject to study. While some may enjoy the attention, most prostitutes do not appreciate this elevated level of curiosity about their work lives.

Description of data gathered

We gathered data for the purpose of determining if we were accomplishing our objectives of providing AIDS-prevention, information to prostitutes, their customers and their lovers, spouses and friends. We recorded:

1. The number of male and female, indoor and outdoor prostitutes we have contacted; the number of their clients, lovers/spouses, friends and associates we contacted with AIDS-prevention information and resources.
2. The number of condoms distributed in prostitutes' work places.
3. The number of pieces of AIDS-prevention information (safe-sex pamphlets and cards; Bad Trick Sheets; buttons; newsletters) that we produced/distributed.
4. Information about sexual assaults on prostitutes, including number and types of incidents reported.
5. The number of referrals we made and to whom they were made.

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6. The number of individuals to whom we provided needle cleaning information.
7. The number of individual prostitutes who participate in activities of the project, including attending events and participating as volunteers in producing and distributing safe sex education materials and estimates of the amount of time they contributed.
8. AIDS educators' assessments of the level of concern and knowledge of their sex worker contacts about AIDS and STD prevention.

Methods of data collection

As AIDS educators complete each session of outreach, they complete outreach report forms which indicated when, where and how they conducted the outreach. The forms [see Appendix B] recorded: the number of sex workers, including volunteers, if any, of which gender were contacted at each location (stroll, bar, brothel) or during a telephone session; the number of friends, associates, lovers/spouses and clients; the number of condoms and pieces of written information; the number of individuals receiving needle cleaning kits or information; any referrals made; comments about the level of concern and knowledge of their sex worker contacts about STD/AIDS prevention, specific questions that were raised by contacts and any other relevant information. Separate forms were used to collect reports for the BTS.

Outcome of data collection

1. The number of male and female, indoor and outdoor prostitutes we have contacted.

Increase in contacts:
from 2,815 in 90/91 to 3,801 in 91/92 = 135%
from 3,801 in 91/92 to 9,768 in 92/93 = 256%
2. The number of condoms distributed in prostitutes' work places.

Increase in condoms:
from 10,906 in 90/91 to 24,387 in 91/92, = 223%
from 24,387 91/92 to 50,458 in 92/93 = 207%

[See Appendix C, Overview of Outreach Statistics, for comparison of contacts made and number of condoms distributed over three years of the project.]

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3.	The number of pieces of AIDS-prevention information		
1990	1,428	pamphlets distributed	
	1,037	"trick cards" distributed	
	912	buttons distributed	
1991	1,829	pamphlets distributed	
	604	"trick cards" distributed	
	1,131	buttons distributed	
1992	3,910	pamphlets distributed	

By 1992 "trick cards" and buttons were subsumed in series of new materials; and record keeping was rendered more difficult due to increased participation of volunteers in materials distribution. These figures represent materials delivered directly to service users. They do not reflect pamphlet distribution in bulk through volunteers and other agencies.

The continuing popularity of ephemera such as buttons, stickers, match books and information cards attests to their effectiveness in reinforcing both a safe sex message and a sense of pride in professionalism that fosters the self-respect necessary to consistent safe sex behaviour.

Bad Trick Sheets and newsletters were also distributed throughout this entire period.

4. Reports to the Bad Trick Sheet

By mid-August 1992 the Bad Trick Sheet had collected 114 entries.

25 incidents involved rapes, including 4 gang rapes
47 involved other assaults
7 involved forcible confinement
16 involved knives, including 3 actual stabbings
5 involved guns
4 involved attempted strangulation
2 involved attacks with hammers
3 involved attempts to run down women with vehicles
5 involved assailants who claimed to be police (these statistics do not include incidents of assaults known to have been committed by police officers)

This information relates only to women on the street, it does not include information relating to male pros or to women who work as escorts or in-call prostitutes.

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5. The number of referrals we made and to whom.

1990 - A total of 80 referrals:

45 to Hassle Free Clinic
10 to The Works
3 to the Addiction Research Foundation
17 to Parkdale Community Legal Services
4 to 416 Dundas
1 to AA

1991 - A total of 291 referrals:

101 to Hassle Free Clinic
41 to Parkdale Community Legal Services
65 to The Works
51 to straight work
8 to the 416 drop-in
3 to the AIDS Hotline
3 to ACT
3 to Youthlink - Inner City
2 to the Gerstein Centre
1 to Anishnawbe Health
1 to Strip clubs
1 to Rape Crisis Centre
1 to Canada Employment (retraining)
1 to George Brown College
1 to Nellie's Hostel for Women
1 to Parkdale Community Health Clinic
1 to the University of Toronto
1 to Sistering
1 to Metro Toronto Social Services
1 to Seaton House
1 to AIDS Action Now!
1 to an MD
1 to the AIDS Committee of Ottawa

1992 - A total of 211 referrals:

92 to Hassle Free Clinic
60 to The Works
33 to Parkdale Community Legal Services
10 to Straight Work
4 to 416 Dundas
2 to Youthlink -- Inner City
2 to the Gerstein Centre
1 to an MD
1 to Parkdale Health Centre

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- 1 to a food bank
- 1 to OHIP
- 1 to Narcotics Anonymous

6. The number of individuals to whom we provided needle transmission prevention information.

- 1990 Needle transmission prevention information was distributed to 69 people.
- 1991 Needle transmission prevention information was distributed to 360 people.
- 1992 Needle transmission prevention information was distributed to 487 people.

7. Volunteer involvement

The number of individual prostitutes who participate in activities of the project, including attending events and participating as volunteers in producing and distributing safe sex education materials and estimates of the amount of time they contributed.

- 1990 Maggie's volunteers helped on our board, with event organizing, through the newsletter and with outreach on 40 occasions (with no attempt to record hours)
- 1991 Maggie's volunteers helped on our board, with event organizing, through the newsletter and with outreach on 185 occasions (for approximately 1,134 hours)
- 1992 Maggie's volunteers helped on our board, with event organizing, through the newsletter and with outreach on 905 occasions (for approx. 2,438 hours)

8. AIDS educators' assessments of the level of concern and knowledge of their sex worker contacts about AIDS and STD prevention.

The vast majority of prostitutes with whom PSSP educators make contact express concern about AIDS and STD prevention. Most of those with whom we have extensive enough

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contact to evaluate their knowledge were well-informed about AIDS prevention -- virtually all were aware that using condoms and clean needles prevented the spread of AIDS. Like most people, many prostitutes are less likely to use condoms with spouses and lovers. Concern was expressed, and knowledge demonstrated, less frequently by customers.

5. Project staff

A. Determining staff duties and qualifications

The project administrator's job description was designed to find someone with the skills to establish and run the resource centre as well as meet all administrative needs of Maggie's.

B. Description of project staff members

- One full time staff member, a project administrator, was hired by this grant for this project.
- The project Administrator received no training.
- Although she has only limited experience as a sex worker, she had extensive experience in community organizing and was familiar with the concerns and the needs of sex workers as a result of having helped start and shape Maggie's.
- She stayed for the duration of the grant.

6. Evaluation

A. Objectives of the project

1. To establish and operate a resource centre through which the PSSP can educate prostitutes and their partners, using -- and fostering -- peer counselling, in the development of AIDS-prevention materials.
2. To distribute, through the resource centre, AIDS-prevention information and materials aimed at motivating prostitutes and their partners to avoid high risk behaviour with all partners using -- and fostering -- peer counselling.
3. To motivate, train and equip volunteer prostitutes and others to make AIDS-prevention information and materials

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available in the work environments of sex workers.

4. To operate a resource centre as a repository of information about safer commercial sex and to make information available to AIDS educators and programs, and to medical, social and other researchers throughout Canada and the world.

B. Method of evaluation

When the Prostitutes' Safe Sex Project began, we had very ambitious plans for project evaluation, especially for evaluating the behaviours and knowledge level of the women and men who we were striving to reach. The detailed questionnaire that we used at this time proved cumbersome to project workers and alienating to our target audience. (See Constraints on data gathering, above). We found ourselves undermining one of the project's greatest strengths -- its direct access to sex workers -- by using an approach with them which they associate with untrustworthy outsiders. We tried modifying the questionnaire to make it shorter and less intrusive but this did not substantially improve our ability to work with this tool.

Later, once we felt securely established with enough of our contacts and were beginning to develop our membership and volunteer base, PSSP attempted to participate in a long-term research project aimed at evaluating the effectiveness of our program. Considerable staff time was devoted to the preparation of a research proposal.

In January 1992, we were forced to reconsider the project in light of economic realities when it was turned down by the National Health Research and Development Program. We decided to stop pursuing the project for the foreseeable future and to continue our on-going process evaluation activities.

Our present method of evaluation consists of:

- collecting outreach data indicating: the number of contacts made with sex workers and others involved in the sex industry (clients, spouses/lovers, friends and associates and managers/agents); the extent of volunteer involvement in the outreach program; and the number of condoms and pieces of information distributed
- collecting service-user feedback whenever possible and appropriate about the resource centre, their participation in educational events and AIDS-prevention cultural activities for sex-worker volunteers and potential volunteers
- involving volunteers in production and evaluation of edu-

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ational materials (focus groups) and eventually in a committee to publish a newsletter which evaluated each issue

- holding weekly outreach evaluation forums, involving volunteers to determine the impact we are having on the level of understanding of AIDS and HIV within the sex industry

C. Program results and impact

a) Objective 1

Using resource centre to involve sex workers in the development of AIDS-prevention materials

Method

1. Service-users participate in think-tank discussions (focus groups) where the mock-ups of proposed materials are discussed and evaluated.
2. Volunteer feedback and service-user feedback received by staff during outreach is recorded at weekly outreach evaluations meetings.

Problems and implications

Much of the population to whom this project addresses itself does not have a high degree of literacy. There will always be a need for information to be exchanged on a one-to-one basis and for the production of non-written educational materials.

On-going focus testing of written materials means that the information is continually fine-tuned but the process has its draw-backs. Due to the need to produce a number of test runs of any given piece of educational material, we sometimes end up with various versions of materials in circulation. And of course the earliest versions are never as good as the final ones.

Findings

Our brief experiences with film and video production showed us that although, due to the problem of access, they only partially address the needs of people with low literacy skills, both media have an enormous potential for volunteer involvement and community building.

We have had a lot of positive feed back about the Maggie's Newsletter. Much like the resource centre itself, it seems to

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crystallize volunteer/member identification with the project and its work and thus increases participation.

Careful control should be kept of the quantities of each version of a piece of printed material that is in development since information is always changing -- hopefully getting clearer. (Taking advantage of printers' volume discounts can be counter-productive; copying should be done in batches of 50 or 100 until you are certain a version is final).

Our experience with one type of written material, bad trick lists, is particularly instructive so we present it in some detail.

Violence-prevention material

While the Bad Trick Sheet (BTS) continued to be one of the -- if not the -- most effective street outreach tools that Maggie's had developed, it quickly became apparent that it needed to be expanded and improved. At first we assumed that the way to expand it was to involve other agencies which conduct street outreach in the distribution of it. One of the drawbacks to this approach became obvious right away -- 95% of the entries included on the BTS were collected by AIDS educators distributing the BTS during outreach. We weren't going to be able to solve the problem just by finding money for a larger print run. We would also have to train and co-ordinate other agencies in collecting the reports.

Then a number of our AIDS educators sought feed back from women who had provided them with information for the BTS and found that a significant minority of them would be unwilling to give such information to people from outside of their community. That is when we began to realize what a community-building and skills-sharing opportunity this project could be -- with resources for a co-ordinator, the right computer equipment and programs and our solid and growing volunteer base.

As soon as we produced the BTS we began to see the need for a similar bad date warning system for indoor workers. On a number of occasions we have initiated telephone "trees" among female escorts when we had reports of dangerous men seeking to victimize call girls. But the need for a more formal and serious effort to address this problem was brought home brutally when a sex worker who was a friend and an associate of many Maggie's members and volunteers disappeared and was later found to have been murdered.

Her disappearance and death caused much grief among the many people who knew and loved Candice (Grayce Elizabeth Baxter). The "date" who killed her was known to other prostitutes as a problem "date" including by women involved with Maggie's who co-operated with the police in their investigations. A meeting of escorts to plan a bad date warning system for escorts was organized in Grayce's name by members of Maggie's

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and the Sex Workers' Alliance of Toronto. The Bad Call List was launched in late 1993.

Over time there has been a growing sense of ownership of the bad trick lists by people in their respective sectors of the industry. It is already becoming apparent that one ideal way to make this violence-prevention information available would be 24-hours-a-day by telephone.

b) Objective 2

Using the resource centre to organize the distribution of AIDS-prevention information and materials to sex workers

Method of evaluation

1. Staff collect outreach data indicating: the number of contacts made with sex workers and others involved in the sex industry (clients, spouses/lovers, friends and associates and managers/agents); the extent of volunteer involvement in the outreach program; and the number of condoms and pieces of information distributed. (See Data collection, above.)
2. Staff and volunteers hold weekly outreach evaluation forums to determine the impact they are having on the level of understanding of AIDS and HIV within the sex industry, barriers to AIDS education, etc.

Problems and implications

It is impossible to determine the extent to which our outreach has resulted in a reduction of the risk of HIV and STD transmission among sex workers for a variety of reasons relating to the confidentiality of HIV test results as well as to the sexual practices of those who are tested. It is difficult to determine, even with self-reporting, the extent to which sex professionals are practising safe sex in personal encounters.

Our ability to determine the extent of a person's knowledge increases proportionally with the extent of educators' contacts with the person. It was a rare occurrence for an educator to engage someone in an in-depth discussion of AIDS-prevention during a first contact.

Even the most experienced PSSP AIDS educators find it difficult to approach street pros when they are gathered together (hanging around) in groups on the street. Reception varies from extreme warmth to outright hostility but, whatever the reception, it is almost impossible to engage groups in discussions of AIDS prevention. Opening the resource centre helped overcome this problem for those service-users who are willing to visit it.

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Findings

Gaining the trust of a hard-to-reach group

AIDS and social service agencies traditionally view sex workers as "a hard-to-reach population." Many prostitutes are "in the closet" about their work and are living socially isolated lives in the suburbs, some work as dancers and unbeknownst to their friends turn trick on the side, many belong to tight-knit circles of friends and colleagues, still others are part of the drug subculture, some are homeless street people. Because it is comprised of prostitutes, PSSP has been successful in gaining access to this wide variety of prostitutes.

In the process of gaining prostitutes' trust we found we it very useful to show respect by recognizing that many sex workers are in ideal positions to pass on accurate STD-prevention information to others (customers, friends, colleagues -- especially new-comers) who have multiple partners.

It is important to recognize that, while it creates problems for HIV-positive pros (fear of possible legal consequences as well as inability to get support from "straight" society or colleagues -- especially if they are women and still working), it is legitimate for sex workers to resist having their work associated with AIDS. While epidemiology has demonstrated repeatedly that the media stereotype of the reckless, disease-spreading prostitute is false, prostitutes continue to suffer from the stigma of it. Sex workers know that the commercial nature of a sexual act does not impart any special risk to it. They know that they are no more and no less at risk of contracting or passing on STDs than any person with multiple partners. Experienced prostitutes tend to be safe sex practitioners because they understand their workplace health and safety needs in terms of STDs generally.

"Given the enormous magnifying effect of conventional STDs on HIV transmission, effective STD care must be a priority throughout this decade and into the next century."

- Michael H. Merson, Director of World Health Organization's Global Program on AIDS in "Slowing the Spread of HIV: Agenda for the 1990s" (Science, May 28, 1993)

It is also important to respect sex workers' resistance to being labelled helpless victims who are forced to do sex work. This view is paternalistic and disempowers prostitutes. Nevertheless our culture and its laws do victimize people who engage in sex work and, just as the resistance to associating sex work with AIDS may create added difficulties for prostitutes who are

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HIV-positive, the resistance to the stereotype of the "prostitute as victim" makes it a challenge to design programs to address the ways in which prostitutes really are victimized. In the past, information which documented the plight of the neediest or most desperate prostitutes has been seized on by the media, women's and other interest groups to promote this victim view. The Bad Trick Sheet and other bad date warning systems are particularly vulnerable to being transformed from positive, empowering responses to violence into disempowering and discouraging messages in the hands of outsiders, no matter how well-intentioned.

Sex workers' AIDS education needs

The vast majority of prostitutes with whom PSSP educators make contact express concern about AIDS and STD prevention. Most of those with whom we have extensive enough contact to evaluate their knowledge were well-informed about AIDS prevention -- virtually all were aware that using condoms prevented the spread of AIDS.

Despite extensive knowledge about the basics of AIDS prevention, prostitutes have frequently had questions about the intricacies of prevention and the complexities of AIDS. Their questions about prevention centred around:

- reasons to use condoms for oral sex,
- the need to use only water-based lubricant,
- the usefulness of Non-oxynol-9 as a back-up in the event of condom failure,
- the need to protect broken skin from contact with bodily fluids,
- ways to prevent needle transmission,
- whether or not to practice safe sex with lovers and spouses,

Questions about AIDS and HIV centred around:

- whether or not HIV is transmitted orally,
- how to assess whether or not to have an HIV antibody test,
- the difference between a positive antibody test and an AIDS diagnosis,
- the existence of treatments for opportunistic infections; the lack of a cure or vaccine for the syndrome,
- the long incubation period and the fact that people usually don't look like -- or even know if -- they have the virus.

There are also isolated individuals and newcomers whose knowledge of the basics may even be lacking in important areas. Examples of concerns that have been raised by such individuals

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include:

- what lubrication is and why to use it,
- why withdrawal isn't enough protection (with a lover),
- the risks from oral sex with women and how to minimize them,
- how to clean a needle,
- the possibility of transmitting blood-bourn infections while tattooing,
- what laws are related to prostitution (many people have misconceptions about the legality of entrapment)

For further information about the content of PSSP AIDS educators' contacts with street prostitutes, please see Appendix A, Excerpts from outreach discussions recorded by AIDS educators (p. 54).

Focus on certain sub-populations of sex workers

Impact of poverty

As the project evolved, we found that the majority of our AIDS-prevention education takes place on the streets. While not all streetwalkers suffer extreme victimization, the neediest prostitutes tend to work the street. The sex acts most risky for contracting AIDS (vaginal and anal intercourse) are not the services most commonly offered by prostitutes working the streets (oral and manual stimulation are). But the homeless women and men and others under severe economic pressure who work the streets are those most likely to be unable to afford to buy condoms. And unprotected oral sex with multiple partners is very risky for contracting others STDs which in turn are associated with HIV infection.

Drug users

While prostitutes in general, including street prostitutes, resent the stereotype of the drug-addicted prostitute, there are a significant minority of people who work the street who engage in drug-using behaviour that may put them at risk for HIV and other blood-borne infections. A recent study of crack users in New York indicated that there may be an increased risk of oral HIV transmission among regular crack users who often have sores on and in their mouths. Crack users are also known to sometimes barter sex for drugs and may be more likely to have unprotected sex, even intercourse, with dealers or "drug buddies" who they view as friends rather than as clients.

On the other hand, PSSP educators have noticed an increasing willingness on the part of some drug-using pros to increase their knowledge and practice of AIDS-prevention. As

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one volunteer remarked: "I never would have believed those junkie girls on ***** Street would ever use condoms. But I've been handing out condoms for Maggie's for a couple of years now -- and I know they're usin' em!"

Complications of the strip club scene

As describer earlier, strip clubs are vulnerable to unclear (and erratically enforced) laws surrounding adult entertainment. (See page 15.) We would not have been able to gain access, especially to female dancers, if we had not had a number of staff and volunteer AIDS educators with long work records as strippers.

In light of recent legal decisions, even though one of them (Cheaters) is under appeal, some strip club managements are in the habit of making it clear to dancers that "anything goes" as long as the customer is happy and the management doesn't know about it. The stress of this situation causes a great deal of anxiety among the women who work in bars, including concern about AIDS and other sexually and socially transmissible diseases as well as fear of arrest. However, addressing these concerns is made doubly difficult by the circumstances of both official management denial that this is their policy and the fact that many dancers are unwilling to acknowledge -- even to each other -- that they do "extras" to make ends meet. Providing STD and AIDS prevention information in environments where sex does not officially happen is very difficult and one AIDS educator has had to defuse some hostile dressing room confrontations. A similar resistance to our information and other resources exists with escort agencies where our staff or volunteers are not already known.

Dancers' fears about possible legal ramifications in these circumstances have proved to be well founded and many have found themselves facing charges in the past. The complications of doing AIDS-prevention education and condom distribution in some clubs was further compounded once charges were laid. Fortunately most dancers work in a variety of clubs and can be reached at other venues where that atmosphere is not so generally fearful or where owners or managers are more sympathetic to our work.

Male prostitutes

Most full-time or long-time male pros are escorts and male escorts are virtually all gay or bisexual men. Escorts are more likely than their colleagues on the street to engage in anal intercourse, although relatively few escorts include receptive anal intercourse among their services because they are aware that those who do offer such services are the most susceptible to possible infection through condom failure.

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There is a significant population of younger men who work the streets, some of whom also work as escorts as well; the majority of them are also gay or bisexual.

A small number of the men who work the street are heterosexual by preference and identity. Fewer than half of male pros on the street are straight identified, and "don't do much." (They profess to never engage in anal intercourse and to perform oral sex only rarely.) These young men are most often homeless or drug-addicted or both; those who've shared injection equipment also face more potential risk from behaviour in their private lives than in their work lives. There is little interaction between the minority of straight-identified hustlers and their gay colleagues, but, where interaction occurs, relations are generally cordial.

Connections with young men in the sex trade developed mostly through actual personal networks, individuals being known in clubs, on the street and in the ads. Both the street and the ad scene have a fairly high turn-over rate, over any given period of time. Prostitution often serves as a supplementary income, or a stop-gap measure for young, gay men so there is a significant population of casual and transient, part-time workers.

Anal sex in the street scene usually doesn't happen unless the pro and the client end up at someone's place even if that is a motel room. Most interaction between gay bi and straight identified hustlers is cordial.

Many young men who hustle often have economic relationships over time where trust develops and, as with any relationship that involves trust, that can lead to riskier practices in terms of HIV transmission. Especially in environments that will not tolerate "sexual deviance." Young men who hustle are at least at the same level of risk in their personal lives as are other gay/bisexual teenagers and men who are sexually active. That is, they are among the people most at risk for catching HIV today. Young people have often put themselves at risk because they don't have the information before they start having sex. Young male pros are: targeted by almost every youth agency in existence as someone in need of rescue; seldom acknowledged by much of the gay community; visible and vulnerable to hate-related assault.

HIV-positive prostitutes

HIV-positive prostitutes are highly stigmatized by the press and can therefore be extremely isolated.

Since male prostitutes and their customers, as men who have sex with men, are among the people in Ontario most likely to have AIDS, as gay/bisexual men, these pros face more risk of contracting HIV in their private lives than at work. We know of many male pros who are HIV-positive, some of whom have been positive since before they were eighteen.

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Hostility to co-workers who are known or suspected to be HIV-positive is very less common among gay male pros but is particularly high among female prostitutes many of whom, despite much commitment to and experience with safe sex, are afraid of "sharing clients" with a positive pro. As well, they fear the undermining of all prostitutes' credibility as safe sex practitioners (and an attendant decline in business, which in turn means less bargaining power with would-be customers). Prejudice against HIV-positive pros is possibly exaggerated by a long-standing prejudice against those who worked while infected with any disease. They also share a very real fear of backlash: from the press, residents, assailants, police and the courts.

Our earliest experiences in AIDS prevention education led us to fear that the atmosphere in the industry was such that HIV-positive women would have a very hard time disclosing their antibody status to anyone, even to us, and that they would have an equally hard time disclosing their profession to anyone other than us. So far, with a very few exceptions, this fear has been borne out.

The legal situation of HIV-positive prostitutes who continue to work is unclear but likely extremely vulnerable. We have seen serious abuse of the rights of HIV-positive prostitutes in Ontario. A judge ordered a suspected HIV-positive prostitute to be held in jail until she was tested before he would pass sentence on her. Deceased Ottawa prostitute Donna Jean Newman was hounded by the media when her HIV status was revealed. And at least one woman has been held at the Metro West Detention Centre beyond the end of her sentence because she was HIV-positive.

On a number of occasions we have been requested to provide HIV-positive representatives of our organizations to researchers, the media, organizations of people living with AIDS or HIV (PLWAs) and other community-based AIDS education and service organizations. While we are fully sympathetic to the need to involve PLWAs at all levels of decision-making that affect them, because of the situation described above we are not able to meet such requests at this time and do not expect we will be able to in the near future.

Sex workers' clients' educational needs

While professional sex workers are consistently well informed, and gay customers of male pros are relatively aware of the need for safe sex, some of their clients (heterosexuals who are experimenting and gay men who are just coming out) and customers of most of women, who comprise a larger, more transitory and diverse group, are relatively ill-informed. Many pros report a lessening of customer resistance to condoms in light of the AIDS epidemic. But while they are obliged to wear them for com-

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mercial sex, many straight men say that they don't use condoms otherwise, claiming that they choose their partners carefully instead.

Education aimed at sex workers' associates

Since most prostitutes who are HIV-positive contracted their infection outside of the context of their work through sharing needles or from unprotected sex with a spouse or lover it is obviously helpful to develop good relations with their partners and drug-using friends in order to reinforce prevention messages.

As well as sex workers, their customers and partners, PSSP AIDS educators are also in regular contact with people, mostly men, who can best be described as hangers-on to the "street scene." Many of them are homeless and/or involved in the drug subculture and many are aware of and supportive of the project and its staff. Once a rapport has been established with such people, they can add a margin of safety to the work of AIDS educators who are conducting street outreach alone.

Some of these men are friends or lovers of women who work the street and occasionally they will ask PSSP educators for condoms for their friends or partners. Others will ask for themselves if they are present while condoms are being distributed.

c) Objective 3

Using the resource centre to motivate, train and equip prostitutes as volunteer AIDS educators

Method

1. Hold weekly outreach evaluation forums, involving volunteers to determine the impact we are having on the level of understanding of AIDS and HIV within the sex work industry
2. Collect service-user feedback whenever possible and appropriate about the resource centre, their participation in educational events and AIDS-prevention cultural activities for sex-worker volunteers and potential volunteers

Problems and implications

We have observed a very consistent phenomenon with Maggie's volunteers: they go through periods of regular involvement interspersed with periods of absence. These variations are dictated by both the demands of the business and of people's

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personal lives. (See also Outcome of data collecting - 7. Volunteer involvement p 27.)

Particular challenges facing single parents

We have observed particular limits on the participation of women who are mothers. When they are in crisis, most mothers' have immediate needs that are outside of our scope. We mostly provide referrals to, and some advocacy with, other agencies. Some agencies, Children's Aid Societies in particular, need more advocacy and sensitization than we have so far been able to provide. They appear to have unwritten policies that a woman who is working as a prostitute is automatically unfit to be a mother; and suspicion extends to mothers who work in other parts of the sex trade as well. Estranged husbands and boy-friends are often well aware of the potential power this gives them over former partners who are sex workers and use it to threaten and manipulate some women, especially in battles over child custody.

We have seen some positive developments among mothers who are Maggie's service-users and volunteers, including the establishment of, and reliance on, friendships and networks for child care in emergencies (especially crucial in times of arrest or incarceration). Some childless women have helped out with colleagues' kids in order to give the mothers some necessary time for themselves. Older, more established sex workers who are mothers sometimes exchange shelter and money for baby-sitting services with younger women who are in need of such support. We have also been able to encourage community support for new mothers by organizing baby showers.

Many sex workers are mothers who, while not in crisis, are nevertheless "single moms." For some, the sex business has been financially good to them and they are successfully raising their kids on their own and don't need or want any help. But these women, who have full-time custody of school-aged children and work in the business, are essentially working two jobs. All the mothers we know are committed to their families and many make choices about how they will do sex work based on the needs of their families. Some choose to work in brothels rather than take clients to their home or, if they want to maintain their independence, to work the streets and insist that the client provide a venue.

A number of active Maggie's members and volunteers are mothers but most have adult children or do not have custody of their children. It's little wonder that only very few of those who are full-time mothers have time left over for Maggie's volunteer work, other than on-the-job information and resource sharing -- like condom (or Bad Trick Sheet) distribution on strolls, in club dressing rooms, or in brothels. Staff members who have been mothers of younger kids have worked under enor-

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mous stress which has been compounded by their constant fear of loosing their kids if they are publicly identified as sex workers as a result of their work with Maggie's.

Findings

Throughout the duration of this project we have seen Maggie's volunteer base grow extensively. (See data gathered, Volunteer involvement p. 27.) Volunteer orientation and appreciation nights have been very successful. Many volunteers have become involved, in a variety of ways, with helping us raise funds. And the number of volunteers participating in outreach has far exceeded our expectations.

In October 1992, one of Maggie's volunteers organized a benefit art show at a local restaurant. More than fifty volunteers participated in the preparation and presentation of our first fund raising event, The Half and Half Show, also held in October 1992. In June 1993, 64 volunteers participated in the organization and presentation of a three-day festival of fund raising events.

On February 8, 1993, Maggie's held its first (since incorporation) annual general meeting at Oakham House. Thirty-five enthusiastic members reviewed the organization's development and discussed plans for its future and to elect a first official board consisting of 8 sex workers and 4 non-sex workers (associate members).

Volunteers have been central to our ability to get introduced into new work environments in the sex industry (new, especially suburban, strolls; brothels and agencies; and networks of independent escorts).

One piece of evidence as to the effectiveness of volunteer and service-user information dissemination is the speed with which we have observed information circulate on the street and over the phones. Word on new products and problem-solving techniques usually spreads within a couple of days (not to use flavoured condoms for intercourse because they may cause yeast infections; the advantages and disadvantages of using two rubbers at once; which new condoms are extra strength, stretchier, smaller, etc.).

As the extent of prostitute-involvement in Maggie's, PSSP and the resource centre and related activities increased we began to see evidence that community service serves as a possible antidote to the isolation created by the criminalization of sex work and the social stigma attached to being a sex worker. This process of community development has to be continued and extended if we are to follow the gay community model of using peer/community pressure to reinforce safe sex norms in peoples' personal lives.

The resource centre has proven particularly useful in our work with indoor/escort prostitutes. The biggest obstacle that

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AIDS educators have encountered in conducting outreach to this segment of the prostitute population has been the isolation and fearfulness of many such prostitutes, some of whom will not even acknowledge that they are providing sexual services. The prostitute who only conducts business over the telephone may be even more isolated than his or her colleagues who compete for territory and customers on the street. Once we began to tap staff and volunteers' personal networks, having a central location provided the necessary meeting ground and assurance of safety, to bring many escort prostitutes into regular contact with Maggie's.

In future, consideration should be given to addressing the needs of working prostitutes who are single mothers.

d) Objective 4

Using the resource centre to make information available

Method

1. The PSSP resource centre provides Maggie's users, researchers and members of the public with access to a collection of printed, audio and visual materials addressing AIDS/STDs and other health and safety concerns of prostitutes. It is open two days a week, and otherwise by appointment.
2. Most of our AIDS educators do in-service presentations to agencies such as medical and legal clinics, community centres, public health officials, parole officers, youth-services, hostels, drop-in and advocacy groups. As well, AIDS educators are regularly interviewed by media, students and other researchers.

Findings

Maggie's service users have been consulted extensively by media, social and medical service providers, policy advisors and researchers. They have participated in the evaluation of Maggie's materials and services and, most recently, 170 people were interviewed for a study to assess the need for reducing drug-related harm among prostitutes.

Recently, the van has allowing us to expand these activities to a wider area -- outlying areas of Metro Toronto, St. Catherines, Niagara Falls, and Hamilton, initially.

A number of programs training social service professionals regularly refer students to us for their research and request speakers for classrooms. Feed back from these individuals has been universally positive although only a few of these students

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and researchers are diligent about providing us with copies of their work, unfortunately.

Both the resource centre and the Maggie's newsletter have aided in the distribution of our health promotion materials through facilitating regular contact with AIDS service organizations and other community groups and agencies -- in the Ontario AIDS Network and the Canadian AIDS Society as well as among a number of Toronto, Metro, and neighbourhood coalitions and networks. There has been a steady demand for our materials in spite of not having had the resources to promote them properly.

Our educational materials, particularly our buttons and our famous "How to Have Safe Sex" pamphlet, are always very popular. As well, displays and resources from the centre are often available to the public at community events like fall fairs, International Women's Day, AIDS Awareness Week events, international AIDS and prostitutes conferences (Montreal, Amsterdam, Berlin), local "Take Back the Night" (anti-violence against women) marches in addition to events targeted specifically at Toronto-area sex workers.

D. The management process used in program implementation

Rationale for a staff collective

Section 4.1, in the principles and beliefs section of the Maggie's Policy and Procedures Manual says:

Maggie's is founded on the belief that in order to improve our circumstances, sex workers must take the power to control our own destinies. Therefore Maggie's exists first and foremost as an organization for sex workers that is controlled by sex workers.

It follows logically from this conviction that Maggie's would also choose a collective staff decision-making structure. Such a structure places maximum responsibility for the work in the hands of those who do it and, in this case in the hands of sex workers -- people drawn from the constituency of the project who are thus hopefully accountable to that constituency.

Workings of the staff collective

The project was administered by a staff member who was one member of a team of other educators and administrators.

The staff collective divided up and oversaw labour amongst its members and made other decisions collectively at weekly meetings. As the work of members of the staff collective became increasingly specialized, a sub-group of the collective func-

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tioned as the staff collective's executive.

The Policy and Procedures Manual (appendix D) is the framework within which the membership of Maggie's, particularly its staff, works. The manual includes sections on the membership and the board of directors. But 17 of its 25 sections apply specifically to the staff collective. They deal with: recruiting, orientation and training, probation, performance evaluations, personnel records, rules of conduct, disciplinary action, termination, grievances, working conditions, salary, overtime, benefits, sick leave, parenting leave, vacation, and leaves of absence.

Findings

The staff collective decision-making and accountability structure has both strengths and weaknesses; sometimes the same factor can be both a strength and a weakness.

This structure allows a group to draw on the abilities and perspectives of a number of people with very different experiences. This diversity sometimes creates problems with people getting along with, and even understanding, one another. On the other hand it puts a wide variety of skills and abilities at the group's disposal. It affords the opportunity to include sex workers whose abilities are often traditionally discounted which encourages individual staff members to develop greater confidence and self-esteem -- although this can sometimes seem to detract from pressing business of the group, it is almost always an investment worth making.

While collectives work best when every member is more or less contributing equally, not everyone is necessarily able to contribute to collective process at the same level. This is particularly true when some staff have different time obligations (half-time, full-time) and other factors limiting the amount or kinds of responsibility they can undertake.

Over the course of the project, this fact probably precipitated the most significant change in structure of the collective. Eventually, it became apparent that the work load was too much for the entire group to monitor all of it. A core of staff members who had more experience and greater responsibility were designated by the collective to function as its executive (operating collectively). Soon the increasing division of labour caused the formation of other sub-groups, which also operate collectively, in different areas of specialization, some of which are workplace specific (street, dancer or escort outreach) while others are service-specific (bad date, courtwatch, or newsletter committees).

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E. Assessment of staff

Training and Orientation

In this initial phase of the PSSP resource centre neither administrative nor AIDS education staff had substantial training or orientation opportunities. This might have been disastrous for the project if it had not been for the fact that staff have been consistently recruited from its volunteer base.

Some early training in group process was very helpful and would have been useful to repeat as staff turned over. New educators were each encouraged to take advantage of the City of Toronto Department of Public Health's "Train the Trainer" program and most did. Most often such staff found themselves thrust into the position of having to try to educate participants and trainers alike out of their misconceptions about sex work and sex workers. This problem is likely to arise in any gathering that brings together people from a wide variety of life experiences with people from the sex trade. Gaining this experience in as sympathetic a setting as a "Train the trainer" workshop is almost as useful as the content of the course itself to most new staff. As well, one of our senior staff participated as a resource person in an advanced "Train the Trainer" course.

Involvement in development and implementation of program

Because of the collective decision-making structure of Maggie's, staff involvement in development and implementation of the program was virtually absolute. Staff were chosen because of their expertise in sex work and safe sex as well as their familiarity with Maggie's and their willingness to work collectively, with the attendant rights and responsibilities that accompany such worker-control of the program.

Staff problems

Staff problems were dealt with initially by the individual staff member or members, then by the staff collective (or executive, once it existed). When problems needed help or expertise beyond what was available within the staff collective's own resources, the board was consulted and their resources were drawn upon.

Staff's assessment of the project and their experiences

Staff collective

While the administrator remained constant throughout the three years of the project, there was a fairly high level of staff

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turn-over among educators (and, from time to time, a near-debilitating level of conflict and controversy within the staff collective) over issues of accountability and trust among staff members.

After her contract was terminated, one former member of staff brought her dissatisfaction with fellow-staff members into the public arena. Other conflicts were less public but no less emotionally draining. Over time these conflicts took their toll on a number of key individuals as well as on the organization.

It is clear from the Maggie's experience that the collective decision-making process, while extremely satisfying to staff who are already capable and committed can be extremely challenging for newer people. And that some people, regardless of ability or commitment, are simply not suited to this way of working with others, establishing accountability and making decisions.

Many of the problems experienced by workers throughout the sex industry are also experienced by project staff drawn from among workers in the industry. Many independent-minded people are drawn to work in the sex industry because they don't have to work with others, conform to a schedule, meet deadlines, etc. Some such people are very suited to our more unsupervised and flexible ways of working, while, at the same time, they find the collective structure, paper work, etc. too confining. Because of our commitment to peer control, all of the things that impede our ability to conduct AIDS-prevention education (criminal charges, competitiveness, bad dates, lack of literacy skills, whore-phobia, drug-use, etc.) are also, or have been, problems for members of the staff. Sex workers who are members or supporters of Maggie's have even gone missing or been murdered. This kind of development can have a very disturbing effect in a service agency where the bonds are semi-commercial (worker/client); but in a community organization made up of peers (colleagues and friends) it can be even more devastating.

One of the factors that has hampered Maggie's staff collective in sorting out some of its difficulties is that there is no other group or project quite like us anywhere nearby (with the demise of the California Prostitutes' Education Project there is no other sex-worker-controlled STD-prevention project in North America). Thus the organization and its members must take every opportunity to network, share with and learn from similar projects elsewhere in the world (especially Europe and Australia). While international conferences may not be funded because they are a luxury to most AIDS service organizations, such gatherings of prostitute AIDS educators and rights advocates are an important source for inspiration, practical information and support for a project like ours.

The initial phase of developing the PSSP resource centre was also hampered by a lack of stability in much of the pro-

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ject's funding. This was due to the fact that Maggie's was both a new organization and one that represented a "suspect" group. The first factor is an inevitable problem but the latter factor meant that we were held to an even higher standard than are most service organizations which are just getting off the ground. The result of that was that more pressure was added to an already extreme level of staff stress.

The project tended to respond to this pressure by taking on a greater and greater work load -- in order to identify and meet the important health and safety needs of our constituency and also to prove our ability to do so. Which in turn resulted in a tendency to lag behind in fulfilling our obligations to record, analyze and otherwise document the process and progress of the project. All of this contributed to even further stress on the staff collective and its members. Over the years many people (including single parents, disabled people and senior staff members) had to quit jobs at Maggie's due to the impact of this stress on their health.

In the future, ways must be found to make time for staff training, development and support and planning must ensure that both the project's service-delivery and the documentation workloads are reasonable.

Project Administrator

The peer nature of the project is so central to it that any less experience with sex work than the initial administrator had would have presented a serious obstacle her ability to work on the project. More sex work experience would have been preferable and, in fact, would have been essential were it not for the administrator's previous experience as a volunteer with Maggie's.

Even within the context of staff collective and board of directors' support, the administrator felt that her ability to cope with the myriad demands of the job -- once the resource centre was established and began to develop its potential -- was stretched to the limit. Funding to hire others to fulfil some of the administrative tasks, particularly people with special skills, such as financial and computer expertise, could have alleviated this problem, especially if such people had sex work experience (or, failing that, if they could be hired on part-time contracts without being a part of the staff collective decision-making process).

AIDS Educators

The data collection forms that we used throughout most of the project were quite complex. They were re-designed to improve clarity a couple of times. It inevitably took new AIDS educators a while to adjust to the demands of data collection and

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recording.

The schedule we needed to keep in order to effectively deliver AIDS-prevention information to our colleagues in the sex industry (evenings and night shift) tended to conflict with the timing of demands from AIDS service organizations, social service agencies and funding bodies (mornings and day shift). A number of staff experienced increased stress and ill-effects on their health from working too many double shifts as a result of such conflicts.

This, plus the fact that a great deal of the average, un-informed person's curiosity about prostitution or sex workers is voyeuristic or prurient, contributed to a reluctance on the part of numerous staff to participate in such meetings ("dog and pony shows").

PSSP educators also found the nature of their jobs shifting as the resource centre "took off." It evolved from a focus on one-on-one AIDS education to an emphasis on recruiting, training and supporting Maggie's members and volunteers to conduct AIDS education. Within this area of work more specialized jobs had to be filled, too, with responsibilities evolving into jobs like materials production, skills sharing (especially as regards computer skills) and event organizing.

F. Other results emanating from the project

Over the course of establishing the PSSP resource centre we realized that we were identifying many health promotion needs that went beyond STD/AIDS prevention. Most of them have been outlined in the course of this report in terms of their relation to AIDS-prevention education. One of the most difficult areas is that of drug-related harm.

Drug issues

From the very beginning of this project, PSSP AIDS educators saw evidence of increased "crack" use and of the adverse effects of long-term use on street prostitutes on several of the strolls and in some bars. Many users seem to be chronic; some constitute a core who are constantly destitute while others seem to come and go through periods of increased and decreased problems -- some with the help of drug-treatment resources, others with drug-substitution, change in life situation or other personal strategies. These are still preliminary observations; much more information about patterns of drug use and related harm will be available once we have finished analyzing the results of our study of the need to reduce drug-related harm among sex workers who use drugs.

Among those to whom we have done AIDS-prevention outreach are an increasing number of women who are marginally employed

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in prostitution within the crack-using population. They include a significant number who are long-term sex workers but who do not necessarily identify, or conduct their work, as professionals. They are usually hard to communicate with due to the fact that they are either "high" or consumed with the need to "get high." They are among the most needy people we see: not only can they not afford condoms, but their needs run the gamut from food and shelter to drug rehab to pregnancy support. We were unable to determine whether there are more of these women as a result of "crack" becoming more wide-spread or whether we simply we getting to know more of them over time.

The fact that areas frequented by "crack" users and dealers expanded to encompass traditional strolls brought forth complaints from neighbours and non-using sex workers alike, with conflicts becoming commonplace and very bitter in some instances. These dynamics aggravate the struggles over "turf" that tended to become acute with the spring influx. Addicts are blamed by other pros for bringing prices down in these areas. Adding to the tension is the fact that crack users who take up prostitution to support their habit have a wide range of needs (in addition to safe sex information) and are not seen as peers (professionals) by many of the women who have worked the strolls for years. There have also recently been conflicts between crack users and heroin users in some areas formerly frequented by heroin users.

Our first effort to deal with the needs of the drug-using service users of Maggie's was facilitating Straight Work, a support group for sex workers dealing with addiction. It was initially useful to a small mixed group of women and men, indoor and street pros, who had problems with a variety of drugs including alcohol; it did not, however, seem to appeal to any of the regular crack users we knew. People mired in serious drug-related problems seemed to be in too much of a crisis most of the time to be able to participate in a regularly scheduled event. Those who benefitted from it used it essentially as a weekly support group for awhile until the demands of competing for summer business and the departure of the staff member who had co-ordinated it caused a waning of interest.

In the summer of 1991, we shot footage for a video about the project, Communicating: for the Purpose. Participants in the video were among the neediest of the women we saw regularly and it became apparent during their interviews that many of them were dealing with drug problems. Several of them expressed an interest in working on a video about sex work and addiction and two years later interest remains high in the proposal even though we have had neither the time nor the resources to do more than some preliminary planning and experimenting (other than collecting the footage from Communicating).

We also found that many of the addicted prostitutes with whom we had contact were extremely concerned about their treat-

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ment options once it was no longer possible for Ontarions to travel out of the province for treatment at Ontario Health Insurance Plan's expense. In some cases much of their time was consumed with the search for alternatives to seeking treatment outside of Ontario at their own expense.

We look forward to analyzing and publishing the results of our first foray into peer-controlled research -- a study of the need to reduce drug-related harm among sex workers who use drugs.

7. Summary and Conclusions

"Experience has confirmed what women have been saying all along: they are less able than men to protect themselves from HIV infection by a simple act of will than men are. Wherever women are culturally and economically subordinate to men, they cannot control or even negotiate safe sex, including condom use and lifelong mutual fidelity. ... For women, the agenda is to change the circumstances in which sex takes place. Over the long run this needs to be done through the improvement of their educational, legal and economic status, and in the short term through stratagems for circumventing their subordination. For example prostitutes have been organized to raise their prices simultaneously so they can afford to turn away clients who refuse condom use. This is a particularly useful stratagem because it enhances women's agency and control rather than leaving them passive."

- Michael H. Merson, Director of World Health Organization's Global Program on AIDS in "Slowing the Spread of HIV: Agenda for the 1990s" (Science, May 28, 1993)

This project has been highly successful at reaching sex workers with information and resources to AIDS and STD-prevention. This success can largely be attributed to the peer-controlled nature of the project.

Another benefit of the peer-nature of the project is that prostitutes are a logical point of contact for educating many people who may be at relatively high risk for STDs, including HIV, and who may not otherwise receive such specific information and training in STD/AIDS prevention. Thus AIDS-prevention becomes a tool for both community and self-esteem building among sex workers.

One of the most significant barriers to delivering AIDS-prevention and other health-promotion information to sex workers is the laws governing sex work. People who are in actual or possible legal jeopardy -- and those who fear that they are or may be -- are extremely reluctant to trust anyone,

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including their peers. The criminalization of activities surrounding prostitution is not just a barrier to AIDS education; it is a barrier to community involvement generally.

The criminalization of prostitution serves to keep sex workers' isolated. In addition to breaking down community contact by incarcerating them, prostitutes are driven from their homes, deprived of their children, deprived of the protection of the law and subjected to the hostility of law enforcement officials instead, and attacked by their neighbours and by total strangers. It is little wonder some turn to drugs and many are discouraged from revealing their occupation to outsiders, even their own doctors. This isolation is a serious barrier to sex workers gaining access to health care and social services.

Many non-prostitutes would probably have negative or hostile attitude towards sex work because of moralism, even if prostitution-related activities were not criminalized. But the fact that social disapproval is expressed in the form of criminal sanctions seems to encourage lawlessness on the part of some who see laws against prostitutes as permission to threaten, harass, verbally abuse, physically assault and rape prostitutes. These forms of violence are another significant barrier to health promotion in general and AIDS-prevention in particular.

Because of the seriousness of these barriers to AIDS-prevention, Maggie's members and service users have identified violence and lack of legal resources as priorities to address in developing Maggie's programs.

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8. Recommendations

1. To foster peer-controlled prostitute organizations to provide education and support for STD-prevention among prostitutes.
2. To foster and fund peer-controlled prostitute organizations to conduct violence prevention programs for prostitutes and to offer support to prostitutes who are victims of violence.
3. To promote the establishment, by peer-controlled prostitute organizations, of computer data bases of known assailants (organized by work venue, description, telephone numbers, licence plate numbers, etc) to be available by telephone 24 hours-per-day.
4. To fund peer-controlled prostitute organizations to provide education and support for prostitutes in need of legal resources (information, bail funds, child care, etc.).
5. To promote the development of independent, civilian bodies and procedures for review of complaints of police misconduct and abuse.
6. To remove barriers preventing prostitutes from conducting STD-prevention education among sex workers in correctional facilities, including the regulation that forbids "known prostitutes" from visiting other prostitutes in jail.
7. To decriminalize prostitution immediately; beginning with instructing local police forces not to enforce laws against activities surrounding prostitution until the laws can be repealed.
8. To criminalize the entrapment of prostitutes by police.
9. To develop special police units trained to deal with violent and sexual assaults on prostitutes and ensure that they deal with all such assaults.
10. To educate all members of all police forces that violent and sexual assaults of prostitutes are no different from violent or sexual assaults on anyone else.

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11. To guarantee that the protection of anonymity of victims of sexual crimes be available throughout case proceedings whether they be criminal proceedings or Police Act proceedings.
12. To ensure that prostitutes reporting assaults to the police be immune from any current or outstanding charges related to prostitution or any other charges considered to be minor in nature.
13. To ensure that, when dealing with reports of domestic violence where a prostitute is involved, the police press charges using the assault laws rather than charging the assailant with living on the avails.
14. That every attempt be made to deal with incidents of police assaults against prostitutes through the Criminal Code of Canada and appropriate provincial policing legislation just like any case of assault which does not involve either a police officer or prostitute.
15. To instruct police forces to treat complaints from residents concerning littering and noise as such. Disturbing the peace charges for noise are usually preceded by a warning Public indecency and littering laws should not be used to target prostitutes but to solve directly the source of the resident's complaint.
16. To foster and fund peer-controlled prostitute organizations to provide programs and other support to reduce drug-related harm among prostitutes.
17. To fund peer-controlled prostitute organizations to conduct research on prostitutes and prostitution.
18. To amend the law so that police can no longer press charges for narcotics traces in syringes.
19. To fund peer-controlled prostitute organizations to engage in public and service-agency education in order to destigmatize prostitution and get rid of the victim stereotype of prostitutes.
20. To promote the establishment, by peer-controlled prostitute organizations, of liaisons with relevant child welfare authorities.

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Appendix A

EXCERPTS FROM OUTREACH DISCUSSIONS RECORDED BY AIDS EDUCATORS

- boyfriend keeps giving her yeast infections; he won't use condoms
- ditched her works when approached by the cops
- wants condoms to give to her kid brother; doesn't want How to Have Safer Sex -- "it's too much for him"
- wishes we gave out samples of non-oxynol-9
- can't carry too many condoms in case cops stop her
- interested in getting into a programme; did not like NA
- she and her man have finally found housing
- made date wait while she grabbed safes; wanted non-lubed
- two girls who did not have many safes left took Beyond but said that they'd have to double them up
- she was tested by her doctor but never went back for results
- an old regular has started to bug her for no-condom sex
- likes those new thick safes we got
- said restaurant manager kicked all ho's out last weekend for no reason; wants to come by the centre to talk about it
- cold night; no jacket; asked for money for coffee
- lost a male friend to AIDS; was well-informed by ACT
- bar workers: talked about dancing/working in small towns (drug-gists with condoms behind the counter); found herself at a stag without condoms because her boyfriend had taken them out of her purse (!); risks for table dancers (customers trying to lick girls); hopes we get a bad trick list for in-door workers
- approached by a young male customer who had been told by one of the girls that I had safes; she'd given him a pamphlet
- transsexual talked about being in segregation in a male jail
- guy wanted to know where all the girls were; there was a sweep in progress
- gave condoms to four young guys at Dundas and Sherbourne but only one copy of the pamphlet so they would share it and read info out loud which they were doing as I left
- moved from one stroll to another to get away from her old boyfriend
- at first didn't want anything (Americans; I think they thought I was a religious nut or something) until they saw other girls take stuff
- didn't take many safes "because I can't bring them home"
- why don't we have samples of non-oxynol 9
- suggested we make a new button to go with the video
- hadn't seen her in a long time -- she'd been in the West
- has her own safes does not like any of our brands; takes BTS
- so much heat she can't pick up her regular
- her sister will take care of her kids while she's in Vanier
- no to pulling out with boyfriend
- did not know HIV was in blood as well as cum

EXCERPTS FROM OUTREACH DISCUSSIONS RECORDED BY AIDS EDUCATORS

(continued)

- no jacket or shoes (left them at a friend's place?); gave her street car fare
- lots of requests for flavoured safes (for BJ's)
- guy looking for his lady; they've been kicked out and are homeless again
- another cab driver who gets quite a few girls in her cab and so helps distribute
- long discussion about trying to fit into the straight world, ie school
- back dancing after getting her degree
- will not be "out" in front of other strippers but hinted to me privately
- others who strip only: lack of safe sex info when she worked in the US; boyfriend is ex-junkie, talked about negotiating safer sex with him; adequately informed but still takes risks because she hates safes; discussed her family's attitude to her work; did not know why to use safes for blow jobs or about non-oxynol-9 in case of condom failure.
- discussed a baby shower for another pro who is pregnant
- Beyond condoms are no good
- saw a new girl hitchhiking at around 4 am; she couldn't believe her luck in scoring condoms, etc. at this hour
- a girl I hadn't seen before but she knew of our Bad Trick Sheet; invited her to the volunteer meeting
- very high; talked about her son and Children's Aid
- new girl took flavoured condoms but wouldn't take BTS -- "No paper"
- "finally a newsletter!" -- thought we needed a joke page
- has to do weekends in jail and has a night curfew
- she's in Communicating... but still hasn't seen it
- everyone she knows has been charged lately -- including her
- heard about our Christmas party; invited her to bring her son to the kids' party
- said her doctor spent a long time with her talking about HIV, other STDs and condom use
- talked about hep B, condoms for sucking; she doesn't do blows
- lots of girls tonight wanted to talk about TV show on pros
- she was hungry; I treated her to dinner and we talked about her time in mental hospitals and jails
- she never talks but tonight she told me that she's leaving town this weekend
- told her douching will not kill HIV; info about non-oxynol-9
- customer did not know not to use oil-based lubes
- boyfriend believes he's immune because he's tested negative despite having taken risks
- guy tried to give me a dirty fit; thought I was The Works
- guy went back to the centre to view Communicating: for the Purpose while his girlfriend did a date

PSSP Outreach Record

Outreach Worker: _____

Stroll/Location: _____

Date: _____ Time: _____

CONTACTS

Total Contacts

Sex workers

Total Sex workers

females

trans

males

volunteers

Others

lovers

clients

managers

others

MATERIALS

condoms

needle info

referrals*

BTS

Maggie's info*

other*

(* specify in comments)

COMMENTS: (specific discussions about AIDS/HIV, referrals, service needs, the law, kinds of information feedback on Maggie's, condoms and materials.)

Outreach Report Forms

Appendix B

Appendix C

Overview of Outreach Statistics
Prostitutes' Safe Sex Project

90-91 cntcts cndms 91-92 cntcts cndms 92-93 cntcts cndms

First Quarter: 1990-91, 1991-92 and 1992-93

Apr/90	156	309	Apr/91	469	2,713	Apr/92	338	2,262
May/90	158	904	May/91	622	3,184	May/92	321	2,510
Jun/90	194	743	Jun/91	310	1,874	Jun/92	512	3,810
Totals	508	1,956		1,401	7,771		1,171	8,582

Second Quarter: 1990-91, 1991-92 and 1992-93

Jul/90	248	1,121	Jul/91	370	2,275	Jul/92	1,169	5,816
Aug/90	517	2,310	Aug/91	339	2,384	Aug/92	1,387	6,595
Sep/90	386	1,521	Sep/91	257	1,978	Sep/92	1,068	3,834
Totals	1,151	4,952		966	6,637		3,624	16,245

Third Quarter: 1990-91, 1991-92 and 1992-93

Oct/90	305	1,148	Oct/91	322	1,998	Oct/92	1,040	2,307
Nov/90	248	966	Nov/91	353	2,520	Nov/92	937	3,500
Dec/90	202	824	Dec/91	156	694	Dec/92	873	4,006
1/4-3	755	2,938		831	5,205		2,850	9,813

Fourth Quarter: 1990-91, 1991-92 and 1992-93

Jan/91	185	414	Jan/92	204	1,448	Jan/93	715	5,601
Feb/91	108	238	Feb/92	197	1,518	Feb/93	652	4,086
Mar/91	108	408	Mar/92	202	1,778	Mar/93	756	6,131
1/4-4	401	1,060		603	4,774		2,123	15,818
Full Yr	2,815	10,906		3,801	24,387		9,768	50,458

Increase in contacts: 135% from 90/91 to 91/92, 256% from 91/92 to 92/93
Increase in condoms: 223% from 90/91 to 91/92, 207% from 91/92 to 92/93